

## Late-breaking Abstract Submission Deadline: February 10, 2023, at 23:59 (CET)

### We are accepting abstracts for oral and poster presentations

- Open to researchers, students, and clinicians
- Abstracts should be written in UK English with correct spelling and good sentence structure
- Abstracts should list all authors that have made intellectual contributions to the study
- All abstracts submitted online will be reviewed by the Scientific Committee and notification of acceptance will be sent by email
- To correct/change an abstract after submission or to submit another abstract, please log-in with the username and password that you received when you initially submitted the abstract
- A maximum of 2 abstracts per submitter are accepted. **Important note:** only one abstract per submitter can be accepted for presentation. It is allowed to be a co-author in another abstract submitted for the congress
- A certificate for presentations will be sent after the meeting to the presenters
- Accepted abstracts will be published as an electronic publication in the International Journal of Paediatric Dentistry
- All papers and abstracts submitted become the property of the IAPD unless prior alternative arrangements have been made with the Editor of the International Journal of Paediatric Dentistry (IJPD)
- Previously published studies are accepted if they were not published in journals that has the copyright of it

### Conflict of interest & ethical approval

Depending on the nature of the research, some abstract presenters may be required to obtain Ethical Clearance. Kindly note that you will be prompted to confirm that you received ethical clearance (if applicable) and to declare any conflict of interests in your presentation (if applicable) before completing the submission process.

## Instructions to All Applicants

**Before you begin, please prepare the following information:**

- Abstract Topic – abstracts must be allocated to a specific Topic:
  - Dental caries management
  - Tooth hypomineralisation
  - Pedodontic endodontics
  - Erosive tooth wear
  - Orthodontics
  - Dental traumatology
  - Craniofacial anomalies
  - Dental anxiety and behavior management
  - Prevention and behavior change
  - Public health dentistry
  - Esthetics in paediatric dentistry
  - Sedation in paediatric dentistry
  - Dental materials and innovations
  - Care for medically compromised children
  - Other
- Presenting author's contact details: email address, full postal address, phone number  
Author and co-authors' details  
Affiliation details: department, institution / hospital, city, state (if relevant), country
- Abstract title – limited to 25 words in capital letters
- Abstract text – limited to 250 words
- Research abstracts must follow the structure: Background, Methods, Results, Conclusions; Case report abstracts must follow the structure: Introduction, Case report, Discussion, Conclusion
- References are not obligatory, however the word count is affected by the inclusion of references
- Tables, pictures and graphics are not allowed
- All accepted abstracts will be included in the IAPD 2023 program and website
- All abstracts will be peer reviewed by the Scientific Review Committee
- It is a prerequisite that the presenting author registers for inclusion in the Scientific Program
- Authors who submit an abstract but fail to register for the meeting by April 6, 2023, will be removed from the program.

## Research Abstracts Layout

- Background
- Methods
- Results
- Conclusions

Cariology and Preventive Dentistry

### Arginine Improves Fluoride Bioavailability in Child Formula Dentifrices

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**Background:** The study examined the effect of arginine incorporation in child formula dentifrices (CFD) on fluoride bioavailability.

**Methods:** L-arginine (L-Arg) and L-arginine monohydrochloride (L-Arg.HCl) at 2% w/w of dentifrices were incorporated in five tested commercial CFDs. Total, total soluble, and insoluble fluorides in CFDs were determined by modified Taves acid-diffusion method (TAD). Ionic F and MFP were estimated by modified direct method with standard addition technique. Arginine intervention study included determination of pH of toothpaste slurries, buffer capacity of the added Arg, potentially available fluorides (PAF) and 1-min PAF by TAD. Elemental analysis for Ca, P, Na, Cl was done using ICP-OES. Data was analyzed using 1-/2-way ANOVA with post-hoc tests with significance at p<0.05.

**Results:** The insoluble F content of tested CFDs ranged from 4 to 32%. Incorporation of L-Arg and L-Arg.HCl significantly improved the fluoride bioavailability of CFDs (p<0.05). Incorporation of L-Arg significantly increased pH of the toothpaste slurries (p<0.05); while L-Arg.HCl decreased pH of the slurries. PCA analysis showed that L-Arg.HCl decreased pH of toothpaste slurries due to presence of Cl in the form of HCl; whereas the inherent elements/molecules – Na, P, Pi, F at different levels remain distinct with unidentified influence of arginine incorporation on the tested variables.

**Conclusion:** Incorporating arginine (L-arginine or L-arginine monohydrochloride) at 2% w/w enhances fluoride bioavailability of the child formula dentifrices.

#### Funding

This research project was supported by Research Grants Council, Hong Kong (Grant No: 17118519).

## Case Report Abstracts Layout

- Introduction
- Case Report
- Discussion
- Conclusions

Dental Trauma

### Multi-dimensional Approach to the Successful Management of Intrusive Traumatic Dental Injuries: A Case Report

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**Introduction:** Intrusive luxation is a form of traumatic dental injury in which the affected tooth is displaced deeper into the alveolus. It accounts for 3% of all the traumatic injuries in permanent dentition. According to BSPD, the severity of intrusion can be classified as mild (3mm); moderate (3-6 mm); and severe (6mm). Despite the variety of treatment modalities, rehabilitation of intruded teeth poses a challenge, and a multidisciplinary approach is important to achieve a successful result.

**Case report:** This case report describes a multidisciplinary management of an intruded permanent central incisor of a 12-year-old child who reported to the Department of Pediatric Dentistry. Intra-oral examination revealed soft tissue injuries with displaced and mobile teeth. On radiographic examination, intrusion w.r.t I1 was observed. Orthodontic repositioning of I1 was performed followed by splinting of the tooth. Further, the tooth was endodontically treated, and a regular follow-up was done. Clinical and radiographic examination showed satisfactory apical and periodontal healing.

**Discussion:** The management of intrusive luxation ranges from allowing for spontaneous eruption to orthodontic or surgical repositioning depending on the severity of intrusion. In this case, the tooth was intruded 4mm and so orthodontic repositioning was planned followed by splinting for 4 weeks. Later endodontic treatment of the tooth was performed.

**Conclusion:** The present case report shows a successful multidisciplinary management of intrusive luxation injury. Traumatic dental injury is one such integrated model wherein people from multiple disciplines of dentistry work together in addressing a common challenge.