

Abstract	عنوان المحاضرة	النبة التعريفية	اسم الدكتور	الرقم
<p>Accurate implant placement is essential for achieving long-term functional and esthetic success. Two main approaches are commonly employed: computer-assisted guided surgery and conventional freehand surgery. Computer-assisted techniques, supported by digital planning and surgical guides, provide superior accuracy, minimize anatomical risks, and improve prosthetic predictability. Freehand surgery, while more dependent on the clinician's skill and experience, offers intraoperative flexibility, reduced preparation time, and lower cost. This presentation will compare both approaches, emphasizing their advantages, limitations, and clinical applications. Current evidence suggests that while computer-assisted surgery enhances precision and patient safety, freehand techniques remain valuable in selected cases where adaptability is required. A balanced understanding of these methods allows clinicians to optimize treatment planning and tailor implant therapy to individual patient needs.</p>	Computer vs free hand implant surgery	<p>الأستاذ الدكتور عبدالوهاب إسماعيل الخولاني أستاذ طب الأسنان الترميمي والتجميل، وعميد كلية طب الأسنان بجامعة ٢١ سبتمبر - اليمن. -Professor Abdulwahab Al khawlani Restorative and esthetic dentistry Dental implant consultant</p>	أ.د. عبد الوهاب الخولاني	1
<p>Exploring emerging concepts in the use of dietary supplements to support oral health, with a focus on their interactions with oral microbiology and the immune system, has considerable importance in our current era, due to the demanding lifestyles and medical conditions (involving dentistry). Vitamins and minerals are essential micronutrients that the body needs to function properly. The body can produce neither, but must be obtained through diet or supplements. Recent research highlights the role of probiotics, prebiotics, vitamins, and plant-based compounds in modulating the oral microbiome, enhancing mucosal immunity, and reducing inflammation. The presentation reviews scientific evidence on the effectiveness of these supplements in preventing dental caries, periodontal disease, and oral infections. Emphasis is placed on the mechanisms of action, clinical applications, and the need for evidence-based integration into dental practice.</p>	New concepts of Supplements in Oral and Dental Health	<p>"Assis. Prof. Omar Ahmed Aldossary Ph.D. Oral Microbiology and Immunology Deputy Dean for Student Affairs, Faculty of Dentistry, 21 September University of Medical and Applied Sciences</p>	د. عمر الدوسري	2
<p>The occlusion of dental implants is a critical area that connects biomechanics with clinical decision-making. Unlike natural teeth, implants lack a periodontal ligament and adaptive mobility, which increases susceptibility to occlusal overload and mechanical complications. This seminar reviews core biomechanical principles for implant occlusion, including axial load distribution, occlusal scheme selection and adjustment, and management of functional occlusal forces, with emphasis on widely accepted guidelines for implant occlusion. These concepts are then contrasted with the realities of practice, such as anatomical limitations and the presence of adjacent natural teeth that share or modulate load. Through practical cases and force analysis, we illustrate how ideal recommendations are adapted to individual cases, and how to prioritize axial contacts, minimize lateral shear, and calibrate occlusal contacts to enhance longevity and function. The goal is to achieve a clear, clinically actionable approach that aligns precision engineering with biologic response, enabling dentists to deliver stable, comfortable, and durable implant-supported restorations.</p>	Implants Occlusion: Between Biomechanical Principles and Clinical Realities	<p>الأستاذ المساعد الدكتور علاء علي معوضة - دكتوراه في تخصص التعويضات السنية. - رئيس قسم التعويضات السنية جامعة ٢١ سبتمبر. - عضو هيئة تدريس لطلاب الماجستير في جامعة صنعاء. - مشرف على رسائل الدراسات العليا. - نشر العديد من الأبحاث العلمية. - شارك كمحاضر في العديد من المؤتمرات. - عضو سابق في الجمعية الأمريكية لتعويضات الوجه والفكين.</p>	د. علاء معوضه	3
<p>*Abstract*</p> <p>This randomized controlled trial compared the aesthetic outcomes of two surgical techniques—the rotational flap method and Pfeifer's wave-line incision method—for the secondary reconstruction of unilateral cleft lip and ala nasi.</p> <p>The study involved 24 patients aged 5-25 who were randomly assigned to one of the two surgical groups. Anthropometric measurements of the lip and Cupid's bow were taken before surgery, immediately after, at two weeks, and at six months.</p> <p>The key finding was that both surgical methods produced similar and significant improvements in lip symmetry and appearance after six months. The rotational flap method did not outperform Pfeifer's method. Both techniques led to significant enhancements in key measurements, such as the distance from the corner of the mouth to the Cupid's bow and the length of the upper lip.</p> <p>Conclusion: For secondary cleft lip reconstruction, both Pfeifer's wave-line incision and the rotational flap method are equally effective in achieving satisfactory aesthetic results.</p>	Now: Head of Oral and Maxillofacial department at September21 University ...	<p>Assistant Professor of Oral and Maxillofacial Surgery Faculty member at September 21 University Head of Oral and Maxillofacial department at September21 University</p>	د. إبراهيم حمادي	4

Abstract	عنوان المحاضرة	النبة التعريفية	اسم الدكتور	الرقم
<p>Camouflage orthodontics remains a vital treatment option for patients with skeletal discrepancies who are not surgical candidates.</p> <p>This lecture will address camouflage as a scientifically grounded approach, discussing how far treatment can be carried out, which patient characteristics predict success, and where limitations emerge.</p> <p>Key diagnostic criteria will be outlined, emphasizing that not all patients are ideal candidates.</p> <p>While many achieve functional and esthetic improvement, failures may occur when borderline cases are selected or when expectations exceed biomechanical possibilities.</p> <p>Recent scientific articles on camouflage orthodontics will be reviewed, highlighting advances in diagnosis, mechanics, and outcome evaluation.</p> <p>Selected clinical cases from the presenter's own practice will be showcased to illustrate both successful results and situations where treatment limitations became evident.</p> <p>This integration of evidence-based research with clinical experience will provide orthodontists with a realistic view of camouflage orthodontics, its potential, and its shortcomings in everyday practice.</p>	Camouflage Orthodontics – Between Illusion and Reality	Dr. Hani Homaïd- Master of Orthodontics – University of Sana'a, Yemen - Supervisor of Master's Students – Tamar University, Department of Orthodontic - Lecturer in Orthodontics – Ibn Al-Nafis University	د. هاني حميد	5
<p>The different digital techniques for fixed restoration showed great variation in terms of clinical success parameters , the comparison between 3D printing and subtraction methods allow the dentist to choose the best technique for each temporary and permanent fixed restorative material so updating the guidelines for clinical survival rate , the ideal material and production techniques for success</p>	The effect of CAD/CAM production technique on the clinical success of fixed restoration	Associate Professor Mohammed Al-Samhari, Dean of the Faculty of Dentistry, Genius University for Science and Technology, Vice Dean for Postgraduate Studies, Dhamar University .	أ.م.د. محمد السميري	6
<p>Dental management for cardiopathic patients begins with thorough health histories, vital sign monitoring, and coordination with cardiology teams.</p> <p>Precautions include: Consulting cardiologists prior to invasive dental treatments, especially post-cardiac events and if patients are on anticoagulant therapy. Considering antibiotic prophylaxis for high-risk individuals before dental procedures to prevent infective endocarditis.</p> <p>Adjusting anesthesia techniques — limiting vasoconstrictors and epinephrine in hypertensive patients — and employing stress-reduction methods to avoid cardiac events during treatment.</p> <p>Developing preventive oral health plans to minimize complications: regular brushing, flossing, antimicrobial mouthwash, dietary modifications, and routine dental visits are essential.</p>	Cardiopathy and Dentistry: Comprehensive Insights into Managing Dental Care for Patients with Heart Diseases	Dr. El Khaoulani Mohamed Hassan Associate professor in oral and maxillofacial surgery Hodedah University Yemen	أ.م.د. محمد الخولاني	
<p>Artificial Intelligence (AI) is rapidly transforming orthodontics by enhancing diagnostic accuracy, optimizing treatment planning, and improving clinical outcomes.</p> <p>With advancements in machine learning, computer vision, and predictive analytics, AI-powered tools enabling orthodontists to predict treatment outcomes with greater precision, and not only reduces the time required for analysis but also enhances the complex of decision-making in orthodontic treatment planning.</p> <p>Furthermore, this lecture will highlight case studies that demonstrate the successful implementation of AI tools in orthodontic practices, showcasing improved patient engagement through tailored communication strategies and virtual consultations.</p> <p>In conclusion, AI is poised to revolutionize orthodontic diagnostics and treatment planning, paving the way for more accurate, efficient, and patient-centered care.</p> <p>This presentation aims to inspire orthodontic professionals to embrace AI technologies, fostering innovation and improving clinical outcomes in their practices.</p>	AI in Orthodontics: Revolutionizing Diagnostics and Treatment Planning	Dr. Nagi Hussien Alawdi Msc. In clinical orthodontic	د. ناجي العويدي	8
<p>Zirconia crowns are widely used in restorative dentistry due to their superior strength and esthetics.</p> <p>However, zirconia cementation still presents major clinical challenges because of the relatively high incidence of debonding.</p> <p>Proper surface treatments and the choice of luting agents are critical factors influencing long-term success.</p> <p>This presentation highlights evidence-based guidelines to overcome these challenges and ensure predictable outcomes in daily clinical practice.</p>	Optimizing Zirconia Crown Cementation	Nusiba Al-Odaini Master's Degree in Fixed Prosthodontics, University of Sana'a PhD Candidate, Department of Prosthodontics, Sana'a University	د. نسيبة العديني	9
<p>Advancing orthodontic care demands biomechanical strategies that accelerate treatment without compromising results.</p> <p>Utilizing self-ligating brackets, superelastic archwires, and Temporary Anchorage Devices, clinicians achieve faster, more precise tooth movement.</p> <p>These innovations transform patient experiences by significantly reducing treatment time and improving comfort, ensuring superior, efficient outcomes essential for modern orthodontics.</p>	Biomechanical techniques and devices that reduce orthodontic treatment duration.	Assistant prof. in Orthodontics	د. غفاف الخولاني	10

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<p>The concept of "rare lesions" in oral pathology demands critical reassessment. Through a series of published case reports—including the 101st documented central mucoepidermoid carcinoma, the 33rd intraosseous lipoma of the jaws, the 11th posterior mandibular glandular cyst, and the 4th intraosseous hemangioma of the mandible—this presentation argues that rarity is not a function of biological absence, but of diagnostic neglect. These lesions exist; they are simply not seen. The author proposes a paradigm shift: rare lesions are not rare to exist—they are rare to diagnose. This reframing has implications for clinical training, diagnostic vigilance, and the epistemology of lesion classification. By confronting the inertia of recognition, we elevate both the diagnostic discipline and the patients it serves.</p> <p>Keywords: diagnostic rarity, oral lesions, case reports, epistemic bias, pathology education</p>	Rare cases are they really rare	<p>Prof. Nabil Nader Kochaji is a renowned international authority in oral and maxillofacial pathology, oral tumors, and oral pathology. He holds a PhD in Dental Sciences from the Vrije Universiteit Brussel (VUB), Belgium.</p> <p>Prof. Kochaji currently serves as the President of the Syrian Association and the Chairman of the Syrian Scientific Board of Oral and Maxillofacial Pathology. He also represents the Arab region as a member</p>	أ.د. نبيل قوشجي	11
<p>The lecture by Prof. Dr. Khaldoun Darwich focuses on the applications of Virtual Surgical Planning (VSP) in maxillofacial surgery. It explains the shift from traditional methods to modern digital workflows utilizing technologies like 3D imaging (CT/CBCT), Computer-Aided Design (CAD), and Additive Manufacturing (3D Printing). The process involves converting DICOM files from scans into 3D STL models for pre-surgical simulation. A key advantage is the creation of Patient-Specific Implants (PSI), which allow for complete customization and perfect fit. The benefits highlighted include improved diagnostic quality, enhanced pre-operative planning, more precise surgeries, reduced operation time, and better patient communication. Clinical applications demonstrated include complex reconstructions after tumor resection, trauma, and for congenital deformities like hemifacial microsomia and orthognathic surgeries. The integration of VSP and 3D printing ultimately leads to superior aesthetic and functional outcomes in jaw surgery.</p>	The applications of Virtual Surgical Planning (VSP) in maxillofacial surgery.	<p>Prof. Dr. KHALDOUN DARWICH DDS, OMF, PhD. Facharzt - Dean of the Faculty of Dental Medicine - Damascus University</p>	أ.د. خلدون درويش	12
<p>Esthetic restorative treatments are highly demanded procedures of dentistry nowadays due to patients' requests. Direct composite veneers represent a minimally invasive and cost effective approach to achieving highly aesthetic smiles. With continuous advances in composite resin materials, nanohybrid technology, and modern layering techniques, clinicians are now able to reproduce results that closely rival or even match ceramic veneers in terms of natural beauty, strength, and longevity. Recent scientific studies have highlighted that when proper clinical protocols are followed including isolation, adhesion optimization, and finishing/polishing procedures direct composite veneers can demonstrate excellent survival rates comparable to indirect ceramic veneers. This makes them not only an esthetic choice but also a sustainable one, especially in cases where conservative tooth preparation and cost effectiveness are key considerations. The use of direct composite veneers may be an interesting option to recover the esthetic appearance of damaged teeth, especially because indirect techniques require more removal of sound tooth structure and have a higher cost, due to the laboratory procedures involved. In fact, in a minimal invasive approach direct composite veneers seem to be the first choice. we will discuss the 6 rule of natural smile by interior composite veneer by presenting a complete case with clinical images using professional camera photography step by step management the anterior similes which include Full veneers , Class III, class IV, and class V with direct composite veneer . I have attached some pictures of the cases in this file I will discuss in detail the following points : I. II. III. IV. V. VI. VII. Longevity of direct composite veneer Light Reflection Principles Tooth Size and Shape Harmony Vertical Transitional Line Angles Embrasures, Proximal Contacts The Lips and the Smile Line Golden proportion , RED proportion VIII. Color and Perception IX. Finishing and Polishing primary , secondary and tertiary anatomy</p>	Direct Composite Veneers: The Fast Track to a Hollywood Smile	<p>M.Sc. Degree in Orthodontic Masters of Science (MSc) degree in Orthodontics Orthodontic Department Sana'a University.</p>	د. سيف كريم	13
<p>Minimal Invasive Laminated Veneers The conservative aesthetic restoration of unsightly anterior teeth has been revolutionized by the introduction of laminate veneers. Porcelain laminate veneers have been a common treatment strategy in dental clinics. It is a conservative method for treatment of esthetic and functional problems in anterior region of oral cavity. Successful results of porcelain veneers depend on the clinical and laboratory steps involved, along with the understanding of the scientific background of procedure. In this lecture, details of the preparation types of veneers and steps of bonding them to the teeth are presented. Furthermore, colors modifications prior to veneer cementation, temporization of tooth preparations, long-term gingival response to veneer margins, and durability of the veneers have been reviewed.</p>	Laminated veneer preparation concept	<p>B.D.S M.Sc(Aesthetic Dentistry) - Iraq</p>	د. أحمد سعاد	14

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<p>Introduction: Oroantral communication (OAC) is an accident connection between the oral cavity and the maxillary sinus, most common occurring as a complication following the extraction of maxillary posterior teeth, particularly molars. If not diagnosed and managed promptly, it can lead to oroantral fistula (OAF) and chronic maxillary sinusitis. This review aims to discuss the causes, complications, treatment, and radiographic features of OAC in 2-dimensional and 3-dimensional imaging modalities are discussed.</p> <p>Materials and Methods: A comprehensive literature review was conducted using major scientific databases (e.g., PubMed, Scopus) for studies published between 2021 and 2025. Search terms included "oroantral communication," "oroantral fistula," "tooth extraction complication," and "maxillary sinus." Clinical studies, systematic reviews, and case reports were analyzed to synthesize current evidence on diagnosis and treatment protocols.</p>	Oroantral Communication Following Tooth Extraction	<p>Amani lutf Altholaia اختصاصيه جراحه الوجه والفكين ماجستير جامعه صنعاء Oral and maxillofacial surgeon Master of Oral and Maxillofacial Surgery, Sana'a University</p>	د. أماني الثلايا	15
<p>Clear aligners have become a standard alternative to fixed orthodontic appliances. Their effectiveness depends on proper treatment protocols, patient compliance, and case selection.</p> <p>Here's a structured overview of aligner treatment protocols and applications:</p> <ul style="list-style-type: none"> □ 1. Case Selection □ 2. Treatment Protocols <ul style="list-style-type: none"> A. Diagnosis and Planning B. Aligner Delivery Protocol C. Monitoring D. Finishing and Refinement E. Retention □ 3. Applications of Aligners <ul style="list-style-type: none"> •Alignment & spacing: crowding, diastema closure. •Vertical corrections: deep bite intrusion, open bite closure. •Transverse issues: mild crossbite correction. •Class II/III corrections: with elastics or skeletal anchorage. •Pre-restorative orthodontics: aligning before veneers, implants, or prosthetics. •Relapse cases: minor post-orthodontic relapses. 	Aligners treatment protocols and application	<p>Dr. Yasser Basheer Orthodontics specialist. Master degree in clinical orthodontics Mansoura university Egypt</p>	د. ياسر بشير	16
<p>Odontogenic cysts are common lesions of the jaws that originate from the odontogenic epithelium. They present a wide spectrum of clinical behavior, ranging from slow-growing asymptomatic lesions to aggressive cysts that can cause significant bone destruction and complications. Accurate diagnosis is essential and relies on a combination of clinical examination, radiographic imaging, and histopathological evaluation. Management strategies vary according to cyst type, size, location, and potential for recurrence, and may include enucleation, marsupialization, or resection. This lecture aims to provide dental interns and practitioners with practical insights into the diagnosis, surgical management, and follow-up of odontogenic cysts, emphasizing evidence-based approaches and clinical decision-making. Case examples and imaging illustrations will be presented to enhance understanding and translate theory into practice.</p>	"Odontogenic Cysts: Diagnosis, Management, and Clinical Insights"	<p>Dr. Yasser A. Alrubaidi Assistant Professor In oral&Maxillofacial surgery and Dean, Faculty of Dentistry, AR-Rasheed Smart University</p>	د. ياسر الربيدي	17
<p>Objectives: This study was designed to evaluate the efficacy of absorbable collagen cones with gentamycin as a socket preservation material prior to dental implant placement.</p> <p>Methods: Fourteen fresh extraction sockets were involved in this study.</p> <p>Parasorb Cone-Genta was placed into the sockets immediately after extraction. Three months later, a bone specimen was collected for histological examination and a dental implant was inserted in each socket.</p> <p>Results: Histological evaluation revealed well organized bone trabeculae with wide bone marrow and osteon with Haversian system formation.</p> <p>No postoperative infection was encountered.</p> <p>All the inserted implants were osseointegrated except for one failed implant.</p> <p>Regarding implants stability, no statistically significance difference was reordred at 3 and 6 months but not when comparing values recorded at 6 months and those recorded at 12 months.</p> <p>A statistically significant difference was recorded for marginal bone loss at 12 months when compared with 3 months.</p> <p>Conclusion The local use of gentamycin may reduce the risk of infection during socket preservation.</p> <p>Collagen cones with gentamycin can be used as a socket preservation material with predictable results.</p> <p>Keywords: Dental implant, socket preservation, parasorba Con Genta.</p>	of LASER WITH COLLACONE as a Socket Preservation Material Prior to Dental Implant Placement	<p>Mohammed Saleh Saad alfakih</p>	د. محمد الفقيه	18

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<p>Background: This study aimed to identify factors linked to tooth loss over a in young adults with periodontitis, with particular attention to the role of patient compliance. A secondary objective was to determine factors associated with the discontinuation of active periodontal treatment (APT).</p> <p>Methods: This retrospective, register-based cohort study included 446 patients younger than 36 years, diagnosed with periodontitis at two periodontal clinics between 2003 and 2009. Data were extracted from electronic dental records and two national health registers. Follow-up was conducted between 2009 and 2019. Negative binomial and logistic regression analyses were used to assess factors significantly associated with tooth loss and discontinuation of APT.</p> <p>Results: Most patients lost no teeth or a maximum of three teeth due to periodontitis, while 3.6% experienced the loss of 10 or more teeth. The mean tooth loss attributable to periodontitis was 1.3 (range 0–26). Significant risk factors for tooth loss included generalized stage IV periodontitis, low educational level, smoking, and discontinuation of APT. Furthermore, severe periodontal stage, low educational attainment, and low income were significantly associated with discontinuation of APT.</p> <p>Conclusions: In this register-based analysis, discontinuation of active treatment, advanced periodontal disease, smoking, and lower education levels were strong predictors of tooth loss. Additionally, severe periodontitis, low education, and low income increased the likelihood of discontinuing active periodontal care</p>	facts of Periodontology and Teeth loss in children , Believe it or Not?Assistant Prof. Periodontology and Implantology	Assistant Prof. Periodontology and Implantology	د. عبيد شرف الدين	19
<p>ABSTRACT</p> <p>The efficacy of Vital Pulp Therapy (VPT) is contingent upon a critical equilibrium between the preservation of pulp vitality and the occurrence of therapeutic failure. Contemporary evidence-based literature delineates a triad of indispensable factors for successful outcomes: the accurate diagnosis of reversible pulpitis, the implementation of a meticulous aseptic technique with secured haemostasis, and the application of advanced bioceramic materials to achieve a hermetic seal. The clinician's diagnostic acumen and technical proficiency are paramount, as deviations from this protocol are directly correlated with an increased incidence of pulp necrosis, necessitating subsequent root canal treatment. Consequently, a thorough command of these principles is fundamental to optimising clinical outcomes and ensuring long-term tooth preservation.</p>	Vital Pulp Therapy: The Fine Line Between Success and Failure	<p>Dr. Basheer Hamed Hamood Al-Shamari (بشير حامد حمود الشميري)</p> <p>Head of Dentistry Department, College of Medical and Health Sciences, AlJel AlJadeed University, Sana'a, Yemen</p> <p>Assistant Professor in Endodontics, Sana'a University, Sana'a, Yemen</p>	د. بشير الشميري	20
<p>The efficacy of Vital Pulp Therapy (VPT) is contingent upon a critical equilibrium between the preservation of pulp vitality and the occurrence of therapeutic failure. Contemporary evidence-based literature delineates a triad of indispensable factors for successful outcomes: the accurate diagnosis of reversible pulpitis, the implementation of a meticulous aseptic technique with secured haemostasis, and the application of advanced bioceramic materials to achieve a hermetic seal. The clinician's diagnostic acumen and technical proficiency are paramount, as deviations from this protocol are directly correlated with an increased incidence of pulp necrosis, necessitating subsequent root canal treatment. Consequently, a thorough command of these principles is fundamental to optimising clinical outcomes and ensuring long-term tooth preservation.</p>	Managing the Invisible Hurdle: Blockage and Ledge Formation in Endodontic Therapy	Mohammed Abdullah Adawla PhD candidate in Endodontics	د. محمد الدوله	21
<p>The second mesiobuccal (MB2) canal in maxillary molars, once considered a rare anatomical variant, is now recognized as a highly prevalent and clinically significant feature, present in over 70% of cases. Its frequent omission is a primary etiology for persistent periapical disease and endodontic failure. This lecture delineates the formidable challenges inherent in locating the MB2, including its position mesial and palatal to the MB1 orifice, its concealment beneath a dentinal shelf, and its often complex, calcified morphology. A systematic protocol for predictable management is presented, emphasizing a fundamental shift in clinical mindset. Key components of this protocol include a mesially extended access cavity, the indispensable use of dental operating microscopy for enhanced visualization, and the precise application of ultrasonic instrumentation for troughing. The lecture further details techniques for negotiating calcified orifices using micro-instruments and chelating agents. By integrating this proactive, technology-enhanced approach, clinicians can transform the management of the MB2 canal from an unpredictable challenge into a standard of care, thereby significantly elevating the long-term prognosis of maxillary molar endodontics.</p>	MB2: From Most Missed to Routinely Treated	<p>Dr. Abdulbaset Abdulsamad Mufadhal</p> <p>Specialist in Endodontics</p> <p>Lecturer and Researcher in the Department of Restorative and Aesthetic Dentistry, Faculty of Dentistry, Sana'a University, Sana'a, Yemen.</p>	د. عبد الباسط مفضل	22
<p>The efficacy of Vital Pulp Therapy (VPT) is contingent upon a critical equilibrium between the preservation of pulp vitality and the occurrence of therapeutic failure. Contemporary evidence-based literature delineates a triad of indispensable factors for successful outcomes: the accurate diagnosis of reversible pulpitis, the implementation of a meticulous aseptic technique with secured haemostasis, and the application of advanced bioceramic materials to achieve a hermetic seal. The clinician's diagnostic acumen and technical proficiency are paramount, as deviations from this protocol are directly correlated with an increased incidence of pulp necrosis, necessitating subsequent root canal treatment. Consequently, a thorough command of these principles is fundamental to optimising clinical outcomes and ensuring long-term tooth preservation.</p>	Facial and Occlusal Veneers	Mohsen Ali Al-Hamzi; Associated Professor in Fixed Prosthodontics Faculty of Dentistry Sana'a University	أ.م.د. محسن الحمزي	23
<p>Extra-oral maxillofacial prostheses play a vital role in the rehabilitation of patients with facial defects resulting from trauma, surgery, or congenital anomalies. This close-up review explores the significance of these prostheses in restoring both aesthetics and quality of life. It highlights advancements in materials such as medical-grade silicones, digital technologies including 3D scanning and printing, the challenges in prosthesis retention and color matching, and the interdisciplinary approach necessary for successful outcomes.</p>	"Extra-Oral Maxillofacial Prosthesis: A Close-Up Look":	MSc. in maxillofathodontics prosthodontics	د. خلود الصليحي	24

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<p>Diabetes mellitus is a chronic metabolic disorder that affects millions of people worldwide. Oral health is intricately linked with diabetes, and individuals with diabetes are more susceptible to various oral health issues.</p> <p>This review aims to explore the oral manifestations, effects, and relationship between diabetes and oral health.</p> <p>Common oral manifestations of diabetes include dry mouth, gum disease, tooth decay, and oral infections.</p> <p>The bidirectional relationship between diabetes and oral health highlights the importance of maintaining good oral hygiene and regular dental check-ups for individuals with diabetes. Understanding this relationship can help healthcare professionals provide comprehensive care and improve patient outcomes.</p>	Diabetes and Oral Health Manifestations, Effects, and Relationship	Senior Consultant Oral and Maxillofacial Surgeon. Dean of the Faculty of Dentistry, Jableh University for Health and Medical Sciences. Head of the Department of Oral Surgery, Faculty of Dentistry. Ja	أ.م.د. فيصل أبو لحوم	25
<p>Class II malocclusion is considered one of the most prevalent malocclusion issues worldwide . Most scientific studies attribute its primary causes to genetic or environmental and functional factors. occurring during the deciduous dentition stage, which may persist into the mixed dentition stage These factors result in structural disturbances at the level of the craniofacial complex, which become difficult to manage during the permanent dentition stage or (orthodontic surgery)</p> <p>Prevalence of Class II :Angle estimated that 20-25% of malocclusions may be Class II.</p> <p>Current study indicated,</p> <p>In the USA 20-25 % In Syria 22-23% ,In Yemen 23 % In Jordan 18.8% , In East and Southeast Asia 10-18 % , In East and Southeast Asia 10-18.the data says that Class II most prevalent malocclusion issues worldwide. Therefore, many researchers have paid special attention to functional appliances due to their potential to influence the morphology of the craniofacial complex during the mixed dentition stage. Early treatment during mixed dentition and before pubertal growth spurt is crucial to lever age growth potential.</p> <p>Materials and methods : The sample consisted of 95 patients (41 males and 54 females) with Class II - I malocclusion according to Angle and skeletal-distal relationship and. Patients' ages between (9) - (13) years All patients were treated with functional appliances. (ACTIVATOR ,BIONATOR , Twin-block ,and the Frankel-II) treatment duration ranged from 12 to 19.6 months, with an average of 15 months. RESULTS Results of comparing the amounts of changes resulting from treatment between the four studied device groups ,The one-sided ANOVA test showed significant differences between the arithmetic means of the values of changes resulting from treatment in 28 out of 49 variables when comparing the four studied device groups . Discussion The skeletal and dentoalveolar changes resulting from the treatment of Class II cases, div-1, with the functional appliances studied, can be summarized as shown in the following figures . Conclusions : The skeletal effects of the Activator are more pronounced compared to other appliances, followed by the skeletal effects of the Frankel-II.</p>	<p>☐</p> <p>The Dentoalveolar and Skeletal Changes in Class II Division 1 Malocclusion Treated with Functional Appliances II</p>	The Dentoalveolar and Skeletal Changes in Class II Division 1 Malocclusion Treated with Functional Appliances II	أ.م.د. عبد الحق الحسني	26
<p>A cuspid tooth has great importance in maintaining the integrity of the dental arch and profile, as well as in mastication and occlusion.</p> <p>However, it can be buried for various reasons, which may be systemic or local factors. Accurate clinical and radiographic evaluation is an essential step for properly resolving the impaction.</p> <p>Treatment may be needed to correct the problem of impaction, which could be addressed using several options (surgical removal or surgical traction with suitable appliances, such as a ballista loop with fixed appliances).</p> <p>The choice depends on the patient's age, the position and condition of the displaced canine, adjacent teeth, and occlusion needs.</p>	Impacted Canine . Etiology,Diagnosis and Clinical Management.	Dr. Salah Ali Al-Amrani Senior specialist in orthodontic Vice Dean, Faculty of Dentistry Jiblah University of Medical and Health Sciences	د. صلاح العمراني	27
<p>Abstract:</p> <p>Odontogenic cysts are common lesions of the jaws that originate from the odontogenic epithelium. They present a wide spectrum of clinical behavior, ranging from slow-growing asymptomatic lesions to aggressive cysts that can cause significant bone destruction and complications. Accurate diagnosis is essential and relies on a combination of clinical examination, radiographic imaging, and histopathological evaluation. Management strategies vary according to cyst type, size, location, and potential for recurrence, and may include enucleation, marsupialization, or resection. This lecture aims to provide dental interns and practitioners with practical insights into the diagnosis, surgical management, and follow-up of odontogenic cysts, emphasizing evidence-based approaches and clinical decision-making. Case examples and imaging illustrations will be presented to enhance understanding and translate theory into practice.</p>	"Odontogenic Cysts: Diagnosis, Management, and Clinical Insights"	Assistant Prof. in oral & maxillofacial Surgery	د.بسام أبو طالب	28
<p>The talk will begin with an overview of the current state of AI and ML technologies and their relevance to orthodontics. It will cover the development and implementation of AI-driven diagnostic tools that aid in precise assessment and prediction of orthodontic outcomes. The presentation will delve into the use of ML algorithms in designing personalized treatment plans, optimizing treatment time, and improving patient compliance. Case studies will be presented to demonstrate the practical applications and effectiveness of these technologies in clinical settings. Additionally, the talk will address potential challenges and ethical considerations associated with the adoption of AI and ML in orthodontics. The session will conclude with a discussion on future trends and the potential for further innovations in this field.</p>	Integrating AI and Machine Learning in Orthodontic Treatment Planning Aim of the Presentation: This presentation aims to explore the integration of artificial intelligence (AI) and machine	Dr. Salah M. Ben Hafedh is an accomplished orthodontist with a distinguished career in dentistry. He earned his bachelor's degree from Sana'a University in 2013, followed by a master's degree from the same institution in 2022. Currently, he is pursuing a PhD at the University of Science	د. صلاح بن حفيظ	29

Abstract	عنوان المحاضرة	النبة التعريفية	اسم الدكتور	الرقم
<p>Endodontic treatment of third molars (wisdom teeth) is possible but challenging due to the tooth's posterior location, complex internal anatomy with varied root canal configurations, and irregular eruption patterns. While extraction is often the preferred treatment, endodontic therapy can be a viable option for preserving the tooth, especially when it functions as a support for a dental prosthesis or if removing it would compromise the dental arch's integrity. Successful treatment requires meticulous skill and knowledge of the tooth's unique anatomy to ensure thorough cleaning, shaping, and filling of the root canal system.</p> <p>Why is endodontic treatment of third molars challenging?</p> <p>Location: Third molars are located at the very back of the mouth, making them difficult to access for instrumentation and restoration.</p> <p>Anatomical Variation: They often exhibit unusual root and root canal anatomy, including curved roots, bayonet-shaped roots, fused canals, and C-shaped canals.</p> <p>Clinical Factors: Irregular eruption patterns and the tooth's position can make it difficult to apply isolation techniques like a rubber dam.</p> <p>Risk of Complications: The proximity of the inferior alveolar nerve in mandibular third molars increases the risk of irrigant extrusion during treatment.</p> <p>When is endodontic treatment of a third molar recommended?</p> <p>Preservation of Dental Arch: To retain all functional components of the dental arch when second molars are missing.</p> <p>Support for Prosthetics: When the third molar is needed as an abutment (support) for a fixed bridge or a removable partial denture.</p> <p>Comprehensive Treatment Plans: When endodontic treatment offers a more conservative and less invasive approach compared to other alternatives.</p>	Endodontic treatment for third molar teeth	PhD Candidate in Endodontics	د. وليد الحاج	30