Barcelona roots Summit 2010

www.rootssummit2010.com

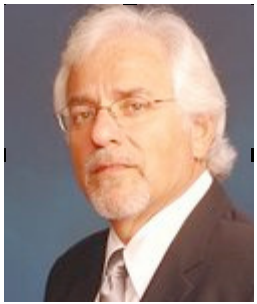
June, 3rd, 4th & 5th

Español

ÍNDICE

Barcelona roots Summit 2010

DE VEZ EN CUANDO,
UNA IDEA PRODIGIOSA, NO SIEMPRE,
SOLO DE VEZ EN CUANDO,
RESULTA UN PRODIGIO:



Roots nació en el preciso instante en el que la irrupción de internet demostraba que un modelo educativo completamente distinto al tradicional "uno-a-muchos", era posible. Internet es un modelo "muchos-a-muchos" en el que la interacción se convierte en el paradigma. Steve Jones, uno de los impulsores de la industria, ponía de relieve su misión primordial en la siguiente cita: "las subidas de la marea reflotan todos los barcos". Fue Sybron Endo quien realmente hizo posible ROOTS y Bob Gannon que estuvo al frente.

Desde sus inicios, Roots como principio fundamental ha generado los elementos para que sus miembros expresen su intereses, perspectivas y preocupaciones, independientemente de las barreras geográficas, nivel académico, títulos o afiliaciones, para poder hablar en un lenguaje común – la endodoncia, y ahora la implantología. Los miembros son animados a desarrollar su creatividad, compartirla y ayudar a otros, con el objetivo de aportar ideas propias e identificarse como ROOTERs. Esto ha redundado en estándares de excelencia ejemplares, abierto vías y horizontes que se alcanzan sin dificultad dado que el foro es independiente política, institucional y académicamente, y se auto-regula promoviendo un efecto positivo de cambio.

Aceptar que cometer errores es el modo más efectivo de alcanzar progresivamente el éxito, que la acuciante necesidad de no preocuparse por complacer a todo el mundo, y comprender que más allá está el reto de correr riesgos para encontrar el "siguiente hallazgo de mejorar" ha marcado todas la iniciativas de ROOTS con la industria, el mundo académico y la tecnología. ROOTS Comunity está conectada 24/7/365. La relación que los miembros establecen online va más allá. Se comunican a través de múltiples canales y ejercen una enorme influencia sobre otros miembros (amigos) dentro y fuera del grupo. El intercambio diario da confianza, crea intensas conexiones entre los miembros y genera nuevos educadores, nuevos conferenciantes además de altos niveles de calidad tanto en innovación como en atención al paciente.

Continua >>

ROOTS SUMMIT IX Barcelona, España es el retorno al ROOTS de los comienzos. Los miembros son responsables del evento y la industria actúa como patrocinadora proporcionado sus recursos para apoyar la logística. Nuestros ROOTERS españoles son los anfitriones, coordinadores del programa científico y más importante aun, les motiva el orgullo de mostrar su ciudad y la implicación en un foro global que ha cambiado sus vidas profesionales. Solo puedo decir que están dando una lección ejemplar de "cuidar y compartir".
El 3-4-5 de Junio de 2010 marcará el resurgir de ROOTS, una oportunidad de demostrar realmente que todo lo que uno necesita es un enorme grado de pasión e implicación, un sentimiento de grupo y familia, y el reconocimiento de que nuestro paso por el planeta es efímero, y que si la intención es ética, moral y social, no puede haber objeciones para "pintar fuera de las líneas".

Visita www.rootssummit2010.com, anima a tus amigos a que hagan lo mismo, ánima a los representantes comerciales ha hacer lo mismo y a que compartan el sitio con su base de clientes, pon la web como tu página de inicio, Twittea, bloguea y haz correr la voz.... Internet ha recorrido un largo trayecto en los últimos 11 años desde la creación de ROOTS, y ROOTS ha seguido paso a paso su evolución. Haz posible que esta aventura continúe con tu asistencia.
Con el máximo respeto y confianza en el potencial de la comunidad,

Ken Serota

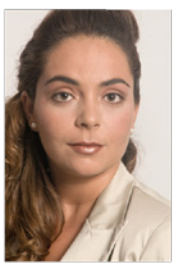
Traducción: Nuria, Campo

CARTA DE PRESENTACIÓN

COMITÉ ORGANIZADOR

Dr Kenneth Serota
Fundador Roots

Dra Nuria Campo
Organizadora



Dra Noemi Pascual
Organizadora

Dr Frederik Barnet
Asesor Científico

Dr Marc Balson
Asesor

Dr José Hoyo
Asesor

LIDERES DE OPINION & COLABORADORES DESINTERESADOS

Nacional (España)

Canalda Sahli, Carles
Liñares Sixto, Juan
Malfaz Vazquez, José María
Martinez Merino, Enrique
Pascual Irigoyen, Javier
Serena Rincón, Emilio
Uroz, David
Zabalegui Andonegui, Borja

Internacional (Argentina, Australia, Belgium, Brazil, Canada, Chile, Germany, Italy, India, Jamaica, Mexico, Netherlands, Norway, Paraguay, Portugal, Saudi Arabia, Swizerland, United Kingdom, USA, Venezuela)

Alshehri, Mohammed A
Arnold, Michael
Balson, Marc
Barnett, Frederik
Bercichewsky, Andrei
Buchanan, L Stephen
Canakapalli, Venkak
Cantatore, Giusseppe
Cruz, Pedro
Cruz Gonzalez, Alvaro
De Deus, Gustavo
De Vilaverde Correia, Sancho
Debelian, Gilberto
Dennhardt, Holger
Garcia Puente, Carlos
Glassman, Gary
Goel
Gondim Junior, Eudes
Heilborn, Carlos
Herrmann, Hans-Willi
Hoyo, José
Meire, Martin
Murgel, Carlos
Nallapati, Sashi
Nahmias, Yosi
Pereira da Costa R
Purushoham, Prabakar
Ree, Marga
Rosler, Sergio
Saavedra, Juan
Schröder, Jörg
Seddon, Bill
Serota, Kenneth
Roma Torres, Antonio
Van As, Glenn
Vera Rojas, Jorge
Zbozen, Jagoda
Zehnder, Matthias

APOYO CIENTÍFICO

SOPORTE CIENTIFICO

El Comité Organizador de ROOTS 2010 quiere expresar su agradecimiento a todos aquellos que han ayudado o apoyado de algún modo este Congreso. Sin su ayuda este evento no hubiera sido posible.

ORGANIZACIONES CIENTÍFICAS & CORPORATIVAS

Nacionales

Internacionales

DENTAL INDIA

NJDA

Identificaciones
Con la documentación se entregará una identificación personal, que es imprescindible lleve visible durante todo el congreso.
Se identificarán por los siguientes colores:
- Franja Verde: Speakers
- Franja Lila: Organizing Committee
- Franja Roja: Expositores
- Franja Marrón: Congresistas

Recepción de presentaciones audiovisuales
Los ponentes podrán entregar y probar su presentación en la sala preparada para tal efecto en la planta baja
Es imprescindible entregar las presentaciones dos horas antes de su exposición.

Traducción Simultánea
Las conferencias dictadas en Auditorio en ingles tendrán traducción simultánea al castellano, polaco y ruso.
Las conferencias dictadas en Auditorio en castellano tendrán traducción simultánea al inglés, polaco y ruso.

Podrán retirar los receptores a la entrada de la sala.

Certificado de asistencia Congreso
Se mandarán por correo electrónico.

Cóctel de Bienvenida
Tendrá lugar el miércoles 3 de junio a las 20:45 horas en el Hotel NH Constanza.

Cena de Gala y Baile
Tendrá lugar el viernes 4 de junio a las 21:00 horas en el Restaurante Miramar.

Premios
El fallo del jurado se hará público, junto con la entrega de premios, en la Cena de Gala en el Restaurante Miramar el viernes 4 de junio.

Paella en la playa
Tendrá lugar el sábado 5 de junio a las 14:30 horas en la Terraza Pez del Restaurante El Bestial.

INFORMACIÓN GENERAL

TRANSPORTES

	AUTOCAR DE 50 PLAZAS	DÍA	HORA
SALIDA	DESDE AUDITORIO AXA (BCN)	04/06/2010	20:30 H
DESTINO	CLUB MIRAMAR CRTA. DE MIRAMAR,40 (BCN)	--	--
	REGRESO AL LUGAR DE ORIGEN	--	2:00 H
SALIDA	DESDE AUDITORIO AXA (BCN)	05/06/2010	14:00 H
DESTINO	REST. BESTIAL C/ RAMON TRIAS FARGAS, 2- (BCN)	--	--

evento.es
congresos
y servicios

Secretaría Técnica
Evento.es
La Secretaría Técnica está situada en el hall de entrada del Auditorio AXA
Correo electrónico: info.roots@evento.es
Web: www.evento.es
Phone: 902 50 04 93

JUEVES 3 JUNIO

7:30-8:00 Inscripciones
AXA Salas 2 y 3
8.00-15:00 Cursos Microscopía Hands On
AXA Sala 1
9:00-14:30 Presentaciones: Nueva Generación de Ponentes & Vídeo
14:30-15:30 Inscripciones
AXA Auditorio
15:45-16:00 Inauguración
16:00-20:15 Conferencias
AXA Sala 1
16:00-19:30 Conferencias Presentación Productos y Aparatos
Hotel NH Constanza
(junto al Auditorio AXA)

20:45 Cóctel de Bienvenida

VIERNES 4 DE JUNIO

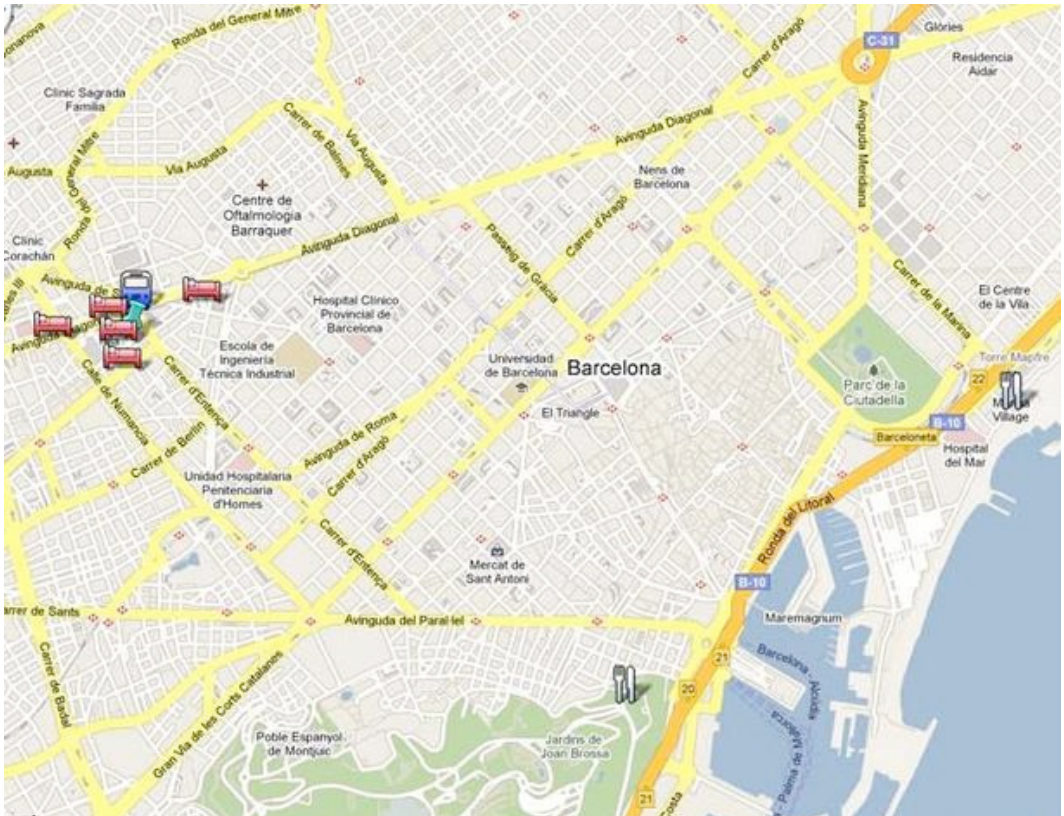
AXA Salas 2 y 3
9:00-19:30 Cursos Hands On
Zona Lounge
17:15-17:45 Firma Libros: Dr E. Merino
AXA Auditorio
9:00-20:00 Conferencias
Restaurante Miramar
21:00 Cena de Gala y Baile
Entrega Premios
Sorteo de Productos

SÁBADO 5 DE JUNIO

AXA Salas 2 y 3
9:00-12:00 Cursos Microscopía Hands On
Zona Lounge
11:15-11:45 Firma Libros: Dr R. Leonardo
AXA Auditorio
9:00-13:15 Conferencias
13:15-13:30 Despedida y Agradecimientos
Restaurante El Bestial
14:30 Paella en la Playa

ACTIVIDADES

SEDE DEL CONGRESO
Centro de Convenciones AXA
Av/ Diagonal , 547
C/ Deu i Mata, 111
08029 Barcelona (España)
Tel.: +34 93 290 1102



COMO LLEGAR


Avenida Diagonal
Diagonal, 547
Acceso para peatones
Hotel L'iLLA
Centro Comercial
fnac
Ascensores Parking
Decathlon
Ascensores Parking
Sfera
Calle Pau Romeva
Calle Entença
Burger King
Calle Numància
Polideportivo
Escuelas
Parque
Auditori
Bikini
Acceso Planta Deu i Mata
Hotel NH Constanza
Calle Deu i Mata
Calle Taquígraf Garriga

PLANTA PRINCIPAL – Acceso: Av/ Diagonal, 547

> Secretaría Técnica
> Exposición Comercial
> Servicio Cafés
> Zona Lounge:
• Punto de encuentro abierto a todos los participantes al congreso en un ambiente agradable: Música relajante, Sofás Cómodos y Ordenadores con conexiónh Wi-fi.
• Firma libros: Dr E Merino
• Firma libros: Dr R Leonardo

PLANTA 1

> Auditorio
> Conferencias *

* Originalmente en Inglés o Español con traducción simultánea a ambos idiomas. Traducción Simultánea al Polaco gracias a la Sociedad Polaca de Endodoncia
Traducción Simultánea al Ruso gracias a la Group Medical System Training

> Foyer
> Exposición Comercial
> Servicio Cafés

PLANTA 0 – Acceso: C/ Deu I Mata, 111

Sala 1

> Presentaciones Científicas: Ponentes de nueva generación y Vídeos
> Conferencias presentación de productos y aparatos

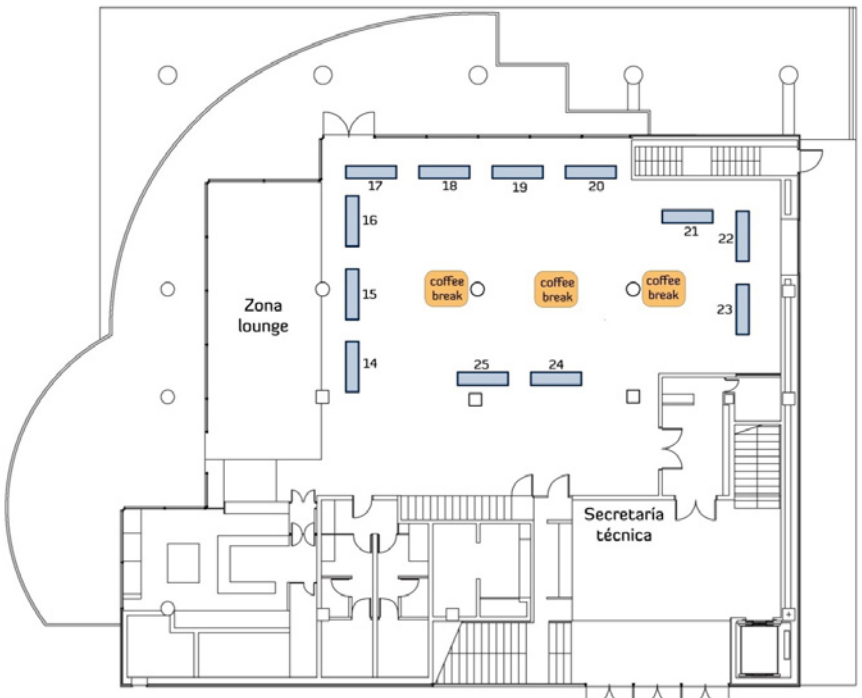
Sala 2

> Talleres Prácticos
• Ergonomía en la Práctica Centrada en el Microscopio
• Documentación con el Microscopio Operatorio
• Niti: Sistema Pathfile & Protaper
• Aislamiento Avanzado

Sala 3

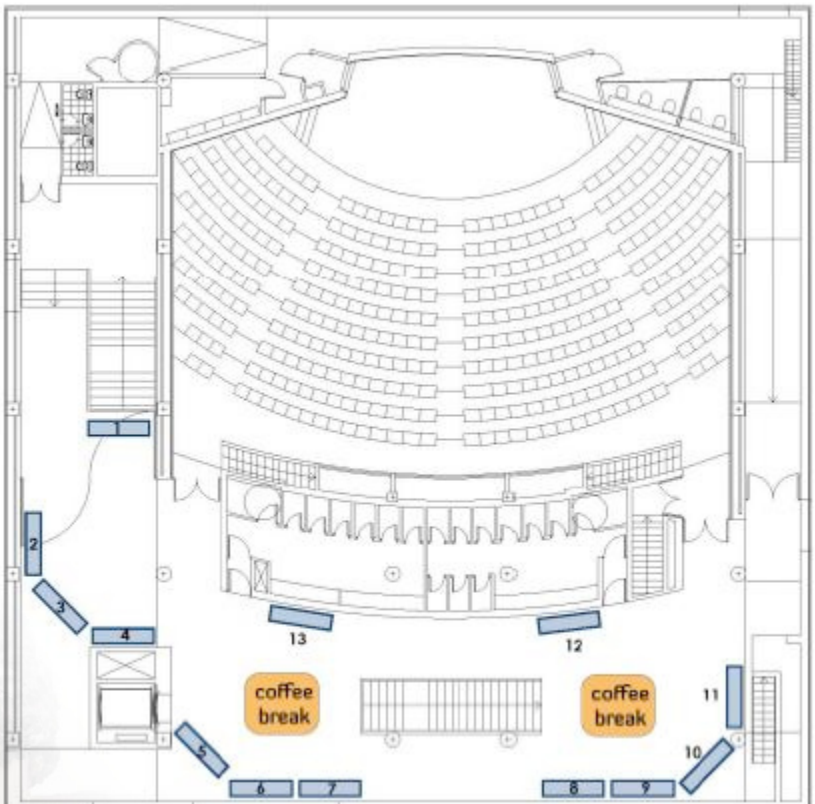
> Talleres Prácticos
• Calcificados y no tratados & Resolución de problemas
• Blanqueamiento Interno & Colocación-Remoción Postes Fibra
• Niti: Sistema TF & Obturación Thermoplástica (Real Seal) con Elements
• Niti: Sistema Mtwo
• Alargamiento de Corona & Manejo de Microcolgajos

PLANTA PRINCIPAL – Acceso: Av/ Diagonal, 547



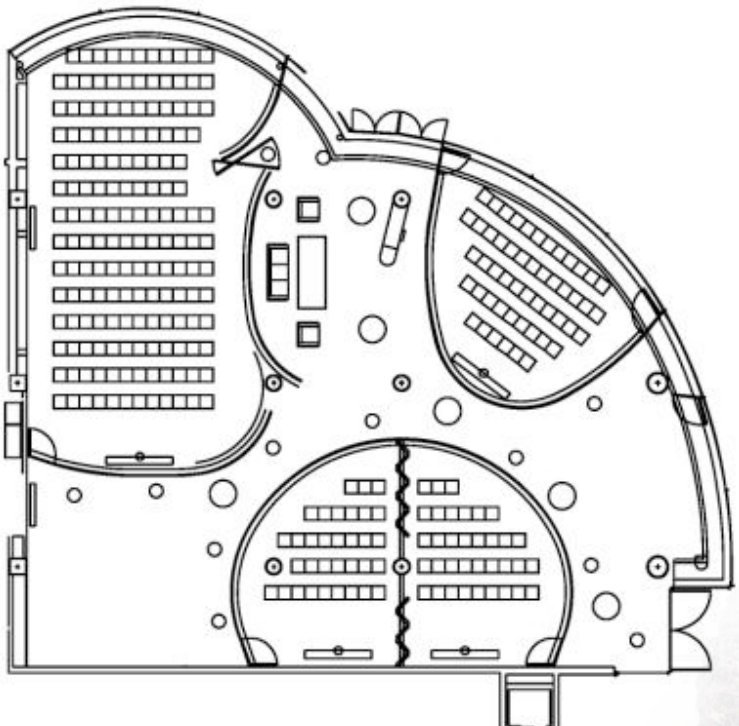
UBICACIÓN EXPOSITORES

PLANTA 1 – Acceso: Av/ Diagonal, 547



UBICACIÓN EXPOSITORES

PLANTA 0 – Acceso: C/ Deu I Mata, 111



UBICACIÓN EXPOSITORES

PROGRAMA CIENTÍFICO

ADA C·E·R·P® | Continuing Education Recognition Program

This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between Roots and Dental Tribune America LLC (ADA CERP Recognized Provider).

JUEVES 3 JUNIO 2010

7:30-8:00		*Inscripciones*
8:00-15:00	***AXA Salas 2 y 3***	***Cursos Hands On bajo Microscopio***
9:00-14:30	***AXA Room 1***	***Presentationes: Nueva Generación de ponentes &Video***
14:30-15:30		*Inscripciones*
15:45-16:00		*Inauguración*
16:00-20::15	***AXA Auditorio***	***CONFERENCIAS****
16:00-19:30	***AXA Sala 1***	***Conferencias Presentación Productos y Aparatos***
20:45	**NH Constanza ***	**COCTEL BIENVENIDA**

* Junto al Auditorio AXA

VIERNES 4 JUNIO 2010

9:00-20:00	***AXA Auditorio***	***CONFERENCIAS****
9:00-19:30	***AXA Salas 2 y 3***	***Cursos Hands On***
17:15-17:45	***Zona Lounge***	***Firma Libros: Dr E Merino***
21:00	**Miramar ***	**CENA DE GALA & BAILE** ** (Llevar ticket) ***Entrega Premios Mejor Comunicación*** ***Sorteo de Productos***

* Miramar Road, 40

SABADO 5 JUNIO 2010

9:00-13:15	***AXA Auditorio***	***CONFERENCIAS****
9:00-12:00	***AXA Sala 2 y 3***	***Cursos Hands On bajo Microscopio***
11:15-11:45	***Zona Lounge***	***Firma Libros: Dr R Leonardo***
13:15-13:30		*Despedida y Agradecimientos*
14:30	**El Bestial ***	**PAELLA EN LA PLAYA** ** (Llevar ticket)

* Terraza Pez Ramon Trias Fargas Street, 2-4

* Originalmente en inglés o español con traducción simultánea.
Traducción al Polaco de la mayoría de las conferencias gracias a la Sociedad Polaca de Endodoncia
Traducción al Ruso de las conferencias gracias a Group Medical System Training

PRESENTACIONES CIENTÍFICAS: PONENTES DE NUEVA GENERACIÓN & VIDEOS

JUEVES 3 JUNIO 2010

	AXA Sala 1	
	Selectores	*JM Malfaz & S Nallapati*
8:15-8:30	CS Karumaran	Maxillary molars with aberrant palatal canal configuration - A report of 6 cases
8:30-8:45	M Meire	Lasers and endodontic disinfection: a comprehensive review
8:45-9:00	P Kiefner	Strategies for success in preoperative diagnostics, localisation, access to and instrumentation of obliterated root canals
9:00-9:15	F Abella	Efficacy of cone beam computed tomography in endodontics
9:15-9:30	C Fabiani	Shaping ability of nickel-titanium instruments when used with a reciprocating movement
9:30- 9:45		
	Selectores	*JM Malfaz & S Nallapati*
9:45-10:00	M Solomonov	Self Adjusting File (SAF) -J ust another file or a paradigm shift in instrumentation?
10:00-10:15	R Michiels	Revolution or evolution? Endodontics from the past to the present and into the future
10:15-10:30	H Murali	Evaluation of adaptation to different rotary Niti instruments among undergraduate beginners
10:30-10:45	J Klimscha	Video documentation of direct pulp capping with MTA on a lower second premolar
10:45-11:00		
	Selectores	*F Barnett & E Merino*
11.00-11:15	P Gatón	Clinical protocol of revascularization: Step by step
11:15-11:30	JC Alonso	Endodoncia a retro
11:30-11:45	M Holly	Advantages and drawbacks of apex locators integrated into rotary endodontic motors
11:45-12:00	C Kaaden	Finding your way with dentin map
12:00-12:15		
	Selectores	*F Barnett & E Merino*
12:15-12:30	S Mahalaxmis	Retreatment of canals obturated with Thermafil® vs Real Seal®
12:30-12:45	I Garrido	Ergonomics meets Endodontics
12:45-13:00	M Benages	Literature review of the healing of periapical lesions greater than 10mm: 3 cases report.
13:00-13:15	G Topham	Anatomic comparison of maxillary molars of Indian and Spanish population.
13:15-13:30		
	Jurado	**F Barnett, JM Malfaz, E Merino & S Nallapati**
13:30-13:45		Re-lectura del mejor del Primer Grupo.
13:45-14:00		Re-lectura del mejor del Segundo Grupo.

PROGRAMA CIENTÍFICO

CONFERENCIAS

JUEVES 3 JUNIO 2010

14:30-15:30		*Registration*
	AXA Auditorio	
15:45-16:00		*Opening Coments*
		Moderadores: *D Martinez-Cerdá & S Nallapati*
16:00-16:45	JM Malfaz	Aplicaciones de la Tomografia Volumetrica en Endodoncia: CBCT
16:45-17:30	G Cantatore	Conductos no tratados : Frecuencia y Relevancia Clínica
17:30-18:00		*Pausas Café Expo*
		Moderadores: *C Murgel & J Pumarola*
18:00-18:45	C Garcia-Puente	Conformación Racional: Cuándo, cómo y qué lima?
18:45-19:30	H W Herrmann	Negociar & Conformar Anatomias Apicales Dificiles
19:30-20:15	R Leonardo	Endodoncia Basada en la Evidencia. Tilos
20:45		COCTEL BIENVENIDA

VIERNES 4 JUNIO 2010

	AXA Auditorio	
		Moderadores: *F Barnett & D Uroz*
9:00-9:45	M Zehnder	Protocolos de Irrigación
9:45-10:30	S Nallapati	Premolares con Tres Conductos: Reto en Endodoncia
10:30-11:15	S Nallapati	Dens Invaginatus: Opciones de Tratamiento
11:15-11:45		*Pausas Café Expo*
		Moderadores: *J Pascual & J Saavedra*
11:45-12:30	M Ree	Desensamblaje dientes endodonciados y coronados
12:30-13::15	H Dennhardt	Lesiones Endo-Perio
13:15-14:00	E Bortoluzzi	Cementos MTA, Bioceramics y perspectivas futuras en este campo
14:00-15:00		*Comida*
		Moderadores: *E Merino & S Ortolani*
15:00-15:45	J Schröder	Manejo de Perforaciones Iatrogénicas
15:45-16:30	M Ree	Postes de fibra y Reconstrucciones Adhesivas
16:30-17:15	F Barnett	Casos Trauma: Plan de Tratamiento a Largo Plazo basado en el Dx
17:15-17:45		*Pausas Café Expo / Firma Libros: E Merino*
		Moderadores: *R Kaufmann & B Zabalegui*
17:45-18:30	F Barnett	Regeneración Pulpar
18:30-19:15	G Van As	Práctica Centrada en el Microscopio: Ergonomía & Documentación
21:00		CENA DE GALA & BAILE

CONFERENCIAS PRESENTACIÓN PRODUCTOS & APARATOS

JUEVES 3 JUNIO 2010

	AXA Sala 1	
		Moderadores: *J Hoyo & Pendiente de confirmación*
16:30-17:30	R Leonardo	File Fracture Cero with Tilos System - Sponsored by Ultradent
17:30-18:00		*Coffee Break Expo*
18:00-19:00	E Ambu	Use of small fov CBCT in daily Endodontics- Sponsored by Kodak
19:00-20:00	J Schoeffeld	Endovac - Sponsored by Discus Dental
20:45		COCTEL BIENVENIDA

SABADO 5 JUNIO 2010

	AXA Auditorio	
		Moderadores: *C García-Puente & JM Malfaz*
9:00-9:45	C Murgel	Retratamiento o Implantes:¿Es el endodoncista capaz de decidir?
9:45-10:30	J Saavedra	Lo Ultimo en Microcirugía Endodóntica
10:30-11:15	E Merino	Endo-Perio-Implantes
11:15-11:45		*Pausas Café Expo / Firma Libros: R Leonardo*
		Moderadores: ***J*** *Schröder & G Van As*
11:45-12:30	J Hoyo	Algoritmo Endodoncia-Implantes
12:30-13::15	E D Karateew	Conceptos Contemporáneos en Reposición Dental: Cambio de Paradigmas
13:15-13:30		*Despedida y Agradecimientos*
14:30		PAELLA EN LA PLAYA

CURSOS HANDS ON

JUEVES 3 JUNIO 2010

		Microscope Hands On Courses
	AXA Sala (3A+3B)	
8:00-11:00	J Saavedra	MO HOC 1- Calcificados y no tratados & Resolución de problemas Plazas Limitadas: 20 *Patrocinador:* ***ZEISS*** *Colaboradores:* ***CJM Engineering, eio2, Harzell & Son, Proclinic, Satelec Acteon, Simesp-Denstply-Maillefer, Sybron Endo, Ultradent***
12:00-15:00	C Murgal	MO HOC 3- Blanqueamiento Interno & Colocación-Remoción Postes Fibra Plazas Limitadas: 20 *Patrocinador:* ***ZEISS*** *Colaboradores:* ***CJM Engineering, eio2, Harzell & Son, Proclinic, Satelec Acteon, Simesp-Denstply-Maillefer, Sybron Endo, Ultradent***
20:45		COCTEL BIENVENIDA

JUEVES 3 JUNIO 2010

		Microscope Hands On Courses
	AXA Sala 2	
8:00-11:00	G Van As	MO HOC 2- Ergonomía en la Práctica Centrada en el Microscopio Plazas Limitadas: 18 *Patrocinador:* ***GLOBAL*** *Colaboradores:* ***CJM Engineering, Harzell & Son, Proclinic Ultradent, Zirc***
12:00-15:00	G Van As	MO HOC 4- Documentacion con el Microscopio Operatorio Plazas Limitadas: 18 *Patrocinador:* ***GLOBAL*** *Colaboradores:* ***Harzell & Son, Proclinic, Ultradent, Zirc***
20:45		COCTEL BIENVENIDA

VIERNES 4 JUNIO 2010

		Hands On Courses
	AXA Sala (3A+3B)	
9:00-11:00	F Belliard R Estevéz S Rosier	HOC 1 - Niti: Sistema TF & Obturación Thermoplástica (Real Seal) Plazas Limitadas: 20 *Patrocinador:* ***SYBRON ENDO*** *Colaborador:* ***Zeiss***
	AXA Sala (3A+3B)	
12:00-14:00	C Kaadon	HOC 2 - Niti: Sistema Mtwo Plazas Limitadas: 20 *Patrocinador:* ***VDW*** *Colaborador:* ***Zeiss***
	AXA Sala 2	
15:00-17:00	G Cantatore	HOC 3 - Niti: Sistema Pathfile & Protaper Plazas Limitadas: 18 *Patrocinador:* ***SIMESP-DENTSPLY-MAILLEFER*** *Colaborador:* ***Global***
21:00		CENA DE GALA & BAILE

SABADO 5 JUNIO 2010

		Microscope Hands On Courses
	AXA Sala (3A+3B)	
9:00-12:00	H Dennhardt	MO HOC 5- Alargamiento de Corona & Manejo de Microcoigajos Plazas Limitadas: 20 *Patrocinador:* ***ZEISS*** *Colaboradores:* ***Aescalp Dental, Harzell & Son, Proclinic, Ultradent***
14:30		PAELLA EN LA PLAYA

SABADO 5 JUNIO 2010

		Microscope Hands On Courses
	AXA Sala 2	
9:00-12:00	B Seddon J Seddon	MO HOC 6- Aislamiento Avanzado Plazas Limitadas: 18 *Patrocinador:* ***GLOBAL,ULTRADENT UK*** *Colaboradores:* ***Harzell & Son, Proclinic, Silker Glickmann, Ultradent***
14:30		PAELLA EN LA PLAYA

PONENTES


Dr Ambu, E


Dr Barnett, F


Dr Belliard, F


Dr Bortoluzzi, E


Dr Cantatore, G


Dr Dennhardt, H


Dr Garcia Puente, C


Dr Herrmann HW


Dr Kaaden C


Dr Hoyo, J


Dr Kaaratew, D


Dr Leonardo, R


Dr Malfaz, JM


Dr M Merino, E


Dr Murgel, C


Dr Nallapathi, S


Dra Ree, M


Dr Saavedra, J


Dr Schoeffel, J


Dr Schröder, J


Dr Seddon, B


Dr Van As, G


Dr Zenhder, M

Dr Ambu, Emanuele. Italy
Sponsored by Kodak-Carestream

He was born in Bologna (Italy), 1962, April 7th. Graduated in Medicine and Surgery (6 years) in 1989 –University of Bologna.Master in Endodontics in 1998 - University of Florence. Professor of Endodontcs since 2002 – Dental School – University of Modena and Reggio Emilia. Chairman of Post-graduate course of Endodontics in 2003-2004 - University of Modena and Reggio Emilia. Visiting Professor of Post-graduate course of endodontics from 2006 to 2008 – Dental School – University of Bologna. Active Member of the Italian Endodontic Society since 1999, now Member Officer of the Committee of Active Members. Active Member (now Certified Member) of the European Society of endodontology since 2000. Author of the Cd-Rom “Manuale di endodonzia clinica e chirurgica” (Ritram publisher, 1999) finalist at the Moebius award (Lugano – CH) in 2000, as the best scientific cd-rom in Italian.Author of the book “Manuale illustrato di endodonzia” (Milan - Masson – Elsevier publishers) in 2003. Author of the book “La Patologia endodontica post-trattamento: terapia non chirurgica” (Rome – Agorà publisher) in 2005. Author of over 50 short and long papers in Italian scientific literature and in international literature (J.O.E. Journal of endodontics, New Microbiologica and others). Speaker in courses and congresses in Italy and abroad, he performs his activity strictly reserved to Microscope Endodontics and Surgery in Bologna and Faenza (Italy).

Dr Barnett, Frederic. D.M.D. (Philadelphia, PA) USA

Dr. Barnett received his DMD degree in 1978 and his Certificate in Endodontics in 1981, both from the University of Pennsylvania, School of Dental Medicine. He received his Board Certification in Endodontics in 1986, has served as the Director of Postdoctoral Endodontics at the University of Pennsylvania, and is currently the Vice-Chairman of Dental Medicine and Chairman and Program Director of the Postdoctoral Endodontics at Albert Einstein Medical Center in Philadelphia.
Dr. Barnett has written numerous scientific and clinical papers and has lectured nationally and internationally on the Treatment of Endodontic Infections, Dental Trauma and Contemporary Endodontic Treatment. He currently serves on the Advisory Board of the Dental Traumatology Journal and is an Associate Editor of the Journal of Endodontics. Dr. Barnett has also been in private practice in Endodontics since 1981.

Dr Belliard, Freddy. Dominicana R
Sponsored by Sybron Europe

Título de Estomatólogo, Pontificia Universidad Católica Madre y Maestra. Santiago, República Dominicana, 1992- 1997.
Maestría en Endodoncia y Cirugía Endodóntica. Instituto Dr. Yury Kuttler. México, DF. 1997-1999.
Profesor de Endodoncia en la Pontificia Universidad Católica Madre y Maestra. Santiago, República Dominicana, 1999- 2005 y de la Universidad Católica de Santo Domingo (UCSD), 2000- 2005.
Conferenciante de charlas y talleres teórico-prácticos de endodoncia en República Dominicana, Venezuela, Guatemala, México, Estados Unidos de Norteamérica, Perú, Alemania y España.
Miembro del Ilustre Colegio Oficial de Odontólogos y Estomatólogos de la I Región, España (COEM) y de la Asociación Española de Endodoncia (AEDE).
Práctica exclusiva de endodoncia microscópica, cirugía endodóntica y reconstrucciones post- endodónticas desde 1999.
Actualmente ejerce en Madrid, Palma de Mallorca y Guadalajara (España).

Dr. Cantatore, Giuseppe (Rome) Italy

Dr. Giuseppe Cantatore graduated in Medicine in 1980 at the Universityn of Rome “La Sapienza”. In 1983 He specialized in General Dentistry at the same University. From 1987 to 1991 Dr. Cantatore taught as Endodontic Professor in the Department of Restorative Dentistry at University of L’Aquila (Italy). From 1992 he is been teaching as Endodontic Professor in the Department of Restorative Dentistry at University of Rome “La Sapienza”. He is teaching today endodontics in the University of Verona (Italy). He is also Co-Director of the Master in Endodontics of the University of Santiago de Compostella (Spain) . Dr. Cantatore is Author of more than 70 articles concerning Endodontics published on National and International Dental Magazines and of a book on the Endodontic Intermediate Medication. During these last year Dr. Cantatore carried out several Endodontic Research Studies on the Properties of dental gutta-percha and its sealing capabilities, on Endodontic Irrigation, on the new Rotary Nickel-Titanium instruments. The results of these studies have been published on National and International Magazines. Dr Cantatore is now a worldwide recognized Speaker and gave many presentations and “hands on” courses in national and International Dental and Endodontic Meetings. Doctor Cantatore is active member of the Italian Association of Endodontists (SIE), of the Italian Association of Restorative Dentistry (SIDOC) and of the Italian Association of Dental Microscopy (AIOM); furthermore he is associate member of the European Association of Endodontists (ESE) and of the American Association of Endodontists (AAE). Dr. Cantatore lives and works in Rome with clinical practice limited to Endodontics.

Dr Dennhardt, Holger. MD DMD FICD. (Landshut) Germany
Sponsored by Zeiss

Holger received his MD degree from Harvard Medical School and graduated in 1989 at the Dental School in Tübingen. He is a specialist in Endodontology certified by the ESE, EDA and DGEndo. He passed the microsurgical training course at the MTI in Santa Barbara/CA. As a member of the Institute of Peridodontology and Implantology in Munich, Germany he studied microsurgical procedures in periodontology and the influence of endodontic treatment to periodontitis. He is active international lecturer and author and co-author of many articles. He is member of the scientific board Krems University, Austria and former dean of the Carl-Zeiss-Academy, Switzerland. From 2002 he works in private practice in Landshut/Germany limited in endodontology and microsurgery.

Dr Bortoluzzi, Eduardo () Brazil
Sponsored by Angelus

Dr. Eduardo Bortoluzzi received his DDS degree in 1998 and his Certificate in Endodontics in 2000 from Federal University of Santa Catarina. In 2005, he received his Master Science degree in Endodontics from Bauru Dental School, São Paulo University and his PhD was done at Araraquara Dental School, São Paulo State University. Dr. Bortoluzzi is Adjunct Professor from Federal University of Santa Catarina and teaches at different post-graduate and Continuum Education programs of Endodontics, and also maintains a private practice limited to Endodontics in Florianópolis, Brazil. He has published clinical and scientific articles nationally and internationally and serves as referee for the Indian Journal of Dental Research.

Dr García Puente, Carlos (Santa Fe) Argentina

Especialista en Endodoncia.
Director de la Carrera de Especialista en Endodoncia de la Facultad de Odontología de la Universidad Maimónides. Buenos Aires. (FOUM).
Director del Instituto de docencia Salud Bucal. Santa Fe. Argentina.
Miembro Activo y Dictante de la Sociedad Argentina de Endodoncia (SAE).
Miembro de la Asociación Americana de Endodoncia (AAE).
Dictante oficial de la Confederación Odontológica de la República Argentina (CORA).
Dictante de conferencias, cursos y Workshops en Entidades Odontológicas y docente invitado en postgrados Universitarios de Argentina, Latinoamérica y Europa.
Docente e integrante de las entidades “Capacitación en Endodoncia” (Madrid) y “Somos Educación” (Venezuela).
Autor de publicaciones y capítulos de libros sobre la especialidad.

Dr Herrmann, Hans-Willi (Bad Kreuznach) Germany

Specialist in Endodontology of the German Society of Endodontology.
Specialist in Endodontology of the German Society of Restorative Dentistry.
Certified Member of the European Society of Endodontology.
Dr Hermann is woring in private practice with main focus on endodontics and restorative dentistry.
Since 1997 he has lectured nationally and internationally more than 180 times on endodontic topics.
He is on the advisory board of the endodontic magazines “Endodontie” and “Endodontie Journal” and has written many articles on endodontic topics, also book chapters for endodontic text books about root canal preparation and root canal obturation.

Dr Hoyo, José (Boston, MA) US

Estudio en la Universidad de Puerto Rico y se graduó de la Escuela Dental de Puerto Rico en 1984. Ejerció odontología general y estética durante ocho años en Puerto Rico y luego se traslado a España donde ejerció durante dos años en la ciudad de Burgos. Obtuvo su certificado en especialidad en Endodoncia en el año 1994 en Boston Massachusetts, de la universidad Goldman School of Graduate Dentistry, y se unió a la práctica de uno de sus profesores para la práctica exclusiva en Endodoncia. En el 2003 continuo estudios en implantes dentales bajo la dirección de el Dr. Smiler, y en el 2004 fundó el primer curso en implantes dentales para Endodoncistas, Northeastern Implant Seminar. Actualmente imparte estos cursos dos veces al año y además de un curso para dentistas generales, los mismos son dirigidos para entrenar a los participantes a poner implantes dentales de la compañía Dentsply Friadent. Ha dado cursos monográficos nacional e internacionalmente sobre la relación entre implantes y endodoncia. También ha servido como asesor en el área de implantes dentales para la compañía Dentsply Friadent en la Asociacion Americana de Endodoncistas.

Dr Kaaden, Christoph (Munich) Germany
Sponsored by VDW

1999 Graduation from the Dental School of Regensburg University
9/1999-10/2000: Visiting fellow at the University of Texas - Houston in the Biomaterials Research Center (Director: John M. Powers, Ph.D.), UT-Houston Dental Branch, Houston/USA
10/2000-12/2005: Assistant Professor in the Department of Restorative Dentistry, Periodontology and Pediatric Dentistry (Chairman: Prof. Dr. R. Hickel), Dental School of the Ludwig-Maximilians-University, Munich, Germany
2001 Conferment of the title Dr.med.dent. by the University of Regensburg, Germany
2003-2005: International endodontic program at the University of Pennsylvania, Philadelphia/USA (Chairman: Dr. S. Kim, Ph.D.)
Since 01/2006 - : Associate Professor in the Department of Restorative Dentistry, Periodontology and Pediatric Dentistry (Chairman: Prof. Dr. R. Hickel), Dental School of the Ludwig-Maximilians-University, Munich, Germany
06/2006: Certified Specialist in Endodontology (DGZ)
Since 06/2008 - : Private practice limited to endodontics in Munich/Germany

Dr Karatew, Dwayne. Canada

Dr. Karateew's dental education is a lifelong process, as he continually strives to improve himself through teaching, lecturing, writing and discussions with fellow colleagues. He currently maintains a high-end boutique style solo practice in beautiful Vancouver, Canada concentrating on implant assisted dental rehabilitation and aesthetics.His formal dental education was initiated in New York City at Columbia University, where he completed his DDS degree, which was followed with a year-long AEGD at the Columbia-Presbyterian Medical Center, also in New York. Dr. Karateew then attended the University of Pennsylvania in Philadelphia, where, after an additional four years, he obtained diplomas in both Periodontics and Fixed Prosthodontics. He has served on the faculties of the University of Washington, in post-graduate Prosthodontics, and the University of British Columbia both in undergraduate Prosthodontics and postgraduate Periodontics as the Director of Implant Surgery. He is currently an invited sessional lecturer to the University of British Columbia, the University of Pennsylvania and to Columbia University, as well as having advised at PacLive! clinical sessions.Dr. Karateew has held a position on the Executive Committee of the Canadian Academy of Restorative Dentistry and Prosthodontics, and is currently a contributing consultant to the Canadian publication, Oral Health. Additionally he is the Implant Section Editor for the Journal of the Canadian Academy of Restorative Dentistry and Prosthodontics. He has been duly elected as a Fellow of the International Academy of Dental and Facial Esthetics, and is a Fellow, IPS Master and Diplomate of the International Congress of Oral Implantologists.He has published articles in peer-reviewed journals such as The International Journal of Dental Research, The Journal of Esthetic Dentistry, The Compendium of Continuing Dental Education and Oral Health. In addition to being the principal mentor to five study clubs throughout British Columbia, Dr. Karateew presents his original material both nationally and internationally; in past at the annual meetings of the American Dental Association, Vancouver and District Dental Society, Canadian Academy of Restorative Dentistry and Prosthodontics, International Congress of Oral Implatologists, Iranian National Dental Congress, Iranian Academy of Periodontology, American Academy of Dental Research, Worldwide Dental Seminars Inc. and on behalf of the American Academy of Implant Dentistry (AAID) at their International Maxi-Course as well as the AAID annual general meeting. Dr Karateew has also recorded a webcast for the prestigious DentalXP.com. He is an advocate for the Ankylos Implant System from Tulsa Dental Specialties.

Dr Leonardo, Renato. DMD. (Sao Paulo) Brazil
Sponsored by Ultradent

Dr. Renato Leonardo graduated from Araraquara Dental School-UNESP (Brazil) with a Masters in Endodontics and a PhD in Pathology. He is currently the Ex-Head and Chairman MS of the Department of Restorative Dentistry & Endodontics PhD programs there, as well as a member of the Regional Board of Endodontics (Brazil) and vice president of the Brazilian Academy of Endodontic Professors and Brazilian Society of Endodontics. He is an invited professor at UTHSCSA (University of Texas - Sant Antonio, USA) and the UIC (Universitat Internacional de Catalunya, Spain). He co-authored 3 endodontic books, authored 43 chapters in Endodontic books, and has published 63 articles. Fluent speaker in four languages: Italian, Portuguesse, English, Spanish. Dr. Leonardo lectured 326 courses internationally and is professor of Endodontics Specialization Courses and Continuing Education (CE) in USA, Argentina, Portugal, Spain, Italy and Brazil. He is menbre ot the American Association of Endodontics (AAE).

Dr Malfaz, José María. DDS, MD, PhD (Valladolid) Spain

Dr. José María Malfaz received his dental degrees from the Dental School University of Granada, Spain. He completed his specialty certificate in Endodontics at University of Southern California, USA, under Dr. James H. Simon. Also he graduated in Medicine and Surgery from the University of La Laguna, Tenerife, and earned a PhD degree in Medicine and Surgery from the University of Granada. He is Specialist Member of the American Association of Endodontists, Member of the Spanish Association of Endodontists (AEDE) and European Society of Endodontics (ESE). He was President of the XXIX Annual Meeting of the Spanish Association of Endodontists (AEDE). He received American Association of Endodontists Resident Award in 2006. He has published clinical and scientific articles nationally and internationally. Dr. Malfaz teaches at different post-graduate and Continuum Education programs of endodontics, and lecturer nationally and internationally. He maintains a private practice limited to Endodontics and Endodontic Surgery since 1994 in Valladolid, Spain.

Dr Martínez Merino, Enrique. (León) Spain

Licenciado en Medicina y Cirugía, Universidad de Santander, 1981.
Especialista en Estomatología, Universidad de Oviedo, 1983.
Master en Periodoncia, Universidad Complutense de Madrid, 1992-1994.
C.E.C. Endodontics, Boston University, U.S.A., 1998-1991-
Cursos de Postgrado en Microcirugía Periodontal (Microsurgical Training Institute, Santa Barbara (USA), 1996) y Endodóncica (Pennsylvania University 1996; Advanced Endodontics Seminars, Santa Barbara (USA), 1996)-
Participación como ponente en diversos Congresos Nacionales e Internacionales (USA, Alemania, Suiza, Italia, Francia, Irlanda, Suecia, Croacia, Portugal, Colombia, Venezuela, Bolivia, Perú, Brasil, Méjico, India, Australia).
Ha impartido, colaborado y organizado Cursos con varias Universidades: Pennsylvania, Boston, Gotemburgo, etc.
Miembro de las Sociedades Española, Italiana y Americana de Endodoncia; Miembro Especialista de la Sociedad Española de Periodoncia y de la Sociedad Española de Implantes; Miembro de la Academy of Osseointegration.
Autor de publicaciones internacionales y capítulos en libros.
Profesor Asociado de Endodoncia . Universidad Internacional de Cataluña y Universidad Europea de Madrid.
Práctica privada en Endodoncia, Periodoncia e Implantes.

Dr Murgel, Carlos. Brazil

Formado em Odontologia na FORP-USP.
Residência em Endodotia pela University of Iowa.
Doutor em Endodontia pela University of Iowa.
Idealizador e Implementador do Primeiro Centro de Ensino de Microscopia Operatória do Brasil e da America Latina em 1995 na FOP-UNICAMP.
Professor de endodontia e microscopia operatoria da EAP.APCD.
Membro do Editorial Board do Journal of Endodontics.
Professor de Microscopia Opertória e Endodontia da Pacific Endodontic Research Foundation San Diego, CA USA.
Clínica particular em tempo integral.

Dr Nallapati, Sashi. (Kingston) Jamaica

Dr Sashi Nallapati obtained his dental degree from the Govt. Dental College and Hospital, Hyderabad, India. He completed his postgraduate training in the specialty of Endodontics from Nova Southeastern Universty (USC), Davie, Florida, USA. He is specialist member of the American Association of Endodontists (AAE). Dr Nallapati is currently eligible for the American Board of Endodontics (AAE) certification and is on course for Diplomate status. He serves on the faculty of NSU as adjunct assistant professor in the department of Post Graduate Endodontics. He authored several clinical articles that were published in both peer-reviewed and clinical journals. He lectures across the globe on the clinical management of complex endodontic anatomy, calcified teeth and the importance of case selection.

Dr Ree, Marga. Netherlands

Marga Ree obtained her degree in dentistry from the University of Amsterdam in 1979. After qualifying, for the next five years she was a part-time staff member of the department of Cariology Endodontology Pedodontology, as well as being a clinical instructor in the central dental clinic of the University of Amsterdam. In 1998 she entered a postgraduate programme in endodontics, which she completed in 2001 with a Master of Science degree. Since that time she has lectured and taught hands-on courses throughout the Netherlands and abroad. She is the primary author of several articles published in national and international journals. She served as secretary and vice-president of the Netherlands Society for Endodontology for 2 years. Since 1980 she has had a private practice in Purmerend, which for the past nine years has been dedicated to endodontics.

Dr Saavedra, Juan. Venezuela

Odontólogo Universidad Central de Venezuela (1991).
Postgrado en Endodoncia Facultad de Odontología Universidad Central de Venezuela (1992 - 1993)
Presidente de la Sociedad Venezolana de Endodoncia (bienio 2005 - 2007).
Presidente de la Asociación Ibero Latinoamericana de Asociaciones de Endodoncia (A.I.L.A.E.) (Periodo 2007 - 2010).
Docente colaborador al Postgrado de Endodoncia de la Facultad de Odontología de la Universidad Central de Venezuela desde 1993 al presente.
Profesor invitado al Master de Endodoncia de la Universidad Ibero-Americana (Santo Domingo-Republica Dominicana), al Master de Endodoncia de la Universidad Maimónides (Buenos Aires - Argentina) y al Postgrado de Endodoncia de la Universidad Autónoma de Tlaxcala (Tlaxcala – México)
Coautor del Capítulo “Microscopia endodóntica” en el libro “Endodoncia: Tratamiento de los Conductos Radiculares” del Dr. Mario Roberto Leonardo (2005)
Coautor del Capítulo “Ergonomía en el uso del microscopio operatorio y quirúrgico en Endodoncia, en el libro: “Endodoncia: Conceptos Biológicos y Recursos Tecnológicos Radiculares” de los Dres. Mario Roberto Leonardo y Renato de Toledo Leonardo (2009).
Conferencias charlas y cursos dictados sobre la especialidad en Argentina, Brasil, Ecuador, España, Guatemala, México, República Dominicana y Venezuela.
Práctica privada limitada exclusivamente a la Endodoncia.

Dr Schoeffel, John. USA
Sponsored by Discus Dental

Dr. Schoeffel obtained his dental degree from UCLA in 1971 and opened his private practice in general dentistry the next year. In 1977 he applied to Harvard’s Endo Residency program and complete his clinical certification in 1980. Again he established a private practice, this time limited to endodontics in the Los Angeles area.
However, before attending dental school, Dr. Schoeffel was an aircraft machinist for Northrop Aviation where he learned invaluable skills that enabled him to subsequently develop several key products in the area of endodontics - including NiTi files, the Obtura and now the EndoVac. Currently he holds three US patents in the area of Endodontics.
He has lectured globally, including the United States, South American and virtually most of Western and Eastern Europe on Apical Negative Pressure Endodontic Irrigation system He was the keynote speaker at the Swiss Association of Endodontists this past January.

Dr Schröder, Jörg. Germany

Dr Jörg Schröder obtained his degree in dentistry from the Freie Universität Berlin in 1988.He is working in his own private practice in Berlin as a general practicioner with a main focus on endodontology. In 2000 he began to focus on endodontic therapy. In 2004 he started a one-year continuing education in endodontics, which he completed in 2005. Since 2005 he is giving courses and lectures in Germany and abroad. In 2007 he started to publish articles in national journals. He is a Certified Member of the European Society of Endodontology (ESE), member of the swiss society of endodontology (SSE), member of several german endodontic study groups and since 2007 member of the board of the German Society of Endodontics (DG Endo).

Dr Seddon, Bill. BDS. (Sheffield) UK
Sponsored by Ultradent UK

Bill qualified from Sheffield University in 1990 and has worked in Sheffield ,Rotherham and Chesterfield. Over the years Bill has developed a special interest in root canal work and five years ago limited his practice to this aspect of dentistry.
He is pleased to be actively involved in Post Graduate education, both as a provider and a delegate. He has attended numerous endodontic meetings in the USA and Europe and has received training at the Pacific Endodontic Research Foundation in San Diego. He has completed numerous 'hands on' courses both at home and abroad over the last 15 years.
Since 1995 Bill has spoken to many groups of dentists on endodontics, including VT groups in Nottingham and Leicester, MGDP group in Leeds and has run many 'hands on' courses in the area. These range from rubber dam, to more complex endodontics for dentist and nurse. Bill and his wife Jaana, have recently completed the endodontic chapter in the Teamwork 7 training companion for Dental Nurses, produced by the Faculty of General Dental Practice of the Royal College of Surgeons. He has recently spoken at the Indian Association Conference in Nagpur, on behalf of GDP UK in Birmingham, and is currently teaching part time at The Eastman CPD centre.

Dr Van As, Glenn. Canada

Dr. Glenn A. van As graduated from the University of British Columbia.located in Vancouver, Canada in 1987. In addition to being in full time private practice, he served as an assistant clinical professor at U.B.C. from 1989-1999. His areas of interest and expertise involve the utilization of the Dental Operating Microscope for all of his clinical dentistry and in the utilization of multiple wavelengths of hard and soft tissue lasers for many procedures in his private general practice. In the last 6 years, he has lectured, provided hands on workshops, and published internationally on the value of both multiple wavelengths of lasers and practicing with the high magnifications obtainable with the dental operating microscope.

Glenn is renowned for his accumulation of digital microphotography and videography captured through the microscope at magnifications of 2.5-24X and presents his clinically based lectures in an entertaining and visually stunning fashion.

He has obtained standard proficiency (Argon wavelength) and Advanced proficiency in (Erbium wavelength) from the Academy of Laser Dentistry (www.laserdentistry.org), and was distinguished with the Leon Goldman award for clinical excellence in 2006. In addition he is a founding member of the Academy of Microscope Enhanced Dentistry, and presently serves as the immediate Past President of the group (www.microscopedentistry.com). Glenn is an active member on many web forums dealing with lasers and microscopes in general practice.

Dr Zehnder, Matthias. Switzerland

Matthias Zehnder was born 1969 in St. Gall, Switzerland. He graduated from University of Bern School of Dental Medicine in 1994, where he received his doctoral degree in dentistry (Dr. med. dent.) in 1996. Subsequently, he worked in private practice and part-time as a postdoctoral research fellow at the Department of Oral Cell Biology, University of Bern School of Dental Medicine. Between 1998 and 1999, he was employed at the Department of Oral Biology and Periodontology, Boston University Goldman School of Dental Medicine. He then took a specialist training in Endodontology at Columbia University in New York, from which he graduated in 2001. In addition, Matt has completed a PhD at Turku University in June 2005 and has received a Docent title from the University of Zürich in June 2007. Currently, he is the head of the Division of Endodontology at the Clinic of Preventive Dentistry, Periodontology, and Cariology, University of Zürich. Matt Zehnder's main research interests are in diagnosing pulpal disease using molecular markers, and in developing improved methods to treat infected dental hard tissues. He is associate editor of the International Endodontic Journal and on the editorial board of some other dental journals.

Applications of Volumetric Tomography in Endodontics: CBCT
Dr Malfaz, José María. DDS, MD, PhD.(Valladolid) Spain

Missed anatomy: frequency and clinical impact
Dr Cantatore, Giuseppe (Verone) Italy

Rationale Shaping: When, How & Which file?
Dr García Puente, Carlos (Santa Fe) Argentina

Way down to the root end: Preparing root canals safely and predictable in "easy and not so easy" cases
Dr Herrman, Hans-Willi (Bad Kreuznach) Germany

Responsible Endodontics under the guise of scientific, clinical, radiographic, and histopathological evidence. The Tilos System.
Dr Leonardo, Renato (Sao Paulo) Brazil

Root Canal Irrigation
Dr Zehnder, Matthias (Zürich, Switzerland)

Three Canal Premolars: An Endodontic Challenge
Dr Nallapati, Shasi. (Kingston) Jamaica

Dens Invaginatus: Treatment Options
Dr Nallapati, Shasi. (Kingston) Jamaica

Disassembly of root canal treated crowned teeth
Dr Ree, Marga. DDS,MSc (Pumerend) Netherlands

Endo-Perio Lesions
Dr Vera, Jorge (Puebla) México

MTA, Bioceramics materials and the future perspective in this field
Dr De Deus, Gustavo (Tijuca/Rio de Janeiro, RJ) Brazil

Management of Iatrogenic Perforations
Dr Schröder, Jörg. (Berlin) Germany

Fiber posts and adhesive build-ups
Dr Ree, Marga. DDS,MSc (Pumerend) Netherlands

RESÚMENES CONFERENCIAS

Diagnosis, Treatment and Long Term Treatment Planning in Traumatic Injuries
Dr Balson, Marc. (New Jersey, NY) USA

Pulp Regeneration/Revascularization
Dr Barnett, Frederic. DMD (Philadelphia, PA) USA

Microscope Centered Practice: Ergonomics & Documentation
Dr Van As, Glenn. BSc, DMD. (Vancouver) Canada

Retreatment or Implants: Are the endodontists capable to decide?
Dr Murgel, Carlos. (Campinyas, SP) Brazil

The Cutting Edge of Endodontic Microsurgery
Dr Saavedra, Juan. (Caracas) Venezuela

Endodontics & Implants, discovering the potencial of each side
Dr Martínez Merino, Enrique. (León) Spain

Endodontics Implants algorithm
Dr Hoyo, José (Boston, MA) USA

Contemporary Concepts in Tooth Replacement: A Major Paradigm Shift
Dr Karatew, Dwayne. DDS, Dip. Perio, Dip. Prosth. (Vancouver,BC) Canada.

EMERGENT PRODUCTS & DEVICES

TILOS Endodontic System: Safety Conscious and ZERO Fracture Rate
Dr Leonardo, Renato (Sao Paulo) Brazil

The use of CBCT with small fov in daily endodontics
Dr Ambu, Emanuele. Italy

Endovac
Dr Schoeffeld, John. USA

Applications of Volumetric Tomography in Endodontics: CBCT
Dr Malfaz, José María. DDS, MD, PhD.(Valladolid) Spain

As we know, the diagnosis and treatment plan in Endodontics depends to a great measure on the radiographs and the information obtained from its 2 dimensions. The recent and rapid addition of volumetric tomography or cone beam computed tomography (CBCT) in dentistry has allowed us to see the desired third dimension that was missing in periapical and panoramic radiographs. Now with a simple technique and a reasonable radiation exposure, not only can we see the missing plane that could have obtained with conventional tomography, but we can reconstruct digitally the volumetric image in high resolution so that we can study the depths of pathology and structures affecting Endodontics. This includes, amongst others, the study of the complex dental anatomy, the differential diagnosis of periapical lesions, traumatology and dento-alveolar fractures and resorptions.

Missed anatomy: frequency and clinical impact
Dr Cantatore, Giuseppe (Verone) Italy

It is generally accepted that a major cause of the failure of root canal therapy is an inability to localize and treat all of the canals of the root canal system. The risk of missing anatomy during root canal treatment is high because of the complexity of the root canal system. All categories of teeth may have extra roots and/or canals, but the likelihood of finding aberrant canal configurations are higher in premolars and molars. In addition, lateral ramifications of the root canal system may be present in all teeth with a significant frequency, increasing the probability of leaving untreated spaces after root canal therapy. Prevention of missed anatomy starts with good pre-operative radiographs, even though radiographs have limitations in assessing the number of canals and the presence of accessory canals and anastomoses. A correct access cavity preparation is of central importance in localizing the orifices of the root canals. However, to find hidden canals, an adequate armamentarium is required; the dental operating microscope and/or high-power loupes, used in conjunction with a headlight system,will provide enhanced lighting and visibility, whereas ultrasonic tips and long shank round burs with small shaft diameters will allow a controlled and delicate removal of calcifications and other interferences to the canal orifices. The impact of missed anatomy on the outcome of endodontic treatment is difficult to assess, and the literature on this subject is limited; a promising approach for future investigationmay be a comparison of the number of canals found in failed treatment cases and after re-treatment. The clinical impact of missed anatomy can be clearly demonstrated with a large number of re-treatment case reports available in the literature; in the majority of these cases, failure of endodontic therapy is associated with untreated canal space. Localization and treatment of this missed anatomy typically leads to complete clinical and radiographic healing.

Rationale Shaping: When, How & Which file?
Dr García Puente, Carlos (Santa Fe) Argentina

After a critical revision of the mechanized instrumentation, we will analyze the different instruments available on the market and the suggested techniques. Starting from the evaluation of the clinical case and the surgical anatomy of any particular root canal system, we will propose rational sequences mixing different brand instruments with the main objective of work at minimum instrument integral stress and maximum safety. Rational use of instruments guarantees its better autonomy at the time that offers a reasoned, safe, and predictable root canal shaping.

Way down to the root end: Preparing root canals safely and predictable in "easy and not so easy" cases
Dr Herrman, Hans-Willi (Bad Kreuznach) Germany

During the last two decades, the introduction of rotary nickel titanium instruments and dental operating microscopes into dentistry has made endodontic treatment much easier.
It seems that nowadays the most complicated part of the root canal treatment is no longer the shaping procedure, but the process of negotiating and initially preparing the root canal up to the point that engine driven instruments can be used.
Wouldn´t it be nice to have a universal endodontic preparation strategy to start with, that can be used as a routine treatment approach in every single case? Efficient in easy teeth, safe and predictable in difficult situations?
It is needless to say, that such an all-embracing endodontic cookbook does not exist. But we have a whole bundle of strategies, which can be used and combined, to get reliable results.
This lecture takes a close look at different treatment strategies, which enable the practitioner to create a secure glide path and to shape root canals to sufficient dimensions even in complicated anatomies, without fear of instrument separation or blocking or ledging. Different shaping techniques are shown side by side and their advantages and drawbacks are discussed.

Responsible Endodontics under the guise of scientific, clinical, radiographic, and histopathological evidence.The TiLOS System.
Dr Leonardo, Renato (Sao Paulo) Brazil

ENDODONTICS is science that embodies etiology, diagnosis, prevention, and treatment of apical periodontitis and its repercussion in the organism. If the levels of success are evaluated, it is clear that after 2/4 years of the treatment, around 30% of root canal therapy must be performed again. This fact may occur because a lot of professionals perform Endodontics based upon opinions, personal histories and

empirical deductions. It is important that the Endodontic concept must be constructed under scientific, clinical, radiographic and histopathologycal statistic evidence. During the last two decades, new technologies came up to market, in order to change this scenario. Improvements in, anesthesia, electronic apex locators,radiovisiograph, cone-beam computed tomography scans, ultrasound units, operating microscopes, monoblock concept of obturation, are examples of this task, but the most relevant change observed was the use of new alloys and kinematic for root canal preparation. NiTi rotary instrumentation personifies this revolution but even with the industry´s commitment to offer the widest range of instruments of NiTi, with the most diverse designs, they have not yet managed to avoid fracture or separation of the instrument.
A different way to face this reality is called Tilos System. Tilos system is a continuation of Ultradent`s Anatomic Endodontic Technology that uses most current technology for addressing the biological considerations while cleaning and shaping the root canal.
By taking into consideration the anatomical variations and pathological conditions, clinicians find that in most cases and clinical situations, the Tilos/AET system is easy to use, safe, reliable, and cost effective with better results and fewer risks.
This concept of hybridizing systems with different metal alloy instruments, offers the best attributes of each in terms of cleaning and shaping with less likelihood of problems during the biomechanical preparation.

Root Canal Irrigation
Dr Zehnder, Matthias. Switzerland

After an initial hype related to the purported improved mechanical root canal cleaning capacity of rotary nickel-titanium instruments compared to conventional counterparts, it has become clear that chemical treatment is the core issue in root canal debridement. This lecture will cover technical, biological, and chemical aspects of root canal irrigation. The differences between primary root canal treatments and retreatments are explored in view of optimal disinfection of the root canal system. Ways of irrigant administration will be discussed. Furthermore, the optimal choice of irrigants for a given clinical situation, i.e. filled root canal system versus initial root canal treatment in a tooth with apical periodontits, will be covered. Irrigant sequences will be proposed with respect to the chemical interactions of the involved substances.

Three Canal Premolars: An Endodontic Challenge
Dr Nallapati, Shasi. (Kingston) Jamaica

It´s a well known fact that mandibular premolars have some of the most complex root canal anatomy. Three canals in maxillary and mandibular premolars pose several challenges in their clinical management. This presentation, with the help of high quality digital images and case reports, describes the two and three dimensional clinical and radiographic anatomy of three canal premolars. This presentation also outlines the current clinical techniques employed for the predictable treatment of this challenging clinical entity.

Dens Invaginatus: Treatment Options
Dr Nallapati, Shasi. (Kingston) Jamaica

Dens Invaginatus is a rare dental anomaly also known as dens in dente. This Clinical condition poses an extreme challenge in its clinical management. This presentation outlines the different types of Dens Invaginatus, their clinical and radiographic anatomy. With the help of two and three dimensional images and case reports, this presentation highlights the non surgical and surgical techniques employed in the successful management of this clinical entity.

Disassembly of root canal treated crowned teeth
Dr Ree, Marga. DDS,MSc (Pumerend) Netherlands

Endodontic retreatment often includes removal or disassembly of the coronal restoration and post and core. One of the challenges is to create straight-line access to the root canal system while preserving as much sound tooth structure as possible. This presentation will give an overview of modern treatment concepts when retreating endodontically treated teeth. Topics to be discussed will include coronal disassembly, reuse of existing crowns, removal of various types of posts and prevention of possible procedural errors.

MTA, Bioceramics materials and the future perspective in this field
Dr Bortoluzzi, Eduardo () Brazil

Lecture Outline: This year, MTA is celebrating 17 years of experimental and clinical success. Due to its remarkable biological and physical properties, MTA became the gold-standard reparative material for a variety of clinical situation. In fact, MTA can be considered the closest to the ideal reparative material that has been yet developed and its main properties will be discussed in this talk. Moreover, MTA made room for a new class of Endodontic biomaterials – the so-called Bioceramic sealers. So, this lecture will address in a

deep way the ongoing debate about potential of the new Bioceramic sealers for Endodontics - nanoparticulated and ready-to-use cements as well as Bioceramic sealers for root canal filling. To summarize, the lecture will concentrate on the new future perspectives of the Bioceramics materials in Endodontics.

Management of Iatrogenic Perforations
Dr Schröder, Jörg. (Berlin) Germany

Tooth and root perforations represent significant complications, which worsen clearly the prognosis of the tooth affected. Most perforations are thereby iatrogenically caused. Perforations by resorptive processes or by caries arise less frequently. Perforations may occur in any area of the tooth and with an incidence of 7 to 12 percent in retreatment cases it is not a rare treatment complication.Teeth that have been rated as questionable still a few years ago nowadays can be treated successfully with an adequate diagnostic and the use of modern techniques and materials. Nevertheless the treatment prognosis depends on the time elapsing between perforation and treatment, the size and the localisation of the perforation.

Fiber posts and adhesive build-ups
Dr Ree, Marga. DDS,MSc (Pumerend) Netherlands

Once the root canal treatment is completed, immediate restoration of the tooth is recommended, because coronal leakage is a potential cause of endodontic failure. In particular post spaces should be restored immediately because of the difficulties associated with maintaining the temporary seal. For that reason, it would be beneficial if the clinician who performs the endodontic treatment, were also able to place the post and core.
This presentation will focus primarily on current concepts based on the literature from the past 10 years or so, and will provide treatment guidelines based on that research. Several cases will illustrate the various current clinical techniques.

Diagnosis, Treatment and Long Term Treatment Planning in Traumatic Injuries
Dr Barnett, Frederic. DMD (Philadelphia, PA) USA

Injuries to the pediatric and adult dentition are events that all dentists must confront on any given day. It is essential that the clinician diagnose and treat these incidents as expeditiously and comprehensively as possible to insure the long term prognosis of these teeth endodontically and restoratively. This lecture will review the latest biological aspects of trauma and integrate clinical protocols to help you promote positive treatment outcomes for injuries to the hard dental tissues and the pulp when possible.

Pulp Regeneration/Revascularization
Dr Barnett, Frederic. DMD (Philadelphia, PA) USA

When the immature tooth undergoes pulpal necrosis secondary to trauma or caries, the result is a very compromised tooth with thin dentinal walls and a wide open apex. The long-term survival of such teeth is very poor. Pulp regeneration or revascularization may offer better long-term survival on such teeth. This presentation will discuss the treatment of the immature tooth with pulp necrosis and review the techniques and evidence for regeneration and revascularization. The participant will learn the indications for such treatment and will understand the biology of successful treatment.

Microscope Centered Practice: Ergonomics & Documentation
Dr Van As, Glenn. BSc, DMD. (Vancouver) Canada

In the discipline of endodontics the integration of the Dental Operating Microscope (D.O.M.) has become an indispensable part of the clinical armamentarium. The routine use of microscopes and the tremendous improvement in visual acuity it provides in both magnification and illumination, is vital to the success of both non-surgical and surgical endodontics. The last decade has seen a rise in the routine use of microscopes in endodontics in the United States from 52% to over 90%, and this trend of microscope usage is now beginning in general dentistry for not only endodontics but all disciplines in the profession. The lecturer has used the operating microscope for the last 12 years for 100% of his dental procedures, and has found advantages to include improvements in ergonomics, communication with patients and dental team members, improvement in precision, and finally a increased ease of documentation.
In this 45 minute lecture, attendees will see how the microscope centered operatory can be designed such that the microscope becomes an indispensable part of the armamentarium for the discipline of endodontics. Options for capturing high definition video and still micro-photography effortlessly through the microscope will be discussed . Clinical cases including still photography and videography will be demonstrated. At the end of the lecture the attendee will understand how the microscope is an absolute must for those considering practicing state of the art endodontics in todays dental office.

Retreatment or Implants: Are the endodontists capable to decide?
Dr Murgel, Carlos. (Campinyas, SP) Brazil

Abstract: Since the introduction and acceptance of osseointegrated dental implants in modern dentistry, endodontics has been challenged on its ability to keep healthy and functional teeth. From rescuers to bad guys was a fast transformation and there is a strong international movement to extract savagable teeth and place osseointegrated dental implants instead of retreating them. Unfortunately to worse and even

reinforce this new reality the endodontists are voicing against osseointegrated dental implants as if they were the enemies to be fought. It is fundamental that the endodontists learn how to diagnosis, treatment plan, know deeply about osseointegrated dental implants to be a key player on treatment plans and not excluded as it is happening now. This presentation will focus all these issues and how new technologies can help endodontists to retreat only the teeth that have a long term prognosis and consequently reinforce the perception of endodontics as the specialty of teeth savers.

The Cutting Edge of Endodontic Microsurgery
Dr Saavedra, Juan. (Caracas) Venezuela

For many years, apical surgery has been regarded as the last treatment option before extraction. This presentation will describe general guidelines for the endodontic surgical approach using the operatory microscope. It will analyze how to establish customized protocols according to the individual characteristics of each case, with emphasis on the nontraumatic handling of tissues, flap design, use of retrofilling and regenerative material, as well as on different suturing types and techniques to increase the rate of success of these procedures.
At conclusion, participants should be able to:
- Acknowledge the operatory microscope as an essential tool in endodontic surgical approach.
- Identify the latest instruments and tools used in microendodontic surgery.
- Describe the new endodontic microsurgical techniques.
- Incorporate the use of the operatory microscope into endodontic surgery.
- Perform endodontic microsurgery using the operatory microscope.
- Appreciate the worth of these procedures among our treatment options.

Endodontics & Implants, discovering the potencial of each side
Dr Martínez Merino, Enrique. (León) Spain

Actual controversy between endo and implant therapy is normally produced by the clinician´s lack of information about the potential and limitations of each therapy can offer for the final benefits of the patient.
Facing an endodontic failure, the first step to take is the non surgical retreatment, but when apex can not be attained from the crown, it can be accessible surgically with periapical microsurgery with much great accuracy than in the past. Intentional replantation is chosen when periapical microsurgery can not be used. These strategies are presented along with the operative microscope, new armamentarium and biomaterials. Nevertheless, when a few teeth can not be saved or must be extracted urgently, like in vertical root fracture cases, clinician must use the actual technology to identify in advance the different bone defects

he will encounter, the scientific knowledge of when and how to use periodontal bone regeneration techniques and the surgical skills to apply them in order to give the patient the best treatment option available. Different treatment options for less and more advanced surgically experienced clinicians in fenestrations, dehiscences, infrabony and combined bone defects are presented in detail.

Endodontics Implants algorithm
Dr Hoyo, José (Boston, MA) USA

There is a new vision in dentistry that is gradually being recognised and referred as the endo-implant algorithm.
This presentation pretends to show why is necessary that the endodontist plays his role in considering whether a tooth can be saved or extracted. An endodontist is in the unique position to evaluate when a tooth can precidtably be endodontically treated; non surgiacal or surgical root canal retreated. When the outcome ot the tooth is not favorauble, extraction and replacement whit a dental implant would be the protocol to follow.
In considerating treatment plan, it is imperative to provide the patient with all treatment options, as vell as the financial cost and procedures associated whith each treament options. The endodontist with implantology training will be in a unique position to evaluate and treat these compromised cases in the best way, offering the full range of treatment options: endodontics, non surgical treatment, surgical treatment, atraumatic extraction, osseous transplant, inmediate or delayed implant.

Contemporary Concepts in Tooth Replacement: A Major Paradigm Shift
Dr Karatew, Dwayne. DDS, Dip. Perio, Dip. Prosth. (Vancouver,BC) Canada.

The principle focus of implant dentistry has changed significantly from the era of „Anatomically driven implant placement´ to the current practice of „Restoration driven implant placement´. When we now look at the failing dentition in the aesthetic zone we now must immediately consider conversion to implants. We are continually seeking greater control of the peri-implant tissues and ultimately the aesthetics of the restoration. A new paradigm shift, “Tissue Care Concept” along with advances in implant surface engineering and implant/abutment designs allow us to consider immediate implant replacement, especially in the aesthetic zone, where preservation of hard and soft tissue is of paramount importance in order follow the principles of aesthetics by maintaining the elements which are already there.
This program will enhance your implant practice by addressing the following:
-a review of „where we have been´ with implant dentistry
-lay the basis for an understanding of where we are now
-provide an bio-mechanical understanding for the current trend in immediate implant

replacement
-formulate a scientific basis for pushing the envelope of immediate implant placement and immediate non-functional loading of the implant
-discuss the “Tissue Care Concept”
This multimedia presentation, incorporating video, animations, computerized graphics and clinical images is a detailed course for generalists and specialists including their respective support staff. It will help them broaden their understanding in the philosophy and science behind the new and exciting horizons currently being investigated.

EMERGENT PRODUCTS & DEVICES

TILOS Endodontic System: Safety Conscious and ZERO Fracture Rate
Dr Leonardo, Renato (Sao Paulo) Brazil

Today´s newest instrumentation systems create a tapered shape in the root canals, reproducing the profile of the file. When first developed, the shaping instruments and systems were aimed at the removal of cervical interferences of the root canals. It is these negative interferences in the endondontic procedure that required the creation of numerous instruments in order to prepare that part of the canal. A second concern is the curvature of the root canals within the preparation. This concern lead to the development of NITI, a flexible metallic alloy instruments with a variable taper for optimizing the root canal preparation. Unfortunately, a critical point of concern with the NiTi alloy instrument is that of instrument fracture. One alternative to these systems, promoting an efficient and safe preparation, is TiLOS System by Ultradent. TiLOS is a hybrid file system that combines stainless steel and NiTi files to offer the best features of stepback and crown-down instrumentation in a reciprocating motion; it offers safe, efficient, and predictable results. Optimized for Ultradent´s 30° reciprocating handpiece, TiLOS files are available in pre-configured patient packs, apical finishing packs, and refill packs. The TiLOS system includes stainless steel and NiTi hand files as well as engine driven stainless steel shaping files and NiTi transitional files. An evolution in Ultradent´s Anatomic Endodontic Technology, TiLOS provides the right motion and the right metal for the right location.

The use of CBCT with small fov in daily endodontics
Dr Ambu, Emanuele. Italy

The introduction of CBCT technology has been of great interest for endodontists because it makes it possible to study and analyze the root canal systems and any endodontic diseases. In particular, the smallfov devices make it possible to analyze restricted areas, i.e. those endodontically important, with a small amount of radiation to patients.
The Speaker will analyze the different uses of small-fov cbct in endodontics, through the introduction of several clinical cases. Special care shall be paid to the comparison of costs and benefits to patients.

Endovac
Dr Schoeffeld, John. USA

Three years ago, the first scientific article to appear in the Journal of Endodontics regarding the EndoVac irrigation system described it as a “novel” device; now, twelve (12) peer reviewed articles later, it has proven to be the safest and most effective endodontic system in existence. Two JOE articles have demonstrated it uncompromised safety, and the results of the Hockett article (JOE Nov. 08) have been referred to as “spectacular” in Dr. John Ingle´s latest book “Endodontics” published February 2010.
Its inventor, Dr. Schoeffel, will present a comprehensive overview of the system´s features advantages and benefits together with its fluid dynamic and chemical principles of operation. Finally, he will teach newly developed ergonomic clinical simplification methods introduced at the AAE in San Diego, 2010. The objectives of this course are to make the clinician comfortable with the EndoVac´s clinical use through concise scientific facts and findings, together with the latest clinical techniques.

MICROSCOPE HANDS ON COURSES

MO HOC 1 – Missed Anatomy & Solving Mishaps in Endodontics
Dr Saavedra, Juan. (Caracas) Venezuela
MO HOC 2 – Ergonomics in Microscope Centered Practice
Dr Van As, Glenn. BSc, DMD. (Vancouver) Canada
MO HOC 3 - Internal Bleaching - Installing & Removing Posts
Dr Murgel, Carlos. (Campinyas, SP) Brazil
MO HOC 4 - Documentation under Operating Microscope
Dr Van As, Glenn. BSc, DMD. (Vancouver) Canada
MO HOC 5 - Crown Lengthening & Microflap Management
Dr Dennhardt, Holger. () Germany
MO HOC 6 - Isolation Advanced
Dr Sedonn, Bill. (Chesterfield) United Kingdom

HANDS ON COURSES

HOC 1 – Niti System TF & Thermoplasticed Obturation (Real Seal) – Sponsored by Sybron Endo
Dr Belliard, Freddy. (Guadalajara) Spain
HOC2 – Niti System Mtwo – Sponsored by VDW
Dr Kaaden, Christoph (Munich) Germany
HOC3 – Niti System: Pathfiles, Protaper & GT Sponsored by Simesp Maillefer
Dr Cantatore Guisseppe (Rome) Italy

MICROSCOPE HANDS ON COURSES

MO HOC 1 – Missed Anatomy & Solving Mishaps in Endodontics
Dr Saavedra, Juan. (Caracas) Venezuela

Find hidden and calcified canals.
Remove a fractured instrument.
Practical demostration followed by attendants practice under natural teeths. Clinical Guide protocols to read cameral map, manage calcified canals, prevent and bypass steps, repair perforations and remove separated instruments will be provided.

MO HOC 2 – Ergonomics in Microscope Centered Practice
Dr Van As, Glenn. BSc, DMD. (Vancouver) Canada

Seeing is Believing !
In this lecture and workshop participants will have an opportunity to hear, see and use an operating microscope to prepare teeth in all quadrants of the mouth. The incredible magnification and illumination provided by the dental operating microscope has made this tool an indispensable part of the armamentarium for not only endodontics but all aspects of dentistry. There are major advantages of using the microscope for dentistry that include improvements in ergonomics, precision of treatment provided, communication with dental team members, colleagues and patients, as well as an incredible ease in documenting in incredible detail both photographically and in high definition video various procedurse. Attendees will learn several objectives from this lecture/workshop including:
1. Items to look for in purchasing an dental operating microscope.
2. How to set up the microscope ideally in a dental operatory.
3. How to ideally learn to use the microscope for all areas of the oral cavity (maxillary and mandibular arch).
4. Clinical tips to help handle the learning curve.
The attendee should leave the session realizing how the operating microscope can benefit the patient and the dentist creating a true win - win situation routinely in daily practice.
Advice
The attendant should bring Natural Teeth prep in this way:
** 2 sets of 2 teeth side by side - 1 molar and 1 anterior tooth. Put them in a rectangular piece o plaster (put the plaster in a small square box, not round) so that the teeth can be flipped onto their side to use a mirror.*

MO HOC 3 - Internal Bleaching - Installing & Removing Posts
Dr Murgel, Carlos. (Campinyas, SP) Brazil

Enhanced vision under microscope is a revolution comparable to the introduccion of adhesive dentistry by Buonocore in 1955. The enhanced vision is changing the way we practice and allowed the improvement of classical techniques and the development of a countless number of new techniques with a minimally invasive approach.
In this hands on course we will demostrate and practice the performance, under constant magnification usisng a Operating Microscope, of:
Internal Bleaching
Fiber Post Placement
Fiber Post Removal.
These treatments are performed easily and with optimal preservation of tooth structure if one can see in great detail inside the root canal.
The aim of these hands on course is to clearly demonstrate the importance of enhanced vision to achieve maximum esthetics and minimum tooth structure removal when performing such treatments under constant magnification using an Operating Microscope and ultrasonics.
At the end of this course the participants will be able to incorporate new concepts and perform minimally invasive dentistry under constant magnification in their offices when treating anterior compromised teeth.
Advice
The attendant should bring Natural Teeth prep in this way:
Upper Incisors with small access (just a bad access) with root canal treatment completed and obturated with GP. The teeth should be embedded into acrylic resin or plaster of Paris until the CEJ.

MO HOC 4 - Documentation under Operating Microscope
Dr Van As, Glenn. BSc, DMD. (Vancouver) Canada

What you see is what you get!
In this lecture and workshop, participants will have the opportunity to hear , see and use an operating microscope to capture digital photography and videography through the operating microscope. One of the main clinical advantages of the operating microscope is the incredible detail that can be captured photographically and in video of clinical procedures. The opportunity to quickly and easily document cases for endodontics or routine dentistry will be demonstrated. Attendees will be given the opportunity to see various systems available today for documenting and should leave the presentation learning several objectives including:

1. Reasons for and the advantages in documenting through the operating microscope.
2. Systems available for capturing both digital stills and video with the microscope.
3. Clinical tips for handling the learning curve with documentation.
4. The documentation journey from capture to editing and archiving and systems available.
The attendees will leave with a better appreciation for what alternatives are available for documenting procedures in both endodontics and general dentistry through the operating microscope as well as understanding some simple tips to help them with this journey. An opportunity to discuss the participants present setup will be provided at the end of the session and attendees are encouraged to bring examples they have taken in their office, and a photograph of their clinical setup.
Advice
The attendant should bring Natural Teeth prep in this way:
** 2 sets of 2 teeth side by side - 1 molar and 1 anterior tooth. Put them in a rectangular piece o plaster (put the plaster in a small square box, not round) so that the teeth can be flipped onto their side to use a mirror.*

MO HOC 5 - Crown Lengthening & Microflap Management
Dr Dennhardt, Holger. () Germany

This course is designed to provide the attendees with all the principles of hard and soft tissue (micro) surgery necessary to plan and carry out crown extension procedures. Crown extension is one of the most commonly required, and often underutilized, procedures in operative dentistry. Participants will learn to utilize it more readily.
Relocation of the structures comprising the biologic width requires varying degrees of soft and hard tissue removal, which will be discussed in detail. We will explore indications and contraindications for crown lengthening and methods of managing the surrounding bone to create positive architecture. Participants will be trained for Microsurgical flap management as well as apical repositioned flap, mucogingival procedures, mucosa flaps and mucoperiostal flaps. Hands-On exercises (Flaps and Microsuturing) with pig jaws.
• Biologic width
• Soft tissue crown lengthening
• Osseous crown lengthening
• Crown : root ratio
• Anterior and posterior crown lengthening.
• Microsuturing

MO HOC 6 - Isolation Advanced
Dr Sedonn, Bill. (Chesterfield) United Kingdom

Why use dam???
Kit selection, clamps, dam, frame, forceps etc.
Simple application, single tooth molar,
Where to punch hole, size of hole etc,
Effect of different clamps and hole sizes on efficiency and tissue retraction.
Anterior sextant with no clamp.
Anteriors with brinker for veneer cementation, Assistant role in doing this,
How to evert dam properly and use of floss ligatures.
Posterior quadrant with full arch present.
What to do with missing teeth
Clamping for preps, use of brinkers and bending clamps etc.
Use of PTFE tape and adjuncts like oral-seal, blockout liquidam etc.
Clamping bridges, crowns.
Broken down teeth, how to isolate.
Cementation with dam, why posts need it.
What the nurse should be doing for you.

HANDS ON COURSES

HOC 1 – Niti System TF & Thermoplasticed Obturation (Real Seal) – Sponsored by Sybron Endo
Dictante: Dr Belliard, Freddy. (Guadalajara) Spain

Colaboradores: Dr Estevez, Roberto (Madrid) Spain and Dr Rosler, Sergio () Argentina
Brief theorical introduction.
Principals and criteria of rotary system with Twisted File System.
Demonstration &Practice.
Thermoplastic Obturation with Real Seal: Continuous waves of condensation + Vertical thermoinjection (backfill) with Elements Unit.
Demonstration & Practice under the scope.

HOC 2 – Niti System Mtwo – Sponsored by VDW
Dr Kaaden, Christoph (Munich) Germany

Brief theorical introduction.
Principals and criteria of rotary system with Mtwo System.
Demonstration &Practice.

HOC 3 – Niti System: Pathfiles, Protaper & GT Sponsored by Simesp
Dr Cantatore, Giusseppe. (Rome) Italy

Brief theorical introduction.
Principals and criteria of rotary system with Pathfiles, Protaper & GT

FRIDAY 3 JUNE 2010
Room 1
08:15 – 14:00
Referees:
Dr. Frederick Barnett (Philadelphia -USA)
Dr. José María, Malfaz (Valladolid- Spain)
Dr. Enrique, Martínez Merino (León-Spain)
Dr. Sashi Nallapati (Kingston-Jamaica)

MAXILLARY MOLARS WITH ABERRANT PALATAL CANAL CONFIGURATION – A REPORT OF 6 CASES
Autor/s: Karumaran CS, Kumar A, Gunaseelan R, Karumaran R, Sekar R

Resumen
Knowledge of both normal and abnormal anatomy of the root canal system dictates the parameters for execution of root canal therapy and can directly affect the outcome of the endodontic therapy. Extra roots and root canals, if not detected are reasons for root canal failure Slowely et al. Anatomic characteristics of permanent maxillary molar are generally described as a group of teeth with 3 roots, palatal and 2 buccal each root with 1 root canal. Stone and stroner reported variation of the palatal root of maxillary molars such as single root with 2 separate orifices ,2 separate canals and 2 separate foramina,2 separate roots each with 1 orifice, 1 canal and 1 foramen and a single root with 1 orifice, a bifurcated canal and 2 separate foramen. The incidence of a maxillary first molar with 2 separate canals in the palatal root is less than 1 % Cleghorn et al. This presentation reviews 6 clinical cases of maxillary molar that presented two canals in the palatal roots. It also emphasis the need to use diagnosis tools like CBCT, Micro Opener, Microscopes, wherever necessary.

Lasers and endodontic disinfection: a comprehensive review
Autor/s: Maarten M, De Moor R. Department of Operative Dentistry and Endodontology, Ghent University, Gent, Belgium

Resumen:
With the rapid development of laser technology, lasers with a wide range of characteristics are now available and being used in various fields of dentistry, including endodontics. The use of lasers in endodontic treatment is mainly driven by the claimed disinfecting properties of these products.
After a brief description of laser physics and characteristics, wavelengths in dentistry are overviewed. The possible interactions between laser beam and target, which will determine the clinical effect, are explained. Dependent on the wavelength, different beam delivery systems are available. They all have limitations regarding the use inside the root canal. The laser light is emitted straight ahead from the tip of an optical fibre or laser guide. Therefore, a uniform coverage of the root canal wall by the laser light remains difficult at best.
The antimicrobial action of lasers is reviewed, as well as the literature on laser-assisted root canal disinfection. It shows that often evidence is lacking or the level of evidence is poor. Although antimicrobial effects have clearly been demonstrated with many lasers, to date there is little evidence to support the use of lasers for endodontic disinfection. However, the recent development of fine, flexible side-firing laser tips and the evidence demonstrating the benefits of irrigant activation with laser (LAI – laser assisted irrigation) may mark a new future for lasers in endodontics.

Strategies for success in preoperative diagnostics, localisation, access to and instrumentation of obliterated root canals
Autor: Kiefner P, private practice, Stuttgart, Germany

Resumen:
Root canal obliteration represents a serious problem which often occurs in daily practice which can be confirmed on pre-operative radiographs. It can be found in teeth after extensive restorative procedures, orthodontic treatment, trauma or in elderly patients with advanced periodontal problems.Treatment was performed according to 2-visit endodontics. Root canal location was performed during the first treatment session using an operating microscope. Initial access of severely

obliterated root canals was done by ultrasonic tips. Shaping was performed using a hybrid technique with both rotary NiTi and hand instruments. Filling procedures were performed during the second treatment session.
A very good prognosis might be expected in the outcome of endodontic treatment in cases where the root canal is not visible on the pre-operative radiograph. The referral to an adequate equipped endodontist should be calculated to increase the success rate of endodontic procedures in difficult cases when advanced diagnostic and technical procedures can not be performed in daily practice.
Treatment steps like the correct interpretation of the pre-operative radiograph of the „missing root canal“, and the use of the dental microscope and ultrasonic instruments will be highlighted. Adequate shaping and filling procedures will be demonstrated allowing the practitioner to achieve better treatment results in cases with seemingly obliterated root canals.

Efficacy of cone beam computed tomography in endodontics
Autor/s: Abella F, Bueno R, Roig M. Universitat Internacional de Catalunya

Resumen:
The main objective of root canal treatment is the through mechanical and chemical cleansing of the root canals followed by complete obturation with inert filling material. One of the reasons many teeth do not respond to root canal treatment is persistent infection caused by a missing canal and failure to remove all the pulp tissue and microorganisms from the root canal. Thus, an awareness and understanding of root canal anatomy will help to reduce endodontic failures.
Radiographic examination using conventional intraoral periapical views is important for the evaluation of the canal configuration. However, such images correspond to a two-dimensional aspect of a three-dimensional structure. The recent introduction of cone beam computed tomography (CBCT) scans provide three-dimensional information and a number of useful applications in endodontics. One of the CBCT's major advantages over computed tomography (CT) scanners is the reduction in radiation exposure. CBCT imaging is useful in identifying the root canal system and can even determine the exact position of the distolingual (DL) root of the permanent mandibular first molars.
The present communication describes some clinical cases where the use of CBCT has been central to its resolution. It also provides a brief summary of all applications that this device can bring to endodontics.

Shaping ability of nickel-titanium instruments when used with a reciprocating movement
Autor/s: Fabiani C, Franco V. Rome, Italy

Resumen:
Shaping is essential for achieving the objectives of root canal treatment. Nickel–titanium instruments were initially designed for use with continuous rotation at low speed.
In 2002 Malentacca observed that ni-ti instruments resulted significantly safer when used with a reciprocating movement than when used with continuous rotation.
In 2008 Yared proposed a shaping technique based on the use of a single file with reciprocating movement. In this way the number of instruments used to achieve the desired shape was reduced to just one, allowing for an economical single-use strategy.
Using simulated resin root canals allows standardization of degree, location and radius of root canal curvature as well as the width of the root canals.
The aim of this study was to compare the different shaping ability of NiTi instruments when used with a reciprocating movement in simulated resin root canals.
The simulated canals were prepared with FlexMaster (VDW, Germany) instruments either in continuous rotation or in reciprocating (60° cw - 40° ccw) movement.
Pre and post-operative images of the simulated canals were taken under standardized conditions.
The pre and post-operative images were combined exactly in two different layers using dedicated software.
The amount of resin removed, e.g. the difference between the canal configuration before and after instrumentation was determined both for the inner and the outer side of the curvature.
The statistical analysis showed significative differences, with the reciprocating movement resulting in a shape more centered in the original canal.

Self Adjusting File (SAF)-Just another file or a paradigm shift in instrumentation?
Autor: Dr.Michael Solomonov DMD,EndodontistHebrew University-Hadassah, Jerusalem ,Israel

Resumen:
Current top-end instrumentation technology leaves much to be desired. Rotary instruments are unable to adequately clean and shape root canals with oval, flat morphology. Micro-CT studies have shown that in curved canals of maxillary molars more than 35% of the canal wall remains unchanged by top-end rotary files .
It is time for a new approach: Rather than imposing a circular cross section on every canal it is time to respect the root canal anatomy, both its cross section and its longitudinal curve.
The new Self Adjusting File (SAF) is built as a hollow cylinder made of a delicate nickel titanium lattice with an abrasive surface. The file is compressed into the root canal assuming its cross section. Operated with an in-and-out vibration it removes a uniform layer of dentin from the whole circumference of the root canal. A flat oval canal will be enlarged to a similar shape of larger dimensions.
Clinical cases that will be presented together with research results indicate that the new SAF system represents a real paradigm shift in endodontic instrumentation technology.

Revolution or Evolution? Endodontics from the past to the present and into the future.
Autor: Michiels Rafael, Private Practice, Hasselt, Belgium

Resumen:
AIM: The goal of this literature overview is to give more precise information about important discoveries from the past in the field of endodontics and their use in modern day endodontics. Furthermore the current revolutions in endodontics will be placed into perspective and reflected to the old fundamental principles.
INTRODUCTION: Today a wide variety of techniques, materials and dental equipment are available to the endodontist. Several companies claim to have new revolutionary products, which will enable the endodontist to finish the treatment, safer, easier and faster. But are these products really revolutionary?

METHODS: Several articles from dental historic collections were searched and read. RESULTS: It appeared that alot of the procedures and materials we use today, are still the same as 100 years ago or are merely evolutions of the original. Today we consider straight line access, the use of a rubberdam, disinfection with sodiumhypochlorite and several others as basics, however a century ago these principles and materials were already discovered and their importance acknowledged.
CONCLUSION: The past has brought us many revolutions, the present has given us many evolutions and the future is already happening.

EVALUATION OF ADAPTATION TO DIFFERENT ROTARY NITI INSTRUMENTS AMONG UNDERGRADUATE BEGINNERS.
Autor: H MURALI,D A P M R V DENTAL COLLEGE AND HOSPITALS,JP NAGAR,BANGALORE,INDIA.

Resumen:
ENDODONTICS HAS BEEN REVOUTIONISED BY ADVENT OF NITI INSTRUMENTS,BOTH HAND AND ROTARY,OF VARIOUS DESIGNS AND TYPES FOR SPECIFIC INTRA OPERATIVE PURPOSES.
THE OPTIMUM SHAPING OF ROOT CANALS IS ACHEIVED ONLY IF THE OPERATOR HAS THE SCIENTIFIC KNOWLEDGE OF CONCEPT OF NITI INSTRUMENTS, AS THE PROTOCOL OF USE IS TOTALLY DIFFERENT.
THERE IS LACK OF STANDARDISATION IN NUMBERS,DESIGN,LENGTHS OF DIFFERENT SYSTEMS AMONG BOTH HAND AND ROTARY INSTRUMENTS .THIS FACTOR IN LEARNING CURVE SHOULD NOT DISCOURAGE THE USE OF SUCH EFFICIENT INVENTION BY BEGINNERS.
THIS INVITRO STUDY AIMED TO EVALUATE THE EASE OF ADAPTATION OF FIFTY RANDOMLY SELECTED UNDERGARDUATE BEGINNERS OF FIVE EQUALLY DIVIDED GROUPS TO FIVE DIFFERENT SYSTEMS OF ROTARY NITI INSTRUMENTS,IN THERAPEUTICALLY EXRACTED MANDIBULAR PREMOLARS WITH CONSENT OF THE PATIENTS,FOR THE STUDY.
THE INSTRUMENTS USED WERE PROTAPER(DENTSPLY),K3(SYBRON ENDO,USA),TWISTED FILES(SYBRON ENDO,USA),R ENDO(MM,FRANCE)AND M2(VDW,GERMANY) ACCORDING TO RESPECTIVE PROTOCOLS.

DURATION OF USE AND ACHIEVEMENT OF INTENDED APICAL ENLARGEMENT WERE THE FIXED PARAMETERS USED FOR EVALUATION AND MONITORED IN THIS STUDY.
STATISTICAL ANALYSIS OF THE DATA OBTAINED SHOWED THAT THE OPERATORS SUBJECTIVELY FELT THAT k3 AND R ENDO EXHIBITED BETTER EASE OF ADAPTATION FOLLOWED BY THE REST.

Video documentation of direct pulp capping with MTA on a lower second premolar
Autor: Klimscha J, Holly M, Bernhard Gottlieb. University Clinic of Dentistry, Vienna, Austria

Resumen:
Endodontic treatment begins with the therapy of the vital pulp. In case of an opened pulp chamber after accidential perforation or deep caries removal the highest focus should be to keep the pulps vitality. The traditional methode for direct pulp capping is using calcium hydroxide. In the last years also MTA is used in this therapy although the handling is more difficult. Nontheless, the success rates are evident in the literature. This video shows documantation of the procedure of direct pulp capping on a lower premolar using MTA (Dentsply Mailefer, Swizerland). The application of the material is shown step by step and documentated very clearly laid out. The video is accompanied with pre- and posttreatment radiographs and pictures, as well as controll x-rays after 12 months.

Clinical protocol of revascularization: Step by step
Autor/s: Gatón Hernández, P 1, Ruiz de Castañeda, E 2, Alvarez Muro, T 3, Ortolani Seltenerich PS. 4
1Universitat de Barcelona, Centro de Recolzament Odontológic(ICS), 2Societat Catalana D`Odontoestomatología. Societat Catalana D`Odontoestomatología,3 Área odontopediatría, Universidad CEU-Valencia 4 Universidad de Valencia.

Resumen:
There is a stop in the development of an immature permanent tooth with necrotic root canal system caused primarily by trauma or caries.

The clasical procedures, involves long-term application of calcium hydroxide to induce apexification, or recent treatment strategies include 1-step apexification procedures to create an artificial apical barrier by using MTA, although demonstrated regression of clinical symptoms in addition to radiographic of the lesion, do not permit a evidence of continued root development and increased dentinal wall thickness. The thin dentinal walls increase the risk of a subsequent fracture.
Regeneration of necrotic pulps has become an alternative conservative treatment option for young permanent teeth with immature roots and is a subject of great interest in the field of endodontics.
Several case reports have documented revascularization of necrotic root canal systems by disinfection followed by establishing bleeding into the canal system via overinstrumentation.

In this presentation, over a video, we will described the clinical protocol by the treatment of an immature firth lower right premolar with radiographic and clinical signs of apical periodontitis with the presence of a sinus tract.

Endodoncia a retro
Autor/s: Alonso, JC; Prados A.; Córdoba, España

Resumen:
More and more often, patients come to the dental clinic demanding highly aesthetic solutions. All-ceramic or zirconium structure prostheses are usually one of the most used methods to successfully solve this type of situations. In some cases, once the prosthesis has been cemented, an endodontic problem comes up in some of the prosthetically restored teeth. This would force us to open the pulp chamber through the ceramic crown, which is not easily allowed by this type of patients. This situation presents a serious problem, even a legal problem, for the prosthesist. A solution that we consider innovative is offered for a case of necrosis of the upper left central incisor after cementation of a ceramic zirconium based prosthesis, by splinting the four upper incisors. A retrograde root canal treatment was undertaken. The approach of the canal was carried out through the apex using ultrasonic instrumentation both for the access and the apical preparation (bti ultrasonics, BTI Biotechnology Institute S.L. Vitoria Spain), following the conventional canal treatment protocol. By this method, the root canal obturation needs a technique using thermoplastic gutta percha (Ultrafil Whalendent Inc. Mahwah, NJ, USA.) This study presents the performed treatment and the subsequent follow up of the case.

Advantages and drawbacks of apex locators integrated into rotary endodontic motors
Autor/s: Holly M., Klimscha J., Erdem M., Sabo M.Bernhard Gottlieb University Clinic of Dentistry, Vienna, Austria

Resumen:
Root canal length determination is an essential part while performing root canal treatment. Electronic apex locators are usefull devices to get the correct working length. Conventionally they are used with hand stainless steel files instrumenting the canals at the beginning of the preparation. In recent time these electronic devices for root canal length measurement can be used during rotary instrumentation of the canal in combination with endodontic motors. This presentation will show the results of a study comparing two rotary devices with integrated apex locators, the Dentaport Root ZX (Morita, USA) and the VDW Gold Raypex 5 (VDW, Germany). In this study a number of 160 root canals of recently extracted teeth were used. The accuracies of the two devices were compared to standard electronic root canal measurments of the canals with stainless steel files iso 10 and the preparation of canals to the determined working length with and without simultaniously measuring the root canal length by the integrated apex locators. In conclusion, no statistically differences were found between the devices and the methodes of use. Finally advantages and drawbacks while using the devices in the diferent funktions will be discussed.

Ergonomics meets Endodontics
Autor: Kaaden C. Ludwig-Maximilians. University, Munich, Germany

Resumen:
The integration of the dental microscope into clinical daily routine has not only resulted in technical improvements, but has also meant a fundamental change regarding understanding and practicing clinical endodontics.
However, these changes also necessitate a reconsideration on how to work ergonomically as a team with the assistant(s). This presentation will show different clinical concepts regarding ergonomics in endodontics by integrating modern armamentarium (e.g. cordless motors & obturation devices) as well as small gadgets.

FINDING YOUR WAY WITH DENTIN MAP
Autor/s: MAHALAXMI S; KARTHIKEYAN K

Resumen:
Endodontics has been made predictable and reliable over the years with innovations and advancements which now enable us to do precise endodontics with excellent prognosis thanks to magnification. The pulpal floor dentin map helps locate the entry to the canal orifice and gives an indication for any extra canals present. This presentation provides another possible indication for the presence of extra canals in maxillary molars depending on the shape of the access cavity with case reports to substantiate the suggestion.

Retreatment of canals obturated with Thermafil® vs Real Seal®
Autor/s: Garrido Poza I, Aznar Portoles C. Universitat Internacional de Catalunya – Barcelona (Spain)

Resumen:

The main reason for endodontic failure is bacterial infection in the canals, which can be facilitated by an insufficient instrumentation and an inadequate obturation, developing signs and symptoms of apical periodontitis.
The principal aim of endodontic retreatment is the complete removal of the material of obturation in order to be able to shape and clean the canals appropriately.
During the recent years, the systems of obturation based on solid core, such as Thermafil®, have increased in popularity. Often, we find endodontic failures where we have to remove this material from the canals. Several options for its removal have been described using devices such as System B® (Analitic technology, Orange, Ca), IRS® (Dental Dentsply Tulsa; Tulsa, Oklahoma), ultrasonic files or rotary files.
Recently, Sybron Endo® has launched a new carrierbased obturation system. This system's core is engineered to be easily discernable on a radiograph from the Resilon filling material that coats it and it i can be dissoved with solvents like chlorophorm.
Here we present 2 cases of first lower molars in which we have used 2 different options for the removal of Thermafil®.

We have included the sequence of treatment and recalls at 6 and 12 months. We also present a retreatment in vitro of a molar obturated with Real Seal®, in order to compare the advantages and disadvantages for the removal of the solid core of this system.

LITERATURE REVIEW OF THE HEALING OF PERIAPICAL LESIONS GREATER THAN 10mm: 3 CASES REPORT
Autor/s: Benages M, Topham G

Resumen:
During 2009, 3 patients presented large apical images. The affected teeth were upper right premolar, left lateral incisor and lower right molar, with the premolar and lateral incisor being of the same patient. Due to dealing with apical images of more than 10mm in diameter, a literature review on factors that are involved in the prognosis and cure of these cases was carried out.

The three cases were performed in two visits, leaving intracanal medication (calcium hydroxide) between visits. Gutta-percha was not always the material of choice for root canal filling. In large calibre canals the material of choice was the MTA.

Clinic and x-ray controls were carried out after 6 months and after a year. In the first control there were signs of radiographic healing and patients were completely asymptomatic.

ANATOMIC COMPARISON OF MAXILLARY MOLARS OF INDIAN AND SPANISH POPULATION
Autor/s: Topham G, Benages M, Duran-Sindreu F, Bueno R, Roig M. UNIVERSITAT INTERNACIONAL DE CATALUNYA

Resumen:
We are currently carrying out a study in different population groups of maxillary molars' internal anatomy using the clearing technique. Following literature reviews we have not found any previous research where the same operators compare teeth from several places. It is usually made from a single country and results are compared with studies of other authors.

Our objective is to describe the internal anatomy of the different roots of maxillary molars in Vertucci's classification, in different population groups, and then compare results. At present we have results of India and Spain.

The tooth are collected by colleagues who live in countries of origin, or go to volunteer. At the time of extraction they are classified in 1st and 2nd molars. Teeth are disinfected, stored in humidity and then delivered to us. We perform the access opening and classification by the number of canals located. We then apply clearing technique used in previous studies by our team. Once transparent, teeth are injected Indian ink and photographed. Then they are classified according to Vertucci's criteria and we obtain descriptive statistics. The results of the two populations are compared, noting that the most common anatomy is different between them.

This study will be extended to new population groups in England, Guatemala, Laos, Mauritania and Guinea Bissau.

The conclusion from this study is that depending on the origin of our patient, anatomical variations may be different

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