

13th Biennial Congress of the European Society of Endodontology, Istanbul, Turkey, 6–8 September 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 ESE, with more than 1000 dentists participating (about 1400 persons registered) from more than 60 countries. Istanbul also proved to be a unique congress city (Fig. 1a–c) 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 organization (Fig. 2a,b), friendly professionalism, and sincere hospitality. 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 (Fig. 3). 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 Prof. Bergenholtz, the ESE President, expressed thanks to the organizing committee for their enormous commitment and warm Turkish hospitality. In addition, he also introduced the President of the next event, in Edinburgh in 2009, Prof. 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.

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 re-treatments 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 file is very efficient and results in better cleaning of the root canal.



Figure 1 (a–c) Istanbul impressions.

Metzger (Tel Aviv) reported that vertical root fractures often remain undetected or are diagnosed too late. He recommended the use of a flexible probe 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)



Figure 2 (a) Congress President Prof. Gündüz Bayirli and Congress Secretary General Prof. Işıl Küçükay were pleased with the positive response the Congress was experiencing from national and international colleagues. (b) Congress Secretary Dr Hakki Sunay and his wife, together with Prof. Işıl Küçükay and Prof. Sedat Küçükay, the organization Committee Chair and current President of the Turkish Endodontic Society.



Figure 3 Reception at the 25th anniversary celebration of the ESE, directly at the waterfront of the Bosphorus.



Figure 4 Snapshot from the moderated poster session on research posters.

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 'noncompaction' 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. Spånberg (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 whilst those 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



Figure 5 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.

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 (Fig. 5) at the roof restaurant of the Hilton. In addition, all post-graduate 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 organization that facilitates such meeting to enhance the exchange of information and the development of informal and formal links between individuals and/or institutions.

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 (Fig. 6) 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



Figure 6 Clipping from the ESE General Assembly (from left to right: Prof. Bergenholtz (President), Prof. Ørstavik (Treasurer), Dr Sunay, Prof. Küçükay, Prof. Bayirli, Prof. Metzger).

membership and the necessity of a global endodontic umbrella association. Rome was also selected as the venue for the ESE congress in 2011.

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

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