

ESE Contact Information

Secretary:



Professor Dr Claus Löst,
Universitätsklinikum Tübingen, ZZMK,
Poliklinik für Zahnerhaltung,
Osianderstrasse 2-8, D 72076 Tübingen,
Germany

Website: <http://www.e-s-e.eu>

January 2009



Dear Colleague and Member of the ESE



Welcome to the third Newsletter of the European Society of Endodontology!

As the Executive Board attempts to keep you informed about ESE activities it has been my pleasure to co-ordinate the production of this third ESE Newsletter. It is our intention to publish at least one Newsletter each year with items on the key matters debated by the Executive Board and Country Representatives, along with news from member societies and individuals; we will also be updating you on key topics influencing Endodontology, such as the creation of a speciality of Endodontics within Europe.

Plans for the 14th Biennial Congress in Edinburgh, Scotland are well advanced (dates 24-26 September 2009; <http://www.esedinburgh.com>) and I am confident those of you planning to attend will not only have a marvellous time socially but will appreciate the array of speakers and the

thought-provoking programme developed by Professor Bill Saunders and the local organizers within the British Endodontic Society. The congress is being managed under the direction of Annabel Thomas - info@esedinburgh.com.

Please note:

- Pre-congress courses will run on 23 September 2009;
- Those planning to submit abstracts for Research Posters should log-on to <http://www.e-s-e.eu> for more information;
- Those planning to submit for the Wladimir Adlivankine Research Prize Competition should log-on to <http://www.e-s-e.eu> for more information;
- Those planning to submit abstracts for clinical posters and talks on freely chosen subjects should log-on to <http://www.esedinburgh.com> for more information.

Please see the article later in the Newsletter for an update on Edinburgh 2009.

I am sure you would like to join me in thanking those responsible for the 13th ESE Congress in Istanbul for all their hard work and commitment - see article on following pages. Istanbul was a very exciting city to visit and the rich history and culture of Turkey added value to the meeting. Of special note was the ESE 25th Anniversary when a celebration party was held to mark the occasion and welcome back some of the founder members. Special thanks must go to Dr Hakki Sunay, Professor İşil Küçükay and Professor Sedat Küçükay, and

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the Congress President, Professor Gündüz Bayirli. Of course, there were many others involved in the organisation of the congress and we thank them all for their hard work and dedication to the ESE.

Included in this Newsletter are reports from the ESE President, Gunnar Bergenholtz; the ESE Treasurer, Dag Ørstavik; a review of the Istanbul meeting; an update on Edinburgh 2009; a report on the International Endodontic Journal during 2007; and an overview of the winners of the 2007 and 2008 Annual ESE Research Grants. Finally, you will read about recent meetings of the Executive Board and General Assembly.

In the coming months many national endodontic societies will be holding meetings and congresses. I would be grateful if officers of these societies could let me have reports from relevant events including photographs where possible – I will then attempt to include the reports in future Newsletters. In addition, please let me know of improvements you wish to see in the Newsletter or any items you wish to be included. Contact me on iejeditor@cardiff.ac.uk See you in Edinburgh 2009 - if not before!

Paul Dummer, Editor of the ESE

Message from the ESE President, Gunnar Bergenholtz



Gunnar addressing the General Assembly in Prague 2008.

Dear ESE Member,

It is a pleasure to inform you that our Society continues to strengthen its bonds in Europe. At the General Assembly meeting in Prague last September, the Austrian Society for Endodontology was unanimously elected as the 30th Full Member Society of the ESE. We welcome our Austrian friends to our confederation and wish them well in the future!

The General Assembly in Prague held during September 2008 was well attended with representation from over 20 societies. Sadly the meeting had to start with a minute of silence in honour of Thomas Pitt Ford, former Editor of the ESE and member of the ESE Executive Board, who recently passed away. Tom, who had many years left of active professional life, is greatly missed by us all (see also separate note).

Normally the General Assembly meetings feature a variety of issues of significance to the running of our society. The Prague meeting was no different!! The expanding administrative workflow, reflecting the high ambitions we have to meet your needs as a member, and to enhance research, education and clinical practice of Endodontology in Europe is of concern. It is obvious that the ESE

requires a more stable infrastructure for its organization than we have had in the past. Along that line an important decision was taken at the meeting to allocate funds to make sure that an effective 'ESE office' is developed and its function secured for the coming years. The Executive Board was given the charge to explore, and within the approved budgetary frame, undertake the necessary changes to the administrative structures.

Among the key issues on the agenda, İşil Küçükay gave a most appreciated final report of the Istanbul Biennial Congress. Again, we had a record high attendance with well over 1 400 participants. The fact that more than 60 countries were represented shows that our congresses attract world-wide recognition. We all remember with delight both the scientific program and the social events, including the spectacular 25th Anniversary Celebration. The Turkish Endodontic Society is to be thanked and congratulated on a superb organization of a Congress that long will be remembered.

A successful outcome of our congresses is an important mechanism to allow support of Endodontology in Europe. The Research Grant is one such vehicle and it has been now raised to 20,000 euros per year. If you are an active research worker and associated with a dental school or research institution take the chance to apply. Remember that the closing date for application is 1st September. Announcement and instructions for application are posted on the ESE website as well as in the International Endodontic Journal.

In past years the Executive Board has devoted considerable time to explore the potential to form a platform for collaboration on a world-wide level. The intention has been to work with other regional societies in an effort to promote Endodontology as a clinical speciality and scientific discipline. At the General Assembly meeting in Prague, it was decided, however, not to pursue the International Society of Endodontology (IAE). The Executive Board had carefully considered the situation and had come to the conclusion that timing for this move was not right. In order to pursue the aims and objectives of the ESE the Executive Board was asked to continue its work to find strategic alliances with organisations that can aid the strategic aims of the ESE.

At the next ESE General Assembly meeting an important election of new officers to the Executive Board will take place. Both the posts of President and Treasurer are up for election. Zvi Metzger is chairing the Search Committee to which Miguel Miñana and Vladimir Ivanovic were elected at the meeting in Prague. The Committee welcomes suggestions. While the Constitution states that the deadline for submission of candidates is 6 weeks ahead of the next General Assembly, which will convene in Edinburgh in September, the Search Committee wishes proposals by 28th February.

In closing, as you can read in this Newsletter, the organisation for the 14th Biennial Congress is well under way. Edinburgh is prepared to see you on 24-26th of September 2009. I look forward to meeting you there at what promises to be yet another exciting Biennial Congress.

Gunnar Bergenholtz, President

Message from the ESE Treasurer - Dag Ørstavik



Pluses and minuses of the ESE

The current Treasurer of the ESE took office in 2001-2, and since that time, a lot of money indeed has passed through the ESE accounts! As a reflection of the increased activities of the ESE, every year has shown an expansion of the budget, in the early years as well as during the current

tenure. The net result is that the ESE has developed a very solid financial foundation, which gives the organisation a degree of freedom in starting new and expanding old activities. One major achievement over the past few years is the completion of the guidelines for postgraduate programmes, another is the regular publication of a Newsletter, and a third is the increased support for endodontic research. One ambition for future development is the establishment of a permanent administrative secretarial office; another is the mutual and increased recognition of Endodontology as a specialty in Europe.

Originally, the ESE was an organisation of "Active Members". These were the founding individuals, and later others, who with enthusiasm and competence supported the organisation financially and were the major source of manpower for organisation of meetings. In 2001, the ESE was transformed into a society made up of national endodontic societies in Europe and some adjoining countries. The national societies pay a membership fee corresponding to the size of their membership. This change, which was primarily designed for the ESE to reach out to more dentists/endodontist in Europe, also brought a greater stability to its financial basis. The national societies now provide a high regular income base for the organisation.

As everyone will know, however; societies don't work; individuals do. In recognition of the impact made and being made of qualified and able endodontists in the ESE area, the former "Active Member" category was carried on with the new name, "Certified Member". Most of the former Active Members were eligible to and became Certified Members of the reorganized ESE. Today, being a Certified Member of the ESE is recognition of an individual who has been reviewed for his qualifications in endodontology, in clinical practice and/or in academia. While there are some financial incentives for an individual to become a Certified Member, the CMs are indeed also recognized for their financial and practical support to the ESE. In many ways, they are the torch-bearers of our discipline by their professionalism and adherence to quality in all aspects related to Endodontology. To the Treasurer, their dues constitute the other significant, stable source of income to the organisation.

Over the years, the biannual meetings have been the principal, if somewhat variable source of income for the ESE. The past few congresses have been extremely successful, not only in their clinical/scientific and social programmes, but also in terms of financial revenue. The ESE meetings rank second to none other on the global scene of Endodontology, and the meetings and other activities under the organisation's auspices are recognised and appreciated all over Europe and throughout the world. Indeed, the "market value" of the ESE is now substantial, and the organisation must take care to put it to proper, effective and monetary rewarding use. This means that we need to work closely with local organisers of future meetings in order that both parties may benefit to the fullest extent from the prestige of the ESE.

While stable and increasing, the income generated by societies, individuals and even congress revenue is limited and may not be sufficient to increase the ESE activities substantially. Recently, two avenues have been pursued to increase the income base and to maximise organisational output: cooperation with the industry and with other endodontic organisations. The latter is currently being intensely debated, and it may suffice here to state that the ESE as an organisation needs all the freedom it can have in its structure to seek effective cooperation with commercial as well as with other non-profit organisations.

On the expense side, the provision of the International Endodontic Journal to its Certified Members is a stable item in the budget and accounts. The value in providing a high-quality journal of scientific clinical and academic Endodontology can hardly be overestimated. The reciprocity of support ESE/IEJ is a win-win situation, and it lends credence to the ESE as an organisation based on high academic and scientific principles. Also, the production of the Newsletter has its costs. Again through cooperation with the publisher, these have been kept at a minimum.

One major achievement has been the construction and operation of a web site. This is run from Germany with a very high cost efficiency and with a very user-friendly and yet visually highly appealing interface. To maximise administrative output at a low cost, the ESE will funnel as many tasks as possible through the web site.

Travel expenses for the Board meetings, international activities and for Committee members is a stable and moderate item on the expense sheet.

Last, but certainly not least, is the provision of prize money and for the Research Grants. The improved finances of the ESE has made it possible to expand this activity: it is now important to advertise this grant so that we can have a stable pool of high-quality research grant application to choose from so as to boost endodontic research in Europe. This has several advantages: there will be a direct benefit to teaching and

practice of Endodontology as well as providing increased recognition of the scientific activity within, and basis for, the discipline.

In summary, the ESE has moved from an organisation based primarily on individuals and variable revenues from meetings to one with a stable and predictable income and capital base. However, as current activities approach, and future activities may exceed, the expected income level, it is important to develop new means of revenue and to be effective in the production of services for the membership.

The Table is an average of recent budget figures in percentages of total income, resp. expenses.

Income	100	Expenses	100
Certified Members	25	Travel, meetings, board and committees	26
National Societies	15	IEJ	18
Interest etc	10	Office expenses, website	6
Deposits, conf. surplus	50	Administrative support	13
		Newsletter	8
		Research grants	24
		Other	5

Dag Ørstavik Treasurer

13th Biennial Congress of the European Society of Endodontology Istanbul, Turkey 2007

The 13th Biennial Congress of the European Society of Endodontology (ESE) took place in Istanbul, Turkey over several days in September 2007. It was the biggest and most successful event in the history of the European Society of Endodontology with more than 1,000 dentists participating (approximately 1,400 persons registered) from more than 60 countries. Istanbul also proved to be a unique congress city with a spectacular range of attractions to suit even the most experienced traveller.



The social programme is always a highlight of any ESE congress but the Turkish hosts put on a show that will be a challenge to match, let alone exceed in the future. Indeed, the congress was notable for its superb organisation, friendly professionalism, and sincere hospitality.



Congress President Professor Gündüz Bayirli and Congress Secretary General Professor Işıl Küçükay were pleased with the positive response the congress was experiencing from national and international colleagues.



Congress Secretary Dr. Hakki Sunay and his wife together with Professor Işıl Küçükay and Professor Sedat Küçükay, the organization committee chair and president of the Turkish Endodontic Society in 2007.

If the "Welcome Cocktail" evening on the terrace of the Hilton Hotel (the Congress venue) with views of the Bosphorus was a striking event for the delegates and their companions, the 25 year anniversary celebration of the ESE on the following evening was an unforgettable experience with a live band, fireworks, and fabulous catering directly on the banks of the Bosphorus.



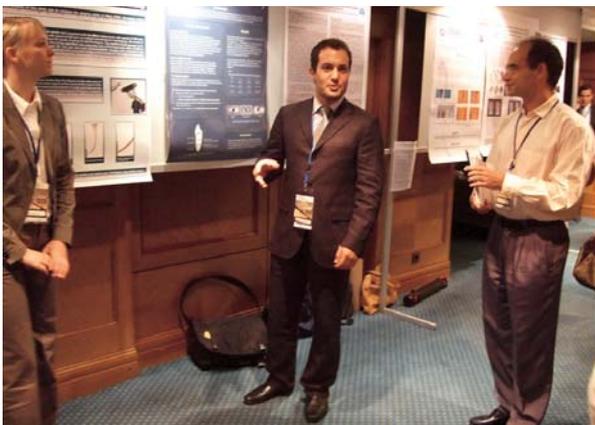
Reception at the 25th anniversary celebration of the ESE directly at the waterfront of the Bosphorus

Friday evening was spent cruising on the Bosphorus towards the Black Sea, Europe on one side, Asia on the other, passing below the two illuminated bridges that connect these two continents, past numerous minarets, mosques and palaces.



The Gala Dinner on Saturday was a splendid closing event at which Professor Bergenholtz, the ESE President, expressed thanks to the organising committee for their enormous commitment and warm Turkish hospitality. In addition, he introduced the Congress President of the next event, in Edinburgh in 2009, Professor Bill Saunders, who extolled the amenities of Scotland in his usual humorous manner.

The central point of the opening ceremony on Thursday morning was the lecture of Izzet Kehribar, who used wonderful and awe-inspiring images from his book "Terra Magica" to describe the beauty and diversity of Turkish landscapes and the local people in their normal course of life. Subsequently, the congress followed its well established format; renowned scientific speakers delivering lectures in the main halls whilst at the same time (mostly) younger colleagues presenting their research and clinical work in moderated poster sessions (Fig. 4) or through oral presentations covering topics from all areas of Endodontology.



Snapshot from the moderated poster session on research posters.

What statements or conclusions did some of the keynote speakers reveal?

According to Ørstavik (Oslo) irrigating solutions should not only have antimicrobial action but also selectivity and penetration potentials. He discussed the properties and synergetic mechanism of different irrigation solutions such as sodium hypochlorite, chlorhexidine, MTAD and iodine potassium iodide as well as their inhibitory factors. Insights of new methods such as photo-activated disinfection, laser, and biofilm destruction with bismuth thiols were presented. Keiser (San Antonio) recommended mepivacaine anaesthetic solution in case of severe pulpitis pain and indicated the possible interaction between ibuprofen and acetylsalicylic acid (aspirin). Kirkevang (Aarhus) showed that according to different epidemiological studies the incidence of apical periodontitis is highly correlated with the number of root canal fillings and it is more pronounced in patients with high incidence of caries, coronal fillings and marginal periodontitis.

Friedman (Toronto) presented a new study in which the success rate of primary root canal treatment and retreatments were similar. Nair (Zurich) considered apical periodontitis to be a biofilm disease and therefore one visit endodontics could not be efficient in removing this complex and adherent biomass. He pointed out that apical pathosis may persist as a result of extra-radicular infection, foreign body reaction and cysts or as 'normal' scar tissue healing. Van der Sluis (Amsterdam) concluded that in comparison with conventional methods ultrasound passive activation of the irrigation solution with a freely oscillating small wire is very effective and results in better cleaning of the root canal.

Metzger (Tel Aviv) reported that vertical root fractures often remain undetected or are diagnosed too late. He recommended the use of a flexible probe in order to properly diagnose the narrow periodontal defect that usually accompanies vertical root fracture. In some cases removal of the root filling can help radiographic detection of vertical root fractures. According to the data of a still unpublished study, the use of nickel-titanium spreaders for lateral condensation reduces the risk of vertical root fracture.

Why do we still use the lateral condensation technique? This was the question that Wu (Amsterdam) posed. According to his research results, when the adaptation of fillings to root canal wall was evaluated, lateral condensation is only 10% better than the method used in Amsterdam which is the "non compaction" technique. The technique is simple, fast and safe in contrast to the lateral condensation technique that may induce vertical root fractures.

Kvist (Göteborg) observed high discrepancies between experienced endodontists concerning the radiographic and clinical diagnosis of apical periodontitis. Interesting was the persisting disagreement in spite of the use of modern DVT technology. Spångberg (Farmington) recognized the increased interest of the implant industry for sponsoring endodontic congresses, a motivation may be the resulting "big market" when all insufficient root canal treatments would be replaced

by implants. Although root canal treatment and implants have the same survival rate, the implant industry claims that root canal treatment is painful as well as time and money consuming. Also problems with adjustment of the implants and peri-implantitis that require regular check ups are usually not discussed. Moreover, implants risk factors such as smoking and high blood pressure are not applicable to root canal treatment. He also pointed out that the data of survival rate studies of endodontically treated teeth arise from treatments performed by general dental practitioners while that of implants are performed by specialists. Maybe the future of Endodontology (and the end of endodontics?) is in the tissue engineering of pulp and dentine (Nakashima, Obu) or in molecular biology (Smith, Birmingham). It was shown that in the presence of stem cells and an appropriate scaffold, dentine matrix signals pulp morphogenesis.

Increasingly the ESE endeavours to meet with key groups within its membership, such as its Certified Members. This time the meeting took place during a luncheon at the roof restaurant of the Hilton. In addition, all postgraduate students participating at the congress were invited to an informal meeting during another luncheon. It is one of the key aims of the ESE to serve as an umbrella organisation that facilitates such meeting in order to enhance the exchange of information and the development of informal and formal links between individuals and/or institutions.



After the ESE Certified Member luncheon. From left to right: Dr. Reichenmiller, Prof. Ivanović, Prof. Löst, Ms Buckley, Prof. Wesselink, Dr. Ginjeira, Dr. Kiefner, Prof. Iliescu, Prof. Lambrechts, Prof. Al-Huwaizi, Dr. Tulus, Dr. Appel, Dr. Appelhaus.

In the run-up to the congress the ESE Executive Board met several times for business meetings. The General Assembly, the legislative body of the ESE, also had their annual meeting and dealt with topics such as the acceptance of the Bulgarian Endodontic Society (thus, now there are 26 countries represented within the ESE); the possibility of individual ESE membership; the necessity of a global endodontic umbrella association. Rome was also selected as the venue for the ESE congress in 2011.



Image from the ESE General Assembly (from left to right: Professor Bergenholtz (President), Professor Ørstavik (Treasurer), Dr. Sunay, Professor Küçükay, Professor Bayirli, Professor Metzger (Israel).

Ashraf ElAyouti (Tübingen) with support from A. Chu, E. Dima, P. Kiefner, C. Löst, M. Serry, and J Hayes (Cardiff)

Report on International Endodontic Journal activity during 2007

It is my pleasure to provide the following report on the activity of the *International Endodontic Journal* during 2007.

During 2007, 113 scientific papers were published. Ninety one of the papers were Original Scientific Articles, 4 were Reviews and 18 were classified as Clinical Articles/Case Reports. Overall, the number of pages included in the *Journal* throughout the year was 1014 with 906 pages devoted to articles and the remainder taken-up by news/calendar items, research abstracts etc. The *Journal* continued to subsidise the publication of abstracts, notices of meetings and other news items from the affiliated societies, including the European Society of Endodontology.

A total of 431 new manuscripts were received during 2007 compared to 393 in 2006; thus, the average number of submissions per month increased to approximately 36 from 33. Of these new manuscripts 316 were Original Scientific Articles, 17 were Review Articles and 98 were Clinical Articles/Case reports. The 431 papers were submitted from 50 countries, with a large proportion still coming from developing countries such as Brazil (27%) and Turkey (13%), as well as the traditional sources including, the UK (6%), Italy (5%), Germany, Japan and US (4%).

The Impact Factor of the *IEJ* fell to 1.429 last year (from 1.606) making it the 24th ranked journal out of the 49 included in the analysis. This modest fall in the Impact Factor combined with a lower rank suggests that the Impact Factor of competitor journals rose to a greater extent than the *IEJ's*. Clearly, this is an issue of concern as a high Impact Factor, for all the flaws in the methodology, is perceived to be a reflection of the quality of a scientific journal. The Journal is now behind the Journal of Endodontics (Impact Factor: 3.077, Rank: 3/49) and we are making every effort to recover this

lost ground in order to ensure the continued submission of quality manuscripts by key authors. (*Late news: latest IEJ Impact Factor – 2.15; ranking 8 out of 51 journals!!*)

The average period from submission to publication was 330 days in 2007 up from 317 in 2006. The time between acceptance and publication for scientific papers published during 2007, was 190 days; this increased from 166 in 2006 and is due to the large number of manuscripts accepted in 2007 and the back-log that has built-up. On a positive note, 'On-line Early' has allowed papers to be published on the IEJ web site before they appear in hard copy print. Using this recently introduced facility new articles are available as soon as the proofs have been approved and well in advance of the printed hard copies. This provides a significant advantage for authors and allows readers to remain apprised of the most up-to-date literature. Overall, 67% of the submissions were rejected in 2006, the latest equivalent 2007 figure is 64%, but it must be appreciated that some papers are still out with referees with a final decision yet to be made. Thus, this 2007 figure is likely to increase in due course.

The Editorial Board and Referees have given me great help with the evaluation of papers. Special thanks must be extended to the Assistant Editor, Dr John Whitworth. John worked extremely hard to proof-read all the articles as well as continuing to lead the development of the clinical section; he also managed the listings of the national and regional endodontic societies, and the calendar of events. John has now handed over the Clinical section to Jeremy Hayes and will now take over responsibility for the Review Section, as well as act as the Deputy Editor-in-Chief. I must also thank Mrs Susan Bryant, the Editorial Co-ordinator, who has day-to-day responsibility for running the editorial office and Wiley Blackwell who continue to be proactive and enthusiastic to improve the service they provide.

The *IEJ* is now available on-line as far back as 1967, the very first volume of what was then the *Journal of the British Endodontic Society* that became the *International Endodontic Journal* in 1980. However, for the immediate future access to the pre-1997 volumes will incur a charge. Please remember that access to the journal online has a number of innovative features and well worth a visit. For information, during 2006 articles were downloaded over 259,000 times compared to 205,000 in 2005, an increase of 26%; no figures are available yet for 2007. The article with the most downloads in 2006 was the review by Nair – 'On the causes of persistent apical periodontitis'.

The major initiative for the last few years has been the introduction and improvement of on-line submission and refereeing using the Manuscript Central web site that manages the Wiley Blackwell portfolio of journals. On-line submission and refereeing is an advantage to authors who are now able to upload their manuscripts electronically and then monitor their progress through the editorial process. For referees there are also advantages as they can now receive manuscripts and submit their reports electronically.

In preparation for the Board Meeting held in Istanbul during the ESE Congress in 2007 we undertook a SWOT analysis of the *Journal* that subsequently led to the development of an Action Plan that we believe will lead to further improvements in the IEJ. The changes we have made, or are about to make include:

1. Re-styling the front cover from the 1st issue of 2008.
2. Reducing the number of pages devoted to the contact details of national societies by printing them only twice each year, thus allowing more pages in each issue to be devoted to scientific articles.
3. Publishing the 'Calendar of Events' quarterly instead of in every issue.
4. Appointing Associate Editors to lead the editorial process in key areas such as canal preparation, canal filling, microbiology etc; these changes were outlined in the Editorial of the January 2008 issue.
5. Making new appointments to the Board to ensure dynamic and strategic leadership; these changes took place from 2008 onwards and include the appointment of M. Ahlquist, Huddinge, Sweden; G. Cheung, Hong Kong, China; R. De Moor, Gent, Belgium; U. Endal, Oslo, Norway; D. Figdor, Melbourne, Australia; T. Kvist, Göteborg, Sweden; P. Lambrechts, Leuven, Belgium; R. Love, Dunedin, New Zealand; F. Mannocci, London, UK; Y-L Ng, London, UK; T. Okiji, Niigata, Japan; C. Sedgley, Ann Arbor, USA; A. Sigurdsson, Reykjavik, Iceland; D. Spratt, London, UK; H. Suda, Tokyo, Japan; L. Tjäderhane, Helsinki, Finland; T. Waltimo, Basel, Switzerland.
6. Considering how to attract the submission of review articles.
7. Restricting the length of basic laboratory studies to reflect their often limited conclusions and relevance.
8. Encouraging the submission of clinical trials.

In summary, the International Endodontic Journal is in a healthy state. It is one of the key endodontic journals in the world and one that provides leadership in research and clinical practice. We are delighted to be the official journal of the European Society of Endodontology and a number of other affiliated societies. I look forward to working with the Society to enhance our understanding of pulp and periapical disease in the expectation this will lead to an improvement in clinical practice.

Professor PMH Dummer

Editor

ESE Edinburgh 2009

As we move into 2009, we start the quickening countdown towards September and the arrival of ESE 2009 into Edinburgh. 2009, although forecast by the international news as a year of uncertainty, the Organising Committee knows, with certainty, that it will offer you a thoroughly exciting, professionally stimulating, and a fantastic value for money, Congress!

Endodontics continues to advance both technically and scientifically. This Congress will address many of these



Professor Bill Saunders,
Congress President

advances and we have an exceptional range of international Speakers, some well-known, some not so well known but all who have made an outstanding contribution to endodontics. We have some excellent 'Hands-on' Clinics and the Exhibition is filling up fast representing many UK and overseas companies.

Edinburgh is a beautiful City and this year is officially its year of 'Homecoming Scotland'. The aim of which is encourage Scots, people of Scottish descent and people who just love Scotland, to return and take part in a year long celebration of Scottish culture and heritage. You could be part of this celebration. www.homecomingscotland2009.com

The Programme for the Congress is now finalised and full booking details and costs will be issued soon. Please keep an eye on the web-site www.esedinburgh.com All those who have left their details on the site will be sent notice as soon as booking is available.

The Organising Committee also wants to take this opportunity to remind you that should you wish to submit a Clinical or Research Poster or an Oral Presentation for possible presentation, the closing date is 1st March 2009 and we warmly invite submissions.

Apart from the Scientific Sessions we hope that you will come and experience all that the Congress and Edinburgh has to offer. As a taste of Edinburgh there will be the Reception for delegates at Edinburgh Castle on the Thursday evening and Dinner at the world famous Murrayfield Stadium, home of Scottish Rugby, on the Friday.

Come and join us and help keep endodontics at the forefront of dentistry!

Inaugural meeting of the ESE Postgraduate Forum - Istanbul 2007

Approximately 40 students attended the inaugural meeting of Postgraduate Students in Endodontics. They were from Belgium (Ghent and Leuven), Switzerland (Basel), Norway (Oslo), UK (London), The Netherlands (Amsterdam) and Turkey (Istanbul). The ESE committee (Dag, Gunnar and C. Löst) supported the meeting as well as Asgeir Sigurdsson.

The goals of the forum are:

- to provide an opportunity for students to meet during the ESE congresses (social platform!!)
- to exchange information and talk about careers, cases etc.
- to create an internet side with information about the various postgraduate programs in Europe (for future students).

Since the meeting in Istanbul, an internet side has been established and until now 16 students have registered. Only one program (Ghent) has published information about their programme. This would of course need the help of the leaders of each programme.

The next meeting is planned (and a room is already reserved) during the ESE congress in Edinburgh (on the Wednesday afternoon, before the welcome reception! The attendees preferred this time in order to meet before the first social event of the Congress!!!).

Isabell Portenier (hot off the press - Isabelle gave birth to a daughter recently!!)

PhD for Dr Iman Saleh

Iman Saleh, an Egyptian national who received her endodontic training from the University of Oslo, defended her PhD thesis, "Root canal sealers. Adhesive and antibacterial properties in relation to sealing ability", in Oslo on December 12, 2007. Dr. Saleh is a former winner of the ESE's Vladimir Adlivankine Research Prize and is currently in private practice and teaching at the University of Oslo.

In the pictures:

Dr. Iman Saleh and two of her advisors: Senior Scientist Emeritus, Dr. rer. nat. I. Eystein Ruyter, Professor, dr. odont. Dag Ørstavik



The Irish Endodontic Society (IES) Annual Scientific Meeting, 24th and 25th January 2008, Dublin.

The IES produced a very innovative programme in January 2008 at the Annual Scientific Meeting in Dublin. The meeting started with a double Thursday evening session and went on through the Friday. The Thursday evening theme set out to elaborate on the mechanism and understanding of pain presented by a well known and highly regarded Specialist in Orfacial Pain, Dr Dermot Canavan. His title 'Endodontic Discovery of inflammation to Neuropathic Pain, what causes the transition' was a revelation. Even at this late stage of the day with most of the dentists having put in a hard day, the audience were very attentive and quite rightly so.

Dermot was awarded a Masters Degree in Oral Biology with a clinical certificate in Orofacial Pain management from the Department of Orofacial Pain at UCLA. His main approach was the ability of a General Dentist to first diagnose patients suffering from Neuropathic Pain and then treat, or if not treat then refer for treatment. The most common problem that we are presented with is the patient who has had what seems to be a successful root canal treatment but is experiencing ongoing pain. The differential diagnosis of this condition is extremely difficult and at the moment these patients really are not particularly well served. Neuropathic Pain is essentially pain that is generated by damaged nerve fibres, rather than an inflammatory process, which most of our endodontic situations arise from. Reassuringly Dermot was able to quote and describe much recent research in this area which although highly complex does begin to shed some light on this difficult subject. It is well documented that a significant proportion of patients following endodontic procedures have ongoing pain and although much of this must be ongoing inflammatory pain from residual infection, a degree of it is not, which infers that it is of Neuropathic origin. A paper by Polly Harpuedal in the IEJ 2005; 3: 81-69 reviewed the frequency of this persistent pain and it makes very interesting reading. One of the most interesting aspects to come out of these two presentations was the use of a new drug therapy known as 'Membrane Stabilisers'. The drug Pregabalin (Lyrica) is used to reduce neuro transmission in a Neuropathic Pain, i.e. nerve damage. These have been successfully shown to reduce Neuropathic Pain and also provide a way of differentially diagnosing the source of pain. In my clinical experience, patients in this area I have always referred to Specialist like Dermot, but they are very few and far between and it can be very difficult. I am sure this is a subject that we will hear more of in the future and will become a more realistic entity at general practice level.

The Friday morning session of the Irish Endodontic Meeting was chaired by Professor Paul Dummer from Cardiff and the speaker was Professor Tony Smith from Birmingham. Professor Smith is an academic Oral Biologist who has worked in the dental field for many years and he produced a fascinating insight in to the future Bio-Engineering that might be available to dental science in the future. He introduced us to 'Shed cells' which are harvested from left over vital pulp from exfoliated deciduous teeth. There is even an American company operating in Britain now, who for a modest fee will harvest and store these Shed cells for future use!



Professors Paul Dummer and Tony Smith

There has been recent progress in our understanding of the cellular and molecular processes in the dentine pulp matrix, which now allows us to specifically target those processes driving dental tissue regeneration. The identification of both stem cells in the dental pulp and the sequestration of a potent cocktail of bio-active molecules within the dentine matrix, provide the key drivers for tissue generation. Greater understanding of the importance of this conductive tissue environment in which regeneration could take place allows the focus on the control of tissue injury, bacterial infection and inflammation to tip the balance of events in the pulp towards regeneration and vitality, rather than pulp necrosis. This makes fascinating listening and the thought that some time in the future that we could possibly be repairing dentine with dentine was very attractive. We are now entering a new era of regenerative dentistry in which biology based therapies will offer significant benefits for treatment outcome and vital pulp therapy, maybe putting us Endodontist out of business!

The next speaker was Asgeir Sigurdsson, Asgeir is from Iceland originally but received his Endodontic training with an emphasis on neuro-biology and pain perception at the University of North Carolina. He now works as a private Endodontist in Reykjavik and the UK. His main theme was the discussion of the measurement and understanding of the vitality of a pulp, i.e. pulpal diagnosis.

A correct endodontic diagnosis is of paramount importance prior to any endodontic therapy. Over the years the understanding of the benefits and short comings of the traditional 'vitality testing methods' has greatly improved. Asgeir's lecture highlighted some common issues with current vitality testing methods which frankly didn't produce anything new.

After a refreshing cup of coffee the next speaker was Dr Lars Bjorndal, Lars is an Associate Professor at the Department of Cariology and Endodontics at the School of Dentistry, The Faculty of Health Sciences University of Copenhagen, Denmark. His research is focused on the histopathology in relation to the progressive stages of caries and relating the microbiological and clinical finding in relation to deep caries. If one considers this statement, much of our clinical decision making is based in relation to this, with the question whether you remove all the caries and expose the pulp or you leave some of the caries and hope the pulp recovers and or if you do expose the pulp do you root fill it or do you cap it. These are questions that must be faced thousands of times a day around the world and they are probably tackled in a preconceived way based on the dentist's undergraduate training. So this would seem a critical area of research that could have a profound affect on future dental treatment particularly for young people. Under his guidance there is a multi centre trial being carried out in Denmark and Sweden relating to deep caries treatment and this should produce some evidence for future possible changes in our approach to the problem of deep caries.

Lars discussed the consequences of deep caries to the pulp and the handling and treatment of deep caries and set up the interesting historic academic question comparing the Tomes 'leave deep caries' attitude to GV Black 'expose the pulp' theory. Both these original concepts has had a profound effect on most of our training. At the moment the modern consensus would seem to be to leave deep caries after removing it in a step-wise excavation in the confident expectation that the pulp would survive the initial inflammation and heal, thus negating the necessity for removal of the pulp and all the attendant root canal treatment problems that go with it, including the rather poor outcome shown in most studies.

Following on and dovetailing nicely with the previous speaker, the next speaker was Professor David Ricketts, who qualified at Guys and is now Professor of Cariology and Conservative Dentistry at Dundee Dental School. He continued the debate of decision making with deep caries and underlined the importance of the decision making by the contemporary dentist in managing the early dental caries lesion preventatively, rather than aggressively. If this preventative approach fails however and the lesion progresses a decision has to be made to remove the caries and treat the lesion operatively. He set up the argument to drill or not to drill, or condemning or preserving the pulp. Part of the of treatment consideration of early caries is establishing the initial caries lesion and as we all know early caries detection can be difficult. David did a lot of work and research on this subject with Edwina Kidd when he was at Guy's, which was published in the BDJ, validating the comparison between the visual and radiographic appearance of the early carious lesion. A paper by Cheung in 2005, produced evidence that 32.5% of vital exposed pulps that were capped became necrotic. This is not a very good advertisement for pulp capping and if a different approach, i.e. step wise removal of caries could be invoked perhaps we could have a better success and the summary of his presentation was exactly that. Essentially his presentation discussed whether the carious lesion can be treated in a way which is based on the microbiology structure and behaviour of the lesion with an aim to minimise pulpal damage and hence preserve the pulp. From a clinical standpoint this is an easy statement to make but perhaps more difficult in the hurly burly of the practice situation. But I am sure we can look forward to big changes in this area.

At lunch time there was the usual suspects at the trade show which is always interesting given the high technology slant on endodontic these days, and it is always interesting to see if there is anything new. It must be remembered that without this generous 'trade' support these meetings would be prohibitively expensive.

Following on from lunch Dr Preben Hörsted-Bindslev elaborated on the outcome of vital pulp therapies which were touched upon by the previous speaker. Preben graduated in Denmark and is currently Professor at the Department of Dental Pathology, Operative Dentistry and Endodontics at the

Faculty of Health Sciences at The University of Aarhus, Denmark. Preben's remit was direct pulp capping and partial pulpotomy and the way that procedural details have changed over the years with different materials etc. The most prominent material has obviously been Calcium Hydroxide or Calcium Hydroxide based materials and most of the research is based on these, although now there is a body of opinion and research building promoting the use of MTA which the next speaker in fact elaborated on. If the procedural steps involved in pulp capping partially fail the long time survival of the pulp tissue may be threatened and interestingly we come back to bacterial micro-leakage or coronal leakage considerations here which is a hot chestnut in endodontic treatment as we all know and it's interesting to remind ourselves what a baseline factor or problem bacterial micro-leakage is, in clinical reality.

It would seem that the major challenge in dentistry is 'sealing' and if we can do this it would seem to be the Holy Grail. Also another very basic and original operative component of these treatments is the use of rubber dam isolation, which again has a large part to play in successful root canal treatment, and in both of these areas, as we sadly know, dam is only used in a minority of cases. So despite all the modern, progressive and novel techniques it would seem that it might come down to whether rubber dam is used or not in many occasions.

Mohamed Nekoofar is assistant Professor of Endodontics at the Dental Faculty of the University of Iran and is also a clinical lecturer at the School of Dentistry Cardiff, where he is currently completing a PhD under Professor Paul Dummer on the physical properties of MTA and consequently has published a number of original papers with regard to MTA. There is no doubt that Mineral Trioxide Aggregate has been reported as a bio-compatible material that can maintain vitality of its underlying tissues and conduct hard tissue barrier formation in contact with vital pulp tissue. It has been used in vital pulp therapy including direct pulp capping and pulpotomy in mature teeth with vital pulps where apexogenesis is often achieved. It is also used as an apical barrier in treatment in immature teeth with non vital pulps and open apices. Here we come back to the bacterial leakage theme and it is thought that one of the reasons why MTA is such a good material is that it creates an effective seal against bacterial infiltration. In one sense there was nothing new here but importantly it did stress the significance of developing MTA as the material choice for the fore-mentioned clinical modalities.



From the left: Drs Mohammad Nekoofar, Preben Hörsted-Bindslev and Pat Cleary

The last lecture of this challenging and very interesting day, was given by local endodontist, Pat Cleary. Pat brought us down to earth, discussing the difficulties of diagnosing the 'stressed pulp' which is a notoriously difficult problem in dental practice. Diagnosis, treatment planning and predictability of outcome in heavily restored teeth that require a crown is a very common day to day practical practice decision. Sadly at the end of the day, literally, Pat could not shed any more light on the problem other than to root treat or not to root treat, that is the question!



Dr Paul McCabe speaking with Mrs Miriam Cleary

ESE Annual Research Grant 2007

The 2007 ESE Annual Research Grant was awarded to two applicants - each received a sum of 5000 Euros



Andreea Didilescu, Senior Lecturer, Faculty of Dental Medicine, "Carol Davila" UMP, Bucharest, Romania

And



Dr. Ashraf ElAyouti, Eberhard-Karls-Universität, Zahnerhaltungskunde und Parodontologie, Oslanderstrasse 2 - 8, D - 72075 Tübingen, Germany

Project of Andreea Didilescu - Identification by genomic analysis of the pathogenic microflora in combined endo-periodontal lesions

Recent studies show that most periodontal pathogens responsible for periodontal osteolysis are also found in chronic apical periodontitis. Little is known, however, about the microflora of combined periodontal-endodontic lesions and the information is not very precise. Such coexisting endodontic and periodontal inflammation affecting the same tooth can complicate the diagnosis and treatment planned for the involved tooth.

Objectives: 1. To investigate 11 selected bacteria (*Actinobacillus actinomycetemcomitans*, *Porphyromonas*

gingivalis, *Tannerella forsythia*, *Treponema denticola*, *Prevotella intermedia*, *Peptostreptococcus micros*, *Fusobacterium nucleatum*, *Campylobacter rectus*, *Eubacterium nodatum*, *Eikenella corrodens*, *Capnocytophaga*), known as periodontal and endodontic pathogens, in samples from combined endo-periodontal lesions; 2. To develop a successful method for treating combined endo-periodontal lesions, based on the analysis of the microbial flora.

Project of Ashraf ElAyouti - Depletive effect of root canal treatment procedures on the modulus of elasticity of teeth

Root canal treatment procedures influence the mechanical properties of tooth structures. Endodontically treated teeth have been shown to have a reduced fracture resistance and teeth with access cavity preparation have approximately one third the fracture resistance of intact teeth, also the use of sodium hypochlorite for irrigation and calcium hydroxide for root canal dressing reduce the flexural strength and modulus of elasticity of dentine.

The aim of this study is to derive the modulus of elasticity of individual teeth using combined data of the stress strain curve and micro computed tomography, and to determine the change in the modulus of elasticity after the following root canal treatment procedures:

- Access cavity preparation and complete removal of the roof of pulp chamber
- Root canal orifice preparation with Gates Glidden drills
- Mechanical root canal preparation
- Irrigation with 5% NaOCl
- Medication with Ca(OH)₂
- Root canal filling and restoration of the teeth

ESE Annual Research Grant 2008

The 2008 ESE Annual Research Grant was awarded to two applicants - each received a sum of 10,000 Euros



Dr. B.J. Huybrechts, Conservative Dentistry – Endodontics, Faculty of Medicine, School of Dentistry, Oral Pathology & Maxillofacial Surgery, Kapucijnenvoer 7, B - 3000 Leuven, Belgium



Dr. M.E. Metska, CEP, Postvak 21, Academic Centre for Dentistry Amsterdam (ACTA), Louwesweg 1, NL-1066EA Amsterdam, The Netherlands

Project of Bart Huybrechts - Randomized clinical trial to study the biological effect of minimally invasive endodontic treatment protocols in modern dentistry.

A consistent lack of randomized controlled clinical trials (RCTs) in the endodontic literature hampers the clinical significance and application of an evidence based endodontic treatment protocol. Besides, the power, credibility and relevance of the existent research data are sometimes questionable: usually, technical criteria are used by researchers as a substitute for the true biological treatment outcome. Only substantial information from RCTs can be a strong basis for further technological developments and fine-tuning of the endodontic treatment protocol and quality improvement in contemporary endodontics.

This project will consist of 2 RCTs with *in vitro* support. Set-up and reporting of this project will be performed in conformity with the CONSORT guidelines.

The first RCT will evaluate the biological effect of a one-visit versus two-visit (using a calcium hydroxide interim dressing) non-surgical retreatment approach. Until today, this has never been accomplished in conformity with the CONSORT guidelines. The second RCT evaluates the therapeutic effect of the implementation of Photo-Activated Disinfection (PAD) in the endodontic one-visit retreatment protocol. Never before, this novel technique is investigated *in vivo* in conformity with the CONSORT guidelines. *In vitro* studies, however, are promising.

The healing degree will be determined by evaluation of the apical periodontitis lesion throughout a 5-year span. PAI (periapical index) analysis on intraoral digital radiographs and cone beam CT data analysis will be used. Indeed, true clinical outcome studies have to use biological criteria for success determination. These procedures are supplemented with a sensitive and specific technique for root canal sampling, bacterial culturing and microbiological identification during treatment. Recall data will be collected at 1 year, 2, 3, 4 and 5 years, considering the time-lag of healing.

Moreover this research project wants to assess non-healing cases through DNA- or RNA-based bacterial typing, TEM and anatomopathological research on the frozen initial samples, the current samples, the root tip and soft-tissues acquired through microsurgical endodontics.

The cooperation of the BIOMAT Research Cluster, the Microbial Adhesion Group and the Centre for Oral Imaging (all at the Catholic University of Leuven) guarantees the supply of knowledge, infrastructure and data-analysis.

Project of Merelli Metska - Assessment by Cone Beam Computed Tomography of the rate of periapical bone healing after root canal treatment

The aim of a root canal treatment is to eliminate or minimize the infection in the root-canal system, and create an environment that is most favorable for prevention and treatment of the apical periodontitis. Post-treatment apical periodontitis is a frequent disease associated with root-filled teeth. In recent epidemiologic studies, apical periodontitis was detected radiographically in 40-50% of endodontically treated teeth. Reports on the outcome of root canal treatment are based on the evaluation of the periapical pathosis on conventional or digital panoramic or intra-oral radiographs, which provide two-dimensional images of three dimensional structures. Although the information given by the dental radiograph is substantial, there are limitations associated with the use of a two dimensional image, regarding the detection of periapical lesions. It is an established fact that lesions confined within the cancellous bone cannot be detected with the conventional radiographs. Radiographs obtained with the paralleling technique and different angulations may provide additional information but does not always suffice. Anatomic structures and conditions present additional obscurity. An imaging modality with three dimensional capabilities could be beneficial in the diagnosis and subsequent treatment of apical periodontitis.

The benefits of 3-Dimensional Computed Tomography (3-D CT) imaging over periapical radiographs regarding the diagnosis of periapical lesions, and the subsequent treatment planning proved to be substantial in *in-vitro* and a few *in-vivo* studies. 3-D CT scans can potentially provide all the information required for diagnosis and treatment planning in a single study which can reveal unsuspected pathosis frequently missed by conventional 2-D projection imaging due to image superimposition. As chronic apical periodontitis often develops without subjective symptoms, the radiological diagnosis is particularly important since it reflects the stages of development and healing of periapical disease. A clear diagnosis of apical periodontitis is essential for the informed patient to decide about the treatment options and receive optimum clinical management of the disease. An accurate analysis of the root canal (re)treatment outcome (complete healing) necessitates the use of a sensitive, three-dimensional tool (3-D CT) in detecting periapical pathosis.

The aim of the study is to assess the healing rate of apical periodontitis in cases that received a root canal (re)treatment, with the use of the cone beam computed tomography (NewTom3G) at the first or second year of recall.



Professor Thomas Pitt Ford 15th November 1949 - 17th August 2008

Tom Pitt Ford, Professor of Endodontology, Director of Education and Vice Dean of the Dental Institute, and Director of Institution and Academic Audits for King's College London, UK died peacefully at his home early on Sunday morning of 17th August 2008.

Tom qualified from Guy's Hospital Dental School, London, UK in 1971 with honours in Prosthetic Dentistry and went on to gain his FDS from Glasgow and his PhD from the University of London in 1980, and latterly was awarded the FDS from both Edinburgh and London in honour of his contributions to Endodontology.

He was a major world figure in Endodontology. He gained his PhD with Jack Rowe at Guy's Hospital Dental School and went on to pioneer the first UK-based Masters programme in Endodontology through the University of London. He became internationally known for his work and published widely himself. As Editor of the International Endodontic Journal, Tom made a significant contribution to enhanced scientific rigour in the field. He was appointed to a Chair in Endodontology at United Medical and Dental Schools in 1997.

Tom's meticulous attention to detail was legendary and under then Dean of Guy's, Frank Ashley, Tom was credited with superb administration which resulted in the Dental School scoring a maximum 24 out of 24 in the Quality Assurance Agency subject review of Dentistry. This served him in good stead when in 2002 he was appointed Director of Education in the merged King's College London Dental Institute, a post he held until just before his death. This was an enormous task processing an entry of 160 students a year over five years and timetabled across both the Guy's and Denmark Hill campuses and the polyclinic at St Thomas'. His appointment as Vice Dean to Professor Nairn Wilson, Dean of the Dental Institute, also recognised his leadership qualities within King's College and his last appointment as Director of Institutional and Academic Audit for the whole of King's College following on the post of Chair of the Education Committee for the College is also a suitable recognition of his wide profile and administrative ability. He was awarded the Dental Alumnus Distinguished Service Award in 2008 in honour of his contribution to the Dental Institute.

His major mark, however, will have been his contribution to the development of British and International Endodontology and his extensive writing of research papers, books and

reviews, as well as his scholarship as an editor in the area. His books 'Essential Endodontology' (jointly with Professor Dag Ørstavik), 'Hartys Clinical Endodontology' and 'Endodontics: clinical problem solving' (with Heather Pitt Ford) are standard student text books. In addition to being an outstanding teacher and gifted clinician, he successfully supervised seven PhD's and thirty-five Masters students and thus passed on his knowledge and expertise to the next generation. His legacy is that Endodontology is now a well established specialty in the UK.

Tom published over 100 original scientific and review papers in peer-reviewed journals and had an international reputation in endodontic research. His major areas of focus were in such diverse areas as: leakage and its lack of correlation with clinical outcome; tissue responses in pulp capping; pulp vitality assessment - including Laser-Doppler; ultrasonics; and Mineral Trioxide Aggregate. In fact, Tom was way ahead of his time in many of his areas of interest and he collaborated extensively with such well known figures as Dag Ørstavik, Mahmoud Torabinejad, Ram Nair, to name just a few.

Uniquely Tom was elected twice as President of the British Endodontic Society. Indeed, Tom was a Council member of the BES for many years and his wisdom and political insight were invaluable as the society developed to become one of the largest and most influential specialist societies in the UK. Tom also contributed to the work of the European Society of Endodontology where he held the honorary position of Editor for many years and was a member of its Executive Board. He also chaired the working group that developed the 'Quality guidelines for endodontic treatment: consensus report of the European Society of Endodontology' that was published in the International Endodontic Journal initially in 1994 and then revised in 2006. This contribution to the management and direction of UK and European Endodontology will have an impact for many years and is a fitting legacy of his professional career.

Tom was Editor of the International Endodontic Journal from 1982 to 1991. He took over the position from Fred Harty at a relatively tender age and immediately made improvements to both the format and content. As a result of these changes, the IEJ quickly established itself as one of the most successful scientific endodontic journals in the world. During this time his meticulous attention to detail was a great advantage and his editorial rigour was a major reason why the IEJ improved its reputation and impact.

Tom's death is a great loss not only to his family, but also to his colleagues at King's College London Dental Institute, the dental academic world and to endodontics. His contributions have been great and diverse - not just to the dental profession and the KCL Dental Institute (and its predecessors) but to the College as a whole. The latter benefited immensely from Tom's leadership for several years of the College Education Committee and his more recent key role in preparations for institutional audit. Tom was a distinguished clinician and researcher, but he also cared greatly about teaching and learning, to the great benefit of the whole of

the rest of the College as well as of endodontics and dentistry. His serious looks belied a gentle and sensitive underlying personality. Tom was totally reliable and it was this combination of attributes that made him so popular with and much admired by his year group. He was also a master craftsman and anyone who visited his home and workshop realised that his talents were not restricted to dentistry. Tom had a very positive personal influence on Guys and later Kings College life for he was a man not only of uncommon knowledge and skill but also of extraordinary selflessness and dedication: he gave so very much, and he did so with highly commendable modesty and a very amusing dry wit. His influence and example will survive him, but he will be sorely missed.

He has been superbly supported by his wife, Heather, and three children throughout his illustrious career. Tom's father, Bill, was a Guy's trained dentist and lives in Dorset and Tom's daughter, Alex, is a Guys [KCL] trained doctor.

Executive Board meetings 2008 April 2008 - Antalya, Turkey

The Executive Board held a meeting during the Symposium of the Turkish Endodontic Society that took place in Antalya, Turkey on 24-26th April 2008. Two members of the Board, Gunnar Bergenholtz and Paul Dummer also gave presentations at the Symposium. The Executive Board wishes to thank the record the generosity of the Turkish Endodontic Society in hosting the meeting and for providing the facilities for the meeting, and also thank Dr Hakki Sunay, Professor Işil Küçükay and Professor Sedat Küçükay for their hospitality.



The Executive Board along with Carmen Buckley, and hosts Hakki Sunay and Işil Küçükay



The Executive Board along with Carmen Buckley, and hosts Hakki Sunay, Işil Küçükay and Sedat Küçükay

Items discussed at the meeting included:

- Reports from the Officers: written reports of activities within the domains of the Officers were received and discussed, including from the President, from the Secretary on the work undertaken to oversee ESE activity; from the Treasurer on the financial position of the ESE and also the budget; from the Editor on the activities of the International Endodontic Journal and on the research abstracts for congresses;
- Feedback from the Istanbul Congress: a verbal overview of the congress was provided by the local organisers and discussion took place on the scientific and social programme;
- Application from Italy for the 15th Congress in 2011: the application from Italy was reviewed and further information sought from the local organisers;
- Contract between the ESE and national societies hosting the biennial congresses: the draft contract was revised and enhanced with a further draft prepared or circulation;
- Report from the research committee: a report from the Chair of the Research Committee was discussed;
- Accreditation of ESE speciality programmes in Endodontology and EU recognition of the speciality: extensive discussion of the documents prepared by the Sub-committee and agreement to post on the website for comments from the Country Representatives. A review of the work undertaken by the Sub-committee on EU recognition of the speciality was also undertaken;
- Guest membership: a discussion over the status of guest members and the need to amend the Constitution and Bylaws;
- International Association of Endodontology: extensive discussion on the establishment of an over-arching world body to promote Endodontics and co-ordinate research, education and clinical service to patients;
- Association for Dental Education in Europe: an agreement to support joining the ADEE in order to become more engaged with dental education and to represent the speciality on key organisations;
- Postgraduate student forum: agreed to support the establishment of a forum for postgraduate students
- Links with industry: discussion of how the ESE could engage more with industry and benefit from sponsorship and closer working relationships;
- Website: potential improvements to the website were discussed, including the payment of fees;
- Executive Board Action Plan, including the establishment of an ESE Office, the recruitment of Officers to serve on committees and a Communication Strategy.

Executive Board and General Assembly September 2008 - Prague, Czech Republic

The Executive Board held a meeting at the Apolenka, Prague on 26/27th September 2008. The Executive Board wishes to acknowledge and thank their host, the Czech Dental Chamber and its country representative, Lenka Roubalikova, as well as Hana Stepankova who oversaw the catering. The agenda included the following items:

- Reports from the Officers: written reports of activities within the domains of the Officers were received and discussed, including from the President, from the Secretary on the work undertaken to oversee ESE activity; from the Treasurer on the financial position of the ESE and also the budget; from the Editor on the activities of the International Endodontic Journal and on the research abstracts for congresses;
- Feedback from the Istanbul Congress: the final written report of the congress was provided by the local organisers, including the financial details of the surplus;
- Application from Italy for the 15th Congress in 2011: the local organisers presented an up-dated application with revised financial details, venue and social/scientific programme;
- Contract between the ESE and national societies hosting the biennial congresses: the draft contract was revised further and it was agreed to post it on the website for comment following a final revision;
- Report from the research committee: a report from the Chair of the Research Committee was discussed;
- Accreditation of ESE speciality programmes in Endodontology and EU recognition of the speciality: comments received from several country representatives were noted and a response agreed for presentation at the General Assembly. The Chair of the Working Group on EU recognition gave an update on progress;
- Certified membership: the names of applicants and their CVs were discussed and approved for membership;
- International Association of Endodontology: extensive discussion on the establishment of an over-arching world body to promote Endodontics and co-ordinate research, education and clinical service to patients. A strategy was agreed in terms of how to approach and consider this matter with the General Assembly and to address the concerns expressed by a small number of CRs;
- Links with industry: discussion over the potential establishment of a research and education foundation in order to support ESE strategic aims;
- Recruitment of new Officers: a working group had discussed the challenge of succession planning for Officers of the ESE and how new officers could be recruited.



The City of Prague



The Executive Board outside the Apolenka building: from the left Dag Ørstavik, Hakki Sunay, Carmen Buckley, Claus Löst, Paul Dummer, Lenka Roubalikova (Czech CR and host), Gunnar Bergenholtz



The General Assembly of the ESE listening to the welcome from the President, Gunnar Bergenholtz



A happy General Assembly at the conclusion of the meeting!!

14th Biennial Congress of the European Society of Endodontology to be held in Edinburgh, Scotland



The British Endodontic Society is pleased to host the ESE Congress 2009 at the Edinburgh International Convention Centre, 24-26th September 2009

Scientific Programme featuring 35 invited speakers

Sessions for submitted Oral Papers and Posters

Pre-Congress Hands-On Courses

Extensive Trade Exhibition

Congress Reception at Edinburgh Castle and
Congress Dinner in the West Stand at Murrayfield Stadium

Accompanying Persons Programme including
Golf Tours and Sight-seeing

Over 1000 delegates expected – for those who have an interest in endodontology it's the conference to gain valuable clinical updates and network with like-minded colleagues. The programme will also offer verifiable CPD.

To receive further details please contact Mrs Annabel Thomas, ESE Congress Administrator,
ESE 2009, P O Box 707, Gerrards Cross, Buckinghamshire SL9 0XS United Kingdom
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CLINICAL POSTER PRESENTATIONS
14th BIENNIAL CONGRESS OF THE
EUROPEAN SOCIETY OF ENDODONTOLOGY
EDINBURGH, 24th -26th September 2009

- INSTRUCTION TO CONTRIBUTORS -

GENERAL INFORMATION

Sessions for approved clinical posters will be running throughout the ESE Congress 2009. Interested colleagues are cordially invited to submit an abstract for possible poster presentation on endodontically related topics. For those whose abstracts are accepted the presenting poster author must register for the Congress. Only one presentation is allowed per individual, being either an Oral Presentation or Poster, although the author may be a co-author on another presentation. There will be no reduced fees for Presenters. Presenters of Clinical Posters must be present by their poster at their dedicated poster sessions. Presenters will be notified of these timings and the location of the poster display if their presentation has been accepted.

ABSTRACTS RECEIVED AFTER 1ST MARCH 2009 CANNOT BE ACCEPTED.

Submitted abstracts will be reviewed by the Congress Organising Committee. Those that are not relevant to endodontology, are overlength or technically deficient will be rejected. Abstracts will appear in the Congress Booklet issued to delegates on arrival at the Congress. All Abstracts must be original.

PRESENTATION INFORMATION

Abstracts MUST be submitted in ENGLISH. It is essential that instructions be followed meticulously to provide clear legible copy. Where English is not the native language of the author, he/she is advised to seek assistance. AFTER SUBMISSION NO EDITING OR CORRECTION BY THE AUTHOR WILL BE POSSIBLE.

AUTHORS AND INSTITUTIONS

List all authors, each followed by initials then institution(s), town and country. Omit professional titles and degrees, but note punctuation eg: Adams RM, Smith PD. University School of Dentistry, London, UK.
Please indicate the presenting author.

TITLE

Start on a new line. The title must be concise, indicative of the content of the abstract and not exceed 15 words. Use lower case letters except for the first letter of the title and proper nouns.

CONTENT OF ABSTRACT

The abstract should contain a concise statement of the investigation, conducted procedures, techniques or the special feature of a clinical case and should end with a brief conclusion.

Illustrations and tables must **not** be included. Following the full stop at the end of each sentence insert only 1 space before the next sentence. Between all words use only 1 space. For percentages use the % symbol and round up to nearest whole number.

References should not be included.

With a commercial product the text should contain the product's name, with the manufacturer and country in parentheses.

ENTRY PROCEDURE

Abstracts must be submitted via the internet on <http://www.esedinburgh.com> and be no more than 300 words. Care should be taken to follow the on-line instructions in order to complete the web-based forms accurately

NOTIFICATION

Authors will be notified by email if their poster presentation is accepted by **30th APRIL 2009**

Authors who are unsure of the procedure may contact the ESE Congress Administrator:

Annabel Thomas
ESE Congress 2009
P O Box 707
Gerrards Cross
Bucks
SL9 0XS
E: info@esedinburgh.com Telephone: 0044 (0) 1494 581542



**ORAL PRESENTATIONS ON FREELY CHOSEN SUBJECTS
14th BIENNIAL CONGRESS OF THE
EUROPEAN SOCIETY OF ENDODONTOLOGY
EDINBURGH, 24th -26th September 2009**

- INSTRUCTION TO CONTRIBUTORS -

GENERAL INFORMATION

A parallel session for the approved abstracts will be running throughout the ESE Congress 2009. Interested colleagues are cordially invited to submit an abstract for possible presentation on endodontically related topics of 20 - 30 minutes duration (to include at least 5 minutes discussion). For those whose abstracts are accepted the presenting author must register for the Congress. Only one presentation is allowed per individual, being either an Oral Presentation or Poster, although the author may be a co-author on another presentation. There will be no reduced fees for Presenters.

ABSTRACTS RECEIVED AFTER 1ST MARCH 2009 CANNOT BE ACCEPTED.

Submitted abstracts will be reviewed by the Congress Organising Committee. Those that are not relevant to endodontology, are overlength or technically deficient will be rejected. Abstracts will appear in the Congress Booklet issued to delegates on arrival at the Congress.

PRESENTATION INFORMATION

Abstracts MUST be submitted in ENGLISH. It is essential that instructions be followed meticulously to provide clear legible copy. Where English is not the native language of the author, he/she is advised to seek assistance. AFTER SUBMISSION NO EDITING OR CORRECTION BY THE AUTHOR WILL BE POSSIBLE.

AUTHORS AND INSTITUTIONS

List all authors, each followed by initials then institution(s), town and country. Omit professional titles and degrees, but note punctuation eg: Adams RM, Smith PD. University School of Dentistry, London, UK.
Please indicate the presenting author.

TITLE

Start on a new line. The title must be concise, indicative of the content of the abstract and not exceed 15 words. Use lower case letters except for the first letter of the title and proper nouns.

CONTENT OF ABSTRACT

The abstract should contain a concise statement of the investigation, conducted procedures, techniques or the special feature of a clinical case and should end with a brief conclusion.
Illustrations and tables must **not** be included. Following the full stop at the end of each sentence insert only 1 space before the next sentence. Between all words use only 1 space. For percentages use the % symbol and round up to nearest whole number.

References should not be included.

With a commercial product the text should contain the product's name, with the manufacturer and country in parentheses.

ENTRY PROCEDURE

Abstracts must be submitted via the internet on <http://www.eseedinburgh.com> and be no more than 300 words. Care should be taken to follow the on-line instructions in order to complete the web-based forms accurately

NOTIFICATION

Authors will be notified by email if their presentation is accepted by **30th APRIL 2009**

Authors who are unsure of the procedure may contact the ESE Congress Administrator:

**Annabel Thomas
ESE Congress 2009
P O Box 707
Gerrards Cross
Bucks
SL9 0XS
E: info@eseedinburgh.com Telephone: 0044 (0) 1494 581542**

REGULATIONS GOVERNING THE
ESE RESEARCH PRIZE
AT THE
**14th BIENNIAL CONGRESS OF THE
EUROPEAN SOCIETY OF ENDODONTOLOGY**
Edinburgh, 24-26th September 2009
INSTRUCTIONS FOR ENTRY

The European Society of Endodontology is offering a biennial prize, to be administered and awarded by the ESE Research Committee for the encouragement of research related to Endodontology.

The regulations governing the award of the prize are:

1. The prize shall be known as the
WLADIMIR ADLIVANKINE EUROPEAN SOCIETY OF ENDODONTOLOGY RESEARCH PRIZE

The value of the award is 1,250 EURO and a certificate.

2. The prize shall be awarded for a paper delivered in English at the Biennial Congress of the European Society of Endodontology in accordance with the rules outlined below. More than one author can be associated with a paper but only the first author will be eligible for the prize.
3. Candidates will normally be no more than 35 years of age and have published no more than 5 full articles in international dental journals. Candidates must be a member of a national endodontic/dental society that is a Full or Associate member society of the ESE. No individual may win the prize more than once.
4. The Research Committee of the ESE will select from the submitted abstracts and papers, no more than five papers to be read. Oral presentations shall not exceed 15 minutes with an additional 10 minutes for discussion. Computer projection facilities will be available. Candidates selected to enter for the Research Prize will be exempt from the registration fee to the scientific section of the congress.
5. The prize shall be awarded by the Research Committee of the ESE on the recommendation of a panel of at least three assessors appointed biennially by the Research Committee. The assessors will take into account the originality of the research; its relevance to Endodontology; the methodology, results and discussion; the standard of the abstract; and the clarity of the presentation.
6. Candidates are required to submit the full paper that must be divided into a structured Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusion and References not later than 1st March 2009 by e-mail to the address provided below. Submissions must be original, and neither have been published nor be under consideration by a scientific journal. An accompanying letter should confirm the first author wishes to apply for participation in the ESE Research Prize and that he/she conforms to the requirements under Point 3 above. The author should also indicate whether he/she wishes to be considered for a Research Poster should their application for the Prize be rejected.
7. In addition, the abstract must be submitted via the internet on <http://www.e-s-e.eu> and be no more than 300 words. It must fulfil the requirements as set-out in the Instructions for Research Posters (available on the ESE web site <http://www.e-s-e.eu>).
8. The Research Committee of the ESE reserves the right to withhold the award of the Prize if the entries or candidates are of insufficient merit. The full research paper that is to be entered for the ESE Research Prize along with the accompanying letter should be sent as attachments to:

Roland.weiger@unibas.ch "roland.weiger@unibas.ch"

This information is available – together with a “checklist for candidates” – at:
<http://www.e-s-e.eu>

PRESENTATION OF
RESEARCH POSTERS
AT THE
**14th BIENNIAL CONGRESS OF THE
EUROPEAN SOCIETY OF ENDODONTOLOGY**
Edinburgh, 24-26th September 2009
INSTRUCTIONS

1 GENERAL INFORMATION

Abstracts must be original, and neither have been published nor be under consideration by a scientific journal. All abstracts will appear in the Congress Research Booklet but only those presented at the congress will be published in the International Endodontic Journal. Submitted abstracts will be reviewed by the ESE Research Committee. Those that are not relevant to Endodontology, are over-length or technically deficient will be rejected; authors will be notified whether their abstract has been accepted or rejected.

ABSTRACTS RECEIVED AFTER 1st March 2009 CANNOT BE ACCEPTED.

It is essential that instructions be followed meticulously to provide clear and structured abstracts. Where English is not the native language of the author, he/she is advised to seek assistance.

An author cannot present more than one poster but may be a co-author on other abstracts.

The Congress Organisers, the ESE Research Committee and the ESE Editor will monitor submissions to ensure compliance.

Abstracts must be submitted via the internet on <http://www.e-s-e.eu> and be no more than 300 words. Care should be taken to follow the on-line instructions in order to complete the web-based forms accurately.

2 DETAILS

AUTHORS AND INSTITUTIONS

Details of the corresponding author must be given on the web-based form. He/she will be contacted if additional information is required and for notification of the acceptance or rejection of the abstract. Family names (surnames) and initials of each author must be entered together with the institution(s) (e.g. Department of Endodontics, School of Dentistry, Cardiff University, Cardiff, UK). Details such as zip/post codes and street names are not required. The presenting author must be indicated.

TITLE

The title must be concise, indicative of the content of the abstract **and not exceed 15 words**. Use lower case letters except for the first letter of the title.

CONTENT OF ABSTRACT

The abstract should be structured and contain a concise statement of:

- (1) the aim of the investigation after **Aim**:
- (2) the experimental method used after **Methodology**:
- (3) the results obtained after **Results**:
- (4) brief conclusions after **Conclusions**:

Illustrations and tables must not be included. Do **NOT** state 'The results will be discussed'.

Following a full stop at the end of each sentence insert only 1 space before the next sentence. Between all words use only 1 space. For percentages use the % symbol and round up to nearest whole number. Use a full stop (.) to indicate a decimal place.

References should not be included.

With a commercial product the text should contain the product's name, with the manufacturer and country in parentheses.

Prior to on-line submission of Abstracts, Authors are advised to view the abstracts of the 13th ESE Biennial Congress in Istanbul that appeared in the International Endodontic Journal 2007; 40: 979-1007; this is available on-line at: HYPERLINK

"<http://www.blackwellpublishing.com/iej>" <http://www.blackwellpublishing.com/iej>.

POSTER PRESENTATIONS

At the research sessions of the biennial conference posters will be the only mode of presentation, other than for the ESE Research Prize (see separate regulations at [HYPERLINK "http://www.e-s-e.eu" http://www.e-s-e.eu](http://www.e-s-e.eu)). Posters **MUST** be written in **ENGLISH**. The responsible author should be present at the poster site, remain alongside as scheduled in the conference programme and deliver a short overview of the poster in English during the discussion session. There will be no reduced registration fee for presenters. Please follow instructions given on the ESE web site (<http://www.e-s-e.eu>) for details of the dimensions of the posters and how they will be mounted.

3 ENTRY PROCEDURE

Authors should submit their abstract on the relevant **FORM** found on the ESE web site - <http://www.e-s-e.eu>

Authors who are unsure of the procedure may contact the Chair of the ESE Research Committee:

Prof. Dr. Roland Weiger
Klinik für Parodontologie, Endodontology und Kariologie
Universitätskliniken für Zahnmedizin, Universität Basel
Hebelstr. 3
CH-4056 Basel
Switzerland
Tel no. +41(0)61 267 2619
E-Mail: roland.weiger@unibas.ch