

Endodontics and Neuropathic Pain

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We commonly read reports of neuropathic pain being misdiagnosed as dental pain, hence resulting in unnecessary dental treatments. Nevertheless, neuropathic pain may also result from the management of correctly diagnosed dental pain. This outcome can be frustrating to both the clinician and the patient. This presentation will discuss some of the factors predisposing to neuropathic pain after endodontic intervention and its subsequent management strategies.

Dr Christoforou is an oral medicine specialist with Fellowships with the Royal Australasian College of Dental Surgeons and the Oral Medicine Academy of Australasia. She works in private practice in Perth and she is a member of the Sir Charles Gairdner Hospital multidisciplinary Head and Neck cancer clinic. Dr Christoforou is also a clinical lecturer and honorary research fellow at the University of Western Australia. Her special clinical interests include prevention and management of oral cancer and its sequelae, mucosal diseases and orofacial pain.

Monday 13th March 2018 - Dinner and Lecture (1 hour CPD). Please register by 6/3/2018 for catering

TIMES: 6:00 pm Pre Dinner drink 6:30 pm Entrée and Main Course
 07:30 pm AGM and Lecture 8:00 pm Dessert, Tea and Coffee

VENUE: University Club of WA Hackett Drive #1 Entrance Crawley WA 6009

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REGISTRATION FORM AND TAX INVOICE

ABN 91 478 820 059

Please register online at www.asewa.wildapricot.org or complete this registration form and return **before 5.00 pm Monday 6th March 2018** - by post or email to ASEWA Secretary details below. This form will become a Tax Invoice upon the payment of the required Fee. Please keep a copy for your own financial records.

Registration Fees (GST Inclusive). Please tick the appropriate box to indicate your status:

- ASE Member:** \$ **160.00**
- Non-member of the ASE:** \$ **210.00**
- ASE Post Grad Student:** \$ **60.00**
- Non-ASE Post Grad Student:** \$ **80.00**

Payment method - please tick the appropriate box

- Cheque enclosed and payable to: **ASE (WA Branch) Inc.**
- Direct Deposit (Please include your name in the payment reference details):
Acct Name: **ASE (WA)** BSB: 066 124 Acct No. 1005 9299

Name: _____ Phone: _____

E-mail: _____

Dr. Michael Nguyen Secretary - ASE (WA Branch)

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