6th International Orthodontic Congress 2015
of the Romanian Straight-Wire Association
Interrelations in orthodontics
28th - 30th May 2015, Iași, Romania / Congress Hall Palas: Rossini Hall /
Abstract Book
Dear Colleagues,

First of all, let me tell you how delighted and honoured I am to welcome you to Iasi, to the sixth Congress of the Romanian Straight Wire Association. I hope you will enjoy the opportunity to discover our city, candidate European capital of culture for 2021.

Secondly, I hope that our congress will be a perfect occasion to meet and listen to other colleagues, to share information for a better future in our activity field. Our renowned speakers come from all over the globe, so we will have the chance to discuss key points of scientific and professional policies and strategies, helping us to define the way in which we should encourage responsible conduct in our decisions in order to obtain more healthy and beautiful smiles.

The sixth Congress of the Romanian Straight Wire Association is bringing something new this year: two courses placed in the beginning and in the end of our meeting, another opportunity to learn about different approaches to translate standards into practice. I think we can all look forward to some important and substantial insights from the speakers.

These few days promise to be a wonderful experience and I hope the congress will stimulate scientific debate, increase networking between scientists and stimulate further research. I wish you all a tremendously successful meeting.

With kindest regards,
prof.dr. Irina Zetu
President of the Congress
The new star has arrived.
Unique. Aesthetic. Metal-free.

Our innovation TruKlear, has made its debut – the world’s first self-ligating ceramic bracket with ceramic closure and completely free of metal. For perfect aesthetics and tolerability, it offers everything you are accustomed to from our ceramic brackets: excellent handling, optimal mechanical retention due to patented inverse hook base and shatter-free debonding with the Pauli-tool. In other words, everything you and your patients can expect. More information at www.truklear.com.

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Main Topics

1. Interrelations Orthodontics-Periodontics-Prosthodontics – Surgery
2. Accelerated orthodontic tooth movement - where are we?
3. Free topics
Committees & Keynote Speakers

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Ravindra Nanda (USA)

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Irina Nicoleta Zetu

Vice-Presidents of the Congress
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Mihnea Iacob

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Viorica Milicescu
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Eugenia Popescu
Victor Boboc

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Mariana Pacurar
Abbas Zaher

Secretaries
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Daniela Gologan

Jury for oral presentations
Joseph Bouserhal
Marie Jose Boileau
Alina Gamulescu

Jury for poster presentations
Thierry De Coster
Ion Lupan
Mioara Decuseara

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Carmen Hanganu
Danisia Haba
Mihaela Mesaros
Mihaela Baciut
Oleg Solomon
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Georgeta Zegan
Lucia Birlean
Viorica Tarmure
Krisztina Martha
Mihai Constantin
Valentina Trifan
Lidia Boboc
Vasila Toma
Liviu Zetu
Dana Festila
Loredana Golovcencu
Victor Costan
Iulia Saveanu
Carmen Savin
Ana Petcu
Dana Maxim
Committees & Keynote Speakers

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Laura DINCA
Stefania DINU
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Elena ENE
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Dumitrela IOSUB
Dorra KHEDER
Eriola KOMINI
Diana LEŞAN
Ionut LUCHIAN
Georgiana MACOVEI
Andrei MAFTEI
Carole MAHLER
Iurie MANIUC
Teona MATEI
Dana MAXIM
Alexandra MÂRTU
Tudor MELINTE
Anca MESAROS
Raphael MILLE
Andrei MITU
Ina MOROGAI
Laura MUNTEANU
Simona MUNTEANU
Tom MUNTEANU
Geoffrey NADAL
Teona NIGA
Alexandru OGODESCU
Anca OLTEAN
Elena ONIGA
Tinela PANAITE
Anca PASCU
Andra PAVEL
Iulian PETRUTA
Daria POPESCU
Daniela PURAV
Raluca ROBU
Veronica SERBAN
Michail SFAKIANAKIS
Efstratios SIARELLIS
Andrei SILIMON
Aroua SMIDA
Lilia SOLOMON
Diana STANCU
Iulia STEFANESCU
Emile TABACH
Raluca TOTE
Montassar TRABELSI
Diana TRIFAN
Ioana VATA
Marcel VOLOVEI
Dani ZAKHEM
Irina ZUMBREANU
KEYNOTE SPEAKERS

Ravindra Nanda (USA)
Professor and Head of the Department of Craniofacial Sciences and Chair of division of Orthodontics, University of Connecticut, Farmington, Connecticut, U.S.A.

János Horváth (Hungary)
Head of Orthodontic Department at Semmelweis University, Faculty of Dentistry

Marie Jose Boileau (France)
Professor at the UFR D’Odontologie Bordeaux Orthodontics and Dento-Facial Orthopedics department

Joseph Bourserhal (Lebanon)
Professor, Department of Orthodontics, Saint-Joseph University, Beirut, Lebanon

Abbas Zaher (Egypt)
Professor and Chairman, Department of Orthodontics at the University of Alexandria. President of the Egyptian Orthodontic Society

Thierry De Coster (Belgium)
Executive member of the World Federation of Orthodontics (WFO)

Panagiotis Skoularikis (Greece)
President of the Greek Orthodontic Society and Immediate Past-President of the European Federation of Orthodontics (F.E.O.)

Roland Männchen (Switzerland)
Senior Lecturer and Instructor at the Department of Orthodontics and Pediatric Dentistry, founder of the Frunz Orthodontic Club of Romania

Raffaele Spena (Italy)
Clinical Professor at the University of Ferrara, Italy

Jean David Sebaoun (France)
Associate university professor in Boston, USA and Assistant physician in the Paris Hospitals (D.H.E.O.), Visiting Professor at University of Paris for PG in Lingual Orthodontics

Giuseppe Scuzzo (Italy)
Professor in the lingual technique at Ferrara University and adjunct Professor at Complutense University Madrid

Paolo Manzo (Italy)
Paolo Manzo DDS, MSc Orthod, Ph.D Department of Orthodontics-University of Naples "Federico II"

Jacques Faure (France)
Head of Department of Orthodontics Paul Sabatier University, Toulouse (France). Expert in Court in Orthodontics and Dento-Facial Orthopedics

Pascal SCHUMACHER
DMD, PhD (Koln, Germany)
Alain Bery (France)
Assistant Professor in the Orthodontic Department of Paris University
President of the French Federation of Orthodontics
Editor-in-Chief for Journal of Dento-Facial Orthopedics

Andy Walter (Spain)
Associate professor, Universidad International de Catalunya, Barcelona, Spain.

Heinz Winsauer (Austria)
Visiting professor, University of Graz, Center of Orthodontics, Bregenz, Austria

Dr. Didier Fillion (France)
Course Director of the two-year Lingual Orthodontic Post-graduate program at Paris-V University (France)

Dr. Hermann Gabor (Hungary)
President of Hungarian Association of Interdisciplinary Orofacial Functional Therapy

Lidia Boboc (Romania)
Senior specialist in orthodontics

Mihaela Baciut (Romania)
Professor, Department of Maxillofacial Surgery and Implantology, Faculty of Dental Medicine at the University of Medicine and Pharmacy Cluj Napoca.

Viorica Tarmure (Romania)
Associate Professor at the “Iuliu Hatieganu” University of Medicine and Pharmacy Cluj Napoca
Department of Orthodontics
Senior specialist in General Dentistry and Orthodontics.

Liviu Zetu (Romania)
Department of Periodontolgy, Faculty of Dental Medicine, Grigore T. Popa University of Medicine and Pharmacy

Irîna Zetu (Romania)
Professor in Orthodontics and Head of the Department of Surgery, Chair of the Division of Orthodontics and Dento-facial Orthopedics, Dental Medicine Faculty, University of Medicine and Pharmacy „Grigore T. Popa” Iasi.

Valentina Trifan (Rep.Moldova)
Associate Professor at the Department of Pediatric Surgery, Pedodontics and Orthodontics of USMF “Nicolae Testemitanu”
Chief of Course at the Department of Orthodontics

Emilia Gheorghiu-Milicin
Vice President of the Romanian Association for Excellence in Orthodontics

Mariana Păcurar (Romania)
Professor and Head of the Department of Orthodontics, University of Medicine and Pharmacy, Tg Mures

Assoc. Prof. Lucia Barlean
Discipline of Preventive Dentistry, Faculty of Dental Medicine, University of Medicine and Pharmacy “Gr.T.Popa” Iași

Assoc. Prof. Carmen Manciuc
Associate Professor - The “Gr T. Popa” University of Medicine and Pharmacy of Iasi.
Medical Manager - The Clinical Hospital of Infectious Diseases of Iasi
WELCOME!
PALAS - THE GREATEST INVESTMENT OUTSIDE BUCHAREST

PALAS PARK SPLENDID VIEW TO THE PALACE OF CULTURE

Located on the former garden of the Royal Court, the park preserves some of the elements dating back to the 17th century, such as the lake and the gazebo, that were designed for the purpose of celebrating special moments and admiring the lovely view of the park and the Palace of Culture.

The park includes the following elements: carrousel, archeological vestiges, skating rink (during winter), lake with artesian fountains, outdoor amphitheater (coming soon), concert pavilion and squares for events and fairs.

PALAS SHOPPING STREET COSMOPOLITAN AND REFRESHING AMBIANCE

PALAS SHOPPING STREET combines the relaxing atmosphere and the wonderful panoramic view of the park with a selection of chic cafés and international cuisine restaurants.

COMBINING THE STYLISH AMBIANCE WITH CULINARY DELIGHTS!

The exquisite environment of the restaurants located on PALAS SHOPPING STREET or in the PALAS MALL Food Court awaits for the customers with national and international culinary delights.

PALAS MALL, INTERNATIONAL BRANDS FOR THE FIRST TIME IN ROMANIA

The retail component of the PALAS ensemble is one of a kind in Romania by virtue of its mix of traditional shopping mall features and the shopping street designed for shopping and leisure.

PALAS MALL comprises over 170 stores, Auchan City hypermarket, a food court with 1,300 seats, cafés, international cuisine restaurants, bowling and billiard club, playgrounds for children and various leisure opportunities.

ART, CULTURE AND EVENTS

PALAS is an effervescent venue, where the concept of leisure takes on fresh nuances. Numerous artistic events, music concerts, art exhibitions, festivals, educational and leisure activities for children, sports competitions, theme fairs and many other events are organized both in the park and in the elegant ambiance of PALAS MALL.
Located in downtown Iași, nearby the Palace of Culture, PALAS is the first mixed use lifestyle center in Romania, as well as the greatest investment outside Bucharest, amounting to over 265 million Euros.

The 280,000 sqm of gross built area of PALAS comprises: stores, class A office spaces, 4 stars hotel, event halls, park, an entertainment area and underground parking lot.

DISCOVER THE HISTORY OF IASI

The PALAS ensemble clients will discover here a part of the medieval history of Iași. The archeological discoveries related to the Royal Court household unearthed throughout the construction works are highlighted and exhibited in the park. Discover the history of Iași by following the vestiges route and the maps within the PALAS ensemble!

CONGRESS HALL, MEMORIES FOR A LIFETIME PRIVATE AND BUSINESS EVENTS

The Congress Hall event halls are designed and fitted out for the purpose of hosting unique events and are fitted with state of the art technical facilities and furnishings. The five halls – Rossini, Verdi, Chopin, Vivaldi and Mozart - are the perfect location for exquisite personal events or major business actions (congresses, conferences, cocktail parties and company parties).

THE DEVELOPER OF PALAS ENSEMBLE

IULIUS GROUP is the largest mall-type shopping center developer and operator in Romania. The company portfolio includes four shopping malls in some of the largest cities in the country – Iași, Timișoara, Cluj-Napoca and Suceava – and the Palas Iași mixed use project.

ENTERTAINMENT FOR CHILDREN

In the PALAS Park, the little ones can enjoy a special surprise: a Venetian carousel painted with old images of Iași. Other entertainment opportunities for children include Palas Jump, KidsLand Club, a state of the art playground, as well as Teen-Up, a location designed exclusively for teenagers, both venues being located in PALAS MALL.

UNITED BUSINESS CENTER CLASS “A” OFFICE BUILDINGS

There are over 4,000 people working in the Palas ensemble, more than half of which work in the 4 class A office buildings. The 38,000 sqm of office spaces accommodate head offices of multinational companies from various industries such as: IT, outsourcing, banking, consultancy and insurance.
RAVINDRA NANDA (USA)

Dr. Ravindra Nanda is at present UConn Alumni Endowed Chair, and Professor and Head of the Department of Craniofacial Sciences and Chair of division of Orthodontics, University of Connecticut, Farmington, Connecticut, U.S.A.

He received his dental training from Lucknow University, India in 1964. He received his orthodontic training first at Lucknow, India and then from Nymegen, The Netherlands and the University of Connecticut. He also received a Ph.D. for the University of Nymegen in 1969. He was an Assistant Professor of Orthodontics at Loyola University, Illinois from 1970 to 1972 and since 1972 he has been associated with the University of Connecticut.

Dr. Nanda has done extensive research during the last forty years in the areas of cleft lip and palate, orthopedic forces and on long-term growth with orthognathic surgery in adolescents. In recent years, his major thrust has been in development of orthodontic wires, clinical orthodontic trials and application of biomechanics in a busy orthodontic practice.

Dr. Nanda has been author and co-author of five orthodontic books and more than two hundred scientific and clinical articles in major journals. He is editor-in-Chief of Progress in Orthodontics. He is on the editorial board of ten different national and international orthodontic journals. He is an associate editor of Journal of Clinical Orthodontics.

PRECONGRESS COURSE

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<th>Time</th>
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<tr>
<td>09.00—10.15</td>
<td>Course</td>
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<tr>
<td>10.15—10.30</td>
<td>Coffee break</td>
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<tr>
<td>10.30—12.00</td>
<td>Course</td>
</tr>
<tr>
<td>12.00-13.00</td>
<td>lunch break</td>
</tr>
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*only for participants*
BIOMECHANICS AND ESTHETIC BASED ORTHODONTIC TREATMENT STRATEGIES

Can We Enhance Speed of Orthodontic Treatment?
This presentation will describe research and clinical work being conducted at University of Connecticut.
A. Surgery First...Indications, Contraindications and Case presentations
B. Cortiscision - Corticotomies and Vibratory Forces
C. How proper selection of wires can help in speeding orthodontic treatment
D. Role of Orthodontic Mechanics

Managing Micro and Macro Smile Zone Esthetic Problems with Smart Mechanics
A. Management of gummy smiles
B. Strategies to Correct Occlusal Plane Cants
C. Appliance Design and Biomechanics to Correct Midline Discrepancies
D. Management of openbites and how to retain corrections
E. Prospective Studies to Correct Class II Malocclusion
F. Multidisciplinary Management of Smile zone Problems

Multidisciplinary Treatment: Management of Complex Problems
A. Lengthening alveolar bone with extrusive forces for missing laterals
B. Preparing edentulous sites for implants with orthodontic mechanics
C. Intruding supra erupted teeth to create vertical space for prosthesis
D. Orthodontic management of patients with multiple agenesis
E. Application of TAD’s

He is an active member of various organizations, including the American Association of Orthodontists, European Orthodontic Society and Edward H. Angle Society. Dr. Nanda is a Diplomate of the American Board of Orthodontics. He has given numerous named lectures at national and international societies including Mershon Lecture at American Association of Orthodontics and Sheldon Friel Lecture at 2011 EOS Congress. He has been recognized with varios awards from numerous international orthodontic organizations.

Dr. Nanda is a co-editor of a book *Retention and Stability*. His most recent books are *Biomechanics in Clinical Orthodontics*, *Biomechanic and Esthetic Strategies In Clinical Orthodontics*, *Temporary Anchorage Devices in Orthodontics* and *Current Therapy in Orthodontics*. His new book is titled “Esthetics and Biomechanics in Orthodontics.”
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- Un fascicul puternic, optim focalizat care realizează o fotopolimerizare consistentă, realizând priza chiar prin aplicare directă pe suprafața vestibulară a bracket-ului
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3. Suport pieze de mâini
4. Protecție UV lampă
5. Lentilă VALO Black Light
6. Lampa unica folosind

**Accessori**

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- #5933 — Alimentare electrică cu prize universale — cablu 5.3 m
- #5932 — Lampa unica folosind — 500 buc
- #5935 — Protecție UV lampă
- #5939 — Lentilă Black Light — 1 buc
- #1687 — Suport de supraretabilă
- #508 — Ochelari protectie UltraTect™ — portocalii

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7. Lampa unica folosind

**Accessori**

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- #5963 — Baterii reincarcabile — 2 buc
- #5981 — Alimentare cu prize universale pentru încărcător
- #5984 — Lampa unica folosind — 500 buc
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# Scientific Programme

**Thursday, May 28th 2015 / Rossini Hall Palas**

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<tr>
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<td>08.30—17.30</td>
<td>REGISTRATION</td>
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<tr>
<td>09.00—18.00</td>
<td>TRADE EXHIBITION</td>
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Sessions in colaboration with Dental Technicians Order Iasi and with Order of Nurses Iasi

**Scientific Session I**

Session Chairs: *Lucia Bârlean, Carmen Savin*
Session Secretary: *Veronica Șerban*

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<th>Time</th>
<th>Title</th>
<th>Speaker</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00-09.30</td>
<td>INFECTIOUS DISEASES – A REALITY IN THE DENTAL OFFICE?</td>
<td>Manciuc Carmen</td>
<td>Romania</td>
</tr>
<tr>
<td>09.30 – 10.00</td>
<td>SAFETY STANDARDS IN THE MANAGEMENT OF THE OCCUPATIONAL RISK FOR THE DENTAL ASSISTANT</td>
<td>Lucia Bârlean</td>
<td>Romania</td>
</tr>
<tr>
<td>10.30-15.00</td>
<td>Sessions in colaboration with Order of Nurses Iasi</td>
<td><strong>Pediatric Dentistry Amphitheater</strong></td>
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**Scientific Session II**

Session Chairs: *Monica Tatarchiuc, Ana Petcu*
Session Secretary: *Carina Balcoș*

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<th>Title</th>
<th>Speaker</th>
<th>Country</th>
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</thead>
<tbody>
<tr>
<td>10.00-11.20</td>
<td>REMOVABLE APPLIANCES IS IT HYSTORY OR RATIONALE ALTERNATIVE IN MODERN ORTHODONTICS?</td>
<td>János Horváth</td>
<td>Hungary</td>
</tr>
<tr>
<td>11.20 –11.45</td>
<td>AN OVERVIEW OF ORAL APPLIANCES USED IN MANAGING THE SPACE</td>
<td>Daniela Anistoroaei</td>
<td>Romania</td>
</tr>
<tr>
<td>11.45-12.00</td>
<td>DOCTOR-TECHNICIAN DIALOGUE. THE IMPORTANCE OF A MINUTE</td>
<td>Anca Gorgos</td>
<td>Romania</td>
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<tr>
<td>12.00-12.15</td>
<td>THE MODIFIED HAWLEY-SPRING RETAINER</td>
<td>Florin Ramiro Carp</td>
<td>Romania</td>
</tr>
<tr>
<td>12.15-12.30</td>
<td>SPONSOR OVERVIEW RED INTERNATIONAL</td>
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</tbody>
</table>
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- Reduce a multi-process step process down to one step with these wire-forming pliers.
- Simply squeeze and you are done, no heat required.
- These less intrusive pliers are designed for ultimate patient comfort. Still for NiTi wire only.
- NiTi wire size up to .025".

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### Session III

**Chairs:** Marie Jose Boileau, Dana Festilă, Daniela Anistoroaei  
**Secretary:** Laura Bârsan

<table>
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<th>Time</th>
<th>Title</th>
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<tr>
<td>12.30-12.40</td>
<td><strong>USE OF TWIN-BLOCK APPLIANCES FOR THE CORRECTION OF ANTERIOR CROSSBITE: CASE PRESENTATION</strong></td>
<td>Trifan Diana, Cazacu Igor</td>
<td>Romania</td>
</tr>
<tr>
<td>12.40-12.50</td>
<td><strong>TREATMENT ASPECTS IN GENERALIZED SPACING OF PERMANENT TEETH IN ADULTS</strong></td>
<td>Gheorghe Mihailovici, Pavel Mihailovici, Ana Ciobanu, Mihailovici Corina</td>
<td>Romania</td>
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<tr>
<td>12.50-13.00</td>
<td><strong>THE CONTRIBUTION OF ORTHODONTICS IN DENTOFACIAL AESTHETICS</strong></td>
<td>Anca Mesaros, Alexandra Botos, Adela Zimbran, Camelia Alb, Michaela Mesaros</td>
<td>Romania</td>
</tr>
<tr>
<td>13.00-13.10</td>
<td><strong>A THERAPEUTIC APPROACH IN DEEP BITE MALOCCLUSION IN ADULT PATIENTS: 4 STRATEGIES OF TREATMENT PROTOCOL</strong></td>
<td>O.D. Radescu, A Serbanescu, S Albu, S.Bran, S.Man, D.Todea</td>
<td>Romania</td>
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<tr>
<td>13.20-13.30</td>
<td><strong>DISCUSSIONS</strong></td>
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<tr>
<td>13.30-14.00</td>
<td><strong>LUNCH BREAK - only for participants</strong></td>
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### Session IV

**Chairs:** Oleg Solomon, Vasilica Toma, Ligia Vaida  
**Secretary:** Anca Mesaros

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<tr>
<td>14.00-14.15</td>
<td><strong>SPONSOR OVERVIEW ORTHO SHOP</strong></td>
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<tr>
<td>14.15-14.30</td>
<td><strong>ADAPTIVE ACTIVITY IN STOMATOGNATHIC SYSTEM MUSCLES IN CHILDREN WITH ANGLE CLASS III MALOCCLUSION UNDER THE INFLUENCE OF THE ORTHODONTIC TREATMENT</strong></td>
<td>Trifan Valentina, Lupan Ion, Trifan Daniela</td>
<td>Romania</td>
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Cumparati un kit de bracketi Clarity Advanced APC FF si primiti gratuit sistemul adeziv.

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APC™ Flash-Free sistem adeziv preaplicat fara exces de material pe marginile bracketului

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3M Unitek
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<td>MICROSURGICAL ORTHODONTICS: AN EFFECTIVE METHOD TO SPEED UP TREATMENT TIME</td>
<td>Claudia Corega, Dario Bertossi, Ligia Vaida, Mihaela Baciu</td>
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<td>Marie-José BOILEAU</td>
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<td>SMILE ESTHETICS AND VERTICAL DIMENSION: AN UPDATE</td>
<td>Joseph Bourserhal</td>
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<td>16.15-17.00</td>
<td>SUCCESSFUL RETRIEVAL OF IMPACTED AND TRANPOSED CANINES</td>
<td>Abbas Zaher</td>
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**Session V**

**Chairs:** Danisia Haba, Loredana Golovcencu, Mircea Ghergie  
**Secretary:** Alexandra Maria Mârțu

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<td>Georgeta Zegan, Daniela Anistoroaei, Loredana Golovcencu, Radu Cernei</td>
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<td>THE MANAGEMENT OF MIDLINE DEVIATION</td>
<td>Daniela Anistoroaei, Georgeta Zegan, Alina Sodor, Raluca Vieriu, Loredana Golovcencu</td>
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<td>LOWER THIRD MOLAR PREDICTION OF ERUPTION FOLLOWING ORTHODONTIC TREATMENT</td>
<td>Loredana Golovcencu, Alina Sodor, Georgeta Zegan, Raluca Vieriu, Daniela Anistoroaei</td>
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<td>17.35 - 17.45</td>
<td>COMPLEMENTARY RADIOLOGICAL EXAMINATION IN ORTHODONTIC DIAGNOSIS</td>
<td>C. Romanec, B. Dragomir, M. Iacob</td>
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<td>17.45 - 17.55</td>
<td><strong>ACCURACY OF THE COMPUTER-ASSISTED CEPHALOMETRIC MEASUREMENTS: A COMPARATIVE STUDY</strong>&lt;br&gt;M. Iacob, Sorana Rosu, Irina Zetu (Romania)</td>
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| 19.00 | **OPENING CEREMONY**  
National Theatre "V.Alecsandri" Iasi  
OPENING OF EXHIBITION  
GET TOGETHER COCKTAIL |
Friday, May 29th 2015 / Rossini Hall Palas

08.30—17.30  REGISTRATION
09.00—18.00  TRADE EXHIBITION

Scientific Session I

Chairs: Jacques Faure, Viorica Milicescu, Lupan Ion
Secretary: Andrei Mitu

8.30-9.00  THE THERAPEUTIC MANAGEMENT OF OPEN BITE
Viorica Țărmure, Mihaela Baciut, Grigore Baciut, Radu S. Campian, Andreea Simona Pop (Romania)

9.00-9.10  LASER USE IN DAILY ORTHODONTIC PRACTICE
Laura Maria Filip, Andreea Lazea, Carmen Todea (Romania)

9.10-9.20  FUNCTION AND ESTHETICS IN NOWADAYS ORTHODONTICS
Adina Sirbu, Ondine Lucaciu, Minodora Moga, Anca Ionel, Radu Campian (Romania)

9.20-9.30  ORTHODONTIC IMPLANTS – CLINICAL INDICATIONS AND RADIOLOGICAL EVALUATION
Camelia Szuhanek (Romania)

9.30-9.40  ORTHODONTIC TREATMENT IN INTERDISCIPLINARY REHABILITATION OF THE ADULT PATIENT
Mircea Ghergie, Dana Feștilă, Rareș Roman, Alin Șerbănescu, Adina Topărcean, Odette Bodó (Romania)

9.40-9.50  SPONSOR OVERVIEW AMERICAN ORTHODONTICS (RO)

9.50-10.00  DISCUSSIONS

Scientific Session II

Chairs: Abbas Zaher, Norina Forna, Emilia Gheorghiu Milicin

10.00-11.00  STRATEGIES TO CORRECT OPEN BITES AND EXCESS VERTICAL DIMENSION PROBLEMS
Ravindra Nanda (USA)

11.00-11.15  COFFEE BREAK
**Scientific Session III**  
Chairs: Panagiotis Skoularikis, Eugenia Popescu, Victor Boboc  
Secretary: Niki Prisecariu Rados

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<td>“BONE ANCHORED” SURGICALLY ASSISTED RAPID MAXILLARY EXPANSION: A SCIENTIFIC CLINICAL EVALUATION</td>
<td>Thierry De Coster (Belgium)</td>
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<td>IS THERE A RATIONALE FOR IMPROVING TIME FRAME IN ORTHOGNATHIC SURGERY? DEBATE ABOUT SEVERE CASES.</td>
<td>M. Baciut, S. Bran, Gr. Baciut, I. Barbur, I. Mitre, V. Istoan (Romania)</td>
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<td>DOUBLE JAW VERSUS ONE JAW SURGERY</td>
<td>Ion Nicolescu, Magdalena Enache, Mihai Dorobantu (Romania)</td>
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<td>12.40</td>
<td>DIGITAL SMILE DESIGN AND ORTHODONTICS</td>
<td>Ioan Barbur, Florin Cofar, Adina Barbur, Mihaela Baciut, Grigore Baciut, Bran Simion, Christian Coachman (Romania)</td>
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<td>DENTAL ANOMALY PATTERNS (DAP) - AN IMPORTANT PART OF THE PROBLEM LIST</td>
<td>Magdalena Enache (Romania)</td>
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<td>CURRENT PREVENTIVE APPROACH ON THE EVOLUTION OF EARLY CARIES LESIONS</td>
<td>Cristian Funieru (suport - Colgate-Palmolive Romania)</td>
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**Scientific Session IV**  
Chairs: Thierry De Coster, Mihaela Băciuț  
Secretary: Ioana Văță

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<td>PARTICULAR ORTHODONTIC TREATMENT IN PERIODONTAL AFFECTED CASES SHORT LITERATURE REVIEW</td>
<td>Dana Feștilă, Mircea Ghergie, Alin Șerbănescu (Romania)</td>
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<td>14.30</td>
<td>ORTHODONTIC CASES, THE AESTHETIC CHALLENGE BY PERIODONTAL AND IMPLANT SURGERY</td>
<td>Paul Mattout (France)</td>
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<td>THE BALANCE OF THE ANTERIOR TEETH: STABILITY AND SUSTAINABILITY OF PERIODONTAL CONDITION</td>
<td>Jacques Faure (France)</td>
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<td>16.00-16.20</td>
<td>PERIODONTAL REGENERATION AND ORTHODONTIC MOVEMENTS - WHEN AND HOW?</td>
<td>Liviu Zetu, Alina Andronovici, Mugur Cojocaru, Catalina Danila (Romania)</td>
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<td>BIOMECHANICS FOR RETRACTION CASES AND NI-TI DEVELOPMENTS</td>
<td>Panagiotis Skoularikis (Greece)</td>
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<td>ORTHODONTICS AND PERIODONTOLOGY - INTERDISCIPLINARY COLLABORATION ON THE SAME SUBSTRATE: THE ALVEOLAR BONE</td>
<td>Alexandru Ogodescu, Darian Rusu, Krisztina Martha, Emilia Ogodescu, Ștefan Stratul (Romania)</td>
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<td>17.10-17.20</td>
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<td>ORTHODONTIC AND PROSTHODONTIC REHABILITATION OF A PATIENT WITH HYPODONTIA</td>
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<td>18.15-19.00</td>
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<td>GALA DINNER</td>
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Respectarea calității acestor produse realizate de către firma noastra este asigurată printr-un sistem de control foarte amanuntit al preciziei dimensionale precum si a altor elemente de estetica si functionalitate. Aceste verificari si controale se efectueaza si la produsele pe care le achizitionam de la diversi furnizori atat din tara cat si din strainatate precum si in cadrul laboratorului dentar autorizat.

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Organizam numeroase cursuri de ortodontie, multe dintre ele pe electrodont. Calendarul cursurilor organizate anual acesta cuprinde nume precum: Dr. Raffaele Spena (Italia), Dr. Roland Mannchen (Elvetia) si Dr. Horvath Janos (Ungaria). Programul cursurilor organizate de firma noastra, precum si participarea la diverse evenimente, le puteti urmari pe pagina noastra de internet: www.ortoforum.eu
Saturday, May 30\textsuperscript{th} 2015 / Rossini Hall Palas

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**Scientific Session I**

Chairs: Ravindra Nanda, Valentina Dorobăț, Irina Zetu
Secretary: Beatrice Velicu

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<td>8.30-9.15</td>
<td>BENEFITS FROM EARLY TREATMENT IN CLASS II PATIENTS - PRELIMINARY RESULTS OF A COHORT STUDY        Roland Männchen (Switzerland)</td>
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<td>9.15-10.00</td>
<td>PERIODONTALLY FACILITATED ORTHODONTICS. AN ORTHODONTIC PERSPECTIVE ON ALVEOLAR CORTICOTOMY       Raffaele Spena (Italy)</td>
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<td>10.00-10.45</td>
<td>PIEZOCISION: ACCELERATED ORTHODONTICS FOLLOWING MINIMALLY INVASIVE CORTICOTOMY PROCEDURE          Jean David Sebaoun (France)</td>
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**Scientific Session II**

Chairs: Didier Fillion, Lidia Boboc, Viorica Țărmure
Secretary: Alina Sodor

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<td>ALIAS SQUARE SLOT SELF LIGATING APPLIANCE IN LINGUAL STRAIGHT WIRE METHOD Giuseppe Scuzzo (Italy)</td>
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<td>LOW FRICTION AND REALITY: SELF LIGATING BRACKETS FROM SCIENTIFIC EVIDENCES TO CLINICAL PRACTICE Paolo Manzo (Italy)</td>
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<td>THE FUTURE IS NOW! Pascal Schumacher (Germany)</td>
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## Scientific Session III

**Chairs:** Giuseppe Scuzzo, Mariana Păcurar, Georgeta Zegan  
**Secretary:** Raluca Vieriu

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<td>ORTHODONTICS: ETHICS AND LAW</td>
<td>Alain Bery (France)</td>
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<td>CLEFT LIP AND PALATE REVISITED</td>
<td>Lidia Boboc (Romania)</td>
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<td>15.15-16.00</td>
<td>NEW WAYS TO MORE SPACE: TOPJET DISTALIZER, HYBRID HYRAK EXPANDER, MICRO4 EXPANDER PART 1: BIOMECHANICAL CONSIDERATION AND TECHNICAL FEATURES, MINI-IMPLANT AND APPLIANCE DESIGN</td>
<td>Andy Walter (Spain)</td>
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<td>NEW WAYS TO MORE SPACE: TOPJET DISTALIZER, HYBRID HYRAK EXPANDER, MICRO4 EXPANDER PART 2: INDICATIONS, CONTRAINDICATIONS, ADVANTAGES, CLINICAL APPLICATIONS</td>
<td>Heinz Winsauer (Austria)</td>
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## Scientific Session IV

**Chairs:** Raffaele Spena, Adriana Balan, Alexandru Ogodescu  
**Secretary:** Dana Maxim

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<td>THE LINGUAL LIBERTY SYSTEM: A SOPHISTICATED SIMPLICITY</td>
<td>Didier Fillion (France)</td>
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<td>PARADIGM SHIFT IN ORTHODONTICS, INTRODUCTION TO THE MODERN FUNCTIONAL ORTHODONTICS</td>
<td>Hermann Gabor (Hungary)</td>
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<td>ACCELERATION OF DENTAL MOVEMENTS WITH ORTHODONTIC MINISCREW IMPLANTS</td>
<td>Mariana Pacurar, Eugen Bud, Doru Roman, Manuela Chibelean (Romania)</td>
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7.30—20.00
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### POST CONGRESS COURSE

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**Evolution comes natural, as nature is evolution.**
The interest for offering improvements and alternatives to the conventional solutions for tooth malocclusions treatment has been a constant challenge for orthodontists worldwide.

**What does the course offer?**
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If you are looking to offer your patients an improved experience of the orthodontic treatment with less chair time, faster therapy times, more aesthetic solutions, control over the end result, our goals are common!
Appliances produced with the usage of digital technology

**CA CLEAR ALIGNER®**
The CA Clear Aligner therapy concept improved through the support of 3D printing technology, offers an aesthetic solution to the treatment of light to moderate tooth malocclusions. The progressive thickness of the biocompatible material used for the aligner treatment ensures an increased comfort to the patient. Controllable results, that may be adjusted.

**Major Features:**
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- Invisible
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**Unique Features:**
- Single tray and multi tray application system
- Brackets can be rebonded on the tooth using the trays
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- Highest digital precision, with own control input
- Best clinical application
- Increased productivity and efficiency

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Simbol-S va prezinta cele mai populare produse Ortho Technology:
VOTION - bracket metalic valabil in prescriptiile Roth si MBT, slot .022", kit 20 buc.
Pure - bracket safir valabil in prescriptiile Roth, Standard & MBT, slot .022", kit 20 buc.

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- Contururi faciale netede - pentru a asigura un confort sporit pacientului.
- Liniile de scoat verticale - ruleaza intreaga lungime a bazei bracket-ului si reprezinta un suport pentru placare usoara si preciza a arcului de-a lungul axei.
- Baza compusa conturata - forma bazei este superioara, zona suprafetei de contact este mai mare pentru o retentie imbunatatita.
- Sistem de identificare permanent - cod de culoare sub forma de punct usor detasabil.
- Suprafata ampla sub in zona aripioarelor - pentru fixare usoara si sigura a ligaturilor.
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- Slotul bracket-ului este polisat in prezentă calcului si a diamantului, pentru o mai buna mecanica a arcului, fiind foarte rezistent la spargere sau lisurare.
- Este realizat din safir monocristalin cu un grad de transparenta foarte ridicat.
- Baza bracket-ului este captusita cu pudra de zirconiu creand milioane de zone retentive pentru o mai buna adeziune cu compositul de brackets Resilience Brackets Adhesive.
- Carligul bracket-ului este neted si foarte puternic pentru a rezista la forta exercitata de elasticile intraorale.
- Bracket-ul este prevazut cu un cod de culoare pentru o mai buna identificare a acestuia, care poate fi indepartat dupa ce bracketul a fost lipit pe dint.
- Baza bracket-ului este usor rotunjita pentru o mai buna aplicare / indepartare de pe dint.
- Bracketii Pure sunt comparabili cu bracketii Inspire Ice de la Ormco.
Carmen Manciuc (Romania)

Associate Professor - The "Gr T. Popa” University of Medicine and Pharmacy of Iasi.
Medical Manager - The Clinical Hospital of Infectious Diseases of Iasi.
PhD Title. (2001)
Membership of national and international organizations: Physicians’ and Naturalists’ Society; Infectious Pathology Society of Iasi; ESMID (European Society of Microbiology and Infectious Diseases); ESCID (European Society of Chimiotherapy and Infectious Diseases); Founding member of The European Academy of HIV and Infectious Diseases.

ABSTRACT

INFECTIOUS DISEASES – A REALITY IN THE DENTAL OFFICE?

Aim: This paper aims to raise awareness among medical staff, both doctors and nurses, on the main infectious diseases that are transmitted by air and by bleeding maneuvers. The purpose is to identify them and minimize effects.
Material and method: We will present the most common aerial transmitted infectious diseases encountered in the medical dental practice: respiratory infections, rubella, varicella, measles, Epstein-Barr virus infection, and mumps. We will also refer to viral hepatitis and HIV infection. We will highlight clinical aspects, prophylaxis measures, asepsis and antisepsis.
Conclusions: A proper knowledge of signs and symptoms of aerial transmitted infectious diseases and also ones transmitted through bleeding maneuvers, may lead to a decrease in incidence among patients, due to correct prophylaxis. Keywords: infectious diseases, asepsis, antisepsis, prophylaxis.
**Lucia Barlean** (Romania)

University of Medicine and Pharmacy „Gr. T. Popa“ Iaşi, Romania. PhD Title (1994)
11 Books and monographs; more than 100 Scientific articles.

Member of: European Association of Dental Public Health (EADPH), Organization of Safety and Asepsis Procedures in Dentistry (OSAP), National Alliance for the Primary Prevention of Sharp Injuries (NAPPSI), National Union of Dental Associations (UNAS), National Society of Preventive Dentistry, Romanian Association of Dental Public Health, Romanian Association for Dental Education (ADRE)

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**ABSTRACT**

**SAFETY STANDARDS IN THE MANAGEMENT OF THE OCCUPATIONAL RISK FOR THE DENTAL ASSISTANT**

The complexity of dental care procedures pleads for increasing the individual awareness and responsibility for patient and dental team safety. The dental assistant performs a wide range of duties regarding chairside assisting and infection control involving the preparation of the patients, instruments and equipments for dental treatment, providing a safe environment by cleaning and disinfecting the operatory, exposing radiographs (x-rays), assisting the management of medical emergencies, recording patient examination and treatment information, maintaining good public relations with patients and co-workers, participating in training and educational programs. In order to maximize productivity and safety during dental procedures the concept of Four-handed dentistry must be applied based on principles of team positioning, assistant implication, equipment arrangement.
and efficient exchange of instruments between the operator and the dental assistant.

The role of the dental assistants is vital to the process of infection control so they must understand this responsibility and provide total adherence to the guidelines and recommendations in this domain by adopting the concepts of Universal Precautions and Standard Precautions. At the same time, they are highly exposed to bloodborne pathogens (hepatitis B and C viruses, HIV and over other 20 pathogens - viruses, bacteria, fungi) through injuries caused by sharp instruments but also to the dental office air and dental unit water contaminants. Dental assistant work also involves occupational exposures to physical factors (noise, posture, light), chemicals (filling materials, drugs, antiseptics) and mental stress. Many infection-control procedures followed in dentists’ offices are scientifically based and required by law.

In order to promote compliance with infection control methods based on a realistic perception on infection transmission risk in the dental office, it is essential to improve the level of theoretical knowledge and proper updated practical skills by educational activities.
János Horváth (Hungary)

Dr. Horváth has begun his studies in orthodontics as postgraduate at Heim Pál Hospital for Sick Children Orthodontic Department in Budapest and from 1990 is the Head of Orthodontic Department at Semmelweis University, Faculty of Dentistry. Author of numerous publications with lectures in many countries, he is a member of Hungarian Orthodontic Society, Leader of committee for education and professional relations, member of leading committee for Hungarian Association for Pedodontics and Orthodontics, also a regular member of Hungarian academy of Esthetic Dentistry and member of European Orthodontic Society.

ABSTRACT

REMOVABLE APPLIANCES IS IT HYSTORY OR RATIONALE ALTERNATIVE IN MODERN ORTHODONTICS?

In the orthodontic treatment we must solve skeletal and dental problems. In growing patient we are able to change the growing directions of the jaws, and so we can reach a better skeletal relationship, what makes the possibility to reach the dental harmony.

The most of dentofacial orthopedic appliances are removable, with the benefits and disadvantages of the possibilities to removing it.

The lecture makes an overview on handling removable orthopedic appliances, discussed the advantages its using before orthodontic „straight wire“ treatment in cases with skeletal anomalies.
Trifan Valentina

Trifan Valentina studied dentistry from 1985 to 1990 at the USMF “Nicolae Testemitanu”. From 1990 to 1992 she was in internship at the USMF “Nicolae Testemitanu” Pediatric Dentistry Department. She also had internship training at the UMF “Gr.T.Popa” Iasi Pediatric Dentistry, Department of Orthodontics in 2002, at the University of North Carolina School Of Dentistry, Department of Pediatric Dentistry in 2006, at UMF “Lucian Blaga” Sibiu Dental Prosthetics Implantology Department in 2011. In 2014 she finished her post-doctoral studies.

At present she is the Associate Professor at the Department of Pediatric Surgery, Pedodontics and Orthodontics of USMF “Nicolae Testemitanu” from 2003 and Chief of Course at the Department of Orthodontics from 2007.

ABSTRACT

ADAPTIVE ACTIVITY IN STOMATOGNATHIC SYSTEM MUSCLES IN CHILDREN WITH ANGLE CLASS III MALOCCLUSION UNDER THE INFLUENCE OF THE ORTHODONTIC TREATMENT

Trifan Valentina, Lupan Ion, Trifan Daniela

Department of Pediatric Surgery, Pedodontics and Orthodontics of USMF “Nicolae Testemitanu”

Aim of the study: optimizing diagnosis and orthodontic treatment of Angle Class III malocclusion in children based on the clinical-neurophysiological research.

The problem of creating neurophysiological criteria for the diagnosis and monitoring of children with Angle Class III malocclusion is very actual, because in this pathology is a wide range of preclinical disorders with negative impact on various body functions.

There are studies regarding the modification of stomatognathic system muscles in orthodontic pathologies [Martin, 2012, Gunturu, 2013, Picinato-Pirola, 2012].
In the recent years, several studies were published assessing the muscle activity by determining the adaptive possibilities of muscles (EMG-Cp – coefficient of functional plasticity) [Avakyan, Groppa, 2012]. In our studies, we applied these technologies to the investigation of surface electromyography in healthy children and for children with Class III malocclusion, in various conditions (mastication, forced bite, deglutition). At the first stage, we studied the frequency of the cases with EMG-Cp disorders in children with Class III malocclusions, before and after the treatment in various muscles – masseter muscle, temporalis anterior muscle and digastric muscle.

The results show that for children with Class III malocclusion, the functional plasticity processes diminished in the anterior temporal muscle, in the masseter and in the anterior venter of digastic muscle, with worsening of dysfunction degree during mastication, forced bite and deglutition (functional-disadaptive dysfunctions).

For children with Class III malocclusion there is an important difference in coordination of adaptation in stomatognathic system muscles. Practically, in all studied muscles, the correlation analysis has shown a marked adaptive insufficiency. Only the adaptive coordination of the muscle pairs masseter-masseter and temporalis-temporalis in children with class III malocclusion, maintain their physiologic reaction nature, although these correlations are much weaker compared with healthy children. It can be concluded that the presence of a disadaptive muscle syndrome is common in children with class III malocclusion.

These data are of a great importance primarily in the orthodontic diagnosis – they allow the objective assessment of muscle activity in the stomatognathic system and the adaptive dysfunction degree in muscle activity coordination.

On the other hand, comprehending these peculiarities creates new monitoring possibilities during the orthodontic treatment and for assessing the efficacy of the applied treatment.

Obtained results show various discordance degrees of functional plasticity processes, with the most pronounced ones in muscle with expressed disorders.
Marie-José BOILEAU

Marie-Jose Boileau is a Professor at the UFR D’Odontologie Bordeaux Orthodontics and Dento-Facial Orthopedics department. She is responsible for the CECSMO and the DUO of the UFR d’Odontologie at Bordeaux and a national coordinator of DES Dento-Facial Orthopedics. She was the president of the teachers College in ODF and in charge with the sub-sections of the ODF from 2001 till 2014. Dr. Marie-Jose Boileau is a hospital practitioner at the Pellegrin Hospital Group from Bordeaux. She was responsible with the Odontologie and dental medicine at the Pellegrin Hospital Group Bordeaux from 2004 till 2014.

ABSTRACT

CLASS II DIVISION 2 MALOCCLUSIN: FUNCTIONAL CONTEXT AND MANAGEMENT

Class II division 2 malocclusion is characterized by a specific muscular and functional environment and a very unfavorable potential of evolution of the dento-maxillary system. Its therapeutic management must integrate these two essential concepts in the timing and therapeutically means of treatment.
Joseph Bourserhal (Lebanon)

Earned a Doctor in Dental Surgery Degree from Saint-Joseph University, a Master Degree in Orthodontics from the University of Louvain, a Continuing Education Diploma in Orthodontics from the University of Southern-California, a Diploma of Specialist in Lingual Orthodontics from the University of Paris VII, a Diploma in 3D Imaging and a Diploma in Dental Clinical Research from the University of Toulouse.

Professor at Saint-Joseph University, visiting professor at Beirut Arab University and maintains a private orthodontic practice in Beirut.

Research Associate at the University of Toulouse, France.

Member of the Executive Committee of the World Federation of Orthodontists.

Member of the Angle Society of Orthodontics, East Component.

ABSTRACT

SMILE ESTHETICS AND VERTICAL DIMENSION: AN UPDATE

Smile esthetics is considered as the main objective to fulfill during our orthodontic treatment. In handling our patient’s list of problems, we ask frequently ourselves: Do we have to consider the incisor position ONLY in the sagittal plane or more and more in the vertical? Should we have to apply a SYSTEMIZED treatment approach or must we INDIVIDUALIZE our treatment planning?

Our orthodontic philosophy has to consider the initial vertical position of upper and lower incisors at rest and during smiling in order to set up individualized treatment objectives and to attain the best final esthetic result. Therefore, we have to apply individualized mechanics depending on facial growth pattern, occlusal plane inclination and smile line position.
Abbas Zaher (Egypt)

Dr. Abbas Zaher is at present Professor and Chairman, Department of Orthodontics at the University of Alexandria.

He received his dental training from University of Alexandria in 1981 and a MS orthodontics, University of Alexandria 1986. He also received a PhD Orthodontics for University of Iowa, USA and for University of Alexandria, Egypt 1992.

He was Visiting Fellow to the University of Iowa USA, 1989 – 91.

Dr. Zaher is President of the Egyptian Orthodontic Society, Immediate past Vice-President of the World Federation of Orthodontists and Founding Member in the Arab Orthodontic Society. He is also an active member of EOS and AAO.

He was lecturer at National and International Conferences in more than 30 societies and universities and have more than 40 scientific papers in Egyptian and international in peer-reviewed publications. As a recognition of his merits in orthodontics research he received the Helen and B. F. Dewel Clinical Orthodontic Award for the best Clinical Article in the American Journal of Orthodontics and Dentofacial Orthopedics, 1995.

ABSTRACT

SUCCESSFUL RETRIEVAL OF IMPACTED AND TRANSPPOSED CANINES

Ectopic teeth are not an infrequent encounter in orthodontic practice. These cases could be encountered in a variety of situations and impaction, transposition and mal-position are only examples. The orthodontist is sometimes faced with a variety of treatment options and the decision is usually based on the position and the risk factors.

Treatment plan for complete transposition of the canine often entails keeping the canines in its erupting position, accepting the transposition and finishing the treatment accordingly and in conjunction with other complementary dental procedures. The great antero-posterior distance of canine movement in order to correct the teeth order in cases of complete transposition is sometime a challenge. Factors that will help potentiate the success of correction should be carefully considered while planning the treatment of such cases. The orthodontists should be able to handle and is responsible for dealing with each and all of these issues.
VIORICA ȚĂRMURE (Romania)

Dr. Viorica Tarmure, PhD, is Associate Professor at the “Iuliu Hatieganu” University of Medicine and Pharmacy Cluj Napoca Department of Orthodontics. She is senior specialist in General Dentistry and Orthodontics. She has also her own private practice.

Dr. Viorica Tarmure had authored many books and articles in orthodontics and held scientific lectures and conferences at national and international manifestations.

ABSTRACT

THE THERAPEUTIC MANAGEMENT OF OPEN BITE

Viorica Țărmure¹, Mihaela Baciut², Grigore Baciut³, Radu S. Campian⁴, Andreea Simona Pop⁵

*Authors had the same contribution

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3 - Department of Cranio Maxillo Facial Surgery, “Iuliu Hațieganu” University of Medicine and Pharmacy, Cluj-Napoca, Romania
4 - Department of Oral Rehabilitation, Oral Health and Dental Practice Management, “Iuliu Hațieganu” University of Medicine and Pharmacy, Cluj-Napoca, Romania
5 - Department of Oral Rehabilitation, Oral Health and Dental Practice Management, “Iuliu Hațieganu” University of Medicine and Pharmacy, Cluj-Napoca, Romania

Introduction. Open bite is characterized by an occlusion in the vertical direction and amplitude range expansion, sometimes extremely severe, realizing occlusal contacts only in the last molars. The severity of clinical manifestations depends on the multifactorial etiology.

Aim. The aim of this study was to evaluate the orthodontic and orthopedic treatment established in open bites in children, adolescents and young adults.

Material and methods. In order to assess the severity of open bites and types of treatment
applied, the study was performed in a group of 350 patients, aged between 6 and 25 years, who requested orthodontic treatment during 2012-2015.

The severity of clinical manifestations were identified according to different possible causes, such as persistent infantile swallowing, mouth breathing, finger sucking vicious habits, local dysfunctional factors which augmented the hereditary.

Results and discussion. The processing of data was based on age, gender and type of device used. Choosing an orthodontic therapy, orthopedic therapy or orthognatic surgery to correct open bites depends on the dental, dento-alveolar or skeletal involvement.

Conclusions. The therapy was individualized according to the age and the severity of vertical inoclusion and structures involved. Orthodontic treatment was most often applied, but most cases were treated multidisciplinary.
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Sistemul este alcătuit din câte 2 bracket-i cu slot 20 inch pentru anteriori și posteriori pentru ambele arcade, tubușoare închise pentru premolari și tubușoare pentru moli. Rezultatele unui tratament rapid cu valori mici de fricție se pot obține prin tehnică de colare directă și indirectă cu aceste 4 elemente. Bază bracket-ilor laser-structurate asigură retenție optimă.

Slotul vertical al bracket-ilor pentru anteriori face ca sistemul să fie versatil și foarte convenabil pentru medic, de exemplu la schimbarea arcurilor.

Slotul vertical permite suficient transfer de forță, în particular în timpul rotației dinților.

Slotul orizontal al bracket-ilor de premolari conferă control optim în timpul tuturor mișcărilor dinților, excepta: rotația. Ingenioasa combinație de slot vertical în regiunea anterioară și slot orizontal în regiunea posterioară (open/closed) permite un transfer optim de forțe. Bracket-ul închis pentru premolari care a fost special proiectat, poate fi folosit pentru dinții rotați.

În ciuda dimensiunii foarte mici a bracket-ilor, aceștia pot fi ligat urați foarte ușor. Există de asemenea posibilitatea de a folosi catena elas­tică și ligaturi formă de B.

Există 4 sortimente disponibile pentru tratamentul diferitelor indicații, de la cazuri 2D simple la tratamentul cazurilor complexe.

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RAVINDRA NANDA (USA)
Professor and Head of the Department of Craniofacial Sciences and Chair of division of Orthodontics, University of Connecticut, Farmington, Connecticut, U.S.A.

ABSTRACT

STRATEGIES TO CORRECT OPEN BITES AND EXCESS VERTICAL DIMENSION PROBLEMS

Correction of openbites without surgical means is often a difficult procedure and a treatment option due to stability concerns. This presentation will describe treatment possibilities based on smile esthetics, vertical dimension and problem specific treatment plan. Treatment modalities based on extrusion of anterior teeth and intrusion of posterior teeth will be discussed with detailed patient histories.
**Thierry De Coster (Belgium)**

Doctor De Coster has received his dental degree from the University of Brussels in 1985 and his orthodontic and his master degree from Case Western Reserve University in 1988. He is in private practice since that time in Brussels, Belgium. He has been president of the Belgian society of Orthodontics, president of the French society (SFODF) 2006 annual meeting, vice president of European Federation of Orthodontics (EFO). He is currently vice president and immediate past-president of the Belgian Society of Orthodontics, board committee member of the French society of orthodontics and Executive member of the World Federation of Orthodontics (WFO). His main fields of interest are Sutural Growth, Facial Esthetics, Early Rapid Maxillary Expansion, Surgically Assisted Maxillary Expansion, Evidence Based Orthodontics, Orthognatic Surgery and Orthodontics.

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**ABSTRACT**

“BONE ANCHORED” SURGICALLY ASSISTED RAPID MAXILLARY EXPANSION: A SCIENTIFIC CLINICAL EVALUATION

The “Bone Anchored “surgically assisted rapid maxillary expansion (SARME) is directly issued from the technique of distraction osteogenesis, first developed by the famous Russian orthopedist Ilizarov (1954), to elongate long bones.

In the late 80s it has become very popular for the maxillo-facial complex and has been used in all directions (A-P, vertical, transversal). Because of less technical difficulties, patient discomfort and its frequent indication in adults, the transverse distraction osteogenesis is the only protocol routinely used in orthognatic surgery.
The indications of SARME are the same as for RME:

- Transverse maxillary deficiency, «buccal corridors»
- Posterior cross-bites
- Tooth-size/arch-size discrepancy
- Preparation for mandibular orthopedic advancement
- Preparation for maxillary advancement
- Effect of nasal cavity and breathing

Advantages for bone-borne vs. tooth-borne distraction osteogenesis:

- A more parallel expansion of the maxilla, the device being closer to the center of resistance of the maxilla.
- Less periodontal stress, less effects on the buccal plates, less dental movement
- Does not solicit teeth, can even be used in periodontaly involved situations
- Can be used on edentulous patients to prepare for prosthetic restoration or to reduce buccal corridors.

It has also some beneficial influence on OSA syndrome (Cistulli 1998, Conley and Legan 2006)

Hygienic

The purpose of my presentation is to give scientific and clinical information to support the indication of bone anchored maxillary expansion as an alternative of the classical tooth anchored technique to develop the maxilla and to prepare for comprehensive orthodontic and maxillo-facial global correction.

I will illustrate that point with clinical cases.
Mihaela Baciut (Romania)

Dr Mihaela Baciut graduated Faculty of Dental Medicine and Faculty of Medicine, „Iuliu Hatieganu” University of Medicine and Pharmacy Cluj-Napoca. She completed her postgraduate specialization in Oral and Maxillofacial Surgery and several postgraduate trainings in oral implantology, microsurgery, ultrasonography, maxillo-dental radiodiagnostic, cancer management, orthognathic surgery and laser therapy. In 2003 Dr. Mihaela Baciut became PhD at the University of Medicine and Pharmacy Cluj Napoca.

The main research interests are in the field of craniofacial surgery of complex congenital malformations, orthognathic surgery of facial deformities and asymmetry, oral implantology, biomaterials, craniofacial bone reconstruction and regeneration, osteogenesis using callus distraction, Laser therapy, craniofacial ultrasonography.

Currently she is Professor, Department of Maxillofacial Surgery and Implantology, Faculty of Dental Medicine at the University of Medicine and Pharmacy Cluj Napoca. She is founding member of the Romanian Society of Reconstructive Microsurgery, Vice president of the Romanian Society of Oral and Maxillofacial Surgery, member of Romanian Society of Angiology and Vascular Surgery 1991, International Association of Oral and Maxillofacial Surgeons (IAOMS), European Association of Cranio-Maxillofacial Surgery (EACMFS), Romanian Society of Plastic and Esthetic Surgery, Romanian Society of Ultrasonography in Medicine and Biology, Romanian Society of Oral Implantology and Biomaterials, Romanian Society of Lasers in Dentistry. Dr Baciut is member of the Editorial Board of Journal of Cranio-Maxillofacial Surgery.

She has 10 books and textbooks, over 70 participations in national and international conferences and 190 scientific articles and studies.
ABSTRACT

IS THERE A RATIONALE FOR IMPROVING TIME FRAME IN ORTHOGNATHIC SURGERY? DEBATE ABOUT SEVERE CASES.
M. Baciut, S. Bran, Gr. Baciut, I. Barbur, I. Mitre, V. Istoan
Clinic of Cranio-Maxillofacial Surgery and Implantology
“Iuliu Hatieganu” University of Medicine and Pharmacy Cluj-Napoca, Romania

The ongoing debate on improving the time frame and schedule in treatment of dental and maxillofacial deformities is based especially on cases with minor impairment. However, the most time consuming therapies are addressed to severe, complex cases, which require a staged approach.

We present a sustained protocol for management of difficult deformities. The algorithm follows standard conventional guidelines and validated improved interventions as well. Each affected region is given focused consideration, the reduction of duration is set at the center point of the rationale.

A comprehensive strategy is elaborated accordingly.
Paul Mattout (France)

Dr. Paul Mattout got his D.D.S. degree from Medicine Faculty of Marseille and a M.Sc. degree in Embryology, Periodontology, Histology and Morphogenetic. He is Past Assistant of Aix-Marseille University.

Dr Mattout has published several books as author and co-author (*Les Thérapeutiques en Parodontologie et Implantologie, Le contrôle du facteur bactérien pour le praticien et pour le patient, L’hygiène et le détartrage*) and also more than 100 papers in peer-reviewed publications in peer-reviewed publications (Experimental Cell Biology, Journal of Dental Research, Journal of Clinical Periodontology, Journal of Periodontics and Restorative Dentistry, Journal of Periodontology, Journal of Clinical Oral Implant Research, Information dentaire, Indépendentaire, Journal de Parodontologie et Implantologie Orale). He enjoys to share his experience with colleagues during lectures about these subjects, in France or in foreign countries and he has given more than 200 lectures at national and international societies including France, Netherland, Belgium, Switzerland, Greece, Tunisia, Algeria, Marocco, U.S.A, Romania, Lebanon, Moldavia.

He is Past President of the French Society of Periodontology and President of GEPI (Groupe d’Etudes en Parodontologie et Implantologie).

He received first price of the best lecture from Odontology Society of Paris.

He is editor-in-chief of J.P.I.O (Journal of Periodontology and ) Oral Implantology
ABSTRACT

ORTHODONTIC CASES, THE AESTHETIC CHALLENGE BY PERIODONTAL AND IMPLANT SURGERY

We all observe how aesthetics has invested our practice in Periodontics Orthodontics or even in Implantology. The interrelations between these disciplines allow us to establish rigorous treatment plans applying proven techniques for long-term results. We will see in particular cases that represent a true aesthetic challenge. These are young patients with Aggressive Periodontitis with important bone resorption. These cases will be treated with either bone grafts, periodontics and orthodontics or by bone grafting and Guided Bone Regeneration associated with implant placement. Cases of agenesis will also be addressed by either the implant or by orthodontics. Only proven protocols will ensure the sustainability of results.
Jacques Faure (France)

Fellowship Research Professor, PH.D ODONTOLOGICAL SCIENCES (Dentistry College), PH.D. PHYSICS, DDS, M.S. ELECTRONIC OPTICS

Starting as a Professor in Physics in Engineers School: Conservatoire des Arts et Métiers he becomes Head of Department of Orthodontics in 1999 at Paul Sabatier University from Toulouse (France) and Responsible for teaching speciality CECSMO(europeans) and DUO(foreigners) from 2000 to 2009.

He has held courses around the world and lectured in all important orthodontic congress and, also is a full member of the directory of the French Association of Orthodontics (S.F.O.D.F), Full member of the European College of Orthodontics. (C.E.O.)

Dr. Faure is member of the directory and responsible for international relations (CEO), Board of Orthodontists. Full member of the Edgewise Club Italie. He is also member of Club T.T.D. and Redactor of the main French Revue of Orthodontics: La Revue d'Orthopédie Dentofaciale.

He is expert in Court in Orthodontics and Dento-Facial Orthopedics and Scientific Responsible for the Research Project Scanner and 3D Cephalometrics(SFODF and URCAM support).

ABSTRACT

THE BALANCE OF THE ANTERIOR TEETH: STABILITY AND SUSTAINABILITY OF PERIODONTAL CONDITION

The balance of the anterior teeth is the major condition for stability of the occlusion and the sustainability of the periodontium. Facing a case with weakened periodontium, the incisive positions must be near the standard.
The choice and the achievement of an ideal objective of position of incisors conditioning successively a retro all our major therapeutic decisions of mechanics as extractions: 1) The management of the anterior and medium problem of place (incisors-Canine-Premolar) is directly linked to the incisive positions, via the “anterior box”. 2) The "cursor" constituted by the first molar, arbitrates medium-anterior and posterior place problems. 3) The forward-looking management of the posterior place implicates in addition to the initial place deficit, choice of molar "cursor" position, and precise prognosis of posterior growth, via the "posterior box". Tacking in account these anterior-medium and posterior place balances, arbitrated by the « molar cursor », allows us to determine an optimal position of anterior teeth with minimal mechanics and dental sacrifice.
Liviu Zetu (Romania)

Member of the European Federation of Periodontology and other professional societies from Romania, France and Greece. Numerous published articles in professional journals such as: International Journal of Dental Hygiene, Journal of Periodontology, Romanian Journal of Oral Rehabilitation, etc. Co-Author of many chapters of professional books published at international publishing houses, such as Nova Science Publishers, Inc., New York, USA. Adjunct Professor at the Department of Periodontology, Faculty of Dental Medicine, University of Medicine and Pharmacy “Grigore T. Popa” Iasi.

ABSTRACT

PERIODONTAL REGENERATION AND ORTHODONTIC MOVEMENTS - WHEN AND HOW?
Liviu Zetu, Alina Andronovici, Mugur Cojocaru, Catalina Danila
Department of Periodontology, Faculty of Dental Medicine, University of Medicine and Pharmacy Iasi, Romania

The orthodontic treatment is an important part of the comprehensive dental and periodontal rehabilitation of the patient. Ideally, orthodontic tooth movements are applied on healthy, whole periodontal tissues, without any signs of inflammation or bone loss. When dealing with thin gingival biotypes, on the other hand, tooth movements are problematic and the applied forces should be light ones. Most of the patient referred for orthodontic treatment can have infrabony defects before undergoing this type of therapy, or they can appear during the movements. Such cases are treated by periodontal regeneration, using bioactive materials like EMD (enamel matrix derivate).

The issue of starting the orthodontic movements after periodontal regeneration is still up for debate. In 1996, Davidson indicated a wait period of 4 to 6 month after regeneration, so that the orthodontic therapy will be carried out on healthy, stable tissues. Corrente (2003) suggest, on the other hand, that the application of the orthodontic forces should be done early, 2-4 weeks, to stimulate formation of new bone. As such, there is no consensus yet as to the perfect time to start the orthodontic movements in the regenerated areas.

Our purpose is to analyze, based on clinical cases and literature review, the optimal moment for safe orthodontic movement after the use of regeneration biological mediators.
Panagiotis Skoularikis (Greece)

Dr. Panagiotis Skoularikis is President of the Greek Orthodontic Society and Immediate Past-President of the European Federation of Orthodontics (F.E.O.).

He received his Dental Degree (D.D.S.) from the University of Athens, Greece in 1996 and his Orthodontic training and Doctorate Degree (Dr. Med. Dent.) from the University of Ulm, Germany in 2001.

He served as (a) member of the orthodontic committee of the General Health Council of the Greek Ministry of Health, (b) member of the scientific committee of the Dental Association of Attica and (c) elected member of the General Assembly of the Hellenic Dental Federation. He has also served as member of the committee for Continuing Education in Dentistry at the Greek Ministry of Health.

Dr. Skoularikis has presented several lectures and was member of Scientific and Organizing Committees of many congresses organized by national and international groups or societies. Since 2002, Dr. Skoularikis maintains a private practice in Athens, limited to orthodontics.

ABSTRACT

BIOMECHANICS FOR RETRACTION CASES AND NI-TI DEVELOPMENTS

Retraction mechanics of the segmented archwire technique are explained. Compound retraction archwire for the front teeth, as well as canine retraction springs will be presented.

Both the compound retraction archwire and the canine retraction springs consist of a pseudoelastic material for the incisors and the canines respectively, as well as a steel portion for the posterior teeth, which makes possible the
bending of first, second and third order bends. The main advantage of superelastic nickel-titanium (NiTi) products is their unique characteristic of force and moments plateaus, which allow the clinically precise control of both forces and moments. The aims of this study were to define the mechanical characteristics of these archwires and present their clinical application in premolar extraction cases following the segmented archwire technique.

Learning Objectives:
- Explain the basics in retraction mechanics.
- Demonstrate usage of superelasticity for continuous retraction
- Define the main advantages in using NiTi-stainless steel archwires and springs
Abstracts & Keynote speakers

Emilia Gheorghiu-Milicin

Emilia Gheorghiu-Milicin is currently the Vice President of the Romanian Association for Excellence in Orthodontics. She studied dentistry at the University of Medicine and Pharmacy Timisoara from 1989 to 1994 and became an orthodontist at National Autonomous University of Mexico City, Mexico in 1998. In 1999 became full member of the World Federation of Orthodontics Dentists and in 2000 a full member of the International American Association of Orthodontics Dentists. She successful completed the training courses for the Invisalign System in 2002. In 2005 she founded in Romania the Ortodent Clinic specialized only in orthodontics.

Doctor Gheorghiu-Milicin went to MBT Summit in 2005, 2006 and 2007 and in 2012 she graduated her senior specialist in orthodontics and dental facial orthopedics. In 2014 participated and initiated the "suresmile live-Introduction to the suresmile technology”.

ABSTRACT

THE NEW TECHNOLOGY IN ORTHODONTIC TREATMENTS

Machines became central to medicine in Europe during the 1800s. Medicine had always relied on technology. However, by the start of the 20th century new instruments were available to study, diagnose and treat the body. Today, hospitals and clinics worldwide use complex, computerized machines to image parts of the body or assist its function.

In orthodontics, in 1998 was developed the SureSmile system, a technique that utilizes 3-D imaging, treatment planning software and a robot to create the archwires according to the orthodontist prescription. The technique is reported to decrease the time required to complete orthodontic treatment by 30% and increase the precision of the results.
IRINA ZETU (Romania)

Dr. Irina Zetu, PhD is at present, Professor in Orthodontics and Head of the Department of Surgery, Chair of the Division of Orthodontics and Dento-facial Orthopedics, Dental Medicine Faculty, University of Medicine and Pharmacy „Grigore T. Popa” Iasi.

She received her dental (1981) and orthodontic education (1991) at the University of Medicine and Pharmacie of Iasi, Romania. She continued her studies in orthodontics at the University of Liege (Belgium) and at the University of Toulouse (France) where she (1995) followed postdoctoral research.

She also maintained a private practice for 25 years in Iasi.

She is President of the Romanian Straight-wire Association, member of the: World Federation of Orthodontics (WFO), American Association of Orthodontics (AAO), European Federation of Orthodontics (FEO), European Orthodontic Society (EOS), Societe Francais d’Orthopedie Dentofaciale (SFODF).

She is a member of the editorial board of several journals. She had published more than 10 books and more than 100 articles and held over 200 major lectures at universities from different countries (USA and Europe).

ABSTRACT

INTERRELATIONS IN ORTHODONTICS

In the last years, orthodontics has progressed a lot, due to the development of the diagnostic methods and treatment options.

Orthodontics is on the threshold of a change in diagnosis and treatment planning, from the traditional emphasis on the dental and skeletal components of a problem, to a greater attention to soft tissue. This change is occurring because of
a paradigm shift in conceptual underpinnings of orthodontics.
This increased attention to soft tissue with emphasis on perfection combine to form a biologically driven paradigm, that will better serve orthodontics in the twenty first century. It represents a philosophical “180-degree turn” in the orthodontic conceptual framework.
There is also an increase in the addressability of patients with dentomaxillary abnormalities, both young and adult patients.
The complexity of the dentomaxilar abnormalities requires increasingly more and more an interdisciplinary aproach and team work.
The multidisciplinary team is composed of the following specialists: pediatrician, dentist, ENT specialist, periodontist, phrostetist, oral and maxillofacil surgeon.
Also, nowadays the orthodontic pre-prosthetic treatment became more of a must.
In the following paper, we will present some complex cases, which needed an interdisciplinary aproach: orthodontics-periodontology, orthodontics-phrostetics, orthodontics-ENT, orthodontics-maxilo facial surgery.
Roland Männchen (Switzerland)

Dr. Roland Männchen, PhD received his dental degree at Dental Education at the University of Zürich (1990), and in 1993 he promoted to D.M.D. (Dr.med.dent.). He completed his postgraduate degree in orthodontics at the Department of Orthodontics and Pediatric Dentistry, University of Zürich and his Ph.D. at the Regea-Institute for Regenerative Medicine, University of Tampere, Finland.

He spent 4 years as Senior Lecturer and Instructor at the Department of Orthodontics and Pediatric Dentistry, University of Zürich.

He is Swiss Board Specialist in Orthodontics, Scientific Director and President-Elect of the Swiss Board Examination Committee of Orthodontics.

Since 2001 he practice orthodontics also in his private office in Winterthur.

He currently is member of Swiss Dental Association SSO, Vice-President of the Winterthur Dental Association VWZ, Swiss Orthodontic Society SGK, European Orthodontic Society EOS and Angle Society of Europe ASE.

Dr. Männchen is founder of the Frunz Orthodontic Club of Romania and consultant of the American Journal of Orthodontics and Dento-facial Orthopedics.

For several years he is international speaker related to Common Sense Orthodontics. He is also author or co-author in original publications in Peer Reviewed Journals and in over 50 presentations and courses in Switzerland and abroad.

ABSTRACT

BENEFITS FROM EARLY TREATMENT IN CLASS II PATIENTS - PRELIMINARY RESULTS OF A COHORT STUDY

Aim: To conduct a retrospective cohort study in order to find out if an early intervention with extraoral traction and eventually preserving the leeway space in the lower jaw would result in any benefits for class II patients such as less extractions, less incisor proclination, shorter treatment time, reduced need for full fixed appliances or lower treatment costs.

Patients and Methods: 313 consecutive patients with finished treatments without initial crossbites, impacted teeth, clefts, JIA; no TADs nor
orthognathic surgery. Early treatments (ET; N=152, 78 girls and 74 boys; mean age 10.7 years ± 1.2 months) were started before the establishment of the first premolar occlusion and before eventual exfoliation of the lower second deciduous molars (in case of crowding). Late treatments (LT; N=161, 87 girls and 74 boys; mean age 12.5 years ± 1.6 months) were started after these time points. The percentage of non-extraction, extraction in the upper arch only and bimaxillary extraction and the inclination and sagittal position of the lower incisors, the percentage of full fixed appliances needed, overall treatment time, number of appointments and treatment time with full fixed appliances as well as the treatment costs were analysed.

Results: There were 84.9% non-extraction, 2.0% extractions in the upper arch only and 13.2% bimaxillary extractions in the ET group, whereas the corresponding numbers were 63.4%, 21.1% and 15.5% in the LT group. Although there was a higher percentage of non-extraction patients in the ET group, the non-ex LT patients resulted in 6° more lower incisor proclination when compared to the non-ex ET patients. The overall treatment time was 7.9 months (23.1%) shorter in the LT group, but the treatment time with full fixed appliances was 2.7 months (17.3%) shorter in the ET group. 95.6% of the LT patients needed full fixed appliances whereas these were only 74.2% in the ET group, leading to 12.9% lower costs. The ET needed on average two more appointments.

Conclusion: ET of class II patients with extraoral traction and eventually preserving the leeway space in the lower jaw reduces the treatment efforts and costs significantly and markedly in almost 40% of the patients. For the rest, slightly higher costs and longer overall treatment times are the consequences. The indication of the right starting point is crucial in treatment planning although the orthodontist is quite often forced to start an early treatment anyway due to local factors like attrition of incisors, undermining resorptions, regain of space or correction of lateral crossbites and asymmetries. Class II treatment may be postponed to the permanent dentition only in cases with minor skeletal class II discrepancy, hypodivergency, reclined lower incisors and excessive space in the lower jaw.
Raffaele Spena (Italy)

Dr. Raffaele Spena is at present Clinical Professor at the University of Ferrara, Italy since 2003. Dr. Raffaele Spena graduated in Dentistry at the Faculty of Medicine and Surgery of Naples in 1984. In 1988 he specialized in Orthodontics at the Dental School of the University of Pennsylvania, Philadelphia, USA. In 2003, he obtained his specialty in Orthodontics in Italy at the University of Ferrara. He was an Adjunct Clinical Professor at the Orthodontic Department of the Dental School of the University of Pennsylvania from 1988 to 2000 and Adjunct Clinical Professor at the University of Parma from 1996 to 2000.

Dr. Spena has a private practice in orthodontics in Naples since 1989. He is an active member of AAO, AIO, ESO, SIO, WFOs, Angle Society of Europe.

Dr. Spena was President of the Accademia Italiana di Ortodonzia in 2010 and Scientific Secretary of the same society in 2008-2009. He is also the recipient of the Italian Certificate of Excellence in Orthodontics in 2001 and member of the European Board of Orthodontics since 2008.

He is involved in several research projects, from the nonextraction therapy with Dr. Norman Cetlin to the Periodontally Facilitated Orthodontics. In this respect he has given numerous named lectures at national and international societies and published papers in peer-reviewed publications.

Dr. Spena has authored atlas about “Il trattamento senza estrazioni” (Nonextraction technique) published in 1988. In 2000, he published also with the drs. R.L. Vanarsdall and N.M. Cetlin a chapter “Nonextraction Treatment” in the textbook “Orthodontics – Current principles and techniques” by T.M. Graber e R.M. Vanarsdall. Updated chapters, written with the same co-authors, have been included in the new editions (2006 & 2011) of the same book edited by Graber, Vanarsdall and Vig. In 2002 he published “Nonextraction Treatment: an atlas on Cetlin’s mechanics”
ABSTRACT

PERIODONTALLY FACILITATED ORTHODONTICS. AN ORTHODONTIC PERSPECTIVE ON ALVEOLAR CORTICOTOMY

Alveolar decortication is associated to orthodontic treatment with the aim of accelerating tooth movement, reducing treatment time, improving the periodontal status and increasing stability of the result. While temporary acceleration of tooth movement has been clearly demonstrated, reduction of treatment time is still a discussed topic and is certainly unpredictable and difficult to evaluate. Similarly, there is still no evidence that grafting associated to corticotomy, performed even in periodontally healthy patients, is able to change gingival biotype and increase stability.

Several surgical procedures have been described with the aim of either increase efficacy or reduce invasiveness of the surgery: not all the corticotomies are the same and their orthodontic benefits highly differ.

Despite the lack of scientific and clinical evidence, alveolar corticotomy may have a relevant role in treating some complex orthodontic problems. A different view of the biological and biomechanical orthodontic advantages of this surgical adjunct will be proposed and surgical protocol, orthodontic management, indications and limitations will be described with several clinical cases.
Jean David Sebaoun (France)

Dr. Sebaun received his dental training from Catholique University of Louvain, Belgium. He has a PhD in Dental Medicine and a Degree of Master in Orthodontics from Boston University, USA. He is Associate university professor in Boston, USA and Assistant physician in the Paris Hospitals (D.H.E.O.). He was Assistant Clinical Professor Boston University Department of Periodontology.

Dr Jean-David Sebaoun is Visiting Professor at University of Paris for PG in Lingual Orthodontics and Post-Doctorate Program) and has a private practice in Grenoble, France.

Dr. Sebaoun is a Diplomate of the American Board of Orthodontics. He is Ormco speaker, extensively published and a noted expert in the profession. He has given numerous named lectures at national and international societies.

ABSTRACT

PIEZOCISION: ACCELERATED ORTHODONTICS FOLLOWING MINIMALLY INVASIVE CORTICOTOMY PROCEDURE

An increasing number of adult patients are seeking orthodontic treatment and a short treatment time has become a recurring request. To meet their expectations, a number of surgical techniques have been developed to accelerate orthodontic tooth movement. However, these have been found to be quite invasive.

We are introducing here a new, minimally invasive flapless procedure, combining micro incisions, piezoelectric incisions and selective tunneling that allows for hard- or soft-tissue grafting.

Combined with a proper treatment planning and a good understanding of the biological events involved, this novel technique can locally manipulate alveolar bone metabolism in order to obtain rapid and stable orthodontic results.

Piezocision allows for rapid correction of severe malocclusions without the drawbacks of traumatic conventional corticotomy procedures.
Giuseppe Scuzzo (Italy)

Dr. Giuseppe Scuzzo, graduated in medicine in 1983 (Rome University) and specialized in dentistry in 1987 (Rome University) and orthodontics at Ferrara University.
He has always worked exclusively in orthodontics, with a special interest in lingual orthodontics since 1983.
Author of numerous publications (70) regarding this technique, Dr. Scuzzo has spoken and published extensively in Italy and abroad on lingual orthodontics.
He collaborates (as a teacher) with the major European Universities, and is a professor in the lingual technique at Ferrara University and adjunct Professor at Complutense University Madrid. He is also director of the First International Master in Lingual orthodontics at Ferrara University and Director of the PG Program in Lingual Orthodontics at the Complutense University of Madrid. He spoke extensively in Italy and abroad about lingual orthodontics and published with Dr. Takemoto 3 books about lingual technique
Dr. Scuzzo has a private practice limited to lingual orthodontics in Rome, Italy.
He is EBO certified (European Board Orthodontists) the only one in Europe certified with all lingual cases and WBLO certified (World Board of Lingual Orthodontists)
Dr. Scuzzo is Fellow member of the Royal College of Surgeons of Edinburgh. President of the World Society of Lingual Orthodontics (WSLO), President of World Board of Lingual Orthodontists (WBLO), Past-President of the Italian Society of Lingual Orthodontic (AIOL), Past President of European Society of Lingual Orthodontics (ESLO), President of AIDOR (Italian Academy of Orthodontics) 2016
Abstracts & Keynote speakers

Abstract

ABSTRACT

ALIAS SQUARE SLOT SELF LIGATING APPLIANCE IN LINGUAL STRAIGHT WIRE METHOD

Precise set up tooth position, accurate slot and wires dimensions as well as mechanical brackets stability for transfer completely 3d information from the arch-wires to the teeth are very important in lingual orthodontics. Using square slots (.018x.018) passive self ligating bracket, the play between the square slot and the round or square wire is horizontally and vertically equal and it is more effective in improving rotation compared with the play between arch-wires and conventional rectangular slot. For vertical slot brackets work well for improvement of rotation, but it is not effective on tipping and height control. That’s why, utilizing the square slot is the best way to eliminate the weak points of both vertical and horizontal slots. Furthermore, taking wires stiffness and the arch-wire length between labial and lingual orthodontics into consideration, .018x.018 stainless steel arch-wire in lingual orthodontic treatment brings almost the same expansion force as .016x.022SS wire in labial treatment.
Abstracts & Keynote speakers

Paolo Manzo (Italy)

Dr. Manzo graduated in Dentistry (DDS) in 1997 and he completed his post-graduation in Orthodontics (MSc) at the University of Naples "Federico II". In 2007 he received a PhD in Oral Science at the University of Naples "Federico II". Dr. Manzo is certified by Italian Board of Orthodontics (IBO) and European Board of Orthodontics (EBO) and he is Adjunct Assistant Professor at the University of Naples "Federico II". Dr. Manzo has lectured in orthodontics at courses, masters and congresses in Italy and Europe and he has presented scientific and clinical papers at national and international conferences. His clinical practice is limited exclusively to the orthodontics and TMD disorders.

ABSTRACT

LOW FRICTION AND REALITY: SELF LIGATING BRACKETS FROM SCIENTIFIC EVIDENCES TO CLINICAL PRACTICE

Nowadays, low friction techniques play a major role in daily orthodontic clinical practice and self-ligating brackets are very common in the orthodontic marketplace with many manufacturers offering several kind of brackets. Despite the great emphasis that has been placed upon faster and predictable ligation, lower friction, faster treatment, less pain, and fewer appointments needed, there is still a lack of evidence in order to support or to reject these claims. The aims of this lecture will be to present the state of the art on low friction techniques and to analyse a fifteen years' experience with self-ligating brackets, to point out clinical advantages and the different ways to control the critical steps in low friction systems in order to gain the excellence treating our patients without wasting time.
Pascal SCHUMACHER (Germany)

Inventor and developer of MEMOTAIN®, the new CAD/CAM retainer that offers the highest precision, the best fit and comfort. The latest technologies enable producing Nitinol® lingual retainers which precisely fit the individual patient situation due to the exact digital planning. His interest in digital orthodontics and experience in international speaking make him a very interactive and fascinating lecturer that attracts the audience due to his originality.

Abstract

THE FUTURE IS NOW!
Digitally designed clear aligners, digital bracket positioning and unique CAD/CAM lingual retainers

All medical sciences are driven by the new technologies and by the high speed they appear, thus it is vital for the contemporary doctor to be up to date with the technology evolutions. Orthodontics does not make exception. Our field of activity evolves through the implementation of technologies that were developed in other industries, making orthodontic treatment more efficient and improves patient’s experience.

Clear aligners, digital setups, indirect bonding procedures or individualized lingual retainers can be now produced with the aid of CAD/CAM technology. Virtual bracket positioning and transfer and indirect bonding of virtually positioned brackets for the orthodontic treatment are some of the solutions that were recently developed and brought to the market as the newest generation technology.

Studying and applying digital technologies in orthodontics for a longtime, Dr. Pascal Schumacher offers a comprehensive perspective over the new technologies and modern techniques.
Abstracts & Keynote speakers

Alain Bery (France)

Dr. Alain Béry, DDS, PhD in medical science, PhD in law, is assistant Professor in the Orthodontic Department of Paris University and Director of the Master of Legal Medicine applied to dentistry and stomatology at the Paris 8 University. His main area of expertise is Legal Medicine, Forensic Dentistry and Ethics.

Alain Béry, doctor of Dental Surgery, qualified specialist in Dento Facial Orthopedics is expert to the Paris Court of Appeal and also co-author of "Expertise Dentaire and Maxillo-Faciale" and “Droits et Obligations du Chirurgien-Dentiste” reference books on the subject.

He is president of the French Federation of Orthodontics and Editor-in-Chief for Journal of Dento-Facial Orthopedics and he is an internationally recognized lecturer.

ABSTRACT

ORTHODONTICS: ETHICS AND LAW

In this age of free circulation, over the border treatments, increased patient exigency, the practician must thoroughly know his field of responsability. Treatment contract, information, consent, mandatory methods, mandatory treatment results...are sources of litigation. Better knowing is better defending.
**LIDIA BOBOC (ROMANIA)**

Dr. Lidia Boboc is at present senior specialist in orthodontics. She is also specialist in general dentistry and has a competence in dental radiology, received a Ph.D. for University Medicine and Pharmacy Carol Davila, Bucharest, 1996. She was senior lecturer at the Orthodontic Clinic of the Dental Faculty Bucharest, UMF Carol Davila (1996-2005). Currently she has her own orthodontic private practice.

Dr. Boboc is active member of ANRO, AAO, EOS, SFODF and WFO. She has given numerous named lectures at national and international societies. She is editor of Romanian Journal of Orthodontics and Dentofacial Orthopaedics, and Actualities in Stomatology. Dr. Boboc has authored some books well known for roumanian orthodontists: Treatment of Malocclusion through the Edgewise Technique, 1997, Practical Orthodontics - Orthodontic Appliances, 1999, Orthodontics - Guidebook for undergraduate students, 2000

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**ABSTRACT**

**CLEFT LIP AND PALATE REVISITED**

Due to the relatively small number of patients with clefts each specialist can follow and the long period that observation has to take place, it has been quite difficult to select the best treatment options from the various methods advocated by the different teams. Recent and still ongoing properly devised scientific research into cleft lip and palate care has started to build a clearer picture. Understanding the longtime evolution of the clinical features of these patients gives more and more insight about the way proper interdisciplinary treatment has to be conducted. For each specialist involved in cleft care it is not only important to learn the tips and tricks he can use in his domain in order to help them, but also to have extensive knowledge of the topics that the other specialists in the team are taking care of. The lecture will focus on highlighting the important do’s and don’ts in interdisciplinary cleft care. The modern concept of “burden of care” will be explained.
Dr. Andre Walter, MD, DDS, MSc, Associate professor, Universidad International de Catalunya, Barcelona, Spain. Studied human medicine at the Universidad del Pais Vasco and Autonomous University of Barcelona (1984-94). Internal Medical Resident (MIR) 1995. Completion of Training as dentist at the Universidad de Oviedo (1997). Then specialized training in orthodontics at the Universidad de Catalunya (2000-03) and Master of orthodontics (2003). Since then associate professor at the Universidad International de Catalunya, Spain. Numerous articles and lectures focusing orthodontic mini-implants. Also in private practice in Barcelona (Castelldefels) since 2003.

Dr. Heinz Winsauer, MD, DDS Visiting professor, University of Graz, Center of Orthodontics, Bregenz, Austria. Studied human medicine and then dentistry Innsbruck 1974 - 1986, training in orthodontics Innsbruck (Univ. Prof. Richter) from 1987 to 1990. Own practice since 1990 in Bregenz. Member of the European Board of Orthodontics since 1998. Nine international orthodontic patents, Research at the University of Graz to quantify forces with palatal expansion, numerous scientific papers, assistant professor at university of Graz. Scientific interests: biomechanics and mini-implants, palatal expansion and median Osseodistraktion, torque, intermaxillary forces, early Angle Class III treatment, non-compliance Class II treatment mechanics.
ABSTRACT

NEW WAYS TO MORE SPACE: TOPJET DISTALIZER, HYBRID HYRAX EXPANDER, MICRO4 EXPANDER
PART 1: BIOMECHANICAL CONSIDERATION AND TECHNICAL FEATURES, MINI-IMPLANT AND APPLIANCE DESIGN
Andre Walter (Spain)

PART 2: INDICATIONS, CONTRAINDICATIONS, ADVANTAGES, CLINICAL APPLICATIONS
Heinz Winsauer (Austria)

ABSTRACT: Combination of mini implant borne distalization and expansion
Already two orthodontic mini implants (OMIs) in the key position M4 in the anterior palatal open numerous treatment options. Thus, successively with the aid of these two OMIs distalization of the buccal teeth can be carried out simple, invisible, compliance free and without side effects like protrusion of the upper anterior teeth. Bi- or unilateral distalization of 0.8mm per month are possible, the amount of distalisation can be more than 10mm if needed. After completion of the distalization the two implants and the two molar bands can be used immediately to produce a maxillary expansion appliance (hybrid expander). This hybrid expander is attached to the same two mini-implants in the anterior palate, that had just been used to attach the molar distalizers. While then performing a bone supported skeletal expansion the molars are retained in their distalized position. Distalizing and expanding this way is an inexpensive and easy way to create just as much space as with premolar extractions. It also shortens the time for fixed appliance therapy.

This lectures provide „Step by Step“ all necessary knowlegde on mini-implant design, which length and diameter to choose and the ideal position where to insert them. The insertion of the distalizer and the insertion of the hybrid hyrax expander and MICRO4 expander and its clinical features are explained in all details. The easy and simple handling of these appliances is promising and safes a lot of chair time.

This new and feasible technique will facilitate your professional work and help you in marketing your skills by offering state-of-the-art orthodontics.
Didier Fillion (France)

Dr. Didier Fillion began his career after graduating from the Paris V University at Sams, a small French town and his homeland. After having developed his basic training at the Tweed Foundation, he decided to devote himself to Lingual Orthodontics. Didier Fillion has been practicing lingual orthodontics exclusively for 27 years in Paris, London and Geneva.

Doctor Fillion has conceived the Lingual Liberty system, a digital lingual straight wire system. He has garnered worldwide acclaim for the excellence of his clinical results using this technique, by melding together quality and aesthetics. Although his first choice was to be a full time clinician, his professional brilliance opened the doors to an academic career, and Dr. Fillion has been invited to give classes and courses on lingual orthodontics at the Paris V University, New York University, University of Ferrara, University of Coimbra, among others.

In seeking to teach this technique with utmost expertise and thereby strengthen its worldwide presence, he invested considerable hard work to found the French Lingual Orthodontic Society and was instrumental in the process of establishing similar organizations around the globe, including the British Lingual Orthodontic Society (BLOS), Brazilian Association of Lingual Orthodontics (ABOL) and the World Society of Lingual Orthodontics (WSLO). From 1996 to 2010 he was Course Director of the two-year Lingual Orthodontic Post-graduate program at Paris-V University (France) and currently administers courses in several countries around the world, educating his audiences on the progress experienced by lingual orthodontics while disseminating the increasingly predictable and consistent clinical outcomes achieved with this technique.
ABSTRACT

THE LINGUAL LIBERTY SYSTEM: A SOPHISTICATED SIMPLICITY

The Lingual Liberty system has been conceived to offer to the users a maximum of liberty: choice of final result, brackets wires, bonding material, in-office rebonding etc...because we are convinced that too many constraints or dependance reduce effectiveness and reactivity. Lingual Liberty does not need to use robot for bending wires because the wires are flat, straight and preformed.

The simplicity that characterizes this system goes with a very high precision, essential for the 3D set-up building and the bracket positioning.

Lingual Liberty maintains this high precision level by evolving with the CAD/CAM technology, this is the Sophisticated Simplicity.
Hermann Gabor (Hungary)


ABSTRACT

PARADIGM SHIFT IN ORTHODONTICS, INTRODUCTION TO THE MODERN FUNCTIONAL ORTHODONTICS

Introduction: Orthodontic specialty has gone through an interesting metamorphosis over the last decades. Although there has been obvious technological changes, but some important core questions still have been unanswered. What is the reason of orthodontic relapse? Why haven’t we able to develop standardization in diagnostics and treatment? In the meantime significant amount of papers proved that orthodontic treatment is highly related to several craniofacial and body functions like breathing, orofacial myofunction and cervical/body posture. In the light of interdependence this the author will examine how functional orthodontics can be redefined.

Content: Sleep disorders got into focus of medicine over the recent years. Airway studies showed that orthodontic treatment can play an important role
in opening both the anterior and posterior airways.
Recent studies showed evident impact of high orthodontic forces and inappropriate force directions on the cranial base and the cervical spine. Studies show evidence between orofacial myofunction and the orthodontic relapse. 

Concusion: Orthodontic specialty has arrived to a very important phase. Based on the available functional evidences we have to redefine several terms. Into the objective of the orthodontic treatment we have to involve the craniofacial health and appropriate function. In 2015 we have to introduce a new term in orthodontics: Modern Functional orthodontics. This is going to be an orthodontic treatment what will take the craniofacial functions into considerations in the diagnostics, in the applications of orthodontic forces and force directions and in the term of interdisciplinary functional teamwork.
Mariana Păcurar (Romania)

Dr Mariana Pacurar graduated from the University of Medicine and Pharmacy of Tg Mures Romania in 1983. Currently she is Professor and Head of the Department of Orthodontics, University of Medicine and Pharmacy, Tg Mures. Dr Pacurar is also the Dean of the Faculty of Dentistry, Tg Mures, Romania. She became specialist in General Dentistry in 1992, specialist in Orthodontics in 1996 and specialist in radiological diagnosis in dentistry in 2005.

Dr Pacurar received her PhD degree in 1999 at the University of Medicine and Pharmacy Tg Mures, Romania. She had numerous internships and trainings in Romania, Norway, Denmark and she is a member of EOS, ADA, Pierre Fouchard Academy, International Association of Pediatric Dentistry, Romanian Association of Pediatric Dentistry, UNAS and vice-president of ANRO (Romanian Orthodontic Association), ARSW (Romanian Straight Wire Association), Edgewise College.

Dr Mariana Pacurar is vice executive editor of the Orthodontics and Dento-facial Orthopedics Revue, Iassy, member of the scientific editorial board of Dentistry in Mures County, review edited by the Association of the Doctors in Dentistry, Mureș county and member of the research collective under the Tempus international programme for oro-dental prophylaxis. She has numerous participations in national and international orthodontic meetings and conferences and she is the author and co-author of many books and articles published in prestigious journals.
ABSTRACT

ACCELERATION OF DENTAL MOVEMENTS WITH ORTHODONTIC MINISCREW IMPLANTS
Mariana Păcurar, Eugen Bud, Doru Roman, Manuela Chibelean
UMF Targu-Mures, Faculty of Dentistry, Orthodontic Department

Introduction. Orthodontic miniscrews have a recent history. They have been used for the first time by Gainsforth and Higley (1945), but without success. In 1969 Linkow used a blade implant in a patient with a class II anomaly for a maxillary incisor retraction. The term miniscrew was first used by Kanomi (1997), who demonstrated that a titanium miniscrew with a diameter of 1.2 mm offers sufficient anchorage for lower incisor retraction, without causing root resorption or periodontal changes. The use of temporary anchorage devices in orthodontics (TADs) revolutionized the planning of biomechanics in orthodontic treatment. The arrival of miniscrews eliminated the issue of anchorage loss in orthodontic biomechanics. Due to this new type of anchorage, the obtained results are more predictable and the therapeutic directions are diversified.

Material and method. The authors carried out a clinical study on a sample of 50 adult patients (28 women and 22 men) aged between 20-40 years, with different types of orthodontic anomalies treated with fixed appliances, straight wire technique, between the years 2012-2015. The sample was divided into two groups according to age. All patients have been treated with miniscrews. The control group included 50 adult patients, who had treatment without miniscrews. In both groups the total treatment duration and the tooth movement ratio and the possible side effects, such as gingival recession and root resorption, were studied.

Results. The duration of treatment is reduced by using miniscrews. The iatrogenic effects: gingival recession and root resorption are not directly correlated with the biomechanics of miniscrews. These depend on the individual reactivity of each patient, the condition of the periodontal structures and the type of dental movement: intrusion, retrusion, distalisation, etc. There were no significant differences between sexes or the different age groups.

Conclusions. The use of miniscrews is suited for adults, both for anchorage and orthodontic tooth movement in skeletal anomalies, significantly reducing treatment time. Applying miniscrews requires an exact technique and is indicated only in cases where anchorage and orthodontic tooth movement need high forces.
AN OVERVIEW OF ORAL APPLIANCES USED IN MANAGING THE SPACE
Daniela Anistoroaei
Department of Orthodontics, Faculty of Dental Medicine, University of Medicine and Pharmacy Iasi, Romania

The dental crowding is one of the most common problems presenting to the orthodontist. Asymmetry of alignment, premature loss of the teeth and disruption in arch integrity are all early benchmarks of a tooth size/arch length discrepancy. Space supervision and guidance of eruption refer to treatment interventions that influence the eruption patterns and positioning of the permanent teeth and involves the implementation of directed interventions to optimize the eruption and alignment patterns of the permanent teeth.

DOCTOR-TECHNICIAN DIALOGUE. THE IMPORTANCE OF A MINUTE
Anca Gorgos
Orthodontic Dental Technician

Communication, in every form that it takes, written, verbal, nonverbal, is needed for designing, organizing, developing and ensuring the successful completion of any project. During the collaboration between the orthodontist and the dental technician, communication has a very important role and it has direct effects on the end product. Today, we will try to prove that an open constructive dialogue guarantees efficiency and satisfaction to everybody included in the treatment process such as the doctor, the technician and the patient. Communication leads to understanding, understanding leads to action and action leads to the best result.

THE MODIFIED HAWLEY-SPRING RETAINER
Carp Florin Ramiro (orthodontic technician)

The main purpose of this mobile-functional-orthodontic retainer is to modify the position of the incisives by moving and turning them, in order to achieve their ideal positioning on the dental arch. In structural terms, the Modified Hawley-Spring Retainer contains elements of an orthodontic Hawley plate to which a functional Spring Retainer element is attached. This element contains a modified Spring vestibular arch and the acrilic component that is selected both on the vestibular and the oral sides. One important condition consists in cutting the model’s incisives and repositioning it in the ideal arch, before the execution of the functional element, with the help of different types of wax. After this stage of procedure, follows the execution of the device itself. The aim of the, for the nonce study is to mark out the primary technological aspectes of the
confectioning proces of this device. For this study, we’ll use the classical confectioning method of an orthodontic plate, which includes: first the execution of wire elements (anchored in the modified vestibular arch), then realize acrilic component using the “salt and pepper” method and then, follows the thermobaropolymerizing process. By complying with all this confectioning methods, the device can achieve easy alignment of the incisivs position, and the canins in the case were the vestibular arch is made directly on the premolar. As a conclusion, through the use of this device, it’s action creates less discomfort for the patient. By combining the device’s elements, it’s application is compatible successfully both for the grownup patients and children.

USE OF TWIN-BLOCK APPLIANCES FOR THE CORRECTION OF ANTERIOR CROSSBITE: CASE PRESENTATION.
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The Twin-Block appliance was developed in 1977 by William J. Clark, it is a functional appliance with inclined planes, ment for repositioning the mandible in the sagittal plane. It is widely used as independent treatment or as a preliminary stage to fixed appliances. Mostly, Twin-Block appliances are used for class II corrections, but they can be also used for class III correction, if the inclined planes are reversed. In this presentation I will address the advantages and disadvantages of this device, discussing a clinical case.
A 9,5 year old patient presented with aesthetic and functional complaints (incision and mastication disorders). After a thorough clinical and paraclinical examination, the patient was diagnosed with: High angle Class I malocclusion, associated with: anterior cross-bite, deviation of the lower interincisal line, incision and mastication disorders.
The goals of the impending treatment are: correction of the frontal crossbite; maxilla growth stimulation (in sagital and transversal planes); diminishing the mandible’s growth; space management until the premolar and canine eruption; stability of the achieved results.
After considering the possible treatments it was decided to perform the treatment in two stages: first- the functional stage (reversed Twin Block appliance); the second- SWT with extra-oral forces (the Delaire mask).
TREATMENT ASPECTS IN GENERALIZED SPACING OF PERMANENT TEETH IN ADULTS

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Spaced dentition is an abnormality that results from a disproportion in the size of the teeth relative to the arch size or from the absence of teeth.

Aim: To improve methods of orthodontic treatment and retention in patients with spaced dentition, when cranio-facial growth is finished.

Material and Methods: The study is based on diagnosis results and treatment assessment of 22 patients with spaced dentition, aged 18-43 years. We have 6 males and 16 females, 5 of them from rural zone and 17 from urban zone. Patients were devided according to aethiology into 3 groups: 1.patients with small teeth in normal-sized arches; 2.patients with normal-sized teeth in large arches; 3.patients with spaced dentition caused by primary or secondary anodontia. All the patients were subjected to next investigations: clinical and Rx examination, biometric study of casts (Pont, Korkhaus, Bolton methods, Tweed total space measurement).

Results: The orthodontic treatment was finished in all patients, them following the retention period at the moment. The average time of orthodontic treatment is 22 months. Patients were divided in 2 groups, according to treatment type:

Orthodontic treatment only – 14 cases
Complex treatment – 8 cases, divided into subgroups:
4 cases with orthodontic treatment + esthetic restorations,
2 cases with orthodontic treatment and prosthetic – implant treatment,
2 cases with all 3 types mentioned above.

Conclusions:
1. Generalized spacing of permanent teeth is often associated with a deep bite, anodontia or disappearence of morfological details in some teeth (especially in superior lateral incisors);
2. 36% of patients with this pathology would need a complex treatment.
3. This type of pathology has a high risk of recurrence, that’s why it’s mandatory to install fixed retainers for longer periods of time.
THE CONTRIBUTION OF ORTHODONTICS IN DENTOFACIAL AESTHETICS
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Introduction: In today's society, where the individual is increasingly concerned by his appearance, orthodontics is interested in aesthetics and function, two inseparable parameters for the stability of the treatment. Thus, it contributes to facial and dental improvement by correcting tooth position anomalies, alveolar reports and skeletal discrepancies.

Aims: This study wants to highlight the current importance of aesthetics and the methods through which the orthodontist has the power to change the face thanks to a careful diagnostic procedure.

Material and Method: The first part of this work is a literature review that will be dedicated to defining dentofacial aesthetics, showing its variation according to civilization and ethnicity, to see the importance of the components of the face, as well as the ideal standards to be achieved. The second part will show the influence of orthodontic treatment decisions, on the profile in different borderline cases or cases where the cephalometric analysis gives a more severe diagnostic than the photometric analysis.

Results: Recognizing the importance that patients give to dentofacial aesthetics, the orthodontist should not limit treatment goals to the normalization of dento-skeletal structures and obtaining a correct occlusion but integrate these biological objectives to a satisfactory aesthetic appearance.

Conclusions: When we consider the psychological importance and socio-cultural significance of the human face, we must recognize that the face has a higher hierarchy than the teeth seen in isolation. This means that any orthodontic treatment must take into consideration the aesthetic harmony of the whole face.

A THERAPEUTIC APPROACH IN DEEP BITE MALOCCLUSION IN ADULT PATIENTS: 4 STRATEGIES OF TREATMENT PROTOCOL
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Aim. Correction of deep bite malocclusion by four different strategies; Materials and method. Four patients, age between 19-28 years in permanent dentition, class II/2, class II/1 and crowding class II Angle with severe to moderate deep byte malocclusion were selected and treated with fixed orthodontic appliance after clinical examinations, evaluating panoramic, lateral cephalometric radiographs and Tweed’s analysis on dental casts. For every patient after alignment were used three ways for correction the incisive supra eruption: First the Burstone arch with two helix situated in the molar area, second a 16x22 niti reverse curve of Spee
arch and third reverse curve on 16x22,17x25,19x25 stainless steel wires, last direct intrusion with miniscrews.

Results: After two years and using different treatment mechanics the crowding Class II, Class II, Division 1, and Class II, Division 2 with supra erupted incisive were corrected and finished in a class I Angle canine and molar relationship. Overjet and overbite decrease significantly. Corrections were made by extrusion on lateral side, intrusion in the anterior area and class II elastics.

Conclusion. All methods were a success in treating the deep bite malocclusion;
The faster way was miniscrews intrusion, after the Burstone arch and the longer time took for reverse curve on stainless steel wires;
From patients point of view the Burstone arch was more uncomfortable to wear because it was bypassing the primary 0.18 ss wire;
The treatment of a deep bite malocclusion were influenced more by dental changes and less than skeletal changes;

PEDIATRIC DENTISTRY-ORTODONTICS INTERFERENCES IN OCCLUSION DEVELOPMENT MANAGEMENT
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In paediatric dentistry, the diagnosis and supervision of occlusion development are very important issues, especially during the primary and mixed dentition, due to the fact that in children is a matter of making the right clinical decisions for the future occlusion. Guidance of eruption and development of occlusion during growth and development is an integral component of comprehensive oral health care for all pediatric dental patients.

The paediatric dentists need to be able to predict the influence that different treatment options will have on the occlusion (e.g. the premature extraction of one or more deciduous molars or canines can result in crowding problems, loss of arch length, ectopic eruption, or impaction), should know what to look for in a certain developmental stage, and also should know when preventive, interceptive or corrective measures are indicated and most effective.

Early diagnosis and successful treatment of developing malocclusions can have both short-term and long-term benefits while achieving the goals of occlusal harmony and function and dentofacial esthetics. The long-term management of child’s developing occlusion benefits greatly from a good working relationship between paediatric dentist and orthodontist, thus the interceptive orthodontics should be a multidisciplinary approach.

Key words: occlusion development, pediatric dentist, orthodontist.
MICROSURGICAL ORTHODONTICS: AN EFFECTIVE METHOD TO SPEED UP TREATMENT TIME
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Malpositions can be easily corrected during childhood; however, the opposite is not valid for adult patients. Orthodontic microsurgery (OM) is a technique that allows the reduction of treatment time especially in older patients who request a rapid therapy. The purpose of this study is to describe our experience with this procedure. 45 patients with a mean age of 23.9 years were treated using OM. Results were evaluated clinically, with photographs and dental casts. Bone biopsies were taken 10 days after OM and at the time of two-jaw surgery. The desired dental movements were completed in an average treatment time of 180 days. The decrease in treatment time averaged 45%. Any periodontal damage, slight gingival reactions and no root resorption after treatment were detected. A slight pain on soft chewing, which lasted 15 days was reported together with moderate edema and pain and only one case of vascular shock with a color change (0.45%). Histologic analysis showed a well-preserved periodontal ligament, good bone healing and unaltered bone anatomy. OM is a safe and simple procedure and has been proved as useful in inducing (Regional Acceleratory Phenomenon) RAP and reducing the treatment time and the risk of periodontal damage and root resorption.

ORTHODONTICS AND PERIODONTOLOGY – INTERDISCIPLINARY COLLABORATION ON THE SAME SUBSTRATE: THE ALVEOLAR BONE
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Between orthodontics and periodontology there are numerous interrelations, both specialities acting on the same substrate – the alveolar bone. Orthodontic movements remodel the alveolar bone and periodontal therapy provides its health. Modern imagistic technologies enhance the perspective on the alveolar bone but also creates a new radiological reality, different from the existing rules, so far. Will we align, from now on, the teeth, following the orthodontic rules or we will only remodel the alveolar bone to “look good” on the CBCT? Does digital technology replace the clinical experience or has it become a marketing tool only? How
ethical is it to irradiate our patients so many times and what are the benefits? Adults with periodontal disease and malocclusions – do they have any chance?

THE TREATMENT OF TEMPOROMANDIBULAR ARTHRITIS WITH ORTHODONTIC RETAINERS
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This study presents a subject less known by the specialists that should be of interest to not only orthodontists but also to dentists. The acute clinical symptoms of the temporomandibular pathology sends the patient from general practitioners to ENT doctors, neurologists and even psychiatrists. But only the orthodontists know the “secret” to the problem, they make the connection between the functional occlusion and the health of the TMJ. How we diagnose and treat temporomandibular arthritis will be shown in this study.

CLINICAL ASPECTS OF THE PRIMARY TEETH ANOMALIES DURING THE DENTAL GERMS DEVELOPMENT PERIOD
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Aim of investigation. During the formation of permanent teeth peri-stasis may intervene and thus teeth forming disorders may occur, such as anomalies of teeth number - supernumerary teeth or hipodontia, anomalies of form – teeth in excess or in deficit and structural anomalies. These are considered primary dental anomalies as they occur very early, in the intrauterine period. Clinical manifestation is identified along with the dental eruption by radiological or clinical observation. The aim of this study was to identify clinical disorders consecutive to primary dental anomalies during permanent dental buds’ formation on a group of patients with malocclusions.

Subjects and methods. The clinical study was performed on 587 patients (240 boys and 347 girls) with ages between 5 and 24 years old. The patients were assessed clinically and by complementary examinations in the Surgical Department, Department of Orthodontics and Dental-facial Orthopedics at the Faculty of Dental Medicine, Pharmacy "Grigore T. Popa" Iasi, Romania, in the period January 2004 - December 2014. The patients were from the north-eastern region of Moldova, both from urban
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76% and rural 24% environment. The database was created in MS Excel software and the statistical calculations were made in SPSS-17 using descriptive statistics.

Results. From the total patients examined, 62 cases (10%) had primary dental anomalies. Among them, 44 cases (7.1%) had dental anomalies of teeth number, 11 cases (1.8%) had dental anomalies of form and 7 cases (1.1%) had dental anomalies of structure.

Conclusions. The study of primary dental anomalies is greatly relevant to orthodontists concerning the early detection of functional and esthetic disorders and the establishment of individualized therapeutic measures.

THE MANAGEMENT OF MIDLINE DEVIATION
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One of the aims of the orthodontic treatment should be coordinate the tree patient’s midlines – facial, maxillary, and mandibular. Midline deviation is the result of four different dismorphosis: functional deviation of the mandible, positional deviation of the mandible, dental deviations, skeletal asymmetry. The diagnosis of the midlines deviation should be accomplished before any orthodontic treatment. For each of them, the etiology, diagnosis, clinical signs, complementary examinations allow us to make a differential diagnosis and to propose a specific therapeutic orientation. The purpose of this paper was to present various guidelines in the diagnostic assessment and treatment management of asymmetry applied in clinical practice. Keywords: midline deviation, asymmetry, diagnostic assessment, treatment management.

LOWER THIRD MOLAR PREDICTION OF ERUPTION FOLLOWING ORTHODONTIC TREATMENT
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Introduction. The lower third molar dilemma is still an actual subject of concern for dentists, orthodontists and surgeons because its unpredictable behavior. Aim. The aim of this study is to assess the validity of some measurements in order to predict the eruption potential of the lower third molar in teenagers following orthodontic treatment.

Material and methods. Standardized panoramic and lateral cephalometric radiographs were taken for all patients before and after orthodontic treatment. The study sample was divided between extraction and non extraction treatment and the following measurements were performed:
on panoramic films the retromolar space, the lower third molar width, the angle between the lower third molar and second lower third molar long axes, the angle between the lower third molar and the occlusal plane and on lateral cephalometric films the distance between lower second molar and Xi point and the angle between lower third molar axis and the mandibular plane at T1 and T2. All data were analyzed and compared between groups.

Results. We noticed a small increase in the length of the retromolar space during orthodontic treatment in both groups, slightly greater for the extraction group. Lower third molar angulation in relation to lower second molar increased with only 9.3% in the extraction group compared with 7.4% in the non extraction group. On lateral cephalometric films the distance between second lower molar and Xi point increased significantly after extraction in those patients with favorable prognosis of eruption for lower third molar from the beginning of treatment and there was no or little change in the non extraction group.

Conclusions. The orthodontic treatment doesn’t influence the lower third molar prediction of eruption in non extraction cases, but can improve more or less the lower third molar chances of eruption in those cases treated by dental extractions.

COMPLEMENTARY RADIOLOGICAL EXAMINATION IN ORTHODONTIC DIAGNOSIS
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Skeletal and Dental malocclusion are abnormalities with high frequency, they recognizes a pluri-causal etiology, worsens with the age, presents a great diversity of clinical forms, which imposes an extensive exploration of the clinical case in order to elaborate the diagnostic and the treatment strategy. He paper aims to present importance of using high definition X-ray evaluation CBCT and CT, both with 3D reconstruction software to determine certain diagnosis and following steps for treatment.

Identification of the skeletal patterns in class 2 malocclusion, telecephalometric study on 52 clinical cases, were continued by further investigations. The goal was to identify the skeletal patterns, their form and gravity, but also the dento-alveolar compensation phenomena in class 2 anomalies.

Establishing the dental, dento-alveolar and occlusal characteristics, in a comparative manner, on the class 2 subdivisions, study carried out on gypsum models of 62 patients untreated.

Key words: CBCT, Angle class II anomalies
ACCURACY OF THE COMPUTER-ASSISTED CEPHALOMETRIC MEASUREMENTS: A COMPARATIVE STUDY
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Aims The aim of the present study was to comparatively evaluate the accuracy of the results obtained by manual and computer-assisted tracing of a group of cephalometric radiographs. Methods A group of 60 initial cephalometric radiographs from 60 orthodontic patients, undertaken with the same radiological machine, was selected. The cephalometric radiographs were traced and measured using the classic (manual) method and the Orthalis cephalometric software, by the same examiner, using the parameters of the Steiner and Tweed analysis. Results With some exceptions, the computer assisted tracing technique presented results with a accuracy degree similar to the manual technique, clinically acceptable. Conclusions The cephalometric tracing software represents a useful tool in the orthodontic diagnosis and treatment process. Keywords: cephalometric radiographs, computer assisted measurements

LASER USE IN DAILY ORTHODONTIC PRACTICE
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In accordance with the philosophy of minimal invasive therapy, laser use in Orthodontics improve treatment efficiency, assist the oral hygiene process, and enhance the aesthetic result for many patients. The aim of this paper is to ”give a glance" over the use of laser in daily Orthodontic practice. The presentation will focus on several case reports concerning different procedures mainly related to soft tissue corrective treatments. A Diode laser (980nm) was used for all the cases shared in this presentation. Laser assisted Orthodontics represents an important advantage both for patient and clinician, but the latter should receive a proper training before "jumping into treatment".
FUNCTION AND ESTHETICS IN NOWADAYS ORTHODONTICS
Adina Sirbu, Ondine Lucaci, Minodora Moga, Anca Ionel, Radu Campian

Making a treatment plan which will fulfill all the esthetic expectations of the patient is less probable in absence of clearly defined goals.
A successful treatment should address both dental esthetic and facial aesthetic. Facial esthetic is influenced by the mandible position. If we have an unstable musculo-skeletal position because of unstable occlusion, all the masticatory muscles will be in hyperactivity thus facial esthetic will be modified. Occlusal instability could cause dental mobility, abrasion, gingival recessions and will alter the dental esthetic. It is necessary to quantify all the diagnostic records in order to make a treatment plan.

ORTHODONTIC IMPLANTS – CLINICAL INDICATIONS AND RADIOLOGICAL EVALUATION
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Anchorage control is a very important aspect in orthodontic treatment. Mini-implants have become one of the best providers of orthodontic anchorage, by helping us to correct undesirable occlusion, intrude the overerupted molars and close spaces. Optimal positioning of orthodontic mini-implants is essential for a successful treatment with skeletal anchorage. The skeletal anchorage method with mini-implants requires no special patient compliance, preserves the vitality of the intruded tooth and also the health of periodontal tissues. Proper case selection and radiographic evaluation need to be performed in order to obtain clinical success.

ORTHODONTIC TREATMENT IN INTERDISCIPLINARY REHABILITATION OF THE ADULT PATIENT
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Purpose and Methods. The objective of this study is to emphasize the complex orthodontic treatments in patients with associated periodontal disease, prosthetics problems and temporal mandibular dysfunctions.
Results and Discussions. Orthodontic treatments for adults can be either adjuvant treatment, either a full complex one. The adjuvant treatment uses simple orthodontic procedures which induce dental movements in
order to facilitate other dental procedures. This involves just a part of the dentition and its purpose is to insure optimal conditions for the replacement or reconstruction of some teeth. This orthodontic treatment lasts for several months. This procedure involves uprighting molars, correction of dental axis, diastema space closure with the redistribution of space and orthodontic extrusion. The objectives of the complete orthodontic treatment are to generate equilibrium between dental occlusion and facial aesthetics, improvement of facial appearance and obtaining stable results.

Temporal mandibular dysfunction is an important factor which causes adult patients to sought orthodontic treatment. Patients with temporal mandibular dysfunction include cases with modifications at the temporal mandibular joints, for which orthodontic treatments does not induce improvements, and patients with instable occlusion. For the last category of patients reestablishment of functional occlusion throughout orthodontic complex treatment decreases the associated symptoms.

Adult patients with periodontal disease frequently have egression and dental undesired movements (biprostusion), gingival recession and anterior dental spacing with the alteration of facial appearance. In addition the loss of teeth in the posterior area and overuse of frontal teeth, with repercussion concerning the free gingival margin, requires the implication of several specialists: periodontist, orthodontist and prosthetics specialist. In the cases involving periodontal rehabilitation and good oral hygiene status, even with anterior bone loss, an orthodontic treatment which uses light forces will not determine additional bone loss or the loss of attachment level. Permanent retention and maintaining a good hygiene status insures the stability of these cases.

Conclusions. Each patient is a unique case which demands the collaboration of different specialists in order to elaborate a complex treatment plan.

DOUBLE JAW VERSUS ONE JAW SURGERY
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Esthetic, functional and stable results not always can be obtained with orthodontic treatment only, even for growing patients, therefore orthographic surgery is often needed. The esthetic factor "face driven treatment" (which means macro-, mini-,microesthetic), as important as occlusal factor "occlusal driven treatment", for the treatment planning has very often the key role for the indication of the orthognathic surgery, because a correct and stable occlusion is not directly correlated with an harmonious face.

The malocclusion, dentofacial deformities, very rare have skeletal disturbances in one dimension,plane, so two jaws surgery is sometimes
the best option, or the single one, for an optimum result, but the choice depends on many factors, as subjective and objective factors, surgeon training, ethnic background, patient preference.

DIGITAL SMILE DESIGN AND ORTHODONTICS
Ioan Barbúr, Florin Cofar, Adina Barbúr, Mihaela Baciut, Grigore Baciut, Bran Simion, Christian Coachman
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To obtain consistent esthetic outcomes, the design of dental treatments should be defined as soon as possible. The importance of gathering diagnostic data cannot be overlooked and it can be enhanced by the new digital technologies. However, much of this information may be lost if it is not transferred adequately to the design of the orthodontic results. The diagnostic data must guide the subsequent treatment phases, integrating all the patient’s needs, desires and functional and biological issues into esthetic treatments design.

Digital Smile Design and Orthodontics (DSD) was created from the desire of better communication between doctors and patients. This tool helps the patient understand the treatment plan better and it creates more realistic image of the end result. DSD is also a very good communication instrument between different specialties: prosthodontics, orthodontics, surgery and dental technicians. All members of the team can see the final result and can anticipate the dimension, shape and the position of the teeth, the level and the contour of gingival margins and the and their integration in the entire facial esthetic. DSD not only lowers the anxiety and stress level of the patient, it also anticipate the final result and can create a comfort and security feeling as well as a positive emotion. All this creates more compliance and confidence of the patient for a long and complex treatment.

The new digital environment facilitates very much the diagnostic process and the work flow, but also comes with new problems and challenges.

DENTAL ANOMALY PATTERNS (DAP) -AN IMPORTANT PART OF THE PROBLEM LIST
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It is well known that dental anomalies such as impaction, infraocclusion, delay in tooth formation and eruption, absent teeth, transposition, microform teeth are associated much more frequently that can be explained by chance alone, due to their common genetic origin. Taking into consideration the prevalence of these anomalies and longer treatment period for these patients, DAP becomes an important part of the problem.
list of the treatment plan. Thinking much about this pattern of association and biological significance an early and appropriate diagnosis, early treatment planning and early treatment can reduce the severity of the malocclusion and the treatment complexity.

PARTICULAR ORTHODONTIC TREATMENT IN PERIODONTAL AFFECTED CASES. SHORT LITERATURE REVIEW
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Aim: Orthodontic movement in periodontal healthy adults, and especially in those with periodontal involved teeth, constitutes a problem distinct from routine orthodontics. That is why we wanted to show some opinions from the literature regarding orthodontic treatment in patients with periodontal disease and/or prosthetic needs.

Material and method: we searched this topic in the literature and illustrated some orthodontic treatment special characteristics through clinical cases.

Results and discussions: orthodontic treatment plan is different in such cases. Extraction of the periodontal affected teeth is preferred and sometimes standard protocols of premolars extraction in protrusion cases or class II malocclusions must be infringed in favor of those teeth with periodontal damaged supportive tissues. On the other hand extractions must be done as close as possible to crowded dental areas to avoid large dental movement. Dental extrusion is often needed to level the occlusal plan and regain the gingival attachment and the proper height of the alveolar bone. Orthodontic intrusion can even change a horizontal bone defect into a deep and narrow one that is more favorable for regeneration of the periodontium through grafting procedures. Orthodontic treatment as an adjunctive prosthetic procedure closes the gaps rather than maintains or increases them as long as this conducts to a stable occlusion and pleasant smile in case of missing lateral incisors. When prosthetic restoration is planned, orthodontic movements like uprighting of the adjacent teeth, intrusion of the antagonists, forced eruption or space redistribution must be done. Light forces and an appropriate force system based on segmental arches and miniscrews for skeletal anchorage should be used to treat adult patients with periodontal disease. The patient should be seen frequently for periodontal maintenance.

Conclusions: orthodontics can be considered as a first choice for the treatment of periodontal compromised patients.
MORPHOFUNCTIONAL RESTORATION OF THE DENTAL ARCH IN CANINE TRANSMIGRATION
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Background. The canine transmigration is the anomaly in which the canine changes its eruption path and moves through the jaw to the contra lateral hemi-arch, exceeding the median line. Aim. The objective of this research was to determine the incidence of canine transmigration and to present a dental arch morpho-functional restoration algorithm of this anomaly.

Material and method. We have studied a number of 1200 orthodontic patients, aged between 12 and 30 years. The diagnosis of canine transmigration was established by clinical examination, which showed the absence of the canine from the dental arch after the age of 12 years, suspecting such disorders tooth eruption, including impacted canine or aplasia. The accurate diagnosis of canine transmigration was based on radiological examination. Thus, we asked orthopantomography as routine examination, and in cases we identified a transmigrated canine, we asked for CBCT to get more information. For the diagnosis of canine transmigration we used Mupparapu classification. Results. In the study group, we have identified two situations of canine transmigration (0.15%), in both cases the mandibular dental arch was involved in. In a clinical case we opted for surgical-orthodontic treatment of transmigrated canine, thereby achieving recovery morpho-functional integrity of the dental arch.

Conclusions. Conservative treatment possibilities (keeping canine and bringing it on the dental arch) are extremely limited in the canine transmigration and are closely related with diagnosis precocity and transmigrated canine position.

ORTHODONTIC AND PROSTHODONTIC REHABILITATION OF A PATIENT WITH HYPODONTIA
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INTRODUCTION: Congenital absence of teeth is a complex condition affecting several parameters of oral development and functions. When not treated correctly, hypodontia localized in one of the arches can not be treated well prostodontically in adult age because of the egression of the antagonist teeth which occlude with edentulous surface

MATERIAL AND METHODS: Female patient, age 26, with localized hypodontia in the lower arch, has an bilaterally egression of the upper arch to antagonist alveolar bone. We performed radiographic exams and on
the lateral teleradiography we used Tweed and Steiner analyses. We also did antropometric, photographic and CBCT exams. CBCT was used to evaluate bone thickness. The evaluation showed a hypodensity because of the loss of some osteogenetic centers.

RESULTS: Using orthodontic treatment (miniscrews), the ingression of the teeth in the upper arch was achieved. We used fixed orthodontic treatment (brackets with Roth prescription) for leveling, aligning and correcting teeth positions. After that, patient was treated prosthodontically with metal ceramic bridges. The prosthodontics restorations were useful for solving functional and aesthetical problems of the patient.

CONCLUSIONS:
Hypodontia needs an early treatment
Later discovered cases and edentations with egression in the created space can be treated both, orthodontically and prosthodontically.
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ULTRASONOGRAPHIC EVALUATION OF ELEVATOR MUSCLES IN DIFFERENT VERTICAL FACIAL PATTERNS: A PILOT STUDY.
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The aim of the study was to determine the characteristics of the masseter muscle in a group of subjects with dental and skeletal class I, using 40 MHz Ultrasonography and to correlate these measurements with the variations in facial morphology.

Material and method: The subjects were divided in 3 main groups, according to the mandibular plane angle (FMA): hypodivergent (FMA<22°), normodivergent (22°<FMA<28°) and hyperdivergent(>28°). For each subject, an US scan was performed in order to analyze the width, thickness and volume of the masseter.

Results: Measurements of the masseter muscle in hyperdivergent patients were significantly smaller when compared with hypodivergent and normodivergent patients during relaxation and contraction.

Conclusion: Ultrasound is a non invasive, accurate technique for evaluating muscles in vivo, but further studies will be carried out for a larger number of samples, in order to demonstrate the correlation with the vertical facial patterns.

ORTHODONTIC MANAGEMENT OF LABIO-MAXILLARY CLEFTS : CASE REPORT
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Aim of this case report is to present the interdisciplinary management of lip and palate cleft in a 13 years old female patient.

Material and methods: Management of this case involves interdisciplinary treatment both orthodontic and prosthodontic. The objective of the first stage of treatment was obtaining a functional occlusion by correcting the posterior crossbite and having a correct canine guidance in lateral movements of the mandible. The small lateral incisor next to the cleft was pulled in a suitable position for the prosthodontic treatment. During the second stage of treatment the small lateral incisor was restored with a full ceramic crown.

Results: At the end of the treatment it was obtained a functional occlusion with good aesthetic results.
Conclusion: Interdisciplinary treatment involving orthodontics and prosthodontics of lip and palate clefts helps restoring teeth and jaw functions.

**INTERDISCIPLINARY TREATMENT OF CLASS III MALOCCLUSION: A CASE REPORT**

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Aim: The aim of this case report is to describe the interdisciplinary treatment of class III malocclusion in a 20-year-old female patient.

Material and method: The first stage of the treatment lasted for six months and involved the correction of the transverse dimension through surgically-assisted rapid maxillary expansion. Consequently, an orthodontic decompensation of the dento-maxillary anomaly has been performed, as a preparation for the bimaxillary surgery. After the surgical correction of the skeletal discrepancies, the treatment has been continued with the orthodontic component and the results retention.

Results: In the end, we obtained a functional occlusion, as well as a straight profile.

Conclusion: The interdisciplinary treatment of class III malocclusion, orthodontic and surgical, allows to obtain normal functional, occlusal and esthetic relations.

**DIGITAL EVALUATION OF ROOT RESORPTION INDUCED BY CANINE IMPACTION – A CBCT STUDY**

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Dental inclusions can cause many complications, direct or indirect, one of them being root resorption of neighboring teeth. Root resorption is a phenomenon encountered in association with tooth impaction in a large number of patients. Diagnosing root resorption through clinical examination cannot provide certainty. Because of its potential existence on either sides of the root, the lesion happens to remain undetected even after a two-dimensional radiographic examinations. Overlapping canine crowns over the lesions in conventional radiographs is a factor that can hinder a correct diagnosis.

The aim of our study was to evaluate, by CBCT, the characteristics of root resorption induced by canine impaction.
A 3D EVALUATION OF THE AESTHETIC SOFT TISSUE ANALYSIS IN ORTHODONTIC PATIENTS
Camelia Szuhanek, Eleonora Schiller, Nagib Riham
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Physical appearance is an important characteristic of the face. It has long been established that self-confidence is strongly influenced by facial appearance. The purpose of this study is to analyze the esthetic facial parameters of a group of subjects seeking orthodontic treatment with the aid of 3D photography. The study group consisted of 84 patients, aged between 16 - 36 years, who were divided into two groups: 46 women (group F) and 38 men (group M). The selection criteria also required that the subjects were Caucasian, born in Timisoara (Romania) and have not previously received orthodontic treatment to improve the malocclusion. The results obtained in this study by measuring linear and angular soft tissue parameters, have been compared to mean values of other populations. More research on variations is needed to lead to the establishment of standardized normal values.

CORRELATIONS BETWEEN SOCIO-ECONOMIC STATUS AND MALOCCUSIONS PREVALENCE TO SCHOOLCHILDREN FROM DEPRIVED AREAS
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Background: Epidemiological studies have demonstrated that the prevalence and the severity of malocclusion have increased over the years as well as the fact that children of lower socioeconomic background had more severe malocclusions and poorer general dental health. With respect to Western Romania, particularly to deprived areas, isolated if considering the availability of pediatric dentistry services, facing increased unemployment and very low living standards, the information on orodental status on children, therewith the malocclusions epidemiology are scarce or missing.

The aim of this study is an exhaustive approach of children population from Rosia Montana mining area, as to establish the prevalence of malocclusion as well as to determine the extent of socio-demographics features, such as ethnicity and socio-economic status may influence the malocclusion distribution.

Material and method: In this cross-sectional study we investigated, within the study area, all the children who met the inclusion criteria. The batch consisted of 960 children (518 boys and 442 girls), aging 7 to 14. There were two dimensions of the study: firstly, to determine the prevalence of malocclusions within the batch by Angle classes’ distribution and secondly, we intended to establish the correlations amongst the prevalence of malocclusions, parental education and income level.
**Results:** Within the studied batch we determined a prevalence of malocclusions of 91.35%, which is one of the highest prevalence in Europe. The malocclusion distribution varied significantly by parental level of education such as: the most affected category was “8 to 12 grades” category, standing for 93.1% malocclusion prevalence, as the least affected was paradoxically the “less than 4 grades” category, standing for 80.9% prevalence of malocclusion. Likewise, weather the Romanian subjects followed a rule stating that the prevalence of malocclusion was inversely proportional to both level of education and level of income, in Roma children the distribution seemed not to follow such clear rules.

**Conclusions:** The distribution of malocclusions depended on socio-economic status and ethnic variances. The prevalence of malocclusions in Roma subjects was significantly smaller than in Romanian subjects, despite the fact that Roma subjects were social and economical disadvantaged.

Key words: malocclusion, prevalence, socio-economic status, ethnicity, Roma people.

**THE INCIDENCE OF CLEFT LIP AND PALATE IN IASI COUNTY FOR THREE TIME INTERVALS**

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**AIM OF THE STUDY:** The purpose of our research was to assess the incidence of cleft lip and palate and the distribution of clinical forms in Iasi county for three time periods: 1985-1990, 1992-2001, 2011-2012. We also included a clinical case to exemplify the numerous steps in the multidisciplinary treatment.

**MATERIAL AND METHOD:** The data used in the study was collected from the medical records of 142441 new-born babies, 174 of whom were diagnosed with some form of cleft lip and/or palate. We processed data collected from Genetic Pathology Center of Iasi county for 1985-1990 and from “Cuza Voda” Obstetrics and Gynaecology Hospital Iasi for 1992-2001, 2011-2012. The data was introduced in Microsoft Office Access Database software which provided the percentages of neonates with birth defects, cases with clefts from the total number of birth defects, clinical forms and gender distribution.

**RESULTS:** For 1985-1990 the percentage of oral clefts was 5.25% out of the total number of congenital malformations. The distribution on clinical forms was very similar for anterior clefts, incomplete and complete posterior clefts as well as anterior and posterior clefts. As for gender distribution the boys were more affected (61.11%).
For 1992-2001 2,93% of neonates had one form of clefts out of the total number of congenital malformations. The most prevalent clinical form was the total unilateral cleft (32,56%) and the lowest prevalence registered by posterior incomplete clefts (2,33%). Boys were more affected by anterior clefts and girls by total clefts.

For 2011-2012 the highest percentage was found to be in total uni/bilateral clefts (37%, 34%). The gender distribution of the clinical forms was similar to the one found in 1992-2001.

CONCLUSIONS: The results show that total unilateral cleft was the most frequent form, except for 1985-1990. The gender distribution showed that anterior clefts prevailed in males whereas total clefts were more common in females. Key words: cleft lip, cleft palate, incidence.

STAGES OF HIPODONTIA - INTERDISCIPLINARY METHODS OF TREATMENT.
O. Solomon, I. Lupan, L. Solomon, A. Cojocaru, V. Pantea, V. Zuev, A. Fachira
SUMPh “N. Testemitanu” Stomatology Faculty. Prosthodontic Department “Ilarion. Postolachi”

Concepts of the formation, growth and development of maxillary are necessary for each dentist to understand the changes, observed differentiation of normal variation, the abnormal or pathological processes. Staging treatment of partial edentulous patients requiring treatment the same as from orthodontist, as from prosthodontists.

Material and Methods. In the period 2010-2014, an epidemiological study was conducted on a group of patients with the number of partial edentulous 2101:
The group of patients with partial edentulous was 132, of which 68 patients aged 11-18 of both sexes 43 women and 25 men aged 19-40 with edentulous front and 64 patients were 39 women and 25 men - edentulous partial. Hipodontia was found in a rate of 5.33%, which is 114 cases in 86 patients, of which the average for females is - 6.7% and the average for males is - 4.3%. In all patients, clinical and laboratory examination was performed using diagnostic methods of biometric patterns studio, driers of cephalograms, methods of studying space for implant.
Results. Edentulous patients need associated treatment with the cooperation of orthodontist, surgeon and prosthodontists. The orthodontist decides the concepts of gnatological occlusion, surgeons and prosthetists establish the implant insertion plan and the future prosthesis.
Conclusions:
Comparing the prevalence values associated with hipodontia toothless most prevalent in patients than the occlusal aesthetic why I made lots of different studies. Interdisciplinary treatment stages require complex
diagnostic and treatment methods, which allow modern training effectiveness gnatologic occlusion, aesthetic and functional.

TECHNOLOGICAL METHODS OF MAKING THE ORTHODONTIC DISTALISING APPLIANCES "FROG"
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The topic that we try to highlight includes elements of intraoral appliances for upper molar distalization. Their characteristic is the fact that both the palm and the application area of the forces can be found on the inside of the cavity.

The purpose of this study is introducing the main technological aspects of making the orthodontic distalising appliance the Frog. Stages of realization shall consist of: the realization of the models in plaster (for study or work); manufacture of wire elements and their positioning; the making of acrylic components using the "salt and pepper" technique; polymerization and processing of acrylic components.

The simplified molar distalising appliance or Frog was introduced in the branch by Kevin C. Walde in 2003. What makes it so special is the presence of the model of the screw for distalising. It differs from both form and distribution of forces by the transpalatal spring and by shape of the whole appliance.

We will be making reference to the acrylic Nance Button of the Frog. As method of work and as stages of development, this version comes closer to dental technologies. The purpose of this acrylic button that rests on the palatine dome is to increase the value of the anchorage that it offers.

As a conclusion we can mention the novelty of being a more recent discovery in the field of orthodontic appliances. Also, another the novelty consists in some technological aspects of achieving that type of appliance. As a final conclusion we can mention the care that we need to have in producing and locating each item as accurate as possible so that it can give the maximum yield.

THE PRE-ORTHODONTIC RESTAURATION OF THE MUCOGINGIVAL COMPLEX. CLINICAL CASE
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The orthodontic treatments are increasingly frequent, the patients coming to the orthodontist for esthetic reasons. The patients with dental malpositions often have different Miller class gingival recessions. The collaboration between the orthodontist and the periodontist is absolutely necessary, for the everlasting of the results.
The muco-gingival plastic surgery has as purpose the restauration of the muco-gingival complex, allowing the orthodontist to make safe movements. The purpose of this poster is to present a part of the collaboration between the orthodontist and the periodontist.

THE FLASH-FREE ORTHODONTIC INTERFACE: AN SYNCHROTRON RADIATION μCT POINT OF VIEW
Alexandru Ogodescu¹, Adrian Mănescu², Emilia Ogodescu¹, Krisztina Martha³, Carmen Todea¹
¹ University of Medicine and Pharmacy “Victor Babeș” Timișoara, Romania
² Università Politecnica delle Marche, Ancona, Italy

The orthodontic interface is a topic of major interest in orthodontics with a permanent preoccupation to optimize it. Recently, a new flash-free adhesive system was introduced on the market. Using the advantages of the synchrotron radiation micro-CT technology, we examined at an international research center from Italy (Elettra Sincrotrone Trieste) the interface between a ClarityTM Advanced Ceramic Bracket with APCTM Flash Free Adhesive produced by 3M Unitek and the enamel surface of premolars extracted for orthodontic reasons. The micro-computed tomography scans through the flash-free orthodontic interface show a uniform, smooth transition from the adhesive to the bracket and the enamel surface, with no irregularities, no microleakages and no adhesive spreadings. The 3D reconstructions confirm the uniform, predictable and flash-free aspect of this new interface.

VDP ORTHODONTIC APPLIANCE
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² Private praxis Timisoara

Functional orthodontic-orthopedic appliances are considered by the majority of clinical orthodontists to be useful tools for favorable craniofacial growth modification in selected cases of patients with residual growth potential. VDP appliance (Vorschubdoppelplatte, Bite jumping appliance, Sander II), invented by Professor F. G. Sander, represents one of this appliances, indicated in many cases of skeletal Class II malocclusion. VDP includes two separate plate, a maxillary and a mandibular one, that function in synergy. The functional action of the appliance is effected through the way that its two removable parts are assembled at the desirable mandibular position of protrusion and opening, according to the treatment plan. Aim of this paper is to describe an alternative for the management of dentoskeletal Class II malocclusion and to underline the advantages of using this appliance, to make this technology widely used in treating our patients.
Conclusions: from our clinical experience, we can conclude that this technology is useful and effective and it represents a viable alternative for correcting Class II malocclusion. The main advantage of the VDP, compared to different orthodontic-orthopedic appliances, is its continuous action during sleep, as the normal mandibular opening observed does not disarticulate the maxillary and mandibular VDP components.

SAGITTAL MALALIGNMENT – RISK FACTOR IN DENTAL PERIODONTAL TRAUMA OF SCHOOL CHILDREN COMMUNITIES

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Aim. Evaluation of tooth sagittal malalignment influence in dental-periodontal trauma of school children prediction. Background. Among the factors that predispose to the occurrence of periodontal dental trauma, excessive overjet and malocclusions are often involved. Material and Methods. The study was conducted on a sample of 325 children aged between 7-12 years, urban, Iasi County. Presence of periodontal and dental trauma and sagittal malalignment were studied. Data processing was performed using STATISTICA software. Results and Discussions. The prevalence of periodontal dental trauma in the study group was 22.30%. For overjet <3mm, 18.11% of the cases presented periodontal dental trauma; for overjet of 3-6mm, frequency of injuries was 24.03%. Prevalence of injuries was significantly higher (41.25%) in children’s values exceeding 6 mm overjet. Sagittal malalignment was significantly associated with the presence of trauma (54.55%), children presenting with canine Class I showed a significant minority (62.96%). (X² = 18.98, r = 0.3337, p = 0.00008, 95% CI), facts claiming the importance of its study to reduce the risk of traumatic events. Conclusions. Sagittal malalignment is an important predictor of occurrence of periodontal dental injuries in the permanent young dentition and interception and its treatment are mandatory for effective prevention of the occurrence of dental periodontal lesions.

Key words: dental periodontal trauma, young permanent teeth, sagittal malalignment
**INTRALIGAMENTARY ADMINISTRATION OF VITAMIN D3 (CALCITRIOL) IN ORTHODONTIC THERAPY: CLINICAL CASE.**

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Introduction: Prolonged orthodontic forces of low magnitude produces a physiologic response represented by remodeling of the adjacent bone tissue. Vitamin D3 (calcitriol) is known as the most potent biostimulator of bone metabolism (1), different studies have shown the association between local administration of calcitriol and increased orthodontic movement (2-5). In this study, we intended to evaluate the role of local administration of calcitriol on orthodontic tooth movement.

Observation: The control canine received conventional orthodontic therapy, while the experimental canine received both orthodontic treatment and local administration of calcitriol (vitamin D3). Orthodontic tooth movement was increased for the experimental canine in comparison with control canine. Radiologic appearances shows the absence of root resorption on both control and experimental teeth.

Discussion: Experimental tooth moved faster than the control one. Several studies on laboratory animals have shown that local administration of vitamin D3 increased orthodontic tooth movement by activating the local osteoclasts and by increasing the osteoclasts cells number (2-5). Recently, vitamin D3 receptors had been found on osteoblastic cells also, sugesting the fact that vitamin D3 is involved in accelerated bone tissue metabolism (6).

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**DENTAL AND SKELETAL PATTERNS OF MYOTONIC DYSTROPHY TYPE II. CASE STUDY**

Roxana Luțic, Ștefania Gurjii, Dan Mărîi, Ana-Maria Bălan, Ana-Maria Ioniță, Magdalena Enache

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Aim: to describe the dental and skeletal patterns and muscular features of the very rare myotonic dystrophy type II in a family (mother and two daughters) and to discuss possible therapeutic strategies.

Material and method: we examined 3 female patients from the same family (mother and two daughters) with type II myotonic dystrophy.
Besides the medical history and genetic tests, each subject underwent a clinical examination including impression-taking, intra- and extra oral photographs and cephalometric analysis.

Results: our investigations revealed alterations in the transversal plane and the vertical one. Narrow maxillary arch, incompetent lips, high angle vertical pattern and weakness of masticatory muscles were found in the examined patients.

Conclusions: our findings are fully consistent with previously-reported craniofacial features of patients affected by myotonic disorders, and they may be important diagnostic signs of a congenital muscular disease. Because the disease rules out the possibility of orthognathic surgery, the treatment is extremely demanding.

THE ASSOCIATION OF DENTAL CARIES WITH MALOCCLUSIONS IN MIXED DENTITION

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Orthodontic Department, UMF Iasi, Romania

Aim. The purpose of this study was to investigate whether a relationship exists between prevalence of caries and studied malocclusion.

Subjects and methods. The study consisted of 420 study-cast with primary dentitions and mixed dentitions. 1997 WHO dental caries criteria were applied to both groups. The existence of an increased caries risk was deducted from the dmft and DMFT indices related to age. Malocclusion in primary and mixed dentitions was classified into seven types.

Results. Mean dmft index in subjects with primary was 1.02. DMFT index in mixed dentition was found 4.26. No positive correlation between prevalence of caries and malocclusion could be established in the sub sample with primary teeth only. However, medium correlation in prevalence of malocclusion and caries were found for crowding in the anterior region and deep bite in children with mixed dentitions.

Conclusions. With some specific types of malocclusion, however, there is a significant parallelism of high dental caries experience and malocclusion, but this does not mean that there is a causal relationship between caries and malocclusion.
BOBOC AWARD

Acad. Prof. Dr. GHEORGHE BOBOC,
Orthodontist
(4.6.1929 - 05.12.2011)
PhD 1969
Member of the Romanian Academy of Medical Sciences

Recipient of:
„Gh. Marinescu” prize of the Romanian Academy (1967) for the monography: „Orthodontic appliances: principles and methods”
„Toma Ionescu” prize of the Romanian Academy of Medical Sciences (1998) for his entire scientific and professional career.

Prof. dr. Gheorghe Boboc graduated from the Faculty of Stomatology, Institute of Medicine and Pharmacy Bucharest in 1954 as highest ranking amongst his class. He started his academic career in 1957 and, only six months after, he was put in charge of organizing and leading the orthodontic section of the Faculty. In this position, he devised and later developed the university curricula both for the theoretical and practical knowledge of orthodontics, curricula which still constitutes the foundation of today’s orthodontic university education.

He covered all the steps of academic hierarchy up to professor and has been in charge of leading the Department of Continuing Education in Dentistry I (1983-1989) and Orthodontics (1989-1999). After his retirement, he continued to act as a consultant professor at the UMF Carol Davila Bucharest, whilst keeping up his private practice.

His didactical activity has been based on teaching orthodontics to students and postgraduates, as well as basic maxillofacial and dentistry knowledge to the students of the Faculties of General Medicine and Pediatrics. Thus, he established the curricula for students, postgraduates, and general dentists seeking continuing education courses. He participated and led numerous examination committees, where he was known for his fair and impartial judgement.

One of his main achievements was the acceptance of orthodontics as a distinct medical specialty in Romania.

In 1994, he initiated and succeeded in establishing the Romanian National Association of Orthodontics, ANRO, which was a cofounder of the World Federation of Orthodontists. He acted as ANRO’s first President.

His scientific activity generated more than 200 oral presentations and published works. He authored the following books: Orthodontics, course,

His main scientific activities were focused in orthodontics, by trying to introduce worldwide therapies into Romania, by devising his own therapies and appliances and by diversifying the existing treatment means. Some of his particular fields of interest were the stepwise therapy of malocclusions, the final equilibration of the orthodontic results, the conservative treatment of adult prognathism, deep bite therapy, complex treatment of cleft patients, diversification of orthodontic appliances, surgical approach and low force use for impacted teeth and so on. He was passionate about photography and has extensively documented the evolution of his patients.

He dedicated all his life’s effort to his patients, his students and his great love: orthodontics.
DARE TO WIN
BUSINESS EVENTS
Thursday, May, 28th 2015
OPENING CEREMONY
National Theatre "V. Alecsandri" Iasi
Time: **19.00h**
Venue: **Dress Code:** Business casual

Friday, May, 29th 2015
GALA DINNER
Time: **20.00h**
Venue: **La Castel** Restaurant
**Dress Code:** Lounge Suite
**Dress Code:** Casual

DENTAL FOCUS PARTY TIME
Time: **23h**
Venue: Legend Pub
**Dress Code:** Casual

Sunday, May, 31th 2015
CONGRESS OUTING
07.03h
- Departure from Iasi (Hotel Ramada)
  Details will remain secret.
20.00h
- Return to Iasi
The Romanian Orthodontic Straight Wire Association Congress will take place in the Congress Hall Palas Iasi.

The lectures will be presented in Romanian or English. The pre-congress course will be presented in English.

A trade exhibition of orthodontic materials and equipments will take place during the congress.

Certificate of attendance is going to be presented to all registered participants with **24 EMC Credits**.

Registration and information desks will be located at the Congress Hall Palas Iasi and will be open during the congress.

Lunches are not included in the delegates' registration fee. However, the Palas Iasi has a Restaurant – Cafeteria and several restaurants are located in and around the congress center. Coffee breaks are included in the registration fee. Coffee and tea will be served in the exhibition area during the breaks.

During June the temperature is mostly warm. The average temperature in the daytime is 13-25°C. At night it may be cooler, so it is advisable to bring some warmer clothes. Occasional rain showers may occur. For more information go to: [www.weatherspark.com/forecasts/yr/Romania/Iasi](http://www.weatherspark.com/forecasts/yr/Romania/Iasi)

Photographing or video recording of oral and poster presentations is not permitted.

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