Rolandas Andrijauskas, Lithuania

LEAN SYSTEM IN DENTISTRY: STAGNATING OR LEADING?

Every unsolved problem or obstacle creates new problems, therefore a clear prosthetic protocol and distribution of responsibilities reduces mistakes and failures.

It is wrong to blame technologies for our failures; we ourselves are responsible for using effective measures and methods to achieve a good result.

Work with patients requires strict moral and ethical standards as quality control, since we cannot achieve absolute knowledge of scientific research and mechanisms of action.

Assoc. Prof. Dr. Vilija Andruškevičienė, Lithuania

ADULT ORAL CARE. WHAT ARE THE CHALLENGES AHEAD?

Aim: To provide the definition of older and senile person, physiological changes in this age group, the most common oral diseases and appropriate personal oral health care measures in these age groups.

Form and duration: Theoretical lecture, 1 academic hour

Purpose of lecture and measure of education: Oral healthcare specialists, dentists. 1 academic hour.

Lecture content:

1. Definition of older and senile person. Demographics in the world and in Lithuania.
2. Changes in older people.
3. Main diseases of the mouth among older people, management scheme.
4. Oral hygiene education principles.
5. Personal oral hygiene peculiarities among people with various prosthetic work.

Kęstutis Aračiauskas, Lithuania

PROSTHESIS ON IMPLANTS IN ORDER TO REACH THE BEST RESULTS AND DURABILITY. WHAT AND HOW?

The quality of implant-supported restorations is determined not only by the design, but also by the first steps and treatment planning. Are all implants suitable for every situation? How can we take the best impressions and choose the best materials? Manufacturing of stone models. Deciding on the final restoration material, its effect on longevity. Achieving the best result in a specific situation if the main goal of modern prosthetics, and it can be reached by proper planning.

Dr. Adomas Auškalnis, Aušra Levickienė, Lithuania

RESTORATIVE TREATMENT AND ESTHETIC EXTENSION OF THE TOOTH CROWN ON THE FRONT TEETH

Interdisciplinary mindset and cooperation are often necessary when planning and implementing restorative treatment in the anterior region. When restoring the front teeth we have to care not only for the white aesthetics, but also for the pink aesthetics.

Aesthetic crown lengthening has a lot of myths surrounding it: there are doubts over the stability of gingival contour in the long term, there are insufficient planning and treatment protocols.

In this lecture we will analyze the methods for aesthetic crown lengthening, their advantages and drawbacks, the details of gingival contour planning and surgical procedures, and nuances of restorative treatment.

Irina Banienė, Lithuania

GIVING BAD NEWS

K.R.Monden, L.Gentry, T.R.Cox (2016) made a study to evaluate the need of didactic program on delivering bad news in medical centers. The study revealed that 93 percent of doctors understand that delivering bad news is a very important skill. However, only 40 percent thought they knew how to properly present them, and 85 percent thought they needed additional training to deliver bad news.

During their professional careers most dentists face situations when they need to present bad news to their patients and their relatives. Bad news can be defined as information which may change patients' future perspective in a very negative way (Orlander, Fincke, Hermanns, Johnson, 2002). In dentistry it may be a situation where the patient may lose all their teeth or information about a suspicious lesion in the mouth which needs evaluating, etc. (Newton, Fiske, 1999).

Historically medical education is more focused on technical qualifications than communication skills, which leaves physicians unprepared for the difficulties of communication. Delivering bad news is one of the most grueling, stressful and unpleasant tasks of being a doctor. Furthermore, improperly delivered bad news may affect the way the patient and their relatives cope with these news. Thus when doctors lack the skills to properly communicated bad news, it may negatively impact the patients, their relatives and doctors themselves. The lecture aims to present models of delivering bad news and develop communication skills.

Assoc. Prof. Dr. Eglė Aida Bendoraitienė, Lithuania

EARLY DIAGNOSIS OF DENTAL CARIES. APPLYING PREVENTIVE AND CURATIVE METHODS ACCORDING TO THE DEGREE OF DISEASE ACTIVITY

Aim: To provide information about new diagnostic systems to diagnose tooth caries in its early reversible stage, preventive and treatment strategies based on the degree of disease activity.

Lecture content:

1. Tooth caries is a chronic progressive disease manifesting as demineralization of hard tooth tissues. A compensatory remineralization process takes place for some time, but if risk factors are not removed, with ecosystem changes the disease gets worse and non-reversible changes take form of cavities.

2. For a long time caries treatment consisted of drilling and filling. Currently, a new treatment concept, based on early diagnosis, monitoring and preventive measures, is being promoted.

3. It is important to realize that the aim is to save the natural tooth, therefore operative interventions should be postponed as much as possible, and operative treatment should conserve hard tissues of the tooth.

4. Modern diagnostic systems help to detect the disease in its early reversible stage. The activity of carious lesion is diagnosed when the tooth is dry visually and using tactile feedback. Disease stage (spot, cavity) and activity (active, stable) is assessed.

After evaluating caries risk factors and objective examination data we can choose necessary clinical or preventive measures (stabilization of caries lesions, monitoring, non-operative, operative treatment).

Dr. Antonio Bowen, Spain

DIGITAL FLOW IN IMPLAMENTOLOGY WITH FACIAL SCANER

The greatest challenge of Digital Smile Design is being able to convert 2D planning images into 3D real planification. The classical approximation based on using templates is not accurate, since it relies on the view and position in which the photograph was taken and its correspondence with some any case of the teeth in the cast, mainly due to distortions of perspective of the image and precision errors in their adaptation to the cast. For this reasons, it is necessary to have some real 3D data available in order to perform a correct planning.
The required data would be:
Dental Casts: 3D dental casts may be obtained indirectly (scanning of casts or traditional impressions), or directly (digital impression) In both cases, the data obtained are those concerning maxillary and mandibular models and the intermaxillary relationship (occlusion) which are expressed in .stl files, processed with the usual prosthetic or planning software.
Models of Bone Stucture: these are necessary for any case requiring implant placement. They are obtained from the radiological study made by CAT, or using CBCT techniques (the most common). It is generated in a DICOM file, which integrates the totality of the data and may be processed using the typical surgical planning software or using the prosthetic or planning applications.
Facial Models: It is necessary to integrate a full facial registration system, collecting all the facial 3D morphology, color and texture data. The system of facial registration will be a facial scanner that provides the data in an .obj format, which is a file format used for three-dimensional objects containing 3D coordinates (polygonal lines and points), texture maps and other information. Several 3D image editing programs as well as applications commonly used in our field can be used to export and open this file format.

Phases of the digital workflow:

1. **Diagnostic Phase**

After getting a complete medical history, the diagnostic phase is based on obtaining the following necessary information:

- Photographic study,
- CT of the patient using CBCT technique
- Intraoral scanning, which may be performed with any conventional intraoral scanner.
- Facial Scanning, using the Bellus3DTM scanner (AFT Dental System kit), with two main features: DepthShapeTM, which allows a 3D reconstruction using a system of two infrared lasers and four sensors designed for a resolution of less than 0.4mm, and PhotoShapeTM, capturing face details such as wrinkles and skin pores. With all this information, a file is created containing a mesh of the face and high-resolution texture

2. **Planning Phase**

1. File Merging : We first merge the .obj and .stl files. Any software may be used for this, although in our daily practice we use EXOCAD (exocad GmbH, Germany) or Nemo SmileDesign3D (Nemotec, Spain).

2. Prosthetic Planning: Prosthetic restoration planning begins at this time, taking as a base the esthetic references of the patient's smile, starting from the maxillary anterior segment.

The resulting data is validated, allowing a new .stl file to be generated containing the restorative project

3. Surgical planning: the .stl file from the prosthetic planning is sent to an specific software for surgical planification, to produce the surgical guide

3. **Surgical Phase**

Implant placement is performed through Guided Surgery or Directed Surgery Techniques, or by means of a combined technique

4. Prosthetic Phase

Temporary prosthesis

In cases using the combined technique or only the directed surgery technique, we use the prosthetic splint as temporary teeth, after eliminating the distal extensions and using relining acrylic for adaptation

In cases of Guided Surgery, when there is no prosthetic splint, we take the impression at that time, with scanbodies or using photogrammetry techniques (PIC Dental, Spain), depending on the case, to prepare the temporary prosthesis, which is inserted in the mouth in less than 24 hours.

Definitive Prosthesis

In this phase the final prosthesis is prepared, therefore, scanning of the soft tissues of the area is performed in order to define the emergency profile of the implants and tissue adaptation.

Final design of the prosthesis is based on the temporary prosthesis, if no changes were made to it, otherwise a new scan of the patient wearing the modified prosthesis needs to be done, to adapt the final restoration to the new emergency profile and finalize the case.

Kellie Ann Burke, Ireland

ORAL HEALTH: THE TIP OF THE ICEBERG

Learning Objectives:

Educate on non-milk extrinsic sugars

Educate and encourage use of caries risk assessment

Create skills to deliver an oral health promotion programme

Educate on the core principles of health promotion

Learning Outcome:

Dental care professionals can be educated to use/enhance their current skill-set in the practice of

oral health promotion in accordance with health promotion principles outlined by the World Health Organisation

Dr. Antanas Černikis, Lithuania

THE IMPORTANCE OF GUMS FOR DENTAL AND IMPLANT PROSTHETICS

Topics:

In the beginning of the lecture we will revisit the structure of gingiva and its effect on bone resorption and long-term reliability of tooth- and implant-supported prostheses.

We will also discuss gingival recessions around teeth and implants, and their causes.

The most common causes of gum recessions will be outlined: stress, bruxism, unfavorable orthodontic treatment, traumatic occlusion, marginal inaccuracies of prostheses, etc.

We will demonstrate surgical techniques for gum restoration, present various clinical cases and discuss their results.

Algirdas Dambrava, Lithuania

STRESS AND BURNOUT SYNDROME. CIRCADIAN RHYTHMS INFLUENCE ON YOUR HEALTH

1st topic Stress, burnout syndrome

“Everyone experience some stress one day. Burnout syndrome affects only those who engage in professional activities with exceptionally high expectations.”

Pascal Ide, „Burnout syndrome“, 2018

„The aim of the mind is to be happy with oneself in their own view. It never lasts long.”

Paul Valery

“Pre-burnout and the burnout syndrome is experienced precisely because a person gave their all. Does that mean they gave out *too much*? No. They gave out *in a wrong way.“*

Pascal Ide, „Burnout syndrome“, 2018

„Many have heard about the burnout syndrome and know it leads to exhaustion. However, most do not know two signs: people with burnout syndrome slowly lose themselves as a person and their achievements also dwindle.“

Pascal Ide, „Burnout syndrome“, 2018

„Man is a social animal: if there are no good relationships, there won't be self-worth.“

Christophe Andre, 2015

“A sage will not live in solitude, because they will be inclined to communicate and work.“

Diogenes Laërtius

2nd topic The effect of the circadian rhythm on health.

“Life on Earth has adapted to the spin of our planet. For many years we have known that living organisms have an internal clock, which helps them to determine a regular daily rhythm and adapt to it. However, we did not know how this clock works.”

Announcement by the Nobel Foundation, 2017

“During sleep, energy “residue” is removed from the brain. If sleep patterns are changed, *“amyloid-beta”* aggregates in the brain increase.“

Jeffrey Iliff, 2014

„Circadian rhythms are not only the amount of sleep and wakefulness during the day. Even more important is the change of many biological functions: body temperature, which is lower at night, the release of adrenal hormones is highest during morning hours, when a person wakes up and begins their day, the amount of urine decreases during the night to ensure adequate rest, thyroid hormones and motor activity also varies over the course of the day.“

“Circadian rhythms”, 2016

Margarita Daublytė, Šarūnas Čepas, Lithuania

POLYETHER ETHER KETONE AND COMPOSITE RESINS. PROSTHESIS ON IMPLANTS. USE OF THE ALTERNATIVE MATERIALS IN DENTISTRY

Topics:

1. PEEK in medicine. Material properties.

2. Composite veneering materials.

3. Implant-supported restorations.

4. Aesthetic region prosthetics

5. Work protocol

6. Looking after restorations

Prof. Rui Isidro Falacho, Portugal

CERAMIC VENEERS: FROM TREATMENT PLANNING TO PREPARATION AND BONDING

Abstract:

Nowadays Dentists are constantly faced with technical, conceptual and social demands, as well as with patient requests that become increasingly more challenging.

In an era of impressive developments in the field of conservative dentistry convoyed by a never-ending pursuit for aesthetics, clinicians must ensure proficiency in a wide range of different processes from the most primary, as an adequate preparation or adhesion technique, to more advanced procedures that aim at biological oriented clinical performance consistent with the current canons and guided by EBD concepts (Evidence-Based Dentistry). In spite of the aesthetic demands, function remains the main concern and the primary goal of modern dentistry, which solidifies the need to acquire consistent clinical knowledge to integrate all these variables – effectiveness, structure preservation, aesthetics and function.

My conference aims to fit among both this cognitive and technical plurality, as well as to provide the audience with a theoretical set of skills for the rehabilitation of anterior teeth using ceramic restorations focusing on immediate and long-term success in the eyes of the patient and the dentist.

Learning points:

During the theoretical and clinical cases presentation, the audience will be able to acquire knowledge in:

- How to develop the correct workflow in oral adhesive rehabilitation
- Importance of adequate knowledge about the adhesive technique and its influence in each of the clinical steps: from planning, preparation and provisionals, to the follow-up
- Integration of digital planning in daily clinical work
- Choice of restorative material in adhesive dentistry: ceramics and composites
- Conventional and direct mock-up: concept, materials, importance and methodology
- Dental preparation and conservative principles
- Alternative techniques for surface finishing and maximizing the success
- Alternative techniques for substrate differentiation: how to minimize the loss of tooth structure

- Communication and workflow with the Dental Technician: importance, precision and techniques to maximize success
- Rubber Dam: importance, techniques, difficulties and tips for excellence
- Veneer bonding: theoretical foundations, materials, techniques, systematization of adhesion protocols

Prof. Davide Farronato, Italy

ESTHETIC MANAGING AT IMPLANT REHABILITATION SITIES: BEFORE, DURING AND AFTER

Abstract:
In order to obtain a predictable and stable aesthetic outcome in frontal implants many are the rules that helps achieving the desired result . Researchers are worldwide investigating how to manage the main variables that affects tissue maturation around implants during time. In this presentation will be analyzed the complex interactions between these factors focusing especially on tissue biology and clinical observations both from a surgical and prostodontic point of view. Wide focus will be given to the immediate loading scenario in the aesthetic zone, according to specific limits and indications and taking care about the emergence profile managing in order to gain good control of the final result and it's stability upon time. In alternative an immediate Maryland bridges creation will be described by the use of fiber reinforced composites.

Learning Objectives:
- Immediate Fiber Reinforced Composite Maryland creation tips and tricks
- immediate loading prosthesis tips and tricks
- managing the emergence profile and guidelines

Daiva Gelažienė, Lithuania

ORAL CARE FOR PREGNANT WOMEN

During pregnancy the woman's body goes through many changes. Some of these changes may have an adverse effect towards oral health. A healthy mouth is important not only for the mother, but also for the baby. Both future mothers and their clinicians often lack important knowledge about oral healthcare during pregnancy. During the lecture we will discuss the problems an expecting woman might face and provide recommendations for dentists and oral hygienists on how to safely provide oral health services for expecting women, and what procedures should be avoided.

Justinas Gibas, Lithuania

THERE WILL NOT BE DENTAL TECHNICIANS ANYMORE. WILL ONLY DENTAL TECHNOLOGISTS REMAIN?

Topics:

Due to the rise of digital dentistry protocols and new generation materials in the recent years, workflows have changed radically, especially planning and digital design, which has received a lot of attention lately. Current digital technologies greatly facilitate and quicken many traditional laboratory steps. New materials, e.g., multilayered zirconia, are used a lot more often as universal materials not only for great properties, but also because they allow to produce high-quality restorations for an affordable price. By lowering manufacturing costs we can ensure effective and convenient solutions for our patients.

These new possibilities allow for a smooth and clear communication between the dental clinic and the dental technician laboratory. These days, with intraoral scanning, the dental technician can be a part of treatment planning team as a designer by designing the final project with full morphology and function.

Main goals:

- To use 2D design as a new alternative to analog treatment planning.
- To transfer the digital 2D project into the 3D to project without re-making the main project to mill the final restoration quickly and precisely.
- Fully digital workflow, which allows to make final restorations without stone models.

Prof. Dr. Alvydas Gleiznys, Lithuania

WHY ARE NOT ALWAYS REMOVABLE PROSTHESIS GIVEN BACK TO PATIENTS?

Modern dentistry successfully incorporates newest methods and materials for tooth prosthetics.

However, full-arch removable dentures for senile patients remains a large problem.

Technical aspects have the highest influence on the success or failure of full-arch removable dentures, patient satisfaction and their quality of life.

In this lecture we will review clinical and laboratory steps of full-arch denture manufacturing and ways of improving their quality.

Ingrida Ivancė, Lithuania

DENTAL PHOTOGRAPHY IN CLINICAL PRACTICE

1. Main parameters, functions and equipment of a digital camera for dental photography
2. Portrait photography equipment, lighting parameters and work in a mini-studio

3. Additional dental photography equipment: occlusal mirrors with lighting, lip retractors, contrasters, etc.
4. Photography of the teeth, the smile and portrait photography
5. Molar tooth photography
6. Photos for dental technicians
7. Reducing reflections and enhancing details with a polarizing filter
8. Main mistakes in dental photography and how to avoid them
9. Transferring photos to a PC or a Service management system (SMS), changing formats, archiving

Assoc. Prof. Dr. Gintaras Janužis, Lithuania

USE OF PLATELET CONCENTRATES: SCIENTIFICALLY BASED INDICATIONS

Platelet concentrates, with their long history of updates and protocol refinement, have long been used in medicine in prevention. Growth factors are the main clinical expression of platelet concentrate use. Platelet concentrates may be used for both pathological and age-related changes. Each clinical group have their separate clinical indications. Age-related changes: bone atrophy, joint cartilage degeneration, skin aging. Pathological changes: bone atrophy or defects, osteoporosis, osteonecrosis, osteomyelitis, alveolitis, joint pathology, atrophy of the skin of the face, acne, premalignant lesions of the mucosa, myofascial pain.
Clinical use and indications will be presented. Each mode of employment is based on clinical evidence with physiological and pathophysiological mechanisms of action explained. Possible contraindications and failures will be discussed.
A separate group of conditions and age-related changes will be discussed where therapy may be unhelpful or ineffective.

Žygintas Jonaitis, Lithuania

GENERALIZED AND PARTIAL TOOTH WEAR. PROSTHETIC TACTICS

Due to a fast pace of life, high level of stress, and lack of sleep a lot of people experience an uncontrollable hyperactivity of masticatory muscles due to an irritated central nervous system (night-time tooth grinding, daytime muscle spasms). Possible outcomes of such muscle hyperactivity are Pathological tooth wear, tooth sensitivity, non carious cervical lesions. Often the aetiology of pathological tooth wear is multifactorial: mechanical wear due to muscle activity (attrition) and chemical acid action (erosion). The hybrid attrition-erosion tooth wear is increasingly more common among younger patients.

In this lecture we will discuss the prosthetic planning for pathological generalized and localized tooth wear, restorative materials, restoration of lost vertical dimension of occlusion, preparation for prosthetics and preventive measures after treatment.

Vaiva Kazlauskaitė, Lithuania

COMPLIANCE WITH THE INFECTION CONTROL REQUIREMENTS IN DENTAL CARE INSTITUTIONS

The safety of healthcare services is an important aspect of dental healthcare. The quality of service is determined by the safety to the patient and the personnel. In order to provide safe, high quality healthcare services, it is important to determine and know the risk factors and adverse events, which may affect the quality of services, and to introduce possible solutions and opportunities for personnel training. In practice we encounter blood, saliva and infectious agents. Documents defining the competences of dental healthcare specialists (medical norms) state that dentists must have the basic understanding of infection control.

In order to provide dental healthcare services, a hygiene certificate, permission for practice and a valid license is necessary. These documents are issues, if hygiene norms and requirements outlined in other legislation are met. Infection control requirements in hygiene norm HN 47-1:2012 and other legislation. With medical equipment and medical devices getting more complex we often face problems and lack the knowledge how to safely reprocess them and dispose of them at the end of life.

Lecture goals:

1. To explain and discuss infection control requirements and ways to implement them.
2. Discuss the ways microorganisms spread and how to prevent it.
3. Hygiene of the hands, proper technique.
4. Medical device reprocessing.
5. The most common mistakes and how to avoid them.

Vaiva Kazlauskaitė, Lithuania

WORKPLACE PREPARATION. INFECTION CONTROL REQUIREMENTS

In order to provide safe, high quality dental care services in healthcare institutions, appropriate medical devices must be used. Regulations (medical norms, European standards, etc.) detail how to order, properly use and maintain medical devices. In this lecture we will discuss legislative requirements (medical device regulation, LST EN 17764, Ministry of Health injunctions) which regulate certification of medical devices, supplementary documents, requirements for accounting, proper use and reprocessing of medical devices. Proper reprocessing of medical devices is essential for providing safe services. Information on proper reprocessing of medical devices should be provided by the manufacturer in the instructions for use or labels.

To ensure appropriate reprocessing of medical devices for reuse and proper management of hospital-acquired infections, the devices should be properly cleaned, disinfected and sterilized.

In this lecture we will review disinfection methods and materials used, changes to packaging and sterilization, and sterilization control in healthcare institutions. To ensure appropriate reprocessing,

all steps should be controlled and quality control results recorded. We will discuss control methods, measures, the need for record-keeping and ways to do it, and documentation management.

Every institution should have risk factors evaluated and infection control requirement procedure guide prepared, and use only appropriate and certified materials. In order to fulfill the requirements, we have to be familiar with legal documents and implement them in practice.

During the lecture we will go through the requirements in hygiene norms HN 47-12:2012, HN 66:2013, and find out how to apply these requirements in our work.

During the seminar we will additionally discuss standards mentioned in the hygiene norms and the necessity of compliance.

Siobhan Maria Kelleher, Ireland

21ST CENTURY APPROACH TO ORAL HYGIENE CARE

Grow your practice, increase practice profitability and promote greater teamwork.

Aims and objectives?

• Promote the role of the Dental Hygienist/therapist in dental practice

• Incorporate the dental hygiene wheel system into your everyday practice

• Improve motivation of patients exploring Personality and learning styles

• Broaden the dental health professionals understanding of the scientific evidence and the practical use of debridement tools

Vytautas Kyga, Lithuania

ESTHETICS OF A SMILE. DO YOU ALWAYS NEED A PROSTHODONTIST?

In this clinical case-based lecture we will examine the question of restoring anterior tooth aesthetics.

With increasing need of an attractive smile, dentists face higher patients' expectations for the aesthetics of the smile. Are these requirements always well-grounded? Can we meet patients' expectations in all cases? Do we have the right to modify a completely healthy smile, if the patient wants to?

The answer is simple. The key to success is thorough treatment planning, assessment of patient's needs and your own capabilities, knowledge of the fundamental principles of the aesthetics of the smile and communicating that to the patient. Appropriate restorative materials should be chosen according to their ability to reflect or absorb light.

Most of us would agree that restoring six anterior teeth is quicker and simpler than to integrate a single or two veneers adjacent to natural white teeth. In the lecture we will analyze minimally invasive clinical cases of combining different restorations to achieve perfect integration and aesthetics.

We will present criteria to determine whether a tooth or teeth should be restored directly or indirectly.

Sometimes it's a blurry line between minimal invasiveness and unnecessary treatment. Let's not cross it.

Ieva Kisielienė, Lithuania

SELF-INJURY! WHAT SHOULD BE DONE?

Lecture content: Safety requirements when working with sharp instruments, blood and bodily fluids, incident prevention measures, first aid, mandatory documentation of incidents (forms and journals), employee immunoprophylaxis, practical examples.

Prof. Habil. Dr. Ričardas Kubilius, Lithuania

DIAGNOSIS OF THE ORAL AND MAXILLOFACIAL ONCOLOGICAL DISEASES IN DENTAL PRACTICE

Approximately 100 diseases are called cancers. Cancer of the mouth constitutes approx. 2 percent of all cancers. 90 percent of all neoplastic diseases of the mouth are squamous cell carcinomas of the lips, tongue, gums, floor of the mouth, palate, mucosa, the other 10 percent are tumors of salivary glands, melanomas, sarcomas and lymphomas.

We encounter cancer almost every day talking to friends, family, reading the news. Cancer as a global epidemic affects all age groups and all income groups; it does not discriminate based on age or social standing, however, it is more prevalent among older population. According to current prevalence data in the European Union, a third of men and a quarter of women may get cancer until the age of 75. In the European Union, cancer is the second most common cause of death after cardiovascular diseases. With an aging population the number of cancer-related deaths increases, therefore early diagnosis of patients is important among all doctors, including dentists. In the lecture we will present material on precancerous conditions of the mouth and face, benign tumors and cases of late-stage cancer as examples of late diagnosis. In many cases, with proper diagnosis and treatment strategy cancer is avoidable, and successfully treatable if diagnosed and managed in a timely manner.

The lecture is aimed towards dentists, dental specialists, oral hygienists and dental assistants.

Prof. Dr. Zoran Lazic, Serbia

THE GUIDED BONE REGENERATION (GBR) BEFORE THE THREADING OF IMPLANTS

Localized bone defects in planned implant positions is a common condition. Clinicians can apply guided bone regeneration (GBR) to tackle this problem. Guided bone regeneration (GBR) may be done before or during implant placement. Simultaneous guided bone regeneration (GBR) is performed when it is desirable to have fewer surgical procedures. More and more implants are placed while simultaneously performing guided bone regeneration (GBR), and this technique allows

clinicians to achieve good treatment results in localized bone defects in implant sites. This procedure produces predictable and aesthetic results if in each individual cases bone grafts and barrier membranes are chosen and handled appropriately.

In this lecture we will review various methods, such as alveolar bone preservation, horizontal augmentation, simultaneous bone grafting and implant placement, and repeated bone augmentation procedures in the most delicate situations.

We will also introduce the new bone substitute material (creosTM xenogain) and collagen membrane (creosTM xenoprotect).

Prof. Henriette Lerner, Germany

ESTHETIC AND FUNCTION ON FULL ARCH RECONSTRUCTIONS

Digital dentistry brings a tremendous change in the daily office workflow, in the surgical but and prosthetical field.

Patients expectations are fast result, high esthetics, minimally invasive treatment.

The challenge is to set prarmeters of the newest technologies to assure a high predictability of the treatment accordingly to patients demand.

The course will address latest algorithms based on literature concerning:

Data acquisition

Data elaboration

Manufacturing ,

Surgerical parameters

Prosthetic design

for achieving the maximal esthetic result in multiple implant supported full arch reabilitations.

Assoc. Prof. Dr. Laura Linkevičienė, Lithuania

WHEN DOES A PATIENT HAVE TO VISIT AN ORTHODONTIST?

Patients' or their parents concern about correct occlusion and facial aesthetics is increasing: parents are concerned about their children, adult patients come for treatment they did not have during childhood, occlusal anomalies recur when not complying with post-treatment regime and occur after tooth loss. Orthodontic anomalies are common in patients of all ages. Most of them are observed during routine check-ups or professional tooth cleaning.

In this lecture we will review the prevalence of orthodontic anomalies among children, teenagers and adults, their causes, discuss the need for orthodontic consultations, additional examination methods, optimal time for treatment, and when the orthodontic anomaly may not need treatment.

We will also discuss the effect of genetic factors and environmental factors on the development of orthodontic anomalies, also the connection between development of the body, dietary factors, type of breathing and swallowing, posture, harmful habits and occlusal pathology.

Prof. Dr. Fabrizia Luongo, Italy

SINGLE TOOTH IMPLANT ESTHETICS ON THE DIGITAL PATH ESTHETICS OF SINGLE TOOTH PROSTHESIS. DIGITAL PATH

The Esthetic zone has always been the most challenge area in implant rehabilitation.

The final outcome of the therapy is related to multiple factors that are not often easy to evaluate.

A correct control of the emergency profile of the implant, the type of the implant-abutment connection the shape of the soft and hard tissues are only some of the most important factors which must be carefully checked before starting the therapy.

Recently new devices as intra/ extra-oral scanners, cone beam computed tomography (CBCT) scanners, computer aided design/ computer aided manufacturing (CAD/CAM) software and innovative fabrication procedures such as 3D printing and computerized milling machines are changing the way we make the diagnosis and we treat our patients.

Especially in the aesthetic zone and in single tooth rehabilitations, these devices can be extremely useful to make a correct diagnosis and elaborate a more accurate treatment planning.

A case series of single tooth will be presented comparing the analogic and digital work flow

Learning points:

- Correct management of the esthetic area in implant rehabilitation
- How to use the digital devices to improve correct diagnosis and treatment planning

Indications and limits of optical impression and guided surgery.

Stephen Lusty, United Kingdom

MATERIALS SELECTION: WHAT, WHERE AND WHEN?

In this lecture we will focus on crown and bridge materials, especially GC ceramic and composite range. The author will explain his mindset when selecting materials for different restorations, present material preparation steps to introduce to the audience to an optimal work flow.

Stephen Lusty, United Kingdom

3D PRINTING IN DAILY WORK

In this lecture we will discuss all aspects of 3D printing in the dental lab. The aim of this lecture is to introduce the 3D printing concept and show ways to integrate it into the daily work flow, and to discuss methods to retain the standards of accuracy and quality. Currently, CAD/CAM systems have a huge influence on our industry, and the lecturer will talk about using 3D printing as a tool to remain competitive and move from almost completely analogue work flow to a digital one.

Also the lecturer will explain his choice of printer, materials used for models, surgical guides, provisionals, dentures and even custom trays.

Jolita Masevič, Milda Dabulskienė, Lithuania

WHAT SHOULD AN ORAL HYGIENIST KNOW ABOUT THE ALL-ON-4 ORAL CARE FOR PATIENTS?

Aim: To educate dental hygienists about oral healthcare after implant placement and the peculiarities of professional oral hygiene for All-on-4 patients.

Short summary: All-on-4 method is outlined, and personal and professional oral hygiene recommendations for All-on-4 patients are presented. Clinical cases are presented.

Prof. Dr. Bart van Meerbeek, Belgium

THE OPTIMAL CLINICAL BONDING PROTOCOL FOR DIRECT AND INDIRECT ADHESIVE RESTORATIONS

‘Universal’ dental adhesive technology allows the dentist to opt for either an ‘etch-and-rinse’ or ‘self-etch’ bonding approach. Etching enamel with phosphoric acid following the etch-and-rinse procedure unquestionably results in the most durable bond to enamel. On dentin, phosphoric acid applied following an etch-and-rinse procedure effectively removes surface smear that otherwise may interfere with bonding, but also exposes collagen to several micrometers deep. The bond stability highly depends on how tight resin is able to envelop the exposed collagen in order to make the resultant thick hybrid layer resistant to hydrolytic and enzymatic degradation. The alternative self-etch approach applied on dentin makes use of functional monomers that rely on chemical interaction with hydroxyapatite that remains within the submicron hybrid layer. The objective of this presentation is to weigh the ‘etch-and-rinse’ against the ‘self-etch’ approach for direct adhesive restorations in a first lecture part. The effectiveness of contemporary adhesives measured in the laboratory will be correlated with clinical data.

In a second lecture part, the different clinical workflows for adhesive luting of CAD-CAM restorations will be addressed. Digital technology is indispensable in today's dental practice. The first digital revolution occurred several years ago with the introduction of CAD-CAM technology for the production of semi-direct (chair side) and indirect (via dental lab) restorations. Currently, most CAD-CAM systems are based on 'subtractive' manufacturing processes, where restorations are milled out

of industrially manufactured blocks. Various types of ceramic, resin-based composite and polymer-infiltrated ceramic CAD-CAM blocks are today available for semi-direct and indirect partial and full crown restorations. This lecture part will address the different clinical approaches for adhesive luting of CAD-CAM restorations, thereby focusing on both the cement-tooth as the cement-restoration interface. Inevitably, one may expect that ‘additive’ manufacturing processes or so-called '3D printing' will soon find more applications in restorative dentistry.

Besides an abundant amount of product information, the adhesive protocols will be illustrated with clinical cases.

Jaroslav Mickevič, Lithuania

COMBINED PATIENT TREATMENT ACCORDING TO THE EFP (ESTHETICS, FUNCTION, POSTURE) PROTOCOL - DIAGNOSTICS, CLINICAL AND LABORATORY PROCEDURES, DETAILED DOCUMENTATION AND TREATMENT PROTOCOL. ANALYSIS OF THE INTERDISCIPLINARY CLINICAL CASES

Communication with the dental lab is getting more important in order for choosing proper materials, procedures and treatment planning. Appropriate work protocol and materials are vital to achieve good results in every clinical situation.

The lecture is aimed towards dentists and dental technicians who want to perform full-mouth rehabilitation and treatment of patients with parafunctions, where close cooperation between dentist and dental technician is necessary. There will be a lot of useful information aimed towards dental technicians whose part in the full-mouth rehabilitation is currently hugely underrated.

Program:

1. Diagnosis: photographic documentation, evaluation of posture, impressions/models/articulator, thorough analysis using a confirmed work protocol.

2. Occlusion correction: when is orthodontic treatment necessary and when can we avoid it? Detailed analysis of two cases. The role of dental technician in orthodontic treatment planning: the missing link?

3. Diagnostic wax-up: from detailed planning to filling, tooth preparation, manufacture of provisional and final restorations.

4. Vertical dimension of occlusion: the role of anterior and posterior teeth (balance, posture, restoration of muscle tone). Why restorations fracture: from provisional to final, and how to avoid it.

5. Manufacturing silicone guides: types, steps, common mistakes.

6. Manufacturing surgical guides: simple manufacturing techniques, when and how. Traditional vs. digital.

7. Implant placement in the eyes of the technician. Improper implant placement: whose fault it is and how to avoid mistakes.

8. Extracted teeth: throwing away or using as bone graft in implant placement. Especially relevant when using All-on-4 or All-on-6 techniques.

9. Manufacturing provisional restorations: are they only for gingival contouring? Maybe they are more important than we thing? How to manufacture very precise tooth- and implant-supported provisionals cheaply and quickly.

10. Final impressions: when can we begin final restoration?

11. Modern materials in implant dentistry: oversupply in the market with no universal solution. What do we lack and why? What the patient should know before paying large sums for completed work?

12. Use of biopolymers and composite materials in modern implant dentistry.

13. Prevention program: current possibilities in the dental lab and clinic.

Giedrė Morkūnaitė, Lithuania

MISTAKES OF TEETH WHITENING

Aim: to explore and understand the most common tooth whitening mistakes and discuss ways to avoid them, and to achieve the best results.

An attractive white smile has an important role in all parts of life. When we smile, our body releases endorphins, also known as happiness hormones, and we look younger and more attractive.

Tooth whitening is a minimally invasive procedure, which allows us to achieve palpable changes of the smile; however, the procedure must be performed properly. Tooth hard tissues are often not spared by used materials with hydrogen peroxide concentrations larger than 6%, gums are often covered imprecisely and materials from different manufacturers are using in a single visit.

Fundamental steps for successful whitening:

1. Thorough professional tooth cleaning
2. Oral health evaluation and preparation for whitening
3. Following tooth whitening system protocol
4. Precise use of gingival protection material
5. Concentration of hydrogen peroxide in whitening material no larger than 6% (16% in case of carbamide peroxide)
6. Appropriate pH of whitening material
7. Post-whitening recommendations

Content:

- Tooth whitening and why it is needed

- Tooth whitening systems available in Lithuania
- Oral hygiene and its importance to tooth whitening
- Main specialist-related tooth whitening mistakes and how to avoid them
- Does a higher concentration of hydrogen peroxide lead to better results?
- What effect does pH of whitening material have?
- Short presentation of Philips Zoom whitening system
- Discussion

Laurynas Narbutas, Lithuania

WHO IS A DENTIST? A GOOD SELLER OR AN ADVISOR?

Let's talk about the subtle process of selling dental services. Is it uncomfortable, we encounter resistance, or is it simple and pleasant?

The psychology of selling:

- Dentist's preconceptions and their influence on the result
- What are we afraid of in the process of selling?
- Personal attitude towards salesmanship: The difference between selling and providing services

Levels of relationship with the client/patient:

- Personal relationship: how do we create it?
- Professional relationship: how do we become trusted?
- Organizational relationship: how does the represented organization help create a relationship?

For me, selling is the process of making influence through communication with the client. The most effective methods of making influence on a person and their decisions are two: through fear or through trust. I want to talk about behavior which promoted trust, so from a salesman you would become a trusted advisor whom the patient honestly believe.

Prof. Timo Närhi, Finland

ETIOLOGY AND MANAGEMENT OF TOOTH WEAR

Tooth wear is partly a normal feature of aging, resulting in loss of tooth structure from occlusal surfaces and interdental spaces. However, there are several factors that contribute to pathological loss of dentin and enamel. Acidic challenge, either of internal or external origin, is usually the main factor that enhances tooth wear. It can involve whole dentition or create localized loss of tooth structure in the anterior area. The treatment of worn dentition is often demanding, and needs to be managed as a

collaborative effort involving different specialties. Management can be carried out using either composite or glass ceramic restorations but extensive treatments need careful planning. In many cases space for the restorations must be created either by increasing the vertical dimension of occlusion or using orthodontic principles. Localized anterior tooth wear in otherwise intact dentition, for example, can be managed following Dahl's concept. Treatments that involve whole occlusion usually require use of provisional restorations in order to be able to evaluate patients' ability to adapt new vertical dimension and anterior esthetics and phonetics.

This presentation will highlight the etiological factors of tooth wear and give guidelines for preventive treatments. Management of localized anterior tooth wear and restoration of more extensively destructed occlusion will be presented with different patient cases using both composite and glass ceramic materials.

Assoc. prof. Vytenis Pauliukaitis, Lithuania

SPECIFICS OF THE PERSONALITY AND MEDIA COMMUNICATION. HOW THE SUCCESSFUL AND EFFECTIVE PUBLICITY CAMPAIGNS SHOULD BE HELD FOR THE PROMOTION OF THE INSTITUTION ACTIVITY

Peculiarities of communicating with the media.

What should we know about communication?

Strategy of work. Standards. Individuality.

Communication in an organization. How to avoid the misuse of the freedom of the press? The rights of the communicating body

Image psychology and the image on TV.

Disturbing factors. Body language.

Persuasion, acting skills, their importance, development and use in an advertisement campaign.

Prof. Dr. Vytautė Pečiulienė, Lithuania

TOOTH ROOTS RESORPTION. DIAGNOSTICS, DIFFERENTIAL DIAGNOSIS AND TREATMENT PLANNING

Tooth root resorptions is one of the possible complications of dental treatment, usually associated with trauma, orthodontic treatment or oncologic diseases. Timely diagnosis based on clinical and radiological findings, appropriate application of diagnostic tools and image analysis allows the dentist to perform timely dental treatment procedures and ensure a better treatment outcome.

Lecture topics:

Root resorptions during orthodontic treatment: resorption of the apical third and cervical resorption.

Oncologic disease-related resorptions: signs, timely diagnosis.

External inflammatory resorption: prevention and timely endodontic treatment/

Paulius Petravičius, Lithuania

THE IMPORTANCE OF PLANNING FOR IMMEDIATE TREATMENT METHODS IMPLEMENTATION USING DENTAL IMPLANTS

With improving diagnostic techniques and equipment it is increasingly easier to use patient's data to implement the treatment plan; however, there are still times when planning is after the implant have osseointegrated and the prosthetic phase begins. The most common complications:

- Aesthetics not up to patient's expectations
- Improper implant position for the prosthodontist

Modern implant dentistry and immediate implant placement allow us to restore both aesthetics of the smile and the masticatory function in a very short time. Usually the procedure is begun with implant placement, and prosthetic work is done after the surgery, but this treatment technique takes time, and sometimes the final result satisfies neither doctor, nor patient. In order to achieve the best results, before any procedures we must plan not only the implant placement, but alto all prosthetic phases.

During this lecture we will discuss techniques of saving information about the patient's masticatory system before implant placement and using that information for lab, surgical and prosthetic work.

Rolandas Pletkus, Lithuania

SIMULATION OF THE LOWER JAW MOVEMENTS IN CASES OF PARTIAL ANODONTIA. CLASSICS AND CURRENT TRENDS

Topic: single or multiple fixed restorations require an adequate static and dynamic simulation of the mouth. In this lecture we will review simulation aspects of vertical dimension of occlusion and movements of the mandible. We will present universal practical knowledge, which will allow to work in an analog way, while respecting modern trends.

Declaration of conflict of interest: no conflict of interest.

Vanda Pumputienė, Lithuania

CRITICAL BODY CONDITIONS. RESUSCITATION

What you need to know giving first aid in case of stroke, heart attack, anaphylactic shock. What are the first actions? How do we differentiate various critical conditions? What is most important when giving first aid? Actions when giving aid for one or several people. Algorithms of action.

Dr. Rasa Račienė, Lithuania

CHALLENGES OF THE PEDIATRIC DENTAL TREATMENT IN DENTISTRY

Lecture topic: Often treating children's teeth becomes an impossible task for a dentist. Not all children allow treatment, although the prevalence of caries has reached epidemic levels. Often dentists blame parents for not preparing their children for the procedures, at the same time, parents blame dentists for not being attentive enough. The need for treatment under sedation or general anesthesia is huge, however, clinicians performing such treatments are few. Cases of active multiple caries are increasing, but treatment results are often disappointing. We will talk about which treatment methods work, which are not effective enough, and why prevalence of caries among children does not decrease keeping in mind not also theory, but also extensive experience of children's tooth treatment.

Raimonda Joskaudienė, Lithuania

A YEAR HAS PASSED SINCE THE ENTRY INTO FORCE OF THE GENERAL DATA PROTECTION REGULATION. ARE WE REALLY DOING EVERYTHING RIGHT?

Annotation: In the lecture we will review what clinic's employees should keep in mind to comply with the General Data Protection Regulation, information will be provided about determined non-compliances or transgressions. We will emphasize what the head of the clinic should do to protect data and how the personnel should behave. In addition, the dental clinic cooperates with a dental lab for prosthetic work. How can we avoid personal data protection mistakes?

Topics:

Definition of personal data, management principles in healthcare institutions: Legislative personal data regulation

Personal data manager (healthcare institutions)

Personal data administrator

Personal data subjects (partners, clients, employees, patients), their rights and duties

Legislative requirements for personal data management (according to the Regulation, other regulations and laws):

Subjects – those who administer personal data; requirements to administrators; requirements to healthcare institutions

Health – special data, management peculiarities

Requirements to subjects due to different categories of personal data

Twelve essential steps to implement new requirements

Employee, doctor, personnel data management (documents to prepare, information to provide to employees, work place video monitoring)

Personal data protection officer – definition, functions, cases of use.

General memo about implementing personal data protection:

Consent to personal data gathering, storing and using; consent forms

Patient record management

Personal data of children, adolescents

Implementing the right to be forgotten (possibilities in healthcare institutions)

Detecting violations

Auditing, activity records

Review of documents to prepare or review

Possible fines and sanctions for violations of personal data protection in the Regulation (administrative, civil, criminal)

Other specifics of complying to General Data Protection Regulation.

Prof. Dr. Eugenijus Skerstonas, Lithuania

CHOOSING THE MODEL OF EXISTENCE

1. Individual's models of existence: norms and crises of existence

2. The importance of rational thought and optimism during existential crises

3. Self-thought and self-monitoring: "I am as everyone, but everyone is not me."

4. Communicative self-preservation: the true self and the persona

5. Self-creation: do I dominate over fate?

6. Style or individualism?

7. Self-expression: conscious appearance changes as proof of self-confidence

8. The culture of appearance and the success of chosen model of existence: why do we keep track of fashion?

Dr. Gediminas Skirbutis, Gabrielė Šulcaitė, Lithuania

ANALYSIS OF THE FACIAL AREA MALIGNANT ONCOLOGICAL DISEASES IN 2010-2016 IN LITHUANIA

The number of facial oncologic diseases in Lithuania is increasing. After facial resection, when a lot of facial tissues is removed, or if reconstruction is too dangerous or impossible, the situation calls for prosthetics. This lecture will present a study to assess the situation of patients with facial malignant oncologic conditions in Lithuania and the need for prosthetics of resected facial tissues. In the lecture we will present some clinical cases and recommendations for rehabilitation of these patients.

Prof. Dr. Eglė Slabšinskienė, Lithuania

CONGENITAL DENTAL ABNORMALITIES. DENTAL ENAMEL HYPOPLASIA - ETIOLOGY, DIAGNOSIS, CLINIC AND POSSIBLE TREATMENT ALGORITHMS

In this lecture we will discuss aetiological and pathogenetic aspects of congenital anomalies: inheritance and environmental factors, which affect the epigenetic mechanisms. We will discuss the classification of congenital anomalies and the diversity of their phenotypical clinical expression. In this lecture we will thoroughly review the clinical aspects, diagnosis and treatment prognosis of tooth enamel hypoplasia.

Prof. Dr. Dalia Smailienė, Lithuania

INFLUENCE OF THE IMPACTED THIRD MOLARS ON THE EXTERNAL RESORPTION OF THE SECOND MOLARS ROOTS

Aim: to evaluate the link of external root resorption (RR) of second molars and the position of impacted third molars (ITM).

Materials and methods: 109 patients' cone-beam computed tomographies (41 men, 68 women, average age 26.4 ± 7.9 years) with 254 ITMs (131 in maxilla, 123 in mandible). ITM position characteristics (mesiodistal position, angle of tilt, depth of impaction and lack of space in the jaw) and external RR of second molars (location and depth) were evaluated.

Results: The prevalence of RR in the distal roots of second molars were 40.2% (33.6% in upper teeth and 47.2% in lower teeth). Mesial angle of tilt larger than 13.6° increased the prevalence of RR 5.439 times (95% PI, 2,97-9,98). There was no significant correlation between the presence of RR and patients' age, gender or lack of space.

Conclusions: A link between impaction depth of ITM, angle of tilt and external root resorption of second molars was determined.

Vaidas Statkus, Lithuania

RADIATION PROTECTION IN DENTISTRY. CHANGES AND CHALLENGES

By implementing Thursday, December 5, 2013 Council Directive 2013/59/Euratom, which determines main radiation exposure safety standards and which overrules directives 89/618/Euratom, 90/641/Euratom, 96/29/Euratom, 97/43/Euratom, and 2003/122/Euratom (the Directive), in 2018 main radiation safety legislation was changed, such as Radiation safety law, hygiene norm HN 73:2018 and many others. The changes in European Union laws brought changes to many RSC administrative service processes, such as validation of practice, radiation safety control, etc., and introduced many new processes, such as assessment of validity of work with ionizing radiation.

Many changes to radiation safety requirements are not very important for the dentist community, however, changes to the administrative service processes will lower license holders' administrative burden. With the new Radiation safety law taking effect on 9/1/2018, a new form of validation of practice was introduced: registration of practice. Registration of practice was introduced to simplify

the process of practice validation when planing to work with low-danger sources of ionizing radiation. In dentistry they are intraoral X-ray machines. The process of maintenance was updated accordingly.

The Directive put the legislative groundwork to create mechanisms for recognition of radiation safety experts and medical physicists. The recognized experts will be allowed to provide consultations for practice holders on employee, patient and resident radiation safety. This will allow practice holders to receive high-quality expert services.

The advance in technologies in many areas related to the use of ionizing radiation brings new challenges to ensure radiation safety. Dentistry is no exception. The development of dental X-ray machines has been ongoing for years; the variety of models and functions, image processing and imaging technologies provide much more useful diagnostic information; however, at the same time we have to seriously think about the increasing effect of ionizing radiation to patients and employees.

Jurgita Šybaitė, United Kingdom

CONSERVATIVE RESTORATION OF WORN-OUT TEETH

Tooth wear is a new pandemic in modern dentistry. It is a diagnosis that every clinician faces to a lesser or higher degree. The treatment is challenging due to diverse forms of manifestation, occlusal changes and lack of treatment protocols.

New concepts in dentistry are based on minimally invasive and bioaesthetic principles. Modern dental technologies are rapidly evolving with many new materials and wider field of applications in various clinical situations. Many clinicians have difficulties evaluating these new theories and the effectiveness of new technologies.

In this lecture we will try to understand tooth wear as a diagnosis and to link treatment to the latest technologies. We will discuss the following relevant questions:

- What is a minimally invasive treatment concept and how do we apply it in practice?
- What is bioaesthetics?
- When should we treat tooth wear?
- How do we plan tooth restoration?
- How do we select the appropriate material?
- What are the newest technologies to apply to tooth restorations? What works and what does not?
- How do we prepare the patient? How should the dentist prepare?
- What do occlusal changes during tooth wear mean and how do we correlate them with the treatment method?

Maksim Tumash, Belarus

MAKE IT YOUR STYLE

Indications for use and contraindications

IPS STYLE CERAM properties

Natural, quick and simple – how a single material combines it all. Shade selection – importance of photography.

Inga Vasilavičiūtė, Lithuania

DESIGN OF WIRE AND NYLON CLAMPS FOR REMOVABLE DENTURES, ERRORS AND EFFECTS ON THE MUCOUS MEMBRANE

In the lecture we discuss design possibilities of metal and nylon retainers, their importance, peculiarities and side effects on the mucosa.

Questions answered during the lecture: How to not injure the patient and ensure the best retention of a removable denture? How can a small detail - the retainer - sometimes not only disrupt a patient's life, but also have a great impact on the patient's natural teeth and the mucosa?

Assoc. Prof. Dr. Ingrida Vasiliauskienė, Lithuania

DENTAL EROSIONS: RISK FACTORS, THEIR MANAGEMENT AND OPTIONS OF PREVENTION

Erosions are progressive non-bacterial lesions of the hard tissues of the tooth caused by acids. It is chronic localized pathological dissolution of enamel apatites. Lately there has been an increase in erosion prevalence in multiple countries. In this lecture we will review internal and external risk factors, clinical manifestation and classification of erosions. We will discuss erosions in deciduous and permanent teeth and ways to avoid erosions.

Catherine Geraldine Waldron, Ireland

SUPPORTING YOUR PATIENTS TO QUIT SMOKING: WHO, WHY AND HOW?

Dental nurses and dental hygienists can play an important role in advising patients about the risks of smoking to their general and oral health; they can use simple brief interventions to help patients make behavioural changes in relation to their smoking habit; and can provide advice in relation to the best smoking cessation aids to use.

Learning Outcomes:

Be aware of the factors that influence who smokes

Have a broad understanding of the impact of smoking on oral health

Be able to undertake a brief intervention with your patients in relation to smoking cessation counselling

Be aware of the aids that are available to help people quit smoking.

Arūnas Zeleckis, Lithuania

NEW LEGAL CHALLENGES IN DENTAL PRACTICE

In this lecture we will discuss new problems emerging in a dental practice:

1. Electronic medical records and e-healthcare. The admissibility, advantages and disadvantages or electronic documents. The mandatory use of ESPBI IS.

2. Issuing warranty. The admissibility, possibilities and dangers of issuing warranty for medical devices and services provided.

3. Dental service advertising. What kinds of advertising are allowed?

4. Legal problems of aesthetic dentistry. Dental services for cosmetic reasons (without medical indications).

Jūratė Žekonienė, Lithuania

NEW CLASSIFICATION OF PERIODONTAL DISEASES AND CONDITIONS

The international community of periodontists previously updated the classification of periodontal diseases in 1999. It was adapted and confirmed in Lithuania in 2004 by the Lithuanian Society of Periodontology.

Since then, periodontology and implant dentistry moved forward, there came the need to update the classification with new changes, add some diseases and conditions.

After many discussions and coordination, in the international scientific conference in Amsterdam in 2018 the European Federation of Periodontology and the American Academy of Periodontology presented the new classification of periodontal diseases and conditions. In the lecture we will present the new classification, go through the most important changes and explain the application of the new classification in clinical practice.