

# EDI JOURNAL

European Journal for Dental Implantologists



## WITH NEW FACES INTO THE FUTURE

General meeting elects BDIZ EDI board

**EDI News** | 27<sup>th</sup> Curriculum Cologne and 2<sup>nd</sup> Curriculum South—the next round | Annual Meeting confirms continuity and renewal on the board | President's speech at the 2025 Annual Meeting of BDIZ EDI in Augsburg | FDI World Dental Congress in Shanghai | **Europe** | General Meeting of CED, resolution and policies on AI, MDR, sugar, tobacco and AMR | Simplifying instructions for use of medical devices | **Case Studies** | Delayed implantation following bilateral sinus floor elevation | Long-term success of implant-supported rehabilitation in the aesthetic zone | Angled abutment in three-unit fixed prostheses |





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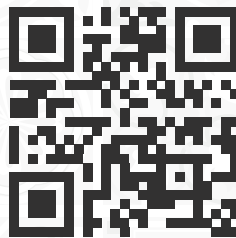
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THE FUTURE OF ESTHETIC  
IMPLANTOLOGY

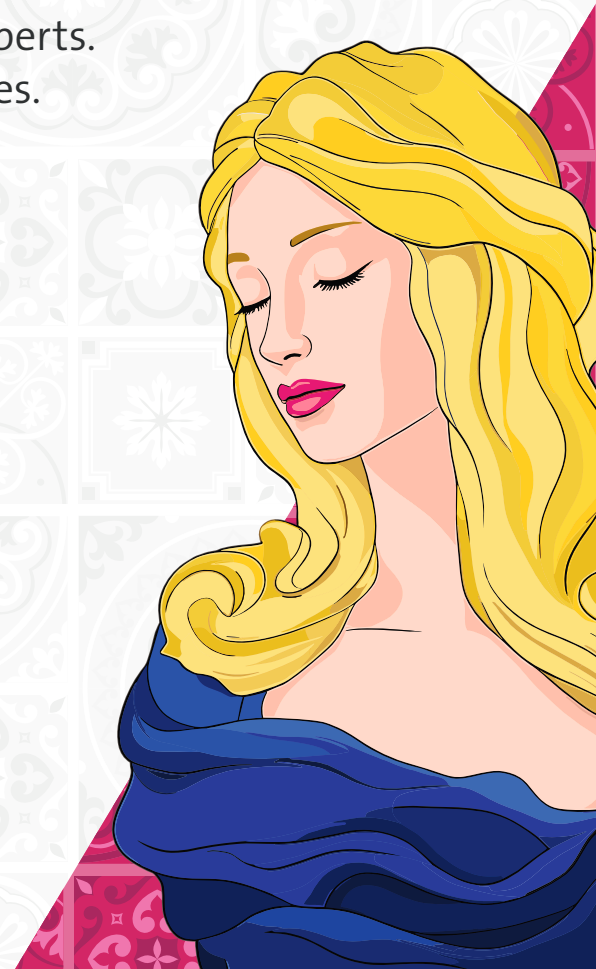
# MASTERING INNOVATION & GROWTH

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## BDIZ EDI success story

Half of 2025 is over and a lot has been achieved: the European Association of Dental Implantologists BDIZ EDI has published the new practice guide *Managing complication in implant treatment* and many contacts were made at the International Dental Show (IDS) in March and new collaborations are emerging. The first implantology curriculum in southern Germany came to a successful end and will start its second round in September 2025—while the curriculum in Cologne will start for the 27<sup>th</sup> time at the end of November. The 18<sup>th</sup> European Symposium of the BDIZ EDI took place in Stockholm in mid-June—with a high-calibre team of speakers from many parts of Europe and once again demonstrated the importance of professional exchange across borders.

At the end of June, the General Assembly in Augsburg elected the Board of Directors for the next four years. With the two presidents Christian Berger and Prof. Joachim Zöller, the association is relying on the continuity that has made the association so successful in recent years. Both were reelected as President and Vice President. I have been elected as the new Secretary General and Dr Dr Markus Tröltzsch, previously a member of the extended Executive Board, is now a member of the core Executive Board as Secretary. Dr Wolfgang Neumann also remains the constant in matters of finance.

There are new faces on the Advisory Board. After Dr Freimut Vizethum, Dr Renate Tischer, Dr Detlef Hildebrand and Dr Nathalie Khasin stepped down for personal reasons, the General Assembly elected an almost new team. Kristin Tischer, Stefanie Tiede and Prof. Dr Dr Johann Müller want to provide fresh impetus and take the association even further forward internationally. Prof. Dr Jörg Neugebauer did not stand for reelection as secretary general due to his increasing international lecturing activities.

The BDIZ EDI is therefore focusing on the tried-and-tested and the new and will continue to intensively pursue its core tasks with fresh forces: to offer high-calibre and advanced training in the implantological-surgical and -prosthetic field and to continue to scrutinise laws and regulations at European level.

The BDIZ EDI cooperates throughout Europe with partner associations that support its objectives. It intervenes in health policy discussions—whether in Berlin or Brussels and Strasbourg—insofar as they affect dental practice. The most recent example is the critical monitoring of the EU Medical Device Regulation (MDR).

Newcomers to the profession and those interested in oral implantology have the opportunity to learn the basics of working as a future implantologist with us. The BDIZ EDI has been offering the Cologne Implantology Curriculum since 2005—a recipe for success to this day—created by Prof. Dr Dr Joachim Zöller and Prof. H. J. Nickenig—with an overall concept that is suitable for every practice. The practical relevance is reinforced by the intensive workshops, and the training of all the procedures learnt takes place in human preparation courses. Due to high demand, two courses are now held at the University of Cologne each year. The associated partner organisations in Poland, Greece and Serbia are adopting the structure of the successful model. We now also offer a Curriculum South, which Dr Dr Markus Tröltzsch designed based on the Cologne model and implements with renowned module leaders in Munich and Ansbach. The curriculum will enter its second round in September and offers a modern mix of knowledge transfer—five face-to-face modules with practice-orientated hands-on courses. The theory takes place online.

We would like to invite you today to the 21<sup>st</sup> Expert Symposium in Cologne. In February, the topic will be “Printing, milling, melting: Quo vadis, implantology?”. We look forward to seeing you in Cologne for training and carnival. Join us and accompany the BDIZ EDI into the future!

Sincerely,

Dr Stefan Liepe  
Secretary General





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<sup>1</sup> Semper-Hogg, W et al. Analytical and experimental position stability of the abutment in different dental implant systems with a conical implant-abutment connection. Clinical Oral Investigation (2013) 17: 1017.

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# Partner Organizations of BDIZ EDI



## Association of Dental Implantology UK (ADI UK)

ADI UK, founded in 1987, is a registered charity committed to improving the standards of implant dentistry by providing continuing education and ensuring scientific research. It is a membership-focused organisation dedicated to providing the dental profession with continuing education, and the public with a greater understanding of the benefits of dental implant treatment. Membership of the ADI is open to the whole dental team and industry, and offers a wealth of benefits, education and support for anyone wishing to start out or develop further in the field of dental implantology.



## Ogólnopolskie Stowarzyszenie Implantologii i Stomatologii (OSIS EDI)

OSIS EDI, founded in 1992, is a university-based organisation of Polish scientific implantological associations that joined forces to form OSIS. The mission of OSIS EDI is to increase implant patients' comfort and quality of life by promoting the state-of-the-art and high standards of treatment among dental professionals. OSIS EDI offers a postgraduate education in dental implantology leading to receiving a Certificate of Skills (Certyfikat Umiejętności OSIS), which over 130 dental implantologists have already been awarded.



## Sociedad Española de Implantes (SEI)

SEI is the oldest society for oral implantology in Europe. The pioneer work started in 1959 with great expectations. The concept of the founding fathers had been a bold one at the time, although a preliminary form of implantology had existed both in Spain and Italy for some time. Today, what was started by those visionaries has become a centrepiece of dentistry in Spain. SEI is the society of reference for all those who practice implantology in Spain and has been throughout the 50 years, during which the practice has been promoted and defended whereas many other societies had jumped on the bandwagon. In 2009 SEI celebrated its 50<sup>th</sup> anniversary and the board is still emphasizing the importance of cooperating with other recognised and renowned professional societies and associations throughout Europe.



## Sociedade Portuguesa de Cirurgia Oral (SPCO)

The SPCO's first international activity was the foundation—together with their counterparts in France, Italy, Spain and Germany—of the European Federation of Oral Surgery (EFOOS) in 1999. The Sociedade Portuguesa de Cirurgia Oral's primary objective is the promotion of medical knowledge in the field of oral surgery and the training of its members.



## Udruženje Stomatologa Implantologa Srbije-EDI (USSI EDI)

USSI EDI was founded in 2010 with the desire to enhance dentists' knowledge of dental implants, as well as to provide the highest quality of continuing education in dentistry. The most important aims of the organisation are to make postgraduate studies meeting the standards of the European Union available to dentists from Serbia and the region; to raise the level of education in the field of oral implantology; to develop forensic practice in implantology; and to co-operate with countries in the region striving to achieve similar goals.



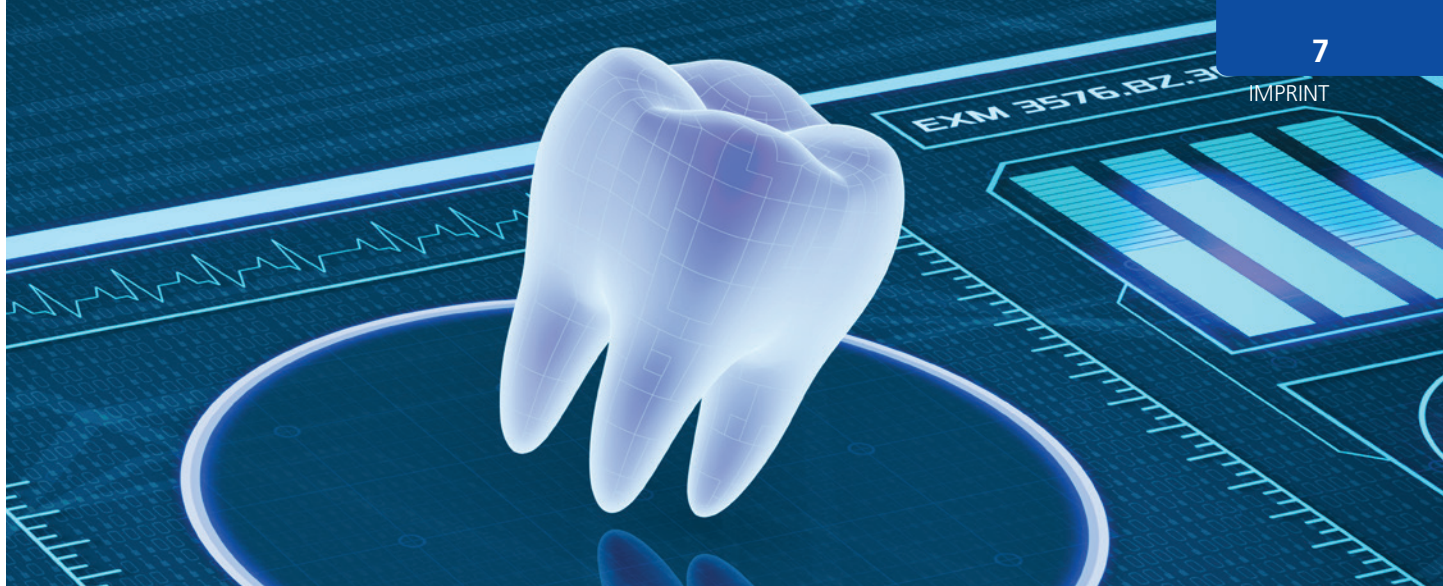
## EDI of Macedonia

The Association is Albanian Implantology Association of Macedonia—AIAM was founded in 2013 as a branch of Albanian Dental Society of Macedonia. The association was created to advance education in the field of dental implantology for the benefit of the population. The objectives of the association are:

- To promote the progress of education, research and development of dental implantology in Macedonia
- To encourage postgraduate education, study and research in dental implantology through:
  - Appointment of meetings, lectures, seminars and courses either individually or with others
  - Encouraging the publication of dental implantology articles!
  - To cooperate and make agreements with relevant, national, local, foreign and different institutions.

In 2017, AIAM & MAOS (Macedonian Association of Oral Surgeons) became EDI of Macedonia and signed a Cooperation Agreement with BDIZ EDI to cooperate in dental implantology!





## Scientific Board

<b>Dr Iyad Abou-Rabii,</b> Coventry	<b>Dr Maher Almasri,</b> Coventry	<b>Professor Alberico Benedicenti,</b> Genoa	<b>Dr Eduardo Anitua,</b> Vitoria-Gasteiz	<b>Dr Marco Degidi,</b> Bologna	<b>Dr Eric van Dooren,</b> Antwerp	<b>Professor Rolf Ewers,</b> Vienna
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<b>Patrick Rutten,</b> MDT, Tessenderlo	<b>Dr Henry Salama,</b> Atlanta	<b>Dr Maurice Salama,</b> Atlanta	<b>Dr Ashok Sethi,</b> London	<b>Professor Joachim E Zöller,</b> Cologne	<p>All case reports and scientific documentations are peer reviewed by the international editorial board of EDI Journal.</p> <p>Chair is Professor Jörg Neugebauer.</p>	

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## 27<sup>th</sup> Curriculum Cologne and 2<sup>nd</sup> Curriculum South—the next round

# A must—not only for beginners

The BDIZ EDI Curriculum Implantology is essential for beginners—but it is equally valuable for more experienced professionals. For 26 years, BDIZ EDI has offered comprehensive basic training in oral implantology in partnership with the University of Cologne. The curriculum stands out for its strong focus on hands-on exercises. Due to high demand, the BDIZ EDI launched a second, similar curriculum last year, which has been a success. Both curricula include eight modules on weekends, spread out over approximately one year. Those interested in the next round are invited to register now.





While the Curriculum Cologne will be held at the University of Cologne, under the proven leadership of Prof. Joachim E. Zöller and Prof. H. J. Nickenig, the Curriculum South will alternate between Munich and Ansbach and include several online modules on demand. Dr Markus Tröltzsch will be the instructor. Both Curricula begin with an introduction of the fundamentals of oral implantology and conclude with a final examination after completion of all eight modules. Successful graduates will receive a certificate that will serve as the basis for more advanced training, which can lead to a formal Focus of Professional Activities: Oral Implantology ("Tätigkeits-schwerpunkt") and/or a European Specialist in Implantology (EDA) qualification.

#### The dates are as follows:

2<sup>nd</sup> Curriculum South—starts on 19/20 September 2025

27<sup>th</sup> Curriculum Cologne—starts on 28/29 November 2025

The advantages of the 27<sup>th</sup> Curriculum Cologne and the 2<sup>nd</sup> Curriculum South include: high quality, small groups, an unbeatable price and a large proportion of practical exercises in the workshops. While the Cologne curriculum takes place at the University of Cologne from day one, its "younger brother" in the south offers a combination of knowledge transfer through five face-to-face modules in Munich and Ansbach and three online, on-demand modules.

If you are already a member of BDIZ EDI, or if you decide to join when registering for the curriculum, you will benefit from a significantly reduced registration fee and enjoy all membership benefits. So if you are not yet a member, joining now will pay off!

Register now, as places are limited! For more information and the current programme, visit the BDIZ EDI website at [www.bdizedi.org](http://www.bdizedi.org).

Curriculum  
Cologne



Curriculum  
South



### 27<sup>th</sup> Curriculum Cologne Programme

All courses take place from 2 p.m. to 6:30 p.m. on Fridays and from 9 a.m. to 5 p.m. on Saturdays

28/29 November 2025	<b>Module #1</b> Fundamentals of oral implantology
23/24 January 2026	<b>Module #2</b> Indications, diagnoses and case management
20/21 February 2026	<b>Module #3</b> Implant systems, instruments, advanced diagnosis
13/14 March 2026	<b>Module #4</b> Implant prosthetics I and minimally invasive surgery
17/18 April 2026	<b>Module #5</b> Augmentation I: Regional bone augmentation
8/9 May 2026	<b>Module #6</b> Implant prosthetics II and soft-tissue management
26/27 June 2026	<b>Module #7</b> Augmentation II: Remote bone grafting and distraction
17/18 July 2026	<b>Module #8</b> Recall, managing complications, future perspectives

### 2<sup>nd</sup> Curriculum South Programme

The face-to-face modules will be held on Fridays and Saturdays in Ansbach and Munich.

19/20 September 2025 (onsite in Ansbach)	<b>Module #1</b> Fundamentals of oral implantology Dr Markus Tröltzsch
(online/on demand)	<b>Module #2</b> Diagnosis and case management
14/15 November 2025 (onsite in Ansbach)	<b>Module #3</b> Diagnosis and surgical techniques Dr Markus Tröltzsch
(online/on demand)	<b>Module #4</b> Prosthetics and aesthetics
23/24 January 2026 (onsite in Munich)	<b>Module #5</b> Prosthetic concepts Prof. Daniel Edelhoff
10/11 April 2026 (onsite in Munich)	<b>Module #6</b> Delayed and immediate restorations Prof. Andreas Schlegel
(online/on demand)	<b>Module #7</b> Augmentation surgery and complex implantological issues
8/9 May 2026 (onsite in Ansbach)	<b>Module #8</b> Augmentation and complex implantation Dr Markus Tröltzsch

## Annual Meeting confirms continuity and renewal on the board

# Looking to the future with new faces

At its Annual Meeting in Augsburg, BDIZ EDI elected a refreshed board to serve a four-year term, combining continuity with a new generation of members. Prior to the vote, the outgoing board was commended for successfully guiding the association through recent years and positioning it well for the future.

The Annual Meeting once again placed its trust in the established leadership team: Christian Berger (Kempten) and Prof. Joachim E. Zöller (Cologne) were reelected as president and vice president, respectively. Prof. Jörg Neugebauer (Landsberg), who had served as secretary general, stepped down at his own request due to growing international commitments. He is succeeded by Dr Stefan Liepe (Hannover), formerly secretary. Dr Wolfgang Neumann (Philippsthal) will continue in his role as treasurer. Dr Markus Tröltzsch (Ansbach) joins the board's core team as the new secretary.

After 24 years of service, Dr Renate Tischer stepped down and was given a standing ovation. She is succeeded by her daughter, Kristin-Theres Tischer, a young practice owner from Bad Salzungen. The Annual Meeting also elected Dr Stefanie Tiede (Rostock), a prominent figure in professional policy. She is the current president of the State Dental Chamber of Mecklenburg-Western Pomerania and represents the German Dental Association (Bundeszahnärztekammer, BZÄK) internationally. Prof. Johann Müller (Munich) will bring valuable experience to the board, having previously chaired the Kempten-based Working Group for Advanced Dental Education and served as president of the European Dental Association (EDA). Dr Freimut Vizethum, Dr Detlef Hildebrand and Dr Nathalie Khasin did not seek reelection. They received heartfelt thanks for their many years of commitment.

The Annual Meeting expressed its particular satisfaction with the association's



The 2025–2029 BDIZ EDI Board (left to right): Prof. Johann Müller (Munich), Kristin-Theres Tischer (Bad Salzungen), Dr Wolfgang Neumann (Philippsthal), Christian Berger (Kempten), Dr Stefanie Tiede (Rostock), Dr Markus Tröltzsch (Ansbach), Dr Renate Tischer (Bad Salzungen), Dr Stefan Liepe (Hannover), Prof. Joachim Zöller (Cologne).

continued support for dental practices in its core areas of billing and legal affairs, continuing education and professional advocacy. Throughout the pandemic, BDIZ EDI supported its members with online seminars on billing, clinical training and practice management. The association's newsletter continues to provide members with timely and straightforward updates.

More than 100 online seminars were delivered free of charge, reaching approximately 12,000 participants directly. BDIZ EDI has also expanded its Curricula, with two courses now held annually in cooperation with the University of Cologne.

Since 2024, the established Curriculum Cologne has been complemented by the Curriculum South. The Cologne course will enter its 27<sup>th</sup> edition this autumn under the direction of Prof. Joachim Zöller, while Curriculum South, coordinated by Dr Markus Tröltzsch, will begin its second round in September.

Looking ahead, Christian Berger, who has served as president of BDIZ EDI since 2005, has announced a renewed focus on addressing the needs of younger dentists through targeted continuing-education programmes.

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## President's speech at the 2025 Annual Meeting of BDIZ EDI in Augsburg



# BDZI EDI relies on continuity

Dear colleagues,  
dear friends on the board,  
dear Thomas,

I am pleased to welcome you to this year's Annual Meeting here in Augsburg.

I am particularly pleased because today, with your vote, you will set the course for the future work of your association's board for the next four years. Last year, at the Conference of Experts on Implantology in Dresden, we celebrated the 35<sup>th</sup> anniversary of the BDIZ EDI, and we were honoured to invite our founding members to mark the occasion. I would particularly like to send my warm regards to Werner Hotz, who is unable to join us today due to family commitments. As this term of office comes to an end, I would like to begin by expressing my sincere thanks to the members of the board for their dedication and commitment: Joachim Zöller, Wolfgang Neumann, Stefan Liepe and Jörg Neugebauer, as well as Renate Tischer, Markus Tröltzsch, Detlef Hildebrand, Nathalie Kashin and Freimut Vizethum.

I would also like to thank our friend and legal advisor Thomas Ratajczak, as well as Anita Wuttke, Helga and Mirjam Karanikas, and Nicole Schildberg.

Thank you all for your invaluable contributions.

### Politics and policies

Before turning to today's agenda, I would like to make a few remarks about the recent federal elections in Germany and the resulting changes to German health policy. The outcome of the election ultimately came as no surprise, especially following the dissolution of the so-called "traffic lights" coalition. From the perspective of the dental profession, there is little left to be said about Karl Lauterbach's time in office. He became hopelessly entangled in a web of self-initiated reforms and showed little regard for the needs of physicians and dentists in private practice. We all breathed a collective sigh of relief when it became clear that the Federal Ministry of Health would return to the centre-right CDU. Although Nina Warken, the new Federal Minister of Health, is entering new territory with her appointment as Federal Minister of Health, her early statements have raised hopes. She has adopted a pragmatic approach to her new role. For example, she recently emphasised that treatment costs for welfare recipients must be fully covered by the federal budget. BDIZ EDI has already reached out to minister Warken and her team to explain at an early stage the rationale behind the association's decision to initiate legal proceedings against the Federal Ministry of Health before the administrative



court in Berlin. I will return to the details of the case later in my report. However, we must not delude ourselves: what we need is an increase in the point value, not a revolving door of health ministers.

Together with my report for 2024/2025, I would like to offer a review of the past four years of intensive work during this term of office. Reports on the 2025 Expert Symposium, the European Consensus Conference and the curricula, as well as the 2025 Conference of Experts on Implantology, have been or will be presented separately.

## Let us look back at the past four years in chronological order: 2021

In 2021, we welcomed Markus Tröltzsch, a young oral and maxillofacial surgeon, to the board. Since joining, he has contributed constructively to the association's work, initiating and implementing new projects, with more still to come. At the 2021 Annual Meeting, which took place in the year that the WHO officially declared the end of the pandemic, we reported that BDIZ EDI had offered and conducted more than 40 online seminars during the pandemic period. These covered topics such as continuing education in dentistry, billing support, and legal matters, reaching over 12,000 participants directly.

## 2022

We also renewed our political commitment, of course. Karl Lauterbach imposed budget restrictions on contractual dental services within statutory health insurance (SHI) for 2023 and 2024. This posed a serious threat to the preventive care framework for systematic periodontal treatment, which was introduced into SHI in 2021 alongside some new services. In response, we issued a press release urging patients to start necessary periodontitis treatment before the end of 2022.

## 2023

Since 1 January 2023, BDIZ EDI has officially been headquartered in Munich at Lipowskystraße 12. Helga Karanikas, who joined the team back in 2018, is based there. Having previously worked as an assistant to the President of the Bavarian Chamber of Dentists, she is now responsible for member administration, the day-to-day running of the office, parts of the event organisation and bookkeeping. Nicole Schildberg has also joined the team, primarily handling event bookings and liaising with speakers, hotels and other partners. Mirjam Karanikas supports the back office with membership administration matters and manages orders from the online shop. Even back in Helmut Engels's day, BDIZ EDI had employed three full-time members of staff. This number remains the same, although everyone now works part-time.

For several years now, the association has been engaged with the EU Medical Device Regulation (MDR). In 2023, we were once again compelled to make public statements on the matter once again. Although the European Commission decided to postpone the full implementation of recertifying existing products under the MDR by one year, the fundamental issues surrounding this process remain unresolved. BDIZ EDI continues to criticise the European Commission for its unrelenting commitment to what can only be de-



In 2023 BDIZ EDI initiated a lawsuit against the German Ministry of Health before the administration court in Berlin to raise the standard fee schedule for dentists (GOZ).



scribed as a bureaucratic monster. There are still too few notified bodies. The certification process is as complicated as it is expensive. Medium-sized and small companies with small-scale production are particularly affected. In an anonymous 2019 BDIZ EDI survey of the dental industry, more than 45 per cent of participating manufacturers said they would withdraw products from the market due to the MDR. For oral implantology, this would be a particularly serious setback. Unfortunately, our concerns have become reality—and the situation has only worsened.

Just in time for IDS 2023, the association demanded that the Federal Ministry of Health finally raises the point value that governs dentists' fees when treating patients with private health insurance (PHI)—something that has not happened in over 65 years. The Ratajczak law office sent a formal letter to minister Lauterbach, requesting a

response by a specific deadline. The message was clear: should he fail to respond, six dentists would initiate legal action before the Administrative Court in Berlin.

And what can I say? Lauterbach did not respond, to no one's great surprise. At the initiative of BDIZ EDI, our legal advisor therefore proceeded to file the lawsuit. The association is suing the Federal Ministry of Health for failing to act, specifically for not adjusting the point value and for inequalities in fee schedules. After all, during the same period, the point values for veterinary surgeons and lawyers were increased multiple times.

In autumn 2023, we launched the online continuing education series "Implantology step by step" with Prof. Johannes Einwag, covering the full spectrum from the basics to a master-class. The series began with two free pilot webinars on topics related to implantology, concluding with a billing webinar presented by Kerstin Salhoff and myself, which focused the clinical content covered throughout the series. It was a successful, well-structured programme with thematically aligned modules.

## 2024

In July 2024, alongside the well-established Curriculum Cologne, we launched Curriculum South, organised by Markus Tröltzsch. He developed the Curriculum South based on the Cologne "original", but with a significant number of online components. Curriculum South includes both online sessions and face-to-face courses held in Munich and Ansbach.

## 2025

At IDS 2025, we presented our analysis of the revised GOÄ (the SHI standard fee schedule for physicians in general) for the first time. Our exhibition booth attracted considerable interest—and not only because of our popular prize wheel. We welcomed the FDI President, as well as presidents of national and international dental chambers and associations. *EDI Journal* will feature a "Who's who" of our distinguished visitors. I would like to express my sincere thanks to my colleagues on the board: Wolfgang Neumann, Stefan Liepe and Anita Wuttke, as well as Helga Karanikas and Milan Fries, for their efforts during IDS.





## Expert Symposia and EuCC

Let us turn to a key area of our continuing education activities. Since well before 2021, we have been developing clinical practice guides that clearly differ from formal guidelines: they offer practical recommendations for action. These practice guides are produced in advance of each Expert Symposium by the European Consensus Conference. They are based on working papers prepared by Jörg Neugebauer or Joachim Nickenig, depending on the topic.

In 2021, the focus in Cologne was on ceramics in implant dentistry. The existing guideline was revised and updated.

In 2022, the 17<sup>th</sup> Expert Symposium centred on the Cologne ABC Risk Score for implant treatment, with its intuitive “traffic lights” system.

In 2023, short, angulated and reduced-diameter implants were once again reviewed. This was the second update of the relevant guideline.

In 2024, we addressed the digital workflow, which for the first time included aspects of artificial intelligence. This, too, was an update to an existing publication.

In March 2025, we celebrated the anniversary edition in Cologne: 20 years of the Expert Symposium, this time dedicated to the management of complications.

All guidelines are published in both German and English and are sent annually to members in Germany and abroad. My sincere thanks go to Joachim Zöller, who is responsible for the entire continuing-education programme and who originated the Expert Symposium in Cologne, which has since become an integral part of the BDIZ EDI calendar.



## Consensus Conferences and guideline conferences

The BDIZ EDI not only participates in the Consensus Conferences on implantology, but also in the guideline conferences organised by DG Paro, DGZMK and DGI. This allows us to contribute the broad professional expertise of our oral implantologists. It is important for us to be represented there so that we can respond promptly to any developments that appear to be heading in the wrong direction.





## Communication

To save money and resources, we regularly keep our members informed through our BDIZ EDI newsletter. Subscribers regularly receive news about current developments and, of course, about upcoming virtual and face-to-face events. Currently, 2,300 members are subscribed to the newsletter. If you are not yet receiving it, please contact our Munich office.

## Europe

In 2021, the planned congress in Skopje, organised in cooperation with EDI Macedonia, was cancelled due to the ongoing effects of the pandemic. It was subsequently held as an online congress.

In 2022, the 15<sup>th</sup> European Symposium was held in Karlovy Vary as part of the Four-Nation Dentists' Congress, which involves the Czech Republic, Austria, Saxony and Bavaria. BDIZ EDI has become a permanent fixture at this annual four-nation gathering of dental chambers and associations, which is hosted by the Czech Dental Chamber every May.

I took part in the 2022 event in my capacity as President of the Bavarian Dental Chamber. I now represent BDIZ EDI.

It is vital for our work to remain actively engaged in these discussions, especially with regard to the political issues, bureaucratic load and remuneration matters faced by dental practices in the four participating regions.

In 2023, we partnered with OEMUS MEDIA to hold the European Symposium near Verona.

In 2024, we met in Split. Our partner on this occasion was the Croatian Dental Association.

This year, 2025, the 18<sup>th</sup> European Symposium took place in Stockholm. I am pleased to report that the event offered an outstanding day of continuing education with high-calibre speakers. Next year, we plan to hold the symposium in Tirana, Albania. Dr Erion Çerekja, one of our newer members on the European Committee who gave presentations both in Split and Stockholm, had extended this invitation.

The European Committee, which includes representatives from our partner organisations, meets regularly during the Expert Symposium in Cologne. Board members are also frequently invited by our partner associations to present at international events.

## Publications, newsletter, internet and social media

I would also like to remind you about our website and our newsletter, which we publish to keep you up to date. Take advantage of being the first to know! Subscribe to the BDIZ EDI News newsletter via our website if you have not already done so. You will receive valuable information on current events and helpful downloadable templates, as well as lots of useful information on billing and legal issues. Make sure you use the members' area of our website. This is the only way to access recorded webinars and download important forms or analyses. We are now on almost every social media platform: Facebook, Instagram, X and YouTube—we would love for you to follow us there!

## Looking ahead

In September, the second Curriculum South will begin, followed by the 27<sup>th</sup> Curriculum Cologne in November. Curriculum South has developed very successfully, while Curriculum Cologne remains a classic that fills up quickly. Over the past 25 years, these events have helped us attract many new members to the association.

The 21<sup>st</sup> Expert Symposium will take place in February 2026, and I would like to extend a warm invitation to you all already now. We are also planning to introduce a new Expert Witness Curriculum next year. Markus Tröltzsch is currently working on content and scheduling. Rest assured that we will continue to offer support in the areas of billing and legal matters. There will also be more webinars. Several topic requests have already been submitted by our members.

The same applies to those involved in our committee work and not least our auditors, Maximilian Grimm and Dieter Sängner.

Many thanks to all of you for your continued commitment.

## Membership

As of yesterday, our total membership stood at 2,259, including 151 young professionals and 75 foreign members. Despite the increase in membership thanks to the webinars and the additional curriculum, there has been a slight decline, which, as always, is due to demographic factors. Clearly, we still have many first-generation members who have been in working in their practices for more than 30 or even 40 years, but some members are also gradually retiring from their practices. Nevertheless, most of them choose to remain members—which makes us very happy. This reflects clearly and favourably on the association and its work. However, we also need new members to help us overcome internal and external challenges, and to enable us to respond to new laws, regulations and ordinances. I would like to appeal to you to help us stay strong. Talk to the young people in your practice and show them what we can do. After all, this is what we have demonstrated, particularly during the past four years. In conclusion, I would like to thank you all for attending today's meeting in Augsburg. I would also like to thank the dedicated BDIZ EDI staff once again: Helga Karanikas in Munich, Kerstin Salhoff, who manages our billing hotline, and Nicole Schildberg and Mirjam Karanikas. Most of all, I would like to thank our press officer and Editor-in-Chief of *BDIZ EDI konkret* and *EDI Journal*, Anita Wuttke, for her support since 2007.

Thank you once again for your attention.



Christian Berger  
President



## Improving the functionality of the healthcare system

# Major challenges ahead

There is broad consensus among the government and opposition parties that Germany's healthcare system requires further comprehensive reform to ensure that high-quality care can be provided at sustainable cost in the long term.

In a speech before the Bundestag in mid-May, German Federal Health Minister Nina Warken (a member of the centre-right CDU party) outlined her plans for the coming years. Referring to the financial pressures facing both statutory health insurance and long-term care insurance, she signalled a willingness to act swiftly. Opposition parties also recognise the urgent need for action in many areas of healthcare policy.

### A modern and highly efficient healthcare system

In her first address to the Bundestag as Minister of Health, Warken said that the new coalition government of CDU and the centre-left SPD aims to restore public confidence in the functionality of the healthcare system. She stressed the need to prevent systemic shortcomings such as long travel distances to hospitals or pharmacies, which are both inconvenient for patients and costly for the health service. The heart of her programme, she proclaimed, is her goal of ensuring high-quality, needs-based and affordable healthcare. Warken acknowledged that the challenges facing the health and care sectors are immense. She cited inefficient structures, insufficient sustainable financing and excessive bureaucracy as examples.

"We'll do everything we can to improve the healthcare system," she said. Insured

persons are entitled to a modern and highly efficient healthcare system. Warken also wants reforms to take the needs of healthcare professionals into account, with the aim of making their work more efficient and improving patient care. Strengthening individual responsibility among staff is another priority, especially in the nursing sector. "We can't afford to leave the potential of skilled nursing staff untapped", she stated.

### Reform proposals in the pipeline

Warken confirmed that reforms introduced by her predecessor, Prof. Karl Lauterbach (SPD), particularly in hospital policy, would be continued and further developed. Digitalisation efforts in healthcare will also move forward, as would reform of emergency care. Another aim is to improve the way patients are guided through outpatient services. A government-appointed commission is expected to present proposals for stabilising statutory health insurance contributions in the long term. Referring indirectly to acute funding shortages in the federal backup health fund, Warken emphasised that short-term action would also be necessary, including with regard to long-term care insurance.

"The tight financial situation requires a multi-pronged approach," she said. She intends to present proposals to provide financial breathing room for the long-term care system beyond the end of the

year. Medium- and long-term solutions will also be required. A joint federal and state working group is expected to present proposals for a comprehensive long-term care reform later this year. One key aim is to address the sharp rise in co-payments by care recipients.

*Source: German Bundestag, 15 May 2025*



Nina Warken is new German Federal Health Minister. Predecessor was Prof. Karl Lauterbach.



## Certification as an EDA Expert in Implantology

# Qualification for experienced implantologists

For many years, BDIZ EDI has been catering to experienced and well-versed oral implantologists by offering the certification exam for EDA Expert in Implantology. Jointly with the European Dental Association (EDA), BDIZ EDI regularly invites interested dentists to take the certification exam, which we would like to present in this article.

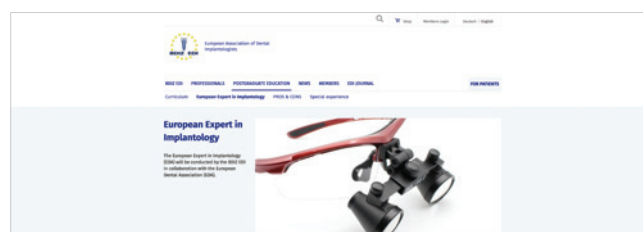
That quality is of paramount importance to BDIZ EDI is no secret. BDIZ EDI has demonstrated this in many different areas—legal and accounting, material testing, postgraduate education, the annual guidelines of the European Consensus Conference (EuCC) on current implantological issues and finally the qualification of court experts. BDIZ EDI also supports dental education with its Curriculum Implantology that introduces aspiring dentists and young implantologists to this dental specialty in eight well-organised modules.

### Admission requirements for the certification exam

Certification as Expert in Implantology requires very good to excellent skills and knowledge. Candidates must meet the following admission requirements:

- 250 EDA-recognised continuing education/training hours in various sub-disciplines of implantology
- Submission of ten documented, independently performed implantological treatment cases
- At least five years of professional activity, primarily in the field of implantology.

Specific experience and primary activity in the field of implantology must be documented by at least 400 implants inserted and



150 implants restored within the past five years. Candidates who already obtained qualifications in oral implantology (e.g. from other professional societies) may submit the appropriate credentials with their application for certification as EDA Expert in Implantology.

### The exam

Candidates meeting all the requirements will be admitted to the examination. The examination board of BDIZ EDI and EDA consists of recognised specialists. The exam has a theoretical and a practical part, both of which must be completed successfully. The procedure is as follows: the theoretical part of the exam will start with a discussion of the documented cases. In addition, candidates are expected to answer questions related to oral implantology and closely associated fields. The theoretical examination usually takes no longer than 60 minutes; it may be administered to candidates in groups. The practical part of the examination covers one or more recognised, state-of-the-art treatment method or methods and/or treatment plans covering some aspect of oral implantology. Candidates will be informed of the respective topic two weeks before the exam date. Candidates are responsible for providing the required materials and instruments on the day of the exam. The examination as a whole is subject to a fee to cover the cost incurred by the examination board.

New EDA Experts in Implantology are nominated by the president or vice president of the EDA certification committee.

### More information...

To register for the next certification exam, please go to [www.bdizedi.org](http://www.bdizedi.org) and select English > Professionals > Expert or write to the BDIZ EDI office in Munich at [office@bdizedi.org](mailto:office@bdizedi.org).







## FDI World Dental Congress in Shanghai

# Shaping the future of oral health

This year's FDI World Dental Congress (WDC) will be taking place in Shanghai, China. The FDI World Dental Federation is hosting the congress from 9 to 12 September 2025 together with the Chinese Stomatological Association (CSA).



FDI President Dr Greg Chadwick promises a detailed scientific programme grid and deep dive into four days of cutting-edge dental education at its finest. The congress shall bring together a prestigious line-up of world-renowned experts, delivering insights and innovations across all major dental specialties.

From restorative and prosthodontics to periodontics, orthodontics, implantology, endodontics, and digital dentistry, each day is thoughtfully curated to provide a comprehensive learning experience that blends science, clinical excellence, and real-world application.

In his welcoming address Chadwick describes the significance of the congress: "Whether you're a seasoned professional or an ambitious learner, this is your opportunity to stay ahead of the curve, gain practical skills, and be inspired by global leaders shaping the future of dentistry. Join us for an unforgettable journey of knowledge, innovation, and professional growth."

Every year, WDC is designed to serve as a cornerstone to strengthen ties and foster collaboration



within the global oral health community. Held under the theme “Shaping the future of oral health”, WDC 2025 promises to be an extraordinary gathering, bringing together key leaders within the oral health profession and industry from around the globe. To advance the art and science of dentistry, this annual event delivers a cutting-edge scientific programme featuring a plethora of CE-accredited sessions, interactive fora, and a dental exhibition attended by the most prominent figures in dentistry.

WDC 2025 forges links between the dental profession and the dental industry, serving as an ideal platform to foster collaboration aimed at delivering optimal oral healthcare worldwide. Additionally, the dental exhibition offers an important opportunity for international manufacturers to enhance their visibility in the Asian dental market.

### The place to be

Shanghai is one of the most metropolitan and modern cities in the world today. But as you reengage with Shanghai in 2025, you will find that it is much more than just an international business hub, it also represents the latest in style and fashion, the most exquisite taste of living, and simply unique dining and stunning entertainment.

Don't miss the top ten selection of must do activities:

- Admire the iconic skyline at the Bund
- Observe Shanghai from the Oriental Pearl Tower
- Find a tranquil place to clear your mind at the Yu Garden
- Visit the pandas at the Shanghai Zoo
- Enjoy rare relics at the Shanghai Museum
- Immerse yourself in the captivating Shanghai Disneyland
- Walk and shop along Nanjing Road
- Enjoy the best of Shanghai cuisine
- Relax and dine in Xintiandi
- Stroll around in the authentic Watertown – Zhujiajiao



### Chinese Stomatological Association

Collaboration partner will be the Chinese Stomatological Association (CSA) which was established in 1996. It is the only national and academic organisation of stomatology in China, which now has over 164,582 individual members. Serving as the link and bridge between the government and oral health professionals, CSA aims to lead the development of dental industry of China and promote innovation-driven development.

Shanghai is also hosting the FDI World Dental Parliament with 191 member associations from 134 countries. The various committees are concerned with global oral health, dental education, dental science, the dental team and basically all topics associated with oral health worldwide.



Congress and dental exhibition will be taking place at the National Exhibition and Convention Center NECC in Shanghai.

More about programme and registration:  
<https://2025.world-dental-congress.org/En>



## International USSI EDI congress

# All fields of modern dentistry

The 13<sup>th</sup> International Congress of Dentists of Vojvodina were held in the Master Center of the Novi Sad Fair from 11 to 12 April 2025, organised by USSI EDI, the associated partner of BDIZ EDI in Serbia. The congress was patronaged by the Provincial Secretariat for Economy and Tourism and supported by the BDIZ EDI represented by President Christian Berger.

The Congress has been accredited by the Health Council with a maximum number of ten points. Accreditation is valid for: dentists, dental assistants, dental technicians and physicians. The scientific programme, with speakers from Germany, France, Portugal, India, Turkey, Croatia, Montenegro, Bosnia and Herzegovina and North Macedonia focused on dental implantology and included all fields of modern general dentistry, and this time focused also topics in cardiology and coagulation, antiagregation therapy, plastic and reconstructive surgery, emergency medicine as well, a topic that is also connected with high risk situations in dentistry.

„Every year we try to carefully select lecturers and topics in order to satisfy the wishes and needs of our colleagues, and thus raise the level of treatment success“, says Dr Zoran Marjanović, vice president of the USSI EDI.

Five hands-on workshops as well as a basic workshop on implantology were offered.

Moderators of the first congress day: Prof. Esad Kučević and Dr Vojislav Letić.

## Congress day 1

Dr Zoran Marjanović, vice president of the USSI EDI and president of the Section for Dentistry DLV-SLD, Novi Sad, and Dr Nenad Ivanišević, vice president of Government of the Autonomic Province of Vojvodina and Secretary of the Provincial Secretariat for Economy and Tourism addressed their warm welcome to the participants. First lecturer was Prof. Hakan Özyüvaci, Istanbul, who focused contemporary oral implantology—what is the difference? Dr Vikas Gowd, Banjara Hills, Hyderabad, India, introduced hard and soft-tissue manipulation for implant procedures with grafting. Update on complications in implant therapy—prevention and treatment was the title of Christian Berger, President of BDIZ EDI, Kempten/Germany. Prof. Esad Kučević, University Podgorica, Montenegro, gave a narrative overview on robots in dentistry. Dr Dragana Zeljković Jekić, Novi Sad, lectured about jaw joint in orthodontics—diagnosis and therapy and Prof. Ksenija Bošković, president DLV-SLD, University of Novi Sad, presented case studies for prevention in patients with osteoporosis. Melanoma of the eyelid was the topic of Dr Miroslav Tomić, Clinic for Reconstruction and Plastic Surgery of the University Novi Sad.

Dr Vesna Jelić, Munich, Germany, focused on minimally invasive dentistry to solve even complicated cases. Prof. Rade Živković's, University of Belgrade, topic was toothlessness—a challenge for dentists. Dr Tihomir



Christian Berger was lecturing on managing complications in implant dentistry.





Speakers of the USSI EDI congress: Ksenija Bošković, Miroslav Tomić, Tihomir Miljević, Marijana Vojinović, Esad Kučević, Dragana Zeljković-Jekić, Radmila Notaroš, Rade Živković, Asja Čelebić, Verica Miličević, Ivica Stančić, Damjanka Đurić, Christian Berger, Teodora Marjanović, Zoran Marjanović, Vojislav Letić, Tomislav Katanec, Veljko Kolak, Thomas Fortin, Natasha Stavreva, Branislav Vidović, Vesna Jelić, Dragan Nikolić, Vikas Gowd, Hakan Özyuvacı.

Miljević, Clinic for Cardiology, University of Novi Sad, introduced antiaggregation and anticoagulant therapy in dental intervention.

## Congress day 2

The main podium on Saturday was moderated by Dr Teodora Marjanović and Prim. Dr Marinela Subu. The presentations in chronological order: Enhancing implantology: integrating technology for clinical success by Prof. David Alfaiate, Porto/Portugal; Supradental prostheses in everyday practice—advantages and limitations by Prof. Ivica Stančić, University of Belgrade; Aging population—challenges in solving oral health problems by Prof. Natasha Stavreva, University of Skopje, North Macedonia;

Dr Tomislav Katanec, Zagreb, Croatia: Modern possibilities of implants—prosthetic reconstruction of atrophic jaws; Prof. Thomas Fortin; University of Lyon, France: Which material for sinus lift? Prof. Nikola Stojanović, University of East Sarajevo, Foča, Bosnia and Herzegovina: 3D canal obturation: dream or java?; Professor Asja Čelebić, University of Zagreb, Croatia: a new system of narrow one-piece Ti-Zr (Roxolid®) implants: clinical experiences and in vitro research; Prof. Dragan Nikolić, Vascular Clinic, Emergency Center, University of Novi Sad: Thrombosis of cerebral venous sinuses: a rare but serious complication of dental interventions. Dr Branislav Vidović, Novi Sad: Effect of dentition on facial aesthetics; Prof. Veljko Kolak, Pančevo, Serbia: Advantages of laser application in endodontic therapy of teeth with infected root canals.

AD

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## New CED resolution on antimicrobial resistance (AMR)

# Integrated cross-sectoral approach

The Council of European Dentists (CED) adopted a new resolution on antimicrobial resistance (AMR). The delegates of the General Meeting updated the resolution.

### Introduction

The CED sees the antimicrobial resistance (AMR) as a continuing growing threat to global health and even development, by the reduced impact of treatment of a wide range of infections in humans and animals, including infections of the oral cavity. For many years, there has also been inappropriate and excessive use of antibiotics and other antimicrobials in humans, animals and agriculture. This is added to poor infection prevention and control (IPC) practices in healthcare settings.

Antibiotics play an important role to control clinical infections, with 800,000 antibiotic-resistant infections recorded every year in the European Union, Iceland and Norway, and 70% of these infections occurring in healthcare settings. Strong disparities in AMR rates exist across the European Union as well as being a direct cause to approximately 35,000 deaths a year in the EU, Iceland and Norway, and more than 1 million disability-adjusted life years (DALYs) lost. This is comparable to that of influenza, tuberculosis and HIV/AIDS combined. Furthermore, AMR leads to an increasing social and economic burden amounting to 6.6 billion euros in healthcare expenditure and treatment following AMR-related infections for the EU and the European Economic Area (EEA) in 2023.

Important political steps have been taken at an international and European level since 2019 to acknowledge AMR as one of the most serious public health threats worldwide, as well as integrating it high on the EU health agenda.

### Definition and guidelines

Antibiotic resistome is defined as the reservoir of all antibiotic resistance genes (ARG) resulting in AMR. Oral resistome also remains a favourable setting for the development of AMR, with antibiotic resistance genes frequently found in bacteria located in the gums, throat, tongue, as well as the mucus, root canal and saliva located in the mouth.

The equilibrium among humans, animals and the environment is well recognised, but the misuse of antimicrobials in humans and animals, the remaining lack of stewardship, and subsequent release of residues into the environment leads to a continued growing spread of AMR. The fight against AMR must address human, animal and environmental concerns in a comprehensive manner, involving a wide range of actors. The One Health approach is based on acknowledging the principle that human, animal and environmental health are intrinsically interlinked, with ongoing urgent joint efforts needed in integrating these three areas into policy action.



Limiting AMR bacterial exposure with an integrated One Health approach has never been more necessary and will contribute to achieving the Sustainable Development Goals (SDGs).

The CED acknowledges the steps taken by the EU since its last position on AMR. The EU 2017 One Health Action Plan against AMR was extended to all three pillars of the One Health approach and focused on the future development of EU guidelines on infection prevention and control (IPC). The 2023 updated recommendation on stepping up EU actions and its AMR reduction targets were adopted based on a One Health approach. This includes a 20% target reduction in total human consumption of antibiotics, the revision of the pharmaceutical legislation, and the integration into the Farm to Fork Strategy of a target to reduce by 50% the EU sales of antimicrobials for farmed animals and aquaculture by 2030.

However, further urgent interventions integrating the One Health approach need to be accelerated to address infection

plemented both in antibiotic prophylaxis and treatment. More than 80% of antibiotics for preventing infection before dental visits were deemed unnecessary.

Many dental conditions relate to the oral microbiota in the dental plaque. Poor oral health, coupled with lack of available, accessible, adapted and high quality conservative dental treatments, favour growth of pathogens and increase risks of infections and antibiotic misprescribing. However, most dental infections and dental pain can be treated without antibiotic treatment by removing the cause and drainage of the infection using a dental procedure.

The prescription of antibiotics in dental practices for the treatment of oral infections or prophylaxis surgical procedures amounts between 5% and 10% of total antibiotic prescribing in primary healthcare. Notable differences remain in prescribing practices across Europe, with an increase during the COVID-19 pandemic.



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prevention and control as well as antimicrobial resistance (AMR) in human, animal and environmental health. The environment, acting as a reservoir of antibiotic resistant bacteria, plays a role in the dissemination of antibiotic resistant genes (ARG), for example in wastewater. In light of this, evolving practices in dental treatments, including innovative materials used in dental fillings, can impact on the management of dental wastewaters, and in turn, the overall water sources and environmental health.

## Antibiotics and dentistry

Relatively little attention continues to be paid to the use of antibiotics in dentistry and the widespread use of antibiotics in primary care, including dentistry, is considered as one of the driving factors of AMR in healthcare. Rational use of antibiotics in dentistry in the context of bacterial infections should be im-

## Strategies needed

The CED adheres to the current political efforts for reducing preventative healthcare associated infections and supporting IPC objectives, as well as actions to increase antimicrobial stewardship. However, enforcement of policies and initiatives specifically addressing and increasing awareness around prescribing practices by healthcare professionals are yet urgently needed. Currently, there are no guidelines on antibiotic prescribing for standard procedures like dental implants and extractive surgery. Widespread antibiotic prescriptive heterogeneity is observed. Focus also needs to be directed towards effective prevention and infection control strategies targeting the oral cavity, and reduction in oral antibiotic treatment.

Source: AMR resolution of CED on 27 May 2025

## New simulation center for training and continuing education

# Sarajevo on top

The Faculty of Dentistry and the Dental Clinic of the University of Sarajevo are launching a new training and continuing education center and are looking for serious cooperation partners in the European dental training sector.

BDIZ EDI President Christian Berger travelled to Sarajevo at the invitation of the University and the Croatian Dental Chamber (CDC) to view the newly built simulation centre at the University of Sarajevo

Dental Clinic. The guests from Croatia and Germany were given a tour of the state-of-the-art simulation centre, which was built and equipped for training and further education purposes, by the clinic management. At the same time, a working meeting was held to determine whether there could be a possibility of cooperation with the BDIZ EDI. „The aim of the meeting is to strengthen professional and academic cooperation between institutions, with a special focus on joint educational activities and the exchange of lecturers,” said Prof. Muhamed Ajanović, Dean of the Faculty.

In the meeting host and guests discussed the following topics: the system of professional course accreditation in EU countries, with particular reference to Croatia and Bosnia and Herzegovina; international recognition of credits for jointly organised courses and the incorporation of postgraduate specialist studies into daily clinical practice of dental coordination.



The simulation system is designed to open new opportunities for the integration of standards and the exchange of experiences among colleagues from the region and the EU.

AWU





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## Health, safety and cost of living

### Why US citizens are relocating to Europe

Since Donald Trump's election victory, the number of Americans leaving the United States has increased. According to a report by *Die Welt*, relocating to Europe is becoming increasingly attractive—primarily due to lower living costs and more affordable access to healthcare in the EU rather than for political reasons. The preferred destinations of many US expatriates reportedly include Portugal and Greece. Citing a Talker Research survey, *Die Welt* reports that 17 per cent of respondents expressed a desire to move abroad, with European countries ranking especially highly. However, only two percent stated that they had concrete plans to relocate in the coming years. The main reason cited was financial pressure at home. According to the survey, 69 per cent feel that their country is "heading in the wrong direction", and 65 per cent describe the social climate in the US as "toxic".

Source: Focus, *Die Welt*, Talker Research

## WHO launches commission on climate change and health

### Climate risks on the rise

In response to the increasing health risks posed by climate change, the World Health Organization (WHO) has set up a pan-European committee. According to the WHO, the newly formed Pan-European Commission on Climate and Health (PECCH) will develop affordable and practical recommendations for the health sector. These include early warning systems for heatwaves, for example. The WHO notes that the European region is currently the fastest-warming area in the world. Alarmingly, one third of all global heat-related deaths occur here. Furthermore, ten per cent of urban residents in the region are at risk from flooding. The expected increase in extreme rainfall events and rising sea levels due to climate change will exacerbate the situation even further.

Source: Euronews, 12 June 2025



## Boosting research in Europe

## Could Europe become a magnet for scientists from the US?

The European Union is set to invest half a billion euros to strengthen research in Europe, with the aim of attracting scientists who have been alienated by the leadership of US President Donald Trump. “Science is an investment, and we need to provide the right incentives”, said European commission President Ursula von der Leyen in May, when she announced the plans. Speaking at Sorbonne University in Paris, alongside French President Emmanuel Macron, she revealed that the commission will introduce a new €500 million package for the period 2025–2027 to “make Europe a magnet for researchers”. Some of the funding will be allocated to “super fellowships” lasting up to seven years.

Von der Leyen confirmed that the funding already available for 2025 will be doubled immediately, with continued support secured for the following two years. A new EU budget is expected from 2028 onwards, but negotiations are still pending. Recent draft proposals have prompted concern among research institutions, which fear that critical programmes such as the €93 billion Horizon Europe initiative could be absorbed into a larger strategic fund that prioritises economic return over scientific curiosity.

Source: Spiegel Wissenschaft, 5 May 2025

## The problem of zombie publications

## “Fake science” and its removal



Why do studies whose findings have long been discredited continue to circulate? In theory, the retraction of a scientific publication should mark the end of its influence. In practice, however, retracted articles are often cited long after their official withdrawal—keeping questionable ideas alive despite serious doubts. The science magazine *Spektrum* refers to such publications as “zombie papers”. They continue to spread misinformation and pose significant risks, such as misleading future research, distorting meta-analyses and influencing policymaking and clinical practice in harmful ways.

To assess the scale of this phenomenon, *Spektrum* conducted a study based on data from the Retraction Watch database. They analysed 25,480 retracted papers published between 1923 and 2023, covering a wide range of disciplines. Retractions may be issued by journal editors, authors or the institutions they are affiliated with. Common reasons for retraction include data errors, fraud, plagiarism or other serious issues identified after publication.

On average, 1,045 days—nearly three years—pass between publication and retraction. In extreme cases, this interval may span several decades. “Publishers, researchers and institutions must act in concert to safeguard the integrity of the scientific record and the robustness of the knowledge it produces”, write study authors Valérie Mignon and Marc Joëts.

Source: Spektrum.de



## Two US states withdraw

## No fluoride in drinking water

The US state of Florida has now followed the state of Utah in banning fluorides from public water supply systems. According to 2022 figures, the most recent figures available from the Centres for Disease Control and Prevention (CDC), around 63 per cent of Americans receive fluoridated water through their municipal systems. In May, the US Food and Drug Administration (FDA) announced that it was initiating a process to remove fluoride supplements for children from the market.

Fluoride is a naturally occurring mineral found in water, soil and air. It is well known for its cavity-preventing properties. For decades, it has been added to municipal water supplies and dental products such as toothpaste. Numerous studies confirm the positive effects of this trace element. According to *Spiegel Wissenschaft*, there is no real risk to bone or dental health unless an individual consumes excessive amounts of fluoride over many years.

Source: Spiegel Wissenschaft, 16 May 2025



Resolution and policies on AI, MDR, sugar, tobacco and AMR

# General Meeting of CED in Gdansk

The Council of European Dentists (CED) member and affiliate member associations met end of May in Gdańsk, Poland for their biannual General Meeting under the chairmanship of CED President Dr Freddie Sloth-Lisbjerg. This year's meeting was hosted by the Polish Chamber of Physicians and Dentists. CED Vice President Anna Lella welcomed the delegates on behalf of the hosts.

Prof. Dr Andreas Rainer Jordan, research director at the Institute of German Dentists (Institut der Deutschen Zahnärzte) and lecturer at the University of Witten/Herdecke joined as honorary invitee to the General Meeting. Prof. Dr Rainer Jordan delivered key findings to the delegates from the 6<sup>th</sup> German Health Study, studying oral health status, oral health behaviour and cariology prevalence in Germany. This address outlined insightful data and evidence-based knowledge on the evolution and status of oral hygiene behaviour, dental caries prevalence, preventative and primary dental care services.

The General Meeting was also addressed by the European Dental Students' Association (EDSA), represented by Filip Galo (Vice-President of Internal Affairs).

Delegates were updated on the latest media publications, activities and interventions delivered to CED member associations, participation to external and member events as well as the organisation of the CED's latest joint policy event at the European Parliament on 8 April titled "Better Oral Health on the European Agenda". The event was prepared jointly with the Association for Dental Education in Europe (ADEE), the Federation of European Dental Competent Authorities and Regulators (FEDCAR), the European Dental Students' Association (EDSA), Platform for Better Oral Health.

The General Meeting was also updated on the work of CED working groups and task forces, which followed with the adoption of six policy documents:







### **CED Resolution on artificial intelligence in Dentistry (update)**

The 2020 CED resolution was updated with the inclusion of new recommendations and additional background information based on AI developments from the last few years. More wording was also included on clarifying dentists' liability when working with AI, use of white box AI, as well as reference to key legislative updates. The document also received input from the European Dental Students' Association (EDSA).



### **CED Statement on the implementation of the MDR (update)**

This statement from 2022 was updated, particularly stressing the risk of shortages of provenly safe medical devices, the need to address the lengthy recertification times, and other ongoing issues surrounding the MDR.



### **CED Resolution on Tobacco, Alternative Tobacco and Tobacco-Free Nicotine Products (update)**

The 2013 CED resolution on tobacco, previously on the proposed Tobacco Products Directive, was updated with regards to the current situation of tobacco consumption, related oral disease prevalence, and industry technological advancements. This update joins the common call for a revision of the EU tobacco legislation. It broadens the scope of the paper and includes alternative tobacco products, snus, and nicotine products, as well as the understanding of the oral cavity, and the role of dental practitioners in the detection and diagnosis of oral cancers and diseases relating to tobacco consumption.



### **CED Resolution on Reducing Sugar Consumption and Preventing Oral Diseases (update)**

The update to the 2016 resolution brings in new key additions relating to the mention and outline of sugar overproduction, import and consumption in Europe, and integrates a tighter focus on the risk factor approach, the social-economic burden of sugar consumption, oral health promotion strategies, the role of dental practitioners in sugar consumption reduction and prevention, and the EU's nutrition policy.



### **CED Resolution on Antimicrobial Resistance, One Health and Oral Health: An Integrated Cross-Sectorial Approach (update)**

The CED prepared this update in recognition of ongoing European efforts in the field of AMR, with strong focus on the One Health principle, current situation of antimicrobial resistance in the healthcare sector and linking availability and accessibility of care.



### **CED Statement on Quality of Dentistry across borders**

Finally, the CED adopted a statement, developed by BTF Internal Market, reflecting some of the challenges and concerns of European dentistry specifically in relation to third country (foreign educated) dentists on matters such as linguistic knowledge, professional ethics, familiarity with the healthcare system of their country of work.



*Source: Press Release CED on 28 May 2025*

## **Background**

The Council of European Dentists (CED) is a European not-for-profit association representing over 340,000 dental practitioners across Europe through 32 national dental associations and chambers in 30 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED aims to promote high standards on oral healthcare and dentistry with effective patient-safety centred professional practice, and to contribute to safeguarding the protection of public health.



Judgement of the court in case C-386/23 | Novel Nutriology

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# No advertising with health claims about herbal substances

Advertising using health claims relating to botanical substances is currently prohibited. The judgement of the European Court of Justice (ECJ) was requested by the German Federal Court of Justice in a preliminary ruling.

That general prohibition applies until the commission has completed its examination of those claims and has included them in the lists of authorised health claims, unless their use is already permitted under a transitional regime.

The German company Novel Nutriology markets a food supplement containing extracts of saffron and melon juice. In its advertisement, it claimed that those extracts improved mood or reduced feelings of stress and fatigue.

A German trade association brought an action against Novel Nutriology before the German courts seeking an order prohibiting it from using those claims. That association considers that they are contrary to EU law. The German Federal Court of Justice has referred a question to the Court of Justice on this issue. The court finds that, according to a 2006 regulation, the use of health claims in the advertising of foods and food supplements is, in principle, prohibited. It may be permitted provided that those claims have been authorised by the commission and included in the lists of authorised health claims. However, the commission has not yet com-

pleted its examination of health claims relating to botanical substances. It has therefore not yet included them in the lists of authorised health claims.

The purpose of the examination and requirement of authorisation by the commission is to ensure that a health claim is scientifically substantiated and, in so doing, to protect consumers and human health. Therefore, health claims relating to botanical substances cannot, at this stage, be used to promote food supplements. This may be different if the claims used are covered by a transitional regime provided for by the 2006 regulation. Accord-

ing to the information provided by the Federal Court of Justice, that is not the case here. This case concerns health claims relating to psychological functions which, before the entry into force of the regulation, were not evaluated and authorised in Germany. For such claims, an application for authorisation should have been submitted to the competent national authority before 19 January 2008, which Novel Nutriology failed to do.

*Source: Judgement of the ECJ on 30 April 2025*

## Note

A reference for a preliminary ruling allows the courts and tribunals of the Member States, in disputes which have been brought before them, to refer questions to the Court of Justice about the interpretation of EU law or the validity of an EU act. The Court of Justice does not decide the dispute itself. It is for the national court or tribunal to dispose of the case in accordance with the court's decision, which is similarly binding on other national courts or tribunals before which a similar issue is raised.



## Simplifying instructions for use of medical devices

# Digitalisation of healthcare systems

Healthcare professionals will be able to receive instructions for use of medical devices in electronic format, rather than solely on paper, following a regulation of the European Commission presented at the end of June.

The regulation applies to all medical devices used by healthcare professionals within the EU. Professionals can still request paper versions if preferred. The adoption of electronic instructions for use is a part of the commission's broader initiative to modernise healthcare, support environmental sustainability, and alleviate financial and administrative pressures on device manufacturers. The measure was broadly supported in recent consultations of the European Commission with professionals and industry representatives.

The announcement is part of the commission's ongoing work to streamline and improve the EU's rules for medical devices. In the coming days, the commission will adopt a decision to establish an expert panel to provide scientific and clinical advice concerning devices intended for small patient popu-

lations, such as children or patients with a rare disease.

The commission is furthermore carrying out an evaluation of the regulatory framework, with a view to a revision of the legislation for medical devices and *in vitro* diagnostics, to reduce unnecessary burden and make the requirements more cost-efficient and proportionate. This will ensure a secure supply of safe devices for EU patients, while supporting innovation and boosting the competitiveness of the EU's medical devices sector. This evaluation and its follow-up actions will be presented in December, when commissioner Várhelyi will host a conference on medical devices in Brussels.

*Source: EU Commission, Directorate-General for Health and Food Safety on 25 June 2025*

# Did you ever know...



...that **BDIZ EDI** makes the its Curricula Implantology modules available to its partner associations in Europe? Similar curricula have already been implemented in cooperation with OSIS EDI (Ogólnopolskie Stowarzyszenie Implantologii Stomatologicznej) in Poland, with the association's long-standing partner in Greece, and with

USSI EDI (Udruženje Stomatologa Implantologa Srbije, EDI) in Serbia. Founded in 1992, OSIS EDI is a university-based organisation uniting scientific implantology societies. Its mission is to improve patients' quality of life by promoting state-of-the-art technology and high clinical standards among dental professionals. OSIS EDI offers a postgraduate training programme in implant dentistry, which concludes with the OSIS Certificate of Competence (Certyfikat Umiejętności).



...that **USSI EDI**, founded in 2010, aims to enhance dentists' knowledge of implantology and ensure high-quality continuing education. Its core goals include providing EU-standard postgraduate education for dentists in Serbia and the wider region, advancing training in oral implantology, supporting forensic documenta-

tion in implantology and fostering regional cooperation with organisations that pursue similar objectives.



...that **BDIZ EDI** has maintained long-standing partnerships with two major European membership-based organisations—ADI UK (Association of Dental Implantology UK) and SEI (Sociedad Española de Implantes)—and that active exchanges take place through the BDIZ EDI European Committee? ADI UK, founded in 1987, is a registered non-profit organisation dedicated to improving standards in implant dentistry through continuing education. It is a member-driven organisation committed to providing learning opportunities for the dental profession and promoting public understanding of the benefits of dental implant treatment.

...that **SEI is Europe's** oldest society dedicated to oral implantology. Its founding vision was bold, even though early forms of oral implantology had already existed in both Spain and Italy. What

began as a pioneering effort has since become a cornerstone of Spanish dentistry. SEI is now the leading national society for dental implant practitioners in Spain, a position it has held for over 50 years. When SEI celebrated its 50<sup>th</sup> anniversary in 2009, the board reaffirmed the importance of international collaboration with other recognised and respected scientific societies and professional associations across Europe.



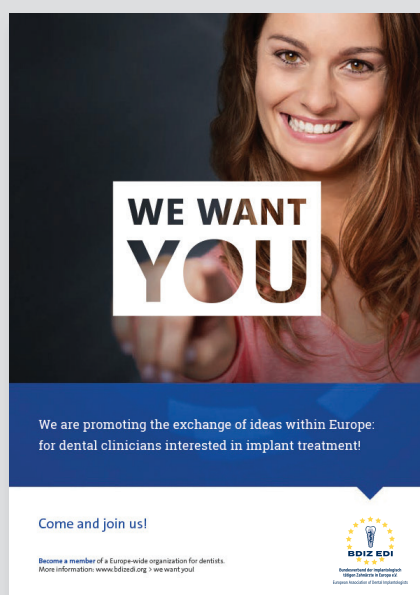
Sociedad Española de Implantes



## BDIZ EDI and its multifaceted work

## We want YOU!

At IDS 2025 BDIZ EDI is relaunching its “We want you” information campaign. The aim is to interest young dentists from Germany and Europe in oral implantology and in the work of BDIZ EDI.



With the “We want you” campaign, the association wants to draw attention to the many different support services it offers for all dental practices, even beyond implantology, including continuing education for newcomers to the profession and seasoned practitioners alike.

BDIZ EDI is an active Europe-wide association that in 2002 went beyond the borders of Germany to forge collaborations, support partner associations and make its voice heard in EU politics. Of course, health policy interventions are also initiated at the federal level. BDIZ EDI is the only association to have presented its own draft law on combating corruption in the health sector. It is currently working intensively on the Medical Device Regulation (MDR) and its many problems.

With its information offensive, BDIZ EDI is highlighting its work in the field of continuing education:

- “Meet the Experts” allows newcomers to get in touch with experienced implantologists and top lecturers.
- An absolute must for anyone interested in implantology is the Curriculum Implantology, which is run in cooperation with the University of Cologne and recently started in the south of Germany. This eight-module course teaches the key building blocks of implant dentistry to small groups of participants. The curriculum takes place at the University of Cologne. It runs for one year and is designed to be affordable for newcomers to the profession. Some partner associations have adopted, and adapted,

the modules for their countries: Greece, Serbia, Poland and India.

- Each year, the BDIZ EDI Expert Symposium provides an update on a current issue in implant dentistry, and the associated European Consensus Conference (EuCC) provides guidance for practitioners.
- The Europe Symposium of BDIZ EDI provides an opportunity to look beyond the local dental fence and to appreciate the work of European colleagues and exchange ideas. This year’s Europe Symposium will be taking place in Stockholm, Sweden.

## A wide field

The full scope of BDIZ EDI’s work is illustrated by the “BDIZ EDI informs” webinar series, which the association has been organising since the start of the COVID-19 pandemic in 2020. The continuing-education webinars feature top-notch presenters and cover dental topics (not just implantology!) as well as legal issues. The webinars are particularly suitable for strategic practice orientation for current and future practice owners. BDIZ EDI webinars are aimed at dentists and all members of the dental team. Participation is free of charge for members. On average, BDIZ EDI webinars are attended by between 150 and 400 participants. Members can view the recorded webinars in the seminar archive after the live broadcast.

AWU



Always worth a visit: Stockholm by day and night. The BDIZ EDI board met for a speakers's dinner. Pictured here with Dr Erion Çerekja, Dr Wolfgang Neumann, press officer Anita Wuttke and President Christian Berger.

## Impressions from the 18<sup>th</sup> European Symposium in Stockholm

# All about oral implantology

This year's European Symposium in Stockholm once again highlighted the importance of professional exchange across borders. Participants from Germany, Sweden and the United Kingdom engaged in lively discussions and demonstrated their interest in the presentations and their dedication to the diversity and relevance of continuing education in dentistry. For a few hours, the longest day of the year—Midsummer's Day on 21 June—and the surrounding festivities at the Clarion Hotel faded into the background, eclipsed by the high-calibre lectures.

The speakers made it clear that oral implantology extends well beyond surgery and prosthetics. Prof. Hakan Özyuvacı from Istanbul opened the event by discussing the integration of traditional and innovative techniques in implantology. Prof. Ilia Roussou from Athens then gave a compelling talk on bruxism and occlusion. Dr Erion Çerekja from Tirana examined the challenges of implant surgery in the

aesthetic zone. Joining remotely, Dr Jan Willem Vaartjes from Utrecht offered a critical comparison of analogue and digital methods in implant prosthetics, outlining the respective risks. Prof. Johann Müller from Munich addressed the question of whether the occlusal concept must be adapted based on the number and positioning of implants. The final lecture, delivered remotely by Dr Markus Tröltzsch from Ansbach, focused on augmentation materials and their clinical application.

At the close of the symposium, BDIZ EDI President Christian Berger thanked the speakers and participants for their contributions and attention. He also announced that the 19<sup>th</sup> European Symposium will be held in 2026. More details will follow in an upcoming issue. To further explore the lecture content, the editorial team is preparing short interviews with the speakers for the next edition.

AWU



Meeting of speakers with BDIZ EDI Vice President Prof. Dr Dr Joachim E. Zöller, Prof. Dr Dr Johann Müller, Christian Berger, Prof. Dr Ilia Roussou, Dr Erion Çerekja and Prof. Dr Hakan Özyuvacı.





Ilia Roussou



Erion Çerekja



Best buddies: Hakan Özyuvacı and Joachim Zöller.



Behind the scenes: Wolfgang Neumann and Stefan Liepe.



Online participant: Dr Jan Willem Vaartjes from Utrecht.





Fuerteventura, 24–31 October 2025

# Navigating the interface between implantology and periodontology

The 34<sup>th</sup> International Expert Symposium on Regenerative Methods in Dentistry will take place from 24 to 31 October 2025 at the Robinson Club Esquinzo Playa on Fuerteventura. The event will be hosted by Prof. Joachim E. Zöller.

This year's "Fuerte Symposium" is dedicated to patient-centred treatment strategies in implantology and periodontal surgery. Considering current clinical research, it is no longer justifiable for dental practitioners to take a rigid position either for or against the preservation of severely compromised teeth—or for or

against implants. "The time has come to move away from dogma and combine both worlds—tooth preservation and implant therapy—into a meaningful whole for the benefit of the patient", says Prof. Zöller.

More than 30 speakers will explore this topic in depth under the southern sun at

the Robinson Club Esquinzo Playa. Around 300 participants are expected to attend and will receive numerous take-home tips for daily clinical practice.

The following is a preview of the conference programme. (Workshops are not listed. All speakers are based in Germany unless otherwise indicated.)

## 34<sup>th</sup> Expert Symposium: "Regenerative Methods in Dentistry"

24 to 31 October 2024, Robinson Club Esquinzo Playa, Fuerteventura, Spain

### Preliminary programme

Treatment strategies for patients with periodontal damage.  
Calculated risk or pre-programmed failure  
**Dr Peter Randelzhofer, Munich**

Teeth and implants: complementary or competitive?  
Often an inevitable symbiosis!  
Tips for peaceful coexistence.  
**Prof. Dr Ralf Rößler, Luxembourg**

Conditioning of the peri-implant soft tissue  
**Dr Stefan Reinhardt, Hörstel**

'Digital first' despite the risk? Implant prosthetic concepts in edentulous jaws with a history of periodontitis  
**Dr Peter Gehrke, Ludwigshafen**

Allogeneic vs. autologous material—indications, technique and clinical results  
**Prof. Dr Dr Peer Kämmerer, Mainz  
and Prof. Dr Dr Joachim E. Zöller, Cologne**

Gender medicine—on the agenda, including in dentistry  
**Prof. Dr Dr h.c. Vera Regitz-Zagrosek, Berlin**



Leadership, team and structure: what makes practices truly successful—insights from hundreds of on-site coaching sessions  
**Bianca Rieken, Winsen an der Luhe**

Quality of life and implants: results of a prospective 12-year multicentre study (16,253 patients)  
**Prof. Dr Hans-Joachim Nickenig, Cologne**

Peri-implantitis and periodontitis: what our data says about risks and prevention  
**Dr Rebecca Rosen, Wien**

Planning, implantation and prosthetics  
Digital and analogue processes in practice workflow 2025  
**Prof. Dr Fred Bergmann, Viernheim**

Ceramic implants 2.0—innovative technologies for long-term stable results  
**Dr Frederic Hermann, Zug**

The stability of soft tissue on ceramic implants  
**Dr Lars Börner, Berlin**

Update on a user observation with ceramic bonelevel implants  
**Dr Franz-Jochen Mellinghoff, Ulm**

Chewing with natural teeth, with fixed dentures  
**Dr Wolfgang Bücking, Wangen im Allgäu**

Implant and crown in one hour—it's possible! (Part 1)  
**Fabian Hirsch, Zeuthen**

20 minutes/25 cases—long-term implantology results and the resulting personal limits  
**Dr Volker Knorr, Eislingen/Fils**

Couples sleeping together. Sleep laboratories do not have double beds.  
**Dr Justus Hauschild, Isernhagen**

Rhynchopathy—diagnosis in the dental practice: why, what, how—the latest studies and directly applicable findings for your practice!  
**Dr Gerhard Werling, Landau in der Pfalz**

No reception at reception?—How digitalisation could alleviate staff shortages  
**Dr Dr Klaus Ständer, Grabenstätt**

News from the stem cell front for implantology  
**Prof. Dr Dr Jürgen Hescheler, Cologne**

Digital patient communication  
**Thilo Mann, Düsseldorf**

Implantology billing: NEXT LEVEL—current developments and digital efficiency  
**Janine Salm, Hamburg**

Between screw and pocket—making billing for peri-implantitis treatment precise and legally compliant  
**Sophia Sachau, Volkach**

Management of internal medical emergencies in dental practices  
**Dr Vanessa and Dr Valentin Wennekes-Neagu, Emmendingen**

Resuscitation is child's play  
**Prof. Dr Dr Bernd W. Böttinger, Cologne**

“Der Amorbogen”: a detour into art and cultural history  
**Prof. Dr Axel Karenberg, Cologne**

WBQQ—between learning and forgetting.  
A socio-ecological update for experts.  
**Dr Ulrich Fürst, Att nang-Puchhein**

The difference between theory and practice is much greater in practice than in theory. Thoughts and experiences for the right expectations when handing over practice  
**Dr Michael Tribskorn and Dr Freimut Vizethum, Rauenberg**

Advice on selling your practice: what is important?  
**Thomas Müller, Walldorf**

A new approach to aftercare: patient loyalty and efficiency through smart tools and digital processes  
**Dr Tina Mandel, Neuss**

The importance of voluntary work in democracy  
**Henriette Reker, Mayor of the City of Cologne**

Peri-implant soft tissue—more than just aesthetics?  
**Dr Laura Benyei, Munich**

Stable hard and soft tissue with one-piece, ceramic tissue level immediate implants  
**Dr Holger Scholz, Konstanz**

Immediate restoration in ceramic—Neodent Zi makes it possible!  
**Dr Adina Landschoof, Geretsried**

Focus on ergonomics: how modern magnifying glasses improve posture, precision and visual performance.  
**Dr Stephanie Bittner-Hochegger, Katharina Trabert, Fulda**

Dentists in Germany, Austria and Switzerland—three different worlds? A comparison of fees  
**Christian Berger, Kempten**

## Workshops—selection more on the website

Refresher course in radiation protection  
**Dr Friedhelm Weber, Hamm and Jochen Völkening, Stemwede**

The safe sinus lift  
**Prof. Dr Hans-Joachim Nickenig, Cologne**

Ceramics Deep Dive until it cracks  
**Dr Adina Landschoof, Geretsried**

Front tooth implant, step by step  
**Dr Laura Benyei, Munich**

The correct handling of one-piece ceramic tissue level implants  
**Dr Holger Scholz, Konstanz**

Introduction to dental sleep medicine  
**Dr Justus Hauschild, Isernhagen**

Allogeneic vs. autologous material—performing the shell technique  
**Prof. Dr Dr Peer Kämmerer, Mainz and Prof. Dr Dr Joachim E. Zöller, Cologne**

For further information and registration please contact:  
**info@reisebuero-gup.de**

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**Stable tissue outcomes and prosthetic efficiency**

# Delayed implantation following bilateral sinus floor elevation

Prof. Paolo Maturo, Dr Edoardo Magnanelli, Italy

Partial tooth loss in the posterior region can lead to significant functional deficits and, particularly in young patients, may also result in aesthetic concerns. If left untreated, the loss of vertical dimension and subsequent tooth migration can lead to temporomandibular joint (TMJ) disorders. Additionally, untreated partial malocclusion in the posterior region is a primary cause of maxillary sinus pneumatisation and vertical bone loss.

When the residual crestal bone volume is minimal, preserving the surrounding native bone is crucial for the long-term stability of implants after bone regeneration. Several factors, including implant geometry and prosthetic connection, play a role in crestal bone resorption. In this context, iSy implants offer features that support the long-term preservation of marginal bone. Notably, their macro-geometry, non-tapered implant neck, and conical prosthetic internal configuration with integrated platform switching are particularly advantageous.<sup>1,2</sup>

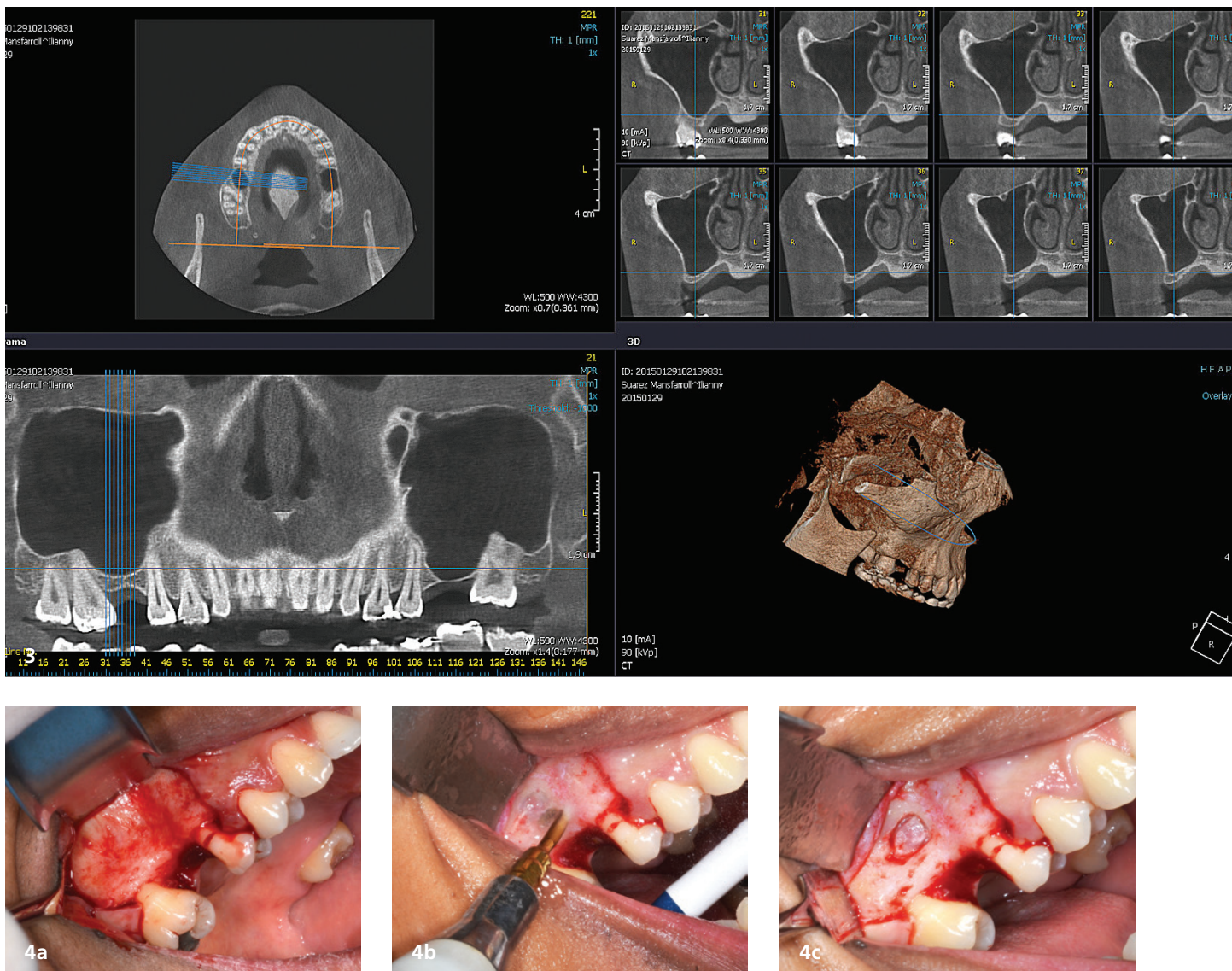
## Diagnostics

A 28-year-old woman sought further treatment in our practice following the extraction of her posterior teeth #16, #26, and #27 alio loco over five years ago. She requested reconstruction of the edentulous regions with dental implants. Upon initial oral examination, it was noted that the absence of tooth #16 had caused a mesial inclination of tooth #17, resulting in a reduced interproximal space. The orthopantomograph (OPG) revealed a mesioangulation of



**Figs. 1a+b:** Clinical situation pre-op in the first and second quadrants. – **Fig. 2:** The OPG reveals pneumatisation of the maxillary sinus and tooth inclination.





**Fig. 3:** A CBCT scan was deemed necessary to determine the appropriate therapeutic approach. – **Figs. 4a–c:** Following mucoperiosteal flap elevation, a lateral window was prepared using the piezo technique.

tooth #28 and several minor fillings (Figs. 1a+b). Additionally, significant bone height reduction was observed in the areas where teeth #16 and #26 had been extracted, due to vertical crestal bone resorption and sinus pneumatization (Fig. 2).

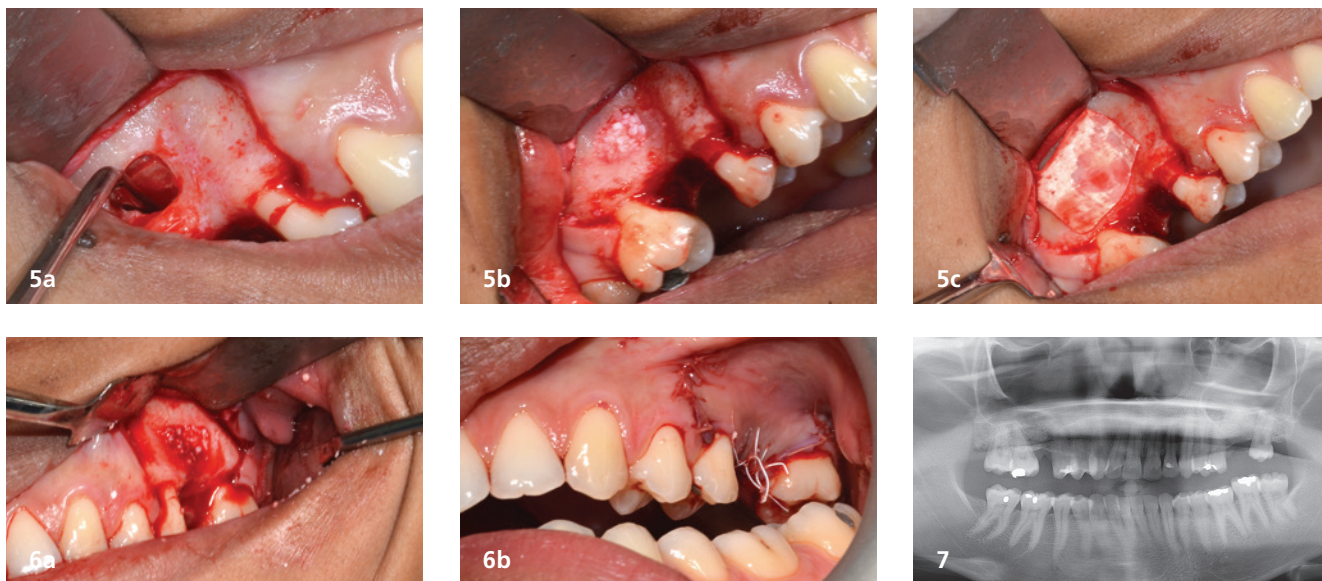
To ensure the stable placement of implants, bone augmentation in the maxillary sinus was necessary. The CBCT scan showed a residual bone height of less than four millimeters, leading us to opt for an external approach to the maxillary sinus (Fig. 3). The sinus floor needed to be elevated by more than three millimeters to counteract the pneumatization and restore the bone height. Given the circumstances, we chose a two-stage approach,<sup>3,4</sup> as primary stability of the implants is significantly influenced by pre-operative bone height and quality.

## Surgery

Following comprehensive radiological diagnostics and a detailed consultation, the treatment was executed on the same day under local anaesthesia. A trapezoidal incision was made with a 15-c bistoury blade to prepare the mucoperiosteal flap. The lateral window was created on both sides using a piezo-electric device, which employs ultrasonic technology to ablate only hard tissues and bone while preserving surrounding soft tissue. Care was taken to position the caudal osteotomy line approximately three millimetres above the estimated maxillary sinus floor.

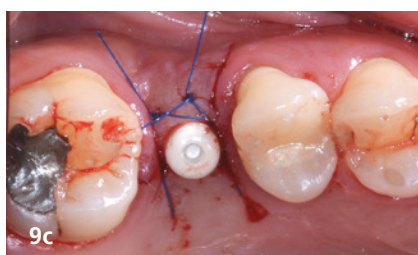
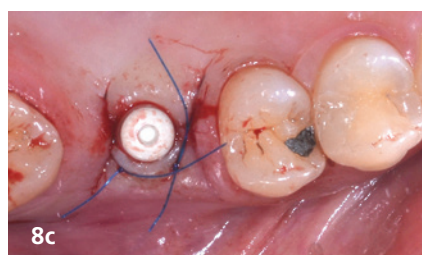
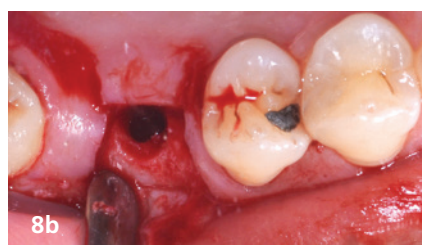
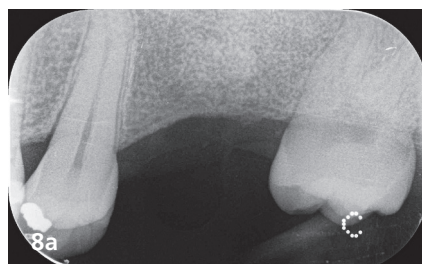
After fenestrating the vestibular bone wall, the bone flap was delicately separated from the mem-





**Figs. 5a–c:** The caudal osteotomy line was positioned approximately 3mm above the estimated sinus floor. The membrane was carefully detached using a specialised sinus instrument. A particulate xenograft was employed to augment the maxillary sinus, and the bone window was covered with a collagen membrane, which was stabilised by soft-tissue closure. – **Figs. 6a+b:** Successful augmentation of the maxillary sinus using a particulate xenograft, followed by secure wound closure. – **Fig. 7:** Post-augmentation X-ray imaging to verify the efficacy of the procedure.

brane and immersed in saline. The Schneiderian membrane was carefully detached from the palatal side using specialised hand curettes, with constant bone contact maintained to minimise the risk of perforation (Figs. 4a–c). The cavity between the alveolar bone and the sinus membrane was filled with particulate xenograft. A collagen membrane was then placed over the window to prevent washout.



The mucoperiosteal flaps were repositioned to secure the collagen membrane in place without the need for pins. The flaps were precisely adapted to the wound margins and closed with individual button sutures, ensuring a saliva-proof seal (Figs. 5–7).

### Implant insertion

After an eight-month healing period, an intra-oral X-ray and CBCT scan were performed, revealing sufficient bone regeneration at the grafted site. Nine months post-sinus floor augmentation, an iSy implant was placed in each edentulous

**Figs. 8a–c:** At the time of implantation, the augmented area exhibited sufficient height and stability to support implant anchorage. The implantation site was exposed using a modified mucosal flap technique and an iSy implant was placed according to the drilling protocol. The pre-assembled base remained in the implant, a gingiva former was attached, and the soft tissue was closed with a non-absorbable monofilament suture. – **Figs. 9a–c:** The implant was similarly inserted in the left quadrant, with incisions made 1.5mm from the mesial and distal papilla.





**Fig. 10:** The two implants ( $\varnothing$  3.8 mm/L 11 mm) were inserted with primary stability in the augmented region.

area, following the open treatment protocol designed for the system.

The alveolar bone was exposed at predetermined implant sites using a minimally invasive, modified mucosal flap technique. Incisions were made 1.5 mm away from the mesial and distal papillae to prevent their collapse or regression. The implant bed was prepared according to the efficient drilling protocol provided by the manufacturer. A round bur was used to punch-mark the implant position, and subsequent pilot drilling determined the depth and axis of the implant site. Final drilling was carried out using the single-patient form drill included in the package.

One iSy implant ( $\varnothing$  3.8 mm/L 11 mm) was placed on each side, achieving the necessary primary stability for open healing (Figs. 8a–c + 9a–c). Despite the parallel shape of the implant, which is not ideal for achieving high primary torque stability, the design of the implant base—with an abutment diameter slightly larger than the implant diameter—prevents sinus migration during the healing phase.

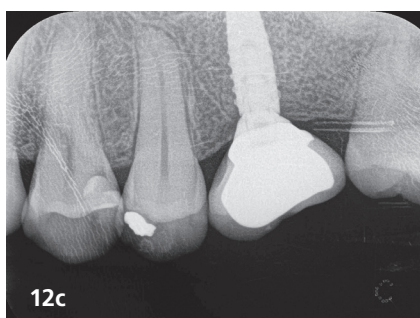
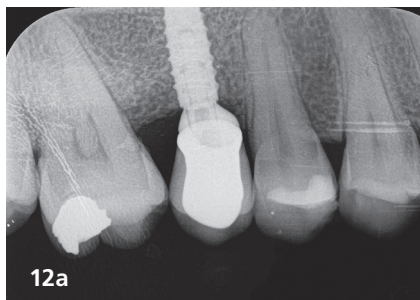
In cases like this, where primary stability of 20 Ncm torque or greater is achieved, transgingival healing can be selected as the treatment option (Fig. 10). PEEK healing caps were mounted on the implant base, and the flaps were sutured tightly around the caps using simple 5/0 sutures. An intra-oral X-ray was taken as a baseline to verify the initial bone-to-implant contact (BIC) at the implant shoulder (Fig. 11).

### The prosthetic restoration

The prosthetic restoration began sixteen weeks after the implant placement and regular follow-up appointments. The PEEK healing caps were removed, and multifunctional caps were clicked into place. An analog impression of the two implant po-



**Fig. 11:** The implant bases were fitted with healing caps for an open healing approach.



**Figs. 12a–d:** The final metal-ceramic crowns *in situ*, featuring aesthetically pleasing crowns #16 and #26. The Platform Switching concept of the system facilitates the stable attachment of peri-implant tissue.

sitions was taken intra-orally using an impression key. In the laboratory, a model was fabricated to replicate the implant positions precisely. Custom-made iSy Universal abutments were then screwed onto the implant analogs and modified to accommodate the peri-implant soft tissues, implant angulation, and the insertion direction of the crowns. Metal-veneered porcelain crowns (PFM) were fabricated and subsequently cemented.

Given the clinical diagnosis and the patient's parafunctional habits, PFM crowns were selected over zirconia to minimise the risk of chipping or wear due to the reduced height of the Ti-base and limited retention. For the final restoration, the pre-assembled iSy implant bases were removed from the implants for the first time using the abutment disconnecter. A stable peri-implant mucosal cuff was observed, and the titanium abutments were inserted and screw-retained to the implants with an abutment screw (20Ncm). After functional and shade verification, the two metal-ceramic crowns were cemented onto the roughened abutments (Figs. 12a–d).

## Conclusion

After six months of functional loading, the hard and soft tissues remained stable. A significant advantage of the iSy treatment concept is the minimal unscrewing and screwing required for prosthetic restoration, reducing the risk of bone remodeling at the implant shoulder caused by inflammatory connective tissue (ICT). The treatment successfully achieved aesthetics, patient satisfaction, and functional rehabilitation.

Pictures: ©Mauro/Magnanelli

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Literature



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**Dr Edoardo Magnanelli** earned his PhD in Dentistry at the Universitat Internacional de Catalunya (UIC) in Barcelona and obtained a certificate in implant-based therapy from the EAO in 2019. In the same year, he also completed his International Master's degree in Oral Surgery at UIC in Barcelona.





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## A nine-year follow-up case report

# Long-term success of implant-supported rehabilitation in the aesthetic zone

Dres Léon Pariente and Karim Dada, France

Dental implants have revolutionised the field of restorative dentistry, offering reliable solutions for replacing missing teeth. The success of dental implant treatment relies on meticulous treatment planning, precise surgical techniques, and appropriate follow-up care. In the aesthetic zone, where patient satisfaction is closely tied to the appearance of the restoration, achieving optimal outcomes becomes even more critical.

A determinant of long-term implant success also lies in the selection of an appropriate implant system. Straumann® BLT implants, characterised by their proprietary Roxolid® material and SLActive® surface, have garnered considerable attention for their osseointegration potential and stability.<sup>1,2</sup> These implants mimic a dental root shape, as they have a smaller diameter at the apical part than at the neck of the implant. The claimed benefits of this design include enhancement of the primary stability by the pressure of the

cortical bone on regions with poor bone quality, as well as the reduced risk of bone perforation due to its macrotopography.<sup>3</sup>

This case report presents the nine-year follow-up of two Straumann® BLT implants placed in the aesthetic zone, focusing on their clinical performance, peri-implant tissue health, and patient satisfaction. By examining the longevity and aesthetic outcomes, this report highlights the importance of careful treatment planning and execution in achieving predictable outcomes.

## Initial situation

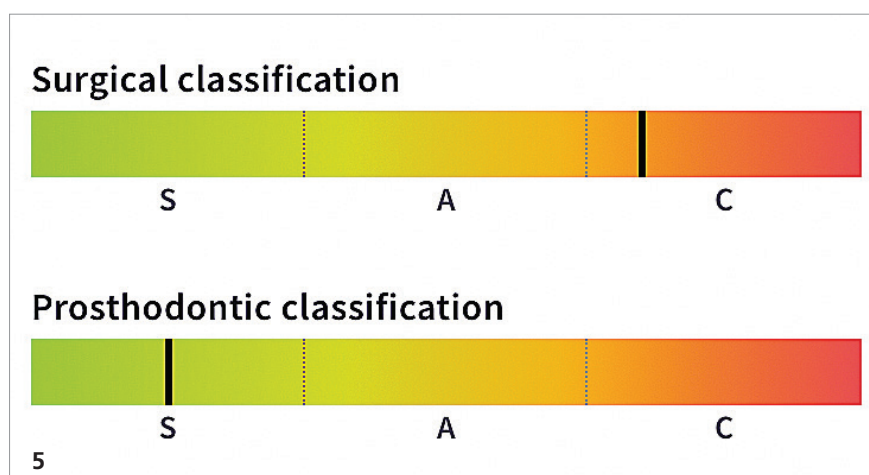
A 56-year-old female patient, non-smoker, classified as healthy (ASA I), with no current medications or known allergies, visited our clinic with a chief complaint centered around her persistent dissatisfaction with her smile. She reported the development of a chronic infection in her front teeth over recent years, leading to noticeable mobility. This dental concern has significantly affected her ability to eat and speak with confidence. The patient



**Fig. 1:** The patient's extra-oral examination revealed a medium smile line. – **Fig. 2:** Misalignment observed in the maxillary front teeth. – **Fig. 3:** Intra-oral examination shows periodontal attachment loss and mobility in the upper left central incisor and lateral incisors. – **Fig. 4:** CBCT scan reveals the absence of buccal bone.







**Fig. 5:** Based on SAC classification, the patient was classified as surgically complex and prosthodontically straightforward.

was actively seeking a long-term solution but expressed concerns about potential pain during the treatment process.

The patient's extra-oral examination revealed a medium smile line and misalignment of the front teeth (Figs. 1+2).

During the intra-oral examination, advanced periodontal insertion loss and mo-

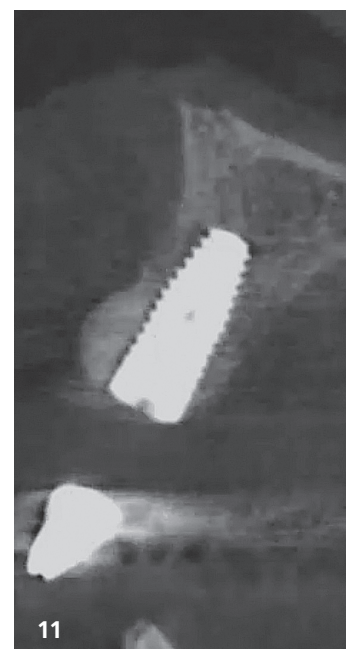
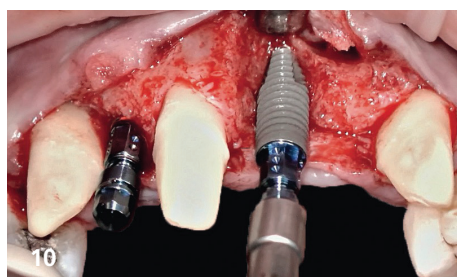
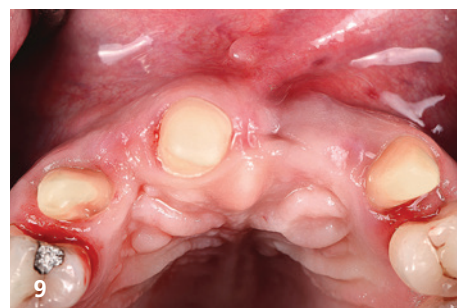
bility were noted in teeth #12, #21, and #22 (Fig. 3). Cone-beam computed tomography (CBCT) imaging indicated the absence of buccal bone on tooth #21 (Fig. 4).

According to the SAC classification, the patient was classified surgically as complex and prosthodontically as straightforward (Fig. 5).

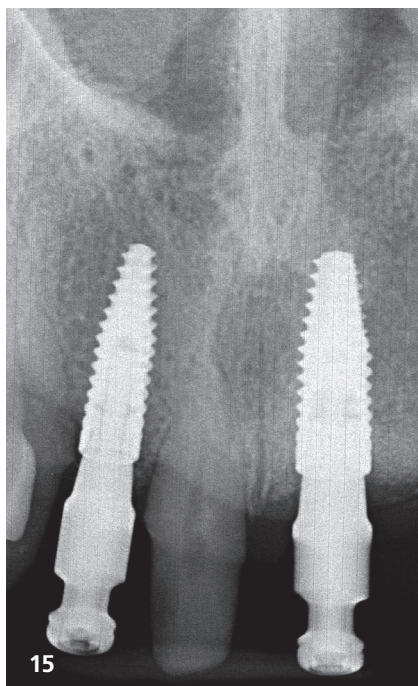
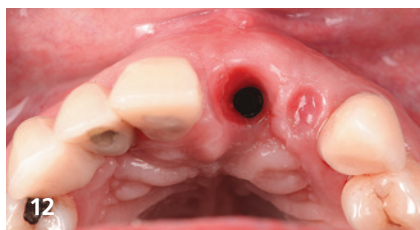
## Treatment planning

Taking into consideration the patient's needs and desires, the following treatment plan was chosen:

1. Atraumatic extractions of teeth #12, #21 and #22 with alveolar curettage.
2. Dental preparations on teeth #13, #11 and #23.
3. Temporary resin-based bridge on teeth #13-23.
4. Placement of Straumann® Roxolid BLT 3.3 mm implant on position #12 and Straumann® Roxolid® SLActive® BLT 4.1 mm on position #21.
5. Simultaneous minor bone augmentation with Straumann® XenoGraft and a collagen membrane.
6. Immediate loading of implant #12 and delayed loading of implant #21.
7. Papilla conformation with a temporary ovate pontic on ridge position #22.
8. Final screw-retained crown delivery on implants #12, #21 and #22.



**Fig. 6:** Extraction of the upper left central incisor and lateral incisors, followed by the preparation of upper right central incisor and canines. – **Fig. 7:** Placement of a temporary resin-based bridge. – **Fig. 8:** Post-healing, horizontal and vertical ridge deficiencies observed at the site of #21. – **Fig. 9:** Six weeks after dental extractions, the patient exhibited uneventful wound healing. – **Fig. 10:** Placement of Straumann® Roxolid® SLActive® BLT Ø 3.3 mm implant at site #12, and a BLT Ø 4.1 mm implant at site #21. – **Fig. 11:** At five months post-surgery, the radiographic control of implant #21 confirmed proper positioning and implant integrity.



**Fig. 12:** Successful soft-tissue healing observed at the seven-month follow-up. – **Fig. 13:** Placement of the final restorations. – **Fig. 14:** The aesthetically pleasing appearance of the final crowns. – **Fig. 15:** Radiographic assessment at the time of final impression confirmed precise implant placement and verified bone structure integrity.

## Surgical procedure

Local anaesthesia with lidocaine 2% with epinephrine 1:100,000, was administered. This was followed by atraumatic extractions of teeth #12, #21, and #22, with

alveolar curettage. Additionally, dental preparations on teeth #13, #11, and #23 were carried out (Fig. 6).

A temporary resin-based bridge was placed in the second sextant (Fig. 7). Following wound healing, horizontal and ver-

tical deficiencies were observed at ridge position #21 (Fig. 8).

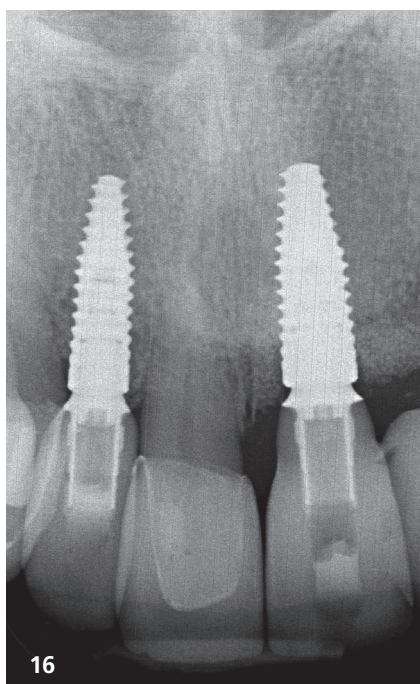
At the six-week follow-up post dental extractions, the patient presented with uneventful wound healing (Fig. 9). A mucoperiosteal flap, with a crestal incision, was raised to facilitate implant placement. The Straumann® Surgical Cassette was employed to prepare the implant bed. Subsequently, a Straumann® Roxolid® SLActive® BLT 3.3 mm implant was positioned at site #12, and a Straumann® Roxolid® SLActive® BLT 4.1 mm implant was placed at position #21 (Fig. 10). The implants were positioned using the hand-piece in a clockwise direction with a speed of 15 rpm and torqued to 35 Ncm. Simultaneously, bone augmentation was carried out at position #21 to enhance the structural integrity of the implant site.

A radiographic control was conducted on implant #21, five months post implant surgery, to assess the progress and ensure the integrity of the implant in its position (Fig. 11).

## Prosthetic procedure

Soft-tissue conformation was evaluated seven months after the delayed loading of implant #21, with the aim to assess the maturation and adaptation of the surrounding soft tissues to the implant site (Fig. 12).

After the successful healing and osseointegration of both implants, the final restorations were placed on the implants, and the screws were tightened within the



**Fig. 16:** A follow-up radiographic evaluation assessed the long-term stability and health of the implant sites. – **Fig. 17:** Six-year follow-up showing favourable aesthetic results. – **Fig. 18:** Six-year follow-up demonstrating a satisfactory clinical outcome.





**Fig. 19:** Nine-year follow-up revealing successful results, with healthy soft and hard tissues maintained.

range of 15 to 35 Ncm revealing a natural and aesthetically pleasing appearance of the final crowns (Figs. 13+14).

Oral hygiene instructions were provided, and occlusion was checked. Recall appointments were efficiently scheduled to ensure ongoing monitoring and maintenance of the achieved oral health.

### Treatment outcomes

Radiographic control was conducted at the time of the final impression to ensure an accurate assessment of the implant placement and surrounding structures (Fig. 15). Additionally, a follow-up radiographic evaluation was performed six years after the completion of the treatment to monitor the long-term stability and health of the treated area (Fig. 16).

At the six-year (Figs. 17+18) and nine-year (Fig. 19) follow-ups, comprehensive clinical and radiographic assessments underscored favourable outcomes, including osseointegration, the maintenance of bone density around the implants, and pleasing aesthetics. These findings collectively indicated the success of the long-term treatment.

The treatment journey has resulted in exceptional health outcomes for both hard and soft tissues. The patient expressed her gratitude to the team, who meticulously managed each phase of the treatment.

The effectiveness of the maintenance programme has been fundamental in preserving the achieved results over time.

The patient reported enhanced functionality, enabling proper eating and confident speech. Furthermore, the realisation of the “dream smile” stands as a testimony to the comprehensive and successful nature of the provided care.

### Authors’ testimonial

In our daily practice, Straumann® BLT implants have consistently delivered predictable results, particularly in the aesthetic zone. We ensure seamless integration and long-term patient satisfaction through meticulous treatment planning and interdisciplinary collaboration.

Dr Karim Dada



Dr Léon Pariente



References



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**Dr Léon Pariente, DDS** has a private practice specialised in Implantology and Periodontology in Paris. He graduated of the Paris Descartes University and absolved in 2012 an advanced programme in implant dentistry at the New York University College of Dentistry. He has several research projects at the Prosthetic and Implant Department of the Paris Descartes University.

## Minimally invasive solution

# Angled abutment in three-unit fixed prostheses

Drs Alexandre Marques Paes da Silva, Alice Maria de Oliveira Silva, Lissya Tomaz da Costa Goncalves, Rodrigo Franco Mota, Mayla Kezy Silva Teixeira & Eduardo Jose Veras Lourenco, Brazil

Ceramic implants, particularly those made of zirconia, are increasingly recognised as a viable alternative to conventional metal implants due to their excellent mechanical properties, biocompatibility, and aesthetic advantages.

This case report presents the rehabilitation of an edentulous posterior maxillary area using two two-piece zirconia implants supported by a three-unit fixed prosthesis, with a 17° angled abutment on the distal implant to avoid sinus grafting. The patient underwent atraumatic extractions and implant placement, followed by immediate provisional restoration. After four months, a definitive prosthesis was fabricated, and at the 24-month follow-up, clinical and radiographic evaluations showed healthy peri-implant tissues, stable bone levels, and no signs of peri-implant bone loss. This case demonstrates the successful use of zirconia implants and

angled abutments in posterior maxillary rehabilitation, highlighting the potential for less invasive treatment options with careful planning and execution.

## Introduction

Ceramic implants have become increasingly recognised as a strong alternative to conventional metal implants, particularly in the areas of dental and orthopaedic surgery. Among these materials, zirconia ( $ZrO_2$ ), and more specifically yttria-stabilised tetragonal polycrystalline zirconia (Y-TZP), is widely used due to its excellent mechanical reliability, high degree of biocompat-

ibility, and favourable integration with bone tissue.<sup>1</sup> Its natural white appearance also improves aesthetic results, making it especially advantageous for use in visible areas such as the anterior region of the mouth.<sup>2</sup>

Numerous clinical investigations have confirmed that zirconia dental implants achieve high success rates—ranging from 84.4 to 100%—in observation periods of up to five years, depending on the material formulation and case selection.<sup>3,4</sup> These performance levels are comparable to those of titanium implants, positioning zirconia as a reliable and effective alternative.

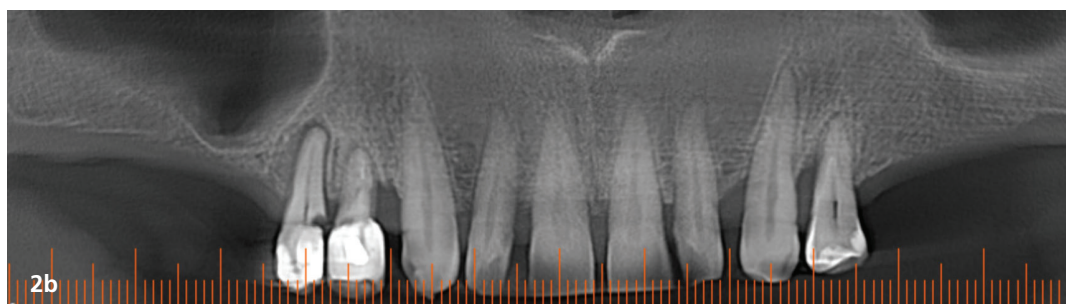
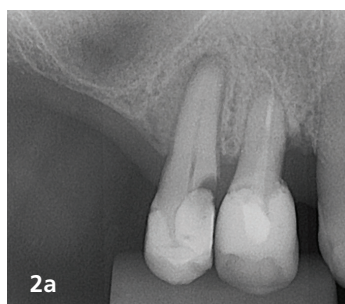
In addition to its structural integrity and aesthetic benefits, zirconia offers several biological advantages. It has low thermal conductivity, minimising discomfort related to temperature fluctuations, and excellent resistance to corrosion and plaque accumulation.<sup>5,6</sup> These characteristics contribute to the stability and long-term health of the peri-implant tissue. Furthermore, its compatibility with soft and hard tissues provides a favourable healing response and makes it a suitable option for patients who prefer metal-free implant solutions.<sup>7</sup>

Given these characteristics, ceramic implants represent a highly attractive solution in contemporary implant dentistry. This case report aims to demonstrate the



Fig. 1: Initial situation.





**Figs. 2a+b:** Imaging exam (computerised tomography)—extensive root resorption in the upper left central incisor and the left lateral incisor.

clinical and radiographic behaviour of a patient who received two two-piece ceramic implants to support a three-unit fixed prosthesis using a 17-degree angled abutment, after 24 months of follow-up.

### Case report

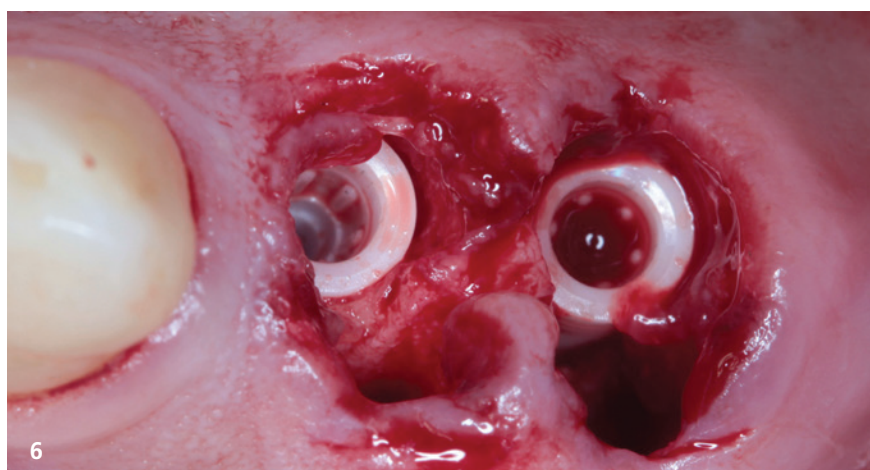
A 55-year-old male presented with complaints of mobility and pain while chewing in the upper right premolar area.

Clinical examination revealed advanced mobility and decay in the affected teeth (Fig. 1). The patient reported no systemic conditions, did not smoke, and was not on any medication. Radiographs revealed significant vertical and horizontal bone loss surrounding the compromised premolars (Figs. 2a+b).

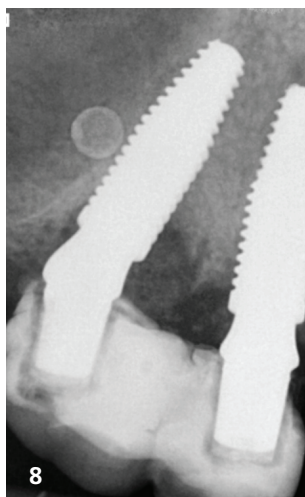
After reviewing all treatment options, the patient chose the extraction of the affected teeth followed by the placement of two ceramic implants to support a three-unit fixed prosthesis. To avoid sinus grafting, it was decided to use a 17° angled abutment on the distal implant to facilitate a more favourable emergence profile toward the occlusal surface of the first molar. This approach was determined in collaboration with the clinician, considering the patient's age and aesthetic expectations.

### Surgical procedure

Surgery was performed by an implantologist with over 20 years of experience using a conventional approach to ensure precise three-dimensional implant positioning.



**Fig. 3:** Forceps and teeth extracted. – **Fig. 4:** Fresh sockets after an extraction with the screw former. – **Figs. 5a+b:** Two two-piece ceramic implants (Neodent Zi), placed at 24 rpm and 35 Ncm torque. – **Fig. 6:** Occlusal view of final positions.



**Fig. 7:** Immediate postoperative with provisional crowns and sutures. – **Fig. 8:** Immediate postoperative X-ray. – **Fig. 9:** Four months later, without the temporary crowns and peri-implant health in both implants. – **Fig. 10:** Occlusal view of the abutments (anterior straight and posterior angled 17 degrees). – **Figs. 11a+b:** Three-unit fixed prosthesis in lithium disilicate (e.max®). – **Fig. 12:** Three-unit fixed prosthesis cemented. – **Fig. 13:** Occlusal view of the final restoration.

### Preoperative protocol

- Antibiotic prophylaxis: 2 g amoxicillin (4x500 mg), one hour before surgery
- Antisepsis: 0.12% chlorhexidine rinse for 30 seconds
- Local anaesthesia: 4% articaine with 1:100,000 epinephrine

### Implant placement

Atraumatic extractions were performed (Fig. 3), and implant sites were prepared following Neodent® protocol with abundant irrigation. A screw former was used to optimise bone preservation (Fig. 4). Two two-piece ceramic implants (Neodent Zi, 4.3 × 13 mm) were placed at 24 rpm and 35 Ncm torque (Figs. 5a+b), followed by manual insertion to the final position (Fig. 6). Cement-retained abutments were used: one straight and one 17° angled CR abutment (Neodent).

### Provisionalisation

Immediate provisional restorations were fabricated intraoperatively using light-curing resin, consisting of two crowns (premolar and molar; Fig. 7). After cementation, sutures were placed, and a periapical radiograph confirmed proper implant positioning (Fig. 8).

### Postoperative course

The patient returned after 14 days for suture removal. Healing was uneventful throughout the four-month osseointegration period.

### Prosthetic phase

After four months, the definitive prosthetic phase began (Figs. 9+10). An analogue impression was taken using addition silicone (Yllor) over the CR abutments. A three-unit fixed prosthesis was fabricated using lithium disilicate (e.max®; Figs. 11a+b) and cemented with dual-cure adhesive resin cement (RelyXT™ U200, 3M; Figs. 12+13). A final periapical radiograph confirmed accurate fit and stable bone levels.



## Follow-up

At the 24-month follow-up, clinical evaluation revealed healthy peri-implant soft tissues and preservation of the mucogingival profile. A radiograph confirmed no signs of peri-implant bone loss (Fig. 14).

## Discussion

This clinical case demonstrates the successful rehabilitation of a posterior maxillary edentulous area using ceramic implants and angled abutments, effectively avoiding the need for sinus grafting. This approach aligns with contemporary trends in implant dentistry, where minimising invasive procedures is a priority.

The use of angled implants has been widely studied as an effective alternative to maxillary sinus augmentation procedures. A systematic review demonstrated that tilted implants, when positioned correctly, have similar clinical success rates to axial implants.<sup>8</sup> This approach avoids more invasive interventions, such as maxillary sinus lift and bone exercises, significantly reducing treatment morbidity and accelerating patient rehabilitation time.

The survival rates of ceramic implants in posterior regions have been a topic addressed in the current literature, especially with adequate planning. Studies report a survival rate above 90% for a follow-up period ranging from one to five years in posterior regions.<sup>9–11</sup> In the clinical case presented, a 17-degree angled abutment was used to compensate for the orientation of the implant and improve the prosthetic position. This strategy allowed the installation of an immediate provisional prosthesis, without compromising biomechanical stability or aesthetic results.<sup>12,13</sup> These findings corroborate the current literature, which supports the use of angled components in cases with anatomical limitations, if surgical and prosthetic planning is carefully executed.

## Conclusion

This case illustrates the successful integration of ceramic implants and angled

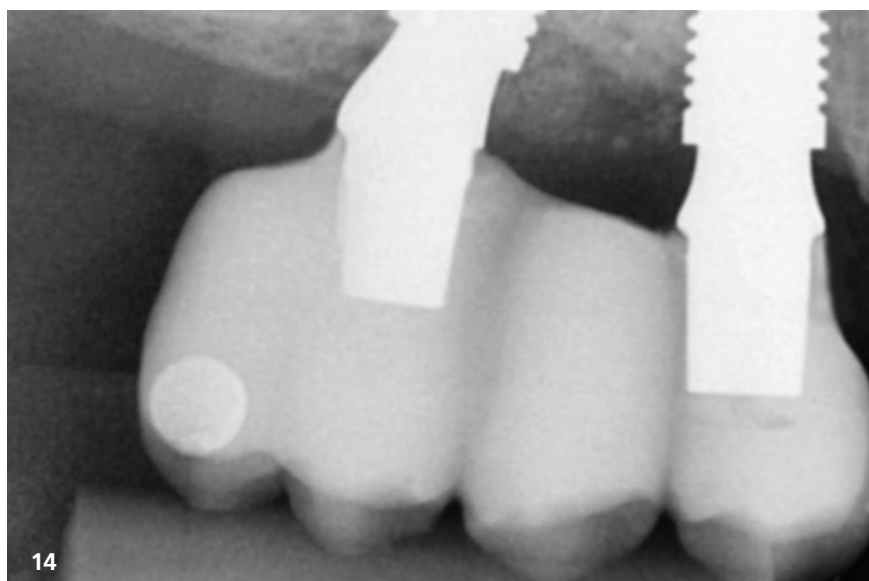


Fig. 14: X-ray 24 months later.

abutments as an effective solution for posterior maxillary rehabilitation provided careful surgical and prosthetic planning is followed. The 24-month follow-up confirms the success of the treatment, with healthy peri-implant tissues and stable bone levels. Future research should continue to investigate the long-term outcomes of ceramic implants, particularly in challenging anatomical situations, to further validate their role in implant dentistry.

## Ethical aspects

The study protocol received approval from the Research Ethics Committee of the Pedro Ernesto University Hospital, State University of Rio de Janeiro (HUPE-UERJ; Protocol No. 5.598.463). All procedures adhered to the revised principles outlined in the Declaration of Helsinki. Written informed consent was obtained from the patient prior to the beginning of treatment.

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References



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## Five-year follow-up

# Maxillary molar replacement and immediate restoration

Leandro Soeiro Nunes, Brazil

The introduction of dental implants marked a significant shift in prosthetic dentistry, offering the ability to replace missing teeth with fixed restorations without involving adjacent teeth, as required in traditional tooth-supported prostheses. In the early days of implant dentistry, a two-stage protocol was typically employed, with a healing period of three to six months between implant placement and prosthetic loading.\*

The attempts to provide a better patient experience have led to the development of improved manufacturing technology, innovative techniques, and a better understanding of biologics by clinical and pre-clinical studies. The immediate loading of implants is now a reality, and these treatments are frequently used in the anterior maxillary area. However, the installation of dental implants simultaneously with provisional restoration can also provide benefits in the posterior areas with a re-

duction in time prior to the recovery of the masticatory function.\*

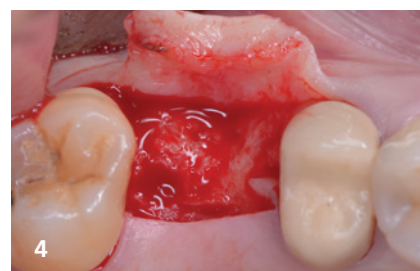
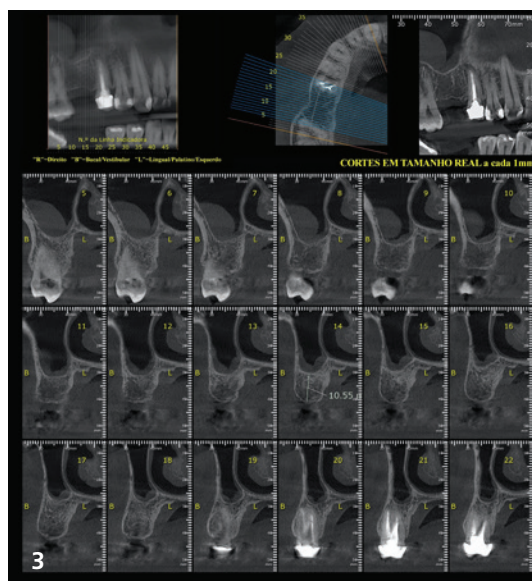
In this context, the estimation of the risk of the treatment result and effective treatment planning is crucial. It is essential to perform an analysis of the patient's medical condition, bone availability, soft tissue, and desired tooth shape, and to take into consideration the patient's needs and expectations.

The following case report describes the replacement of a single upper molar with

the Straumann® TLX implant in a fully healed site (Type 4, ITI implant placement) and the immediate rehabilitation with provisional restoration.

## Initial situation

A healthy, non-smoker 40-year-old female patient presented to our clinic with a missing maxillary molar. Her primary goal was to recover the masticatory function as soon as possible because her condition



**Figs. 1+2:** Initial situation—missing #16. – **Fig. 3:** Preoperative CBCT showed adequate bone for implant placement. – **Fig. 4:** Flap elevation exposed the underlying bone.

\*Davarpanah, Mithridade, Szmukler-Moncler, Serge. *Immediate loading of dental implants: Theory and clinical practice*. 1st Ed. Paris: Quintessence International, 2008.



did not allow her to eat properly and was affecting her quality of life. Her dental history revealed that the tooth was lost due to a vertical fracture a couple of months before. Since this incident happened during the COVID-19 lockdown, she could not receive complete treatment of the site.

The intra-oral examination showed the lack of the upper right first molar. The patient's periodontal condition was healthy, and the oral hygiene was classified as good (Figs. 1+2).

The preoperative CBCT revealed sufficient vertical and horizontal availability for an implant placement on site #16 with no risk of damage to surrounding anatomic structures (Fig. 3).

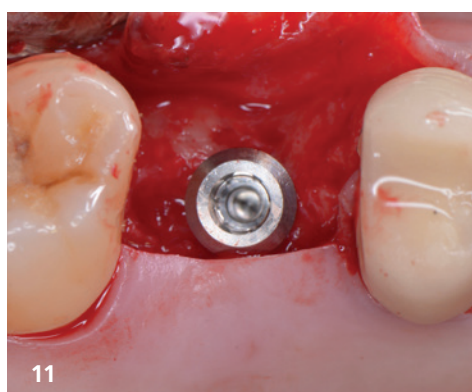
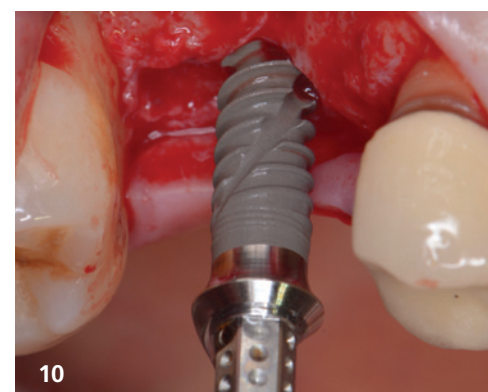
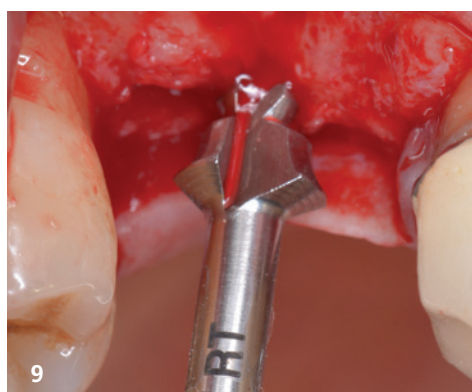
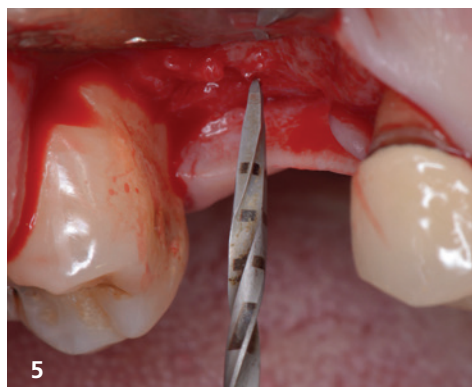
### Treatment planning

Prosthetic-driven planning and close communication between the patient, the prosthodontist (Dr Cristiane Juchem), and the dental technician (Lisiane Merlin) was ensured.

After discussing with the patient various treatment options, she opted for implant placement and provisional restoration on site #16. The clinical and radiographic evaluation showed adequate conditions for implant placement in the healed site. Furthermore, the CBCT for diagnosis revealed no need for bone augmentation procedures. Therefore, a Straumann® TLX RT SP (Standard Plus) Roxolid® SLActive® 3.75x10 mm with immediate provision-alisation was planned only if the desired primary stability was achieved. The Straumann® TLX Implant System offers fully tapered tissue-level implants (TLX) that are designed for high primary stability and immediate treatment procedures.

### Surgical procedure

Local anesthesia was administered using articaine (4%) with epinephrine. Mid-crestal and intrasulcular incisions were performed without a vertical release. The flap was raised to expose the bone in the area of tooth #16 (Fig. 4).



**Figs. 5–9:** Drilling was performed according to the manufacturer's instructions for implant bed preparation. – **Figs. 10–12:** Placement of Straumann® TLX SLActive® Roxolid® 3.75 x 10 mm implant, achieving optimal primary stability (torque > 35 Ncm).



Following the manufacturer's surgical protocol, a Straumann® TLX RT SP (Standard Plus) Roxolid® 3.75 x 10 mm was placed in a prosthetically driven position. A minimum distance of 1.5 mm from the implant shoulder to the adjacent tooth was taken into consideration.

Due to the self-cutting properties of the TLX Implant, the implant bed was lightly underprepared. The drills were used in a clockwise drill rotation direction and with an intermittent drilling technique with pre-cooled (5 °C, 41 °F) sterile saline solution.

To this end, the needle drill Ø 1.6 mm was used initially to mark the implant site, followed by the pilot drill (Ø 2.2 mm) used to full implant length (10 mm; Fig. 5).

Next, the bone density was determined through a pilot hole, and the drill #2 (Ø 2.8 mm) was used (Fig. 6). Afterwards, an alignment pin was placed to check the 3D position of the osteotomy and preparation depth (Figs. 7+8). Additionally, since the placement of the implant was planned to be deeper than the shoulder mark on the mesial site, the corresponding profile drill was used (Fig. 9).

The Straumann® TLX implant was placed with a surgical ratchet with a torque value > 35 Ncm, and optimal primary stability was achieved (Figs. 10–12).

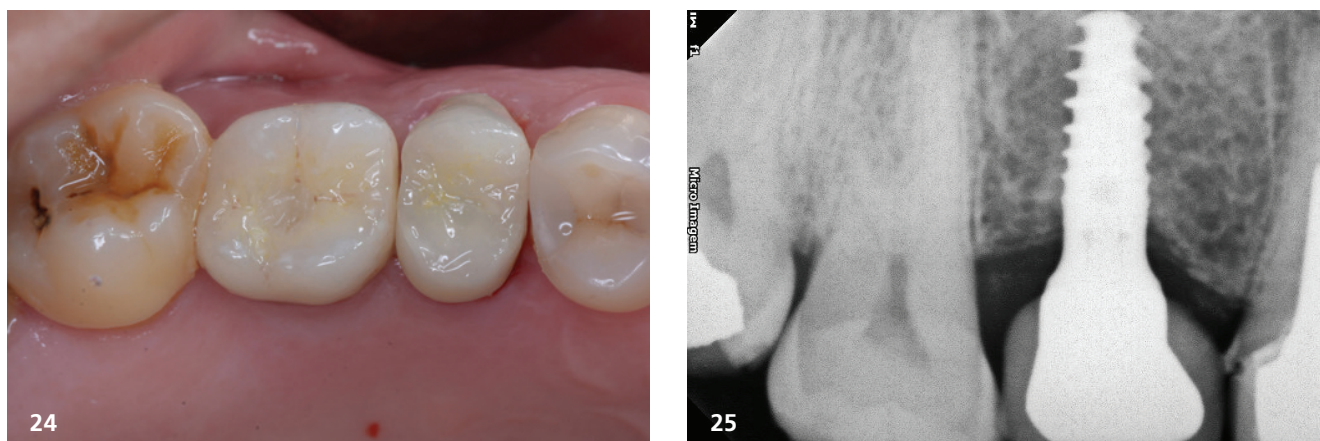
### Prosthetic procedure

Since optimal primary stability was achieved, we could proceed with the preparation of the provisional restoration as requested initially by the patient.

For the provisionalisation, a straight provisional titanium abutment and a pre-selected tooth based on the stone cast were used (Figs. 13–16). The provisional titanium abutment was reduced with a carborundum disc to avoid occlusal con-

**Figs. 13–16:** Provisionalisation used a straight titanium abutment and a pre-selected tooth from the stone cast. – **Figs. 17+18:** Suturing completed and postoperative instructions given; suture removal planned at one week, with follow-up at 30 and 60 days postsurgery. – **Figs. 19+20:** At two months, a monotype scan body was placed, and a digital impression was captured with the Straumann® Virtuo Vivo™ scanner. – **Fig. 21:** CAD processing was performed with coDiagnostiX®, and a zirconia restoration was cemented onto the Variobase® for screw-retained rehabilitation. – **Fig. 22:** The restoration was screwed in with 35 Ncm torque. – **Fig. 23:** Final restoration with screw access hole sealed using composite.





**Figs. 24+25:** Five-year follow-up demonstrating satisfactory functional and aesthetic outcomes.

tact with the antagonist. The pre-selected tooth was prepared to be adapted to the abutment and bonded with flow composite. The final contouring and polishing were done chairside by Dr Cristiane Juchem.

Single stitches with nylon 5/0 were placed around the implant. Analgesics were prescribed post-operatively, and a control and suture removal was planned one week later. The follow-up appointments were scheduled for 30 and 60 days post-surgery (Figs. 17+18).

After two months of healing, a mono-type scan body was screwed into the implant, and a digital impression was taken with the Straumann® Virtuo Vivo™ intra-oral scanner (Figs. 19+20).

The coDiagnostiX® software was used for CAD processing, and a metal-free restoration (zirconia) was cemented (Relyx™ U200, 3M) on the top of the Variobase® (RT Variobase, Ø 5 mm, AH 6 mm) for screw-retained rehabilitation. The height of the abutment was adjusted accordingly from AH 6 mm to AH 4 mm (Fig. 21).

According to the implant manufacturer's recommendations, the restoration was screwed in with a torque of 35 Ncm (Fig. 22).

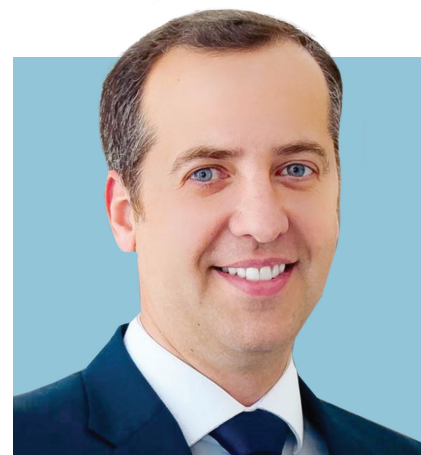
Finally, the screw access hole was sealed with composite material (Fig. 23).

The patient was scheduled for regular follow-up visits and, at the five-year follow-up, the prosthetic restoration continued to function effectively without any complications related to the implant or abutment.

The soft tissues remained healthy, and the occlusion was well-aligned. The patient reported high satisfaction with both the functional and aesthetic outcomes, highlighting the long-term success and stability of the treatment (Figs. 24+25).

### Treatment outcomes

Replacing one tooth in the posterior zone and loading it immediately can pose many challenges. Since the key is to identify who is eligible for this type of treatment, patient selection is crucial. In this case, we obtained good and predictable results in a short period of time as requested by the patient. The Straumann® TLX allows the implant to be loaded immediately, which in our case brought high satisfaction in terms of health, aesthetics, and function.



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## EuroPerio11

# A celebration of science, innovation, and collaboration

EuroPerio11, the world's leading congress in periodontology and implant dentistry, ended on 17 May after four days of outstanding science, hands-on innovation, and vibrant networking in Vienna. Organised by the EFP, the triennial event once again set a new benchmark for excellence in dental congresses.

With over 10,000 participants from 107 countries and many more joining virtually, EuroPerio11 proved the enduring global relevance of periodontology. More than 100 sessions took place across the VIECON congress centre, with cutting-edge research presented by top international experts, alongside lively debates, live surgeries, and hands-on workshops.

"EuroPerio11 has surpassed our expectations," said Prof. Anton Sculean, chair of EuroPerio11. "We've seen how the global perio community continues to grow in

strength, diversity, and ambition. The scientific insights presented herein are set to redefine how we practice, educate, and conceptualise periodontal health. These findings represent a significant advancement, with the potential to shape clinical protocols, enrich academic curricula, and enhance our understanding of the complex biological and systemic dimensions of periodontal conditions. A particular highlight for me was the session with the World Health Organization (WHO), which underscored how periodontal health must

gain recognition on the global health agenda. Other personal favourites included the joint symposia between the EFP and the American Academy of Periodontology (AAP), the International Academy of Periodontology (IAP), and the Osteology Foundation; the special session on Women's Oral Health; and last but not least, the three live surgeries, streamed in top-notch quality."

EuroPerio 11 scientific chair Prof. Lior Shapira added: "The quality of the science has been exceptional. We've heard ground-

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breaking data on the perio-systemic connection, innovations in regenerative techniques, and practical insights into sustainability and digitalisation. We were especially proud to host an outstanding line-up of speakers at EuroPerio 11, with 45% of them being women. One of the most memorable moments for me was the Women and Oral Health session: the hall was full, and the audience deeply engaged with this important and often underexplored topic. Another standout was the Patient's Point of View session, which brought a truly unique perspective to the congress. After three years of dedicated work, it was incredibly rewarding to see it all come together so successfully!"

Beyond the lecture halls, EuroPerio11 provided attendees with a rich programme of social and networking opportunities. Highlights included the EuroPerio11 Charity Run on Thursday morning joined by more than 400 participants and the spectacular congress party at Weitsicht Cobenzl on Friday night, where 2,000 guests danced, mingled, and celebrated against the stunning backdrop of Vienna's vineyards.

Thanks to its hybrid format, offering full virtual access to live-streamed and on-demand content, participants from around the world were able to experience the congress remotely, reinforcing the EFP's commitment to accessibility and innovation in continuing education.

As participants return home, the EFP looks ahead to building on the momentum of EuroPerio11. The congress may be over, but the work continues, with fresh knowledge, renewed connections, and a shared commitment to promoting gum health as a cornerstone of general health.

"Thank you to everyone who made EuroPerio11 possible: the speakers, delegates, sponsors, volunteers, and organising team. Your passion and participation are what make this event truly exceptional," concluded Prof. Sculean.

"We look forward to seeing you at EuroPerio12 in 2028 in Munich, Germany!"

Source: EFP





## EFP and Osteology joint session at EuroPerio11

# Pushing the limits in regeneration

The Osteology Foundation and the European Federation of Periodontology (EFP) hosted a high-level joint session at EuroPerio11 in Vienna on 14 May. Held in Plenary Hall C, the event drew over 3,000 participants, making it the biggest session the Osteology Foundation has ever organised. Six leading experts shared the stage to present perspectives on how to advance regenerative treatment—from initial diagnostics to clinical decisions made under pressure.

Moderated by Tali Chackartchi and Ronald Jung, the session featured presentations by Istvan Urban, Isabella Rocchietta, Giovanni Zucchelli, and Otto Zuhr. Each speaker walked the audience through a complex regenerative case, focusing not only on clinical challenges but also on the personal and professional limits they en-

countered—openly admitting what aspects of the case made them nervous.

The session opened with Istvan Urban, widely recognised for his surgical mastery. Before presenting a spectacular case of vertical bone augmentation using his renowned sausage technique, he candidly shared the respect and careful consider-

ation he gave to the risks involved. Despite his extensive experience, he acknowledged the natural apprehension that complex cases can bring—and demonstrated how he managed this nervousness to deliver outstanding results.

Next, Isabella Rocchietta delivered perhaps the strongest statement of the session, addressing the emotional boundaries of treatment: “We need to know when to step back. Saying no requires honesty and putting ego aside—for the patient’s benefit. Trying without certainty is morally unacceptable. If I’m not good enough, I will refer to someone who is.”

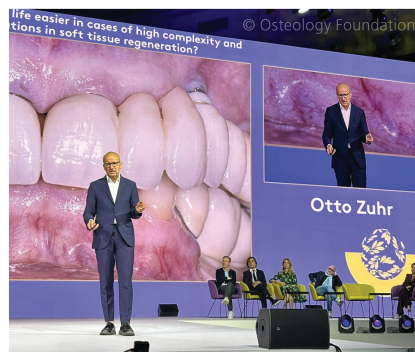
Giovanni Zucchelli followed with a particularly demanding clinical scenario of soft-tissue regeneration in the aesthetic zone, noting that “the proximity between tooth and implant is one of the most critical situations for soft-tissue regeneration.

Closing the presentation series, Otto Zuhr reminded the audience of the importance of patient-centred care: “You have to balance the treatment decision with the individual patient’s quality of life. We have to take treatment decisions on eye level with the patient.” He also highlighted that long-term success depends equally on three pillars—evidence-based knowledge, sound decision-making, and skilled manual execution—and that neglecting any one of these undermines the entire treatment process.

During the discussion round that followed the presentations, Tali Chackartchi offered a concluding reflection on clinical decision-making: “We have to understand the biology of the tissues to understand







and know the limitations.” Her comment reinforced the session’s overarching message—acknowledging boundaries is essential to achieving long-term success in regenerative treatment.

With more than 3,000 participants in attendance, the session became the largest event the Osteology Foundation has ever organised—an impressive milestone that reflects the global relevance of the topic and the strength of this collaboration.

The session not only showcased the depth of interdisciplinary expertise between the two organisations but also gave attendees a front-row seat to thought-

provoking discussions and state-of-the-art regenerative techniques.

As the session drew to a close, Ronald Jung reflected on its impact, affirming that his initial promise of a transformative experience for the attendees was fully justified by the depth and honesty of the discussions.

The Osteology Foundation is grateful to the EFP for its long-term collaboration and already looks forward to the International Osteology Symposium 2026, where the EFP will also be one of the educational partners and contribute to a session in collaboration with the American Academy of Periodontology (AAP).

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Celebrating 20 years of CAPP

# A legacy of innovation in dentistry

2025 marks the 20<sup>th</sup> anniversary of the Centre for Advanced Professional Practices (CAPP), an institution that has played a transformative role in dental education, digital dentistry, and professional development in the Middle East. Founded in 2005, CAPP has consistently raised the standards of dentistry across the region and beyond, bringing together global expertise, cutting-edge innovations, and educational excellence to the dental community.

## Two decades of excellence in dental education

Since its inception, CAPP has been at the forefront of Continuing Dental Education, offering world-class conferences, exhibitions, hands-on courses, and professional networking opportunities. Its impact goes beyond training—it has become a cornerstone in shaping the evolution of aesthetic and digital dentistry.

CAPP made history in 2005 by launching the first CAD/CAM & Computerised Dentistry Conference, introducing a new era of digital transformation in the region. Over the years, this conference has grown into one of the most anticipated annual gatherings for dental professionals, show-

casing the latest advancements in digital workflows, artificial intelligence, and minimally invasive treatments.

## Bringing the global dental community together

CAPP has always served as a bridge between the world's leading dental experts and practitioners in the MENA region. By hosting internationally recognised speakers, collaborating with prestigious universities, and working with key industry players, CAPP ensures that dentists in the Middle East remain at the cutting edge of global dental advancements.

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Its multidisciplinary approach has been a defining factor in its success, integrating restorative dentistry, orthodontics, implantology, endodontics, periodontics, and facial aesthetics into its diverse educational programmes. This comprehensive perspective enables CAPP to cater to a wide spectrum of dental professionals, enhancing both clinical skills and patient outcomes.

### **Aesthetic Dentistry MENA Awards: Recognising excellence**

Among CAPP's most prestigious initiatives is the Aesthetic Dentistry MENA Awards, launched in 2009 to celebrate excellence and innovation in aesthetic dentistry. After a brief hiatus, the awards made a triumphant return in 2024, setting a new benchmark for recognising outstanding achievements in the field.

The awards have evolved into a prestigious platform, showcasing groundbreaking cases, pioneering techniques, and the artistic mastery of dentists across the region. As CAPP enters its 20<sup>th</sup> year, the 2025 edition of the Aesthetic Dentistry MENA Awards is set to be bigger than ever, reaffirming its commitment to raising the standards of aesthetic dentistry.

### **Expanding horizons: The future of CAPP**

While CAPP, in partnership with MarkeDent, has already revolutionised dental education, its vision for the future reaches even greater heights. With the AI Medical, Pharma & Dentistry Summit—2026 CAIRO/RIYADH, CAPP is pioneering the first exclusive global gathering of AI leaders in medicine, pharmaceuticals, and digital dentistry. This landmark event underscores CAPP's expansion beyond dentistry, fostering interdisciplinary collaboration in cutting-edge healthcare technologies.

By integrating AI, automation, and emerging digital innovations, CAPP is setting the stage for a transformative future where medicine, pharmaceuticals, and dentistry converge to shape the next era of healthcare. These groundbreaking initiatives will establish new benchmarks for research, clinical applications, and patient care, ensuring professionals remain at the forefront of technological advancements.

### **A legacy of innovation and excellence**

As CAPP celebrates its 20<sup>th</sup> anniversary, it stands as a testament to two decades of unwavering dedication to excellence, innovation, and progress in the field of dentistry. With an exciting future ahead, the organisation remains committed to shaping the next generation of dental professionals, ensuring they are equipped with the knowledge, skills, and technology needed for the evolving landscape of healthcare.

### **Join the celebration**

CAPP's 20<sup>th</sup> anniversary celebrations will feature special events, conferences, and recognition ceremonies throughout the year. Dental professionals, industry leaders, and partners are invited to be part of this milestone moment in dental education and innovation. Stay updated on the latest events and programmes!

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## GCCG Boston

# Writing history together in implant dentistry

"Why are we here? To help more patients worldwide receive better, more predictable dental care—together, inclusively, and across all barriers. And because we love dentistry!" With these words, Ronald E. Jung, Steering Committee member and co-initiator, set the tone as the first Global Consensus for Clinical Guidelines (GCCG) took place in Boston.



From 16–18 June 2025, nearly 120 participants from 27 countries gathered for a landmark moment in implant dentistry.

The goal of the GCCG is to move beyond regional statements and build clear, practical, globally relevant clinical guidelines—starting with one of the field's greatest challenges: the edentulous maxilla. Unlike traditional consensus conferences, the GCCG combines systematic reviews and Delphi survey results, asking patients and clinicians what outcomes matter most, to create scientifically robust guidelines tailored for real-world clinical practice.

### Bridging science with real-world experience

Frank Schwarz, scientific leader and co-initiator, emphasised the importance of connecting science with real-world clinical practice: "We started to ask clinicians about their real-life experience, which may not always align with scientific evidence but reflect established clinical practice—and from there, we evaluated these procedures based on the current evidence and de-

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veloped recommendations that can be applied in any setting," he said.

"It is a dream come true," said Hom-Lay Wang, also scientific leader and co-initiator. "Over the past three days, we truly made history. This has been a long-standing dream of mine, and thanks to our team's remarkable support and unwavering dedication, we turned it into reality. The insights and recommendations produced here will undoubtedly have a lasting impact on the field of implant dentistry."

### Approaching the edentulous maxilla

During long working days, sometimes exceeding 12 hours, four working groups tackled key questions in the treatment of the edentulous maxilla: how many implants to use; when to place and load them; when to choose short, standard, or zygomatic implants; how to approach sinus grafting and ridge augmentation; and when to opt for fixed or removable prostheses. These groups were chaired by Gil Alcoforado and Nikos Donos, German Gallucci and Jörg Neugebauer, Christer Dahlin and Joseph Fiorellini as well as Charlotte Stilwell and Ronald Jung.

Among the backbone of the meeting were the Delphi survey experts Giulia Brunello and Franz Strauss, who introduced the participants to the modified Delphi survey procedure applied in the core outcome set development. Together with Guo-Hao (Alex) Lin and Todd Schoenbaum, they worked tirelessly in advance of the meeting to gather and analyse the data from clinicians, patients and cross-disciplinary experts to inform the structured consensus process, and on-site they all provided invaluable support to the working groups.

### A unique approach to clinical guideline development

The recommendations were developed by four working groups, informed by the results of the Delphi survey and aligned with the scientific evidence. A structured nominal group technique was applied to draft the recommendations. These were then presented to all consensus conference participants, discussed in plenary, and amended by the working groups based on the feedback received. On the third and final day of the consensus conference, all recommendations were formally voted on by the plenary, and the outcomes were documented after each vote. Consensus was defined as agreement by at least 75 per cent of the voting participants.

Ina B. Kopp, Director of the Association of the Scientific Medical Societies' Institute for Medical Knowledge Management (AWMF-IMWi), served as methodological adviser, consensus







conference moderator and facilitator. She said, "It was a great honour and pleasure to be invited and to have the opportunity to work with this group of experts from around the globe. I am deeply impressed by their remarkable commitment to sharing expertise globally, helping to avoid duplication of efforts and potential contradictions in recommendations for better patient care."

After the final votes were cast, applause and standing ovations marked a truly memorable moment. One participant captured the feeling: "It was an experience that I keep reliving in my mind. I left inspired with a new global family, a new panoramic perspective, and a voice I never thought I'd find."

### From Boston to daily practice

The GCCG will now move from Boston into every-day clinical practice. Frank Schwarz said: "We want to give something back to the community, and what I personally want to see is that we collectively use these guidelines for the sake of the patient."

Unlike traditional consensus meetings, the GCCG was designed for true global reach from day one, explained Ronald Jung. The Boston meeting showed what is possible when experts from around the world work together. It was jointly organised by the European Association for Osseointegration (EAO), the International Team for Implantology (ITI), and the Osteology Foundation, which provided structure and funding. Partner organisations—the Chinese Stomatological Association (CSA), Japanese Society of Oral Implantology (JSOI), Korean Academy of Oral and Maxillofacial Implantology (KAOMI), Oral Reconstruction Foundation (ORF), Osseointegration Society of India (OSI), and the Brazilian Society of Periodontology (SOBRAPI)—ensured local insights were included from the start and will help expand the reach of the GCCG's outcomes through national and regional networks. Publishing partners Quintessence and Wiley will support the publication and global dissemination of the results.

The final guidelines for the treatment of the edentulous maxilla will be published later this year in *Clinical Oral Implants Research (COIR)*, along with the systematic reviews and survey results.

### Contact address

Global Consensus for Clinical Guidelines

[www.gccg.online](http://www.gccg.online)



Digital Dentistry Society Global Congress 2025

# Dentistry between artificial intelligence, mixed reality & robotics

The Digital Dentistry Society Global Congress 2025 will be held from 16 to 18 October at the historic Palazzo del Cinema in Venice. This event represents the largest gathering of the Digital Dentistry Society (DDS), the foremost international scientific organisation devoted entirely to the evolving and interdisciplinary realm of digital dentistry.

## Joint meeting

In a significant collaboration, the DDS Congress will be jointly hosted with the International Association of DentoMaxillo-Facial Radiology (IADMFR), an organisation established in 1968 that continues to champion the development and global representation of dentomaxillofacial radiology.

Under the theme "Dentistry Between Artificial Intelligence, Mixed Reality and Robotics," the congress will explore the transformative impact of cutting-edge technologies on contemporary dental science. The programme offers valuable insights into how emerging digital tools are shaping clinical workflows, enhancing diagnostic precision, and advancing treatment outcomes.

The congress promises an exceptional blend of professional development, networking opportunities, and cultural experiences. Venice, with its timeless canals, gondolas, and architectural splendors immortalised by historical figures such as Goethe during his 18<sup>th</sup>-century Italian journey, remains a captivating destination that continues to inspire visitors worldwide. The city's rich artistic and cultural heritage provides a fitting backdrop for this international scientific meeting.

## 60+ experts from 20+ countries

Throughout the three days, expert speakers and session chairs will share knowledge and innovations. On the first day, the Innovation Forum will showcase interdisciplinary approaches to rehabilitation, focusing on digital tools for predictable ortho-restorative workflows, advancements in vertical ridge augmentation using digital strategies, and the enhancement of vision in dental practice.

Special workshops dedicated to dental assistants emphasize the vital role of the entire dental team in the modern digital workflow. These sessions provide comprehensive training on the use of intra-oral scanners, an indispensable device in today's diagnostic and treatment planning processes, including discussions on technical features of leading scanners and effective digital communication with dental laboratories, patients, and clinicians.

The second day's focus on artificial intelligence, mixed reality, and robotics highlights the integration of AI-based treatment planning, dynamic navigation through mixed reality for implant placement, and the advent of autonomous dental robotic systems that promise unprecedented

precision and reliability across a range of implant therapies.

Concluding the congress, the third day revisits key advances in digital dentistry, addressing challenges such as emergence profile management with specially coded abutments to ensure tissue stability, the evolving synergy between smile design and laboratory collaboration, and the expanding role of 3D printing technologies, encompassing material selection and clinical applications.

Additionally, a dedicated session for dental hygienists explores the revolutionary impact of digital technologies on education and practice. Topics include the evolving role of the dental hygienist in the digital era and strategies for managing the ongoing transformation within the profession.

The congress unites global expertise to explore digital dentistry's future, blending innovation and tradition in the inspiring setting of Venice.

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## Dental and Maxillofacial Excellence Academy (DMEA)

# Lower Jaw Course

The course promises a high learning component: comprehensive techniques for hard- and soft-tissue augmentation in the lower jaw. The event takes place against the stunning backdrop of Curaçao from 21 to 24 October 2025. It is organised by the Dental and Maxillofacial Excellence Academy DMEA under the scientific direction of Dr Dr Markus Tröltzsch and Dr Dr Snjezana Pohl PhD.

Venue will be the Avila Beach Hotel, Willemstad, Curaçao. Course will be held in English. Preliminary topics include:

- Hard-tissue augmentation: Explore decision criteria, balancing literature and real-world applications featuring digital technologies.
- Peri-implant soft-tissue management: Master soft-tissue thickening before and during implant placement, including advanced techniques such as: FGG techniques, free and pedicle subepithelial connective tissue grafts harvesting and utilisation, tunnel techniques and flaps.
- Planning and execution of complex implant and augmentation cases: Decision and planning procedures, top notch navigation techniques, digital approaches.

Renowned experts impart knowledge and technology: Dr Dr Snjezana Pohl, Dr Detlef Hildebrand and Dr Dr Markus Tröltzsch, with additional distinguished lecturers to be announced.

### Why attend?

The organisers promise exclusive learning opportunity: limited to just 40 regular spots to ensure a personalised and impactful learning experience. Hands-on



### Dental and Maxillofacial Excellence Academy (DMEA) – Lower Jaw Course

Comprehensive Techniques for Hard and Soft Tissue Augmentation in the Lower Jaw

**October 21–24, 2025 | Willemstad, Curaçao**






Dr. Dr. Snjezana Pohl PhD  
Dr. Dr. Markus Tröltzsch  
Dr. Detlef Hildebrand  
PD Dr. Amely Hartmann

**Speakers**

 QUINTESSENCE PUBLISHING



workshops provide practical, hands-on training sessions to enhance clinical skills. Connect with top-tier professionals and expand professional network in a collaborative environment. Not to forget the cultural immersion: social events including welcome dinner, aquarium visit, and a vibrant Caribbean party. Members of BDIZ EDI receive a reduced participation fee for the training course.

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More information and registration:





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## OSSTEM

# Smart choices in regeneration: versatile biomaterials for reliable results



In dental regeneration, predictability and efficiency are key. With a growing demand for versatile, evidence-based solutions, OSSTEM offers a comprehensive portfolio of biomaterials designed to support successful bone and soft-tissue regeneration in various clinical scenarios. A-Oss is a naturally derived xenograft made from bovine bone. Its slow resorption profile ensures long-term volume stability, making it ideal for ridge preservation, sinus lifting, and larger defect reconstructions. Its osteoconductive properties promote rapid integration with the host bone, providing a reliable scaffold for new bone formation.

Q-Oss+ is a synthetic, biphasic calcium phosphate bone graft (20% HA/80%  $\beta$ -TCP). With a balanced resorption rate and excellent handling characteristics, it is especially suitable for smaller defects and periodontal indications. As an alloplastic material, it also offers a safe and predictable alternative for patients who prefer non-animal products.

To protect and stabilise grafts, membranes play a crucial role. OssMem is a resorbable collagen membrane of bovine origin, offering easy handling, strong barrier function, and excellent biocompatibility. It is particularly useful in standard GBR procedures where predictable resorption and support for soft-tissue healing are essential.

OssCover, derived from porcine collagen, complements the portfolio with slightly different mechanical properties and a natural multilayered structure. Its firm handling and extended barrier function make it an ideal choice for clinicians who prefer a porcine-based membrane with excellent space maintenance.

For more complex or larger horizontal/vertical augmentation cases, OssBuilder, a preformed titanium membrane, provides strong mechanical stability and precise defect shaping. It is especially useful in GBR procedures where long-term structural support is required and offers superior space maintenance compared to collagen membranes.

OSSTEM's biomaterials are developed to work in synergy, giving clinicians the flexibility to adapt to various defect types, patient needs, and personal treatment preferences—without compromising on quality or clinical outcome.

Discover how OSSTEM biomaterials can support your regenerative success. Contact our sales through [sales@osstem.eu](mailto:sales@osstem.eu) and learn more about our product line-up.

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botiss

# Breakthrough in bone defect treatment and ridge preservation

With the NOVAMag® SHIELD, botiss is launching a new, revolutionary solution for bone defects after tooth extractions.

Until now, socket preservation has only stabilised the damaged alveolar area. NOVAMag® SHIELD goes much further: it is stable, biodegradable, supports natural healing and ensures new bone formation also outside of the existing contour. The magnesium shield is easy to adapt and can be used in a minimally invasive way—without fixation to the bone. Depending on the treatment plan, it can be combined with various bone replacement materials.

The product is also particularly suitable for patients in whom no implant is placed in the defect. It offers a simple and economical way of preserving the alveolar ridge. In combination with stable bone replacement materials such as cerabone® plus, it can even slow down bone loss in denture wearers.



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NSK Europe

# Digitally networked implant treatment

NSK has developed and improved the Surgic Pro surgical micromotor system, which is now available as Surgic Pro2. Surgic Pro2 provides a Bluetooth connection to the Osseo 100+ osseo-integration gauge and a Link Set connection to the VarioSurg3 ultrasonic surgical system. By installing an application and connecting an iPad to the control unit, detailed intervention data can be displayed in real time. Both Surgic Pro2 treatment parameters and Osseo 100+ data can be displayed and stored on the iPad. The traceability of patient-specific treatment data means that implant treatment can be customised for each patient. The Surgic Pro2 and VarioSurg3 can be operated wirelessly and hygienically using a common foot control. But even without connection to other units, Surgic Pro2 offers advantages for the

practitioner. The micromotor is short, light-weight and ergonomic. A high-resolution LED in the micromotor serves as light source to match working conditions under full daylight. The pump module is quiet, and the irrigation tube is easy to attach. The Surgic Pro2 is simple and intuitive to use, making it easy to upgrade from the previous model to Surgic Pro2.



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## Straumann Group

# Our ultimate dental performance system

Tired of too much complexity in your practice? In implant therapy, every patient is different, which introduces various complexities that must be carefully considered. With the new Straumann iEXCEL™ System, surgeons are free to change the implant during surgery without affecting the prosthodontist, as the connection remains the same. Your staff will also benefit from simplified training, shorter assistance times, easier cleaning and streamlined prosthetic stock management.

## Why it will help you to reduce this complexity

In many practices, the use of different implant systems leads to unnecessarily complicated daily routines—with changing instrument sets, different prosthetic connections, and high training costs. The Straumann iEXCEL™ system solves this problem by creating uniform procedures for all indications. With just one surgical cassette and a common prosthetic connection, implant treatment is significantly simplified. Even switching implants mid-surgery is no longer a risk, as the connection remains unchanged. For the entire team, this means greater efficiency and fewer sources of error.

## Why it will support you in achieving a fully digital workflow

In modern dentistry, a digitally supported workflow is no longer optional—but many systems are not fully integrated. Straumann iEXCEL™, on the other hand, forms a closed digital chain from the first scan to the final restoration. Starting with the capture by Straumann SIRIOS™ scanner, through planning with coDiagnostiX® and Smilecloud, to design and manufacturing with RevEX™, UN!Q or Smile in a Box®, iEXCEL™ offers a true end-to-end solution. All modules are optimally coordinated and make complex processes easy to plan, reproducible, and above all, economical.

## Why complex full-arch cases will become easier to solve

Full-arch restorations are among the most demanding disciplines in implantology—often involving extensive surgical procedures and logistical complexity. Straumann

iEXCEL™ focuses on minimally invasive, cost-effective options thanks to short, angled, and narrow implants. Proven technologies such as the SLActive® hydrophilic surface and the Roxolid® alloy enable reliable restorations even in compromised situations, such as poor bone quality, immediate implant placement, or immediate loading scenarios—where accelerated healing is critical to success. Supported by the Pro Arch™ concept, access to full-arch rehabilitation is significantly simplified.

## How you will be able to work more economically—without compromising on quality

Choosing iEXCEL is not just a clinical decision—it's a sound economic one. By streamlining workflows, enhancing precision, and reducing clinical complexity, iEXCEL helps practices operate more efficiently, saving valuable chair time and minimising costly complications. Its role in accelerating healing and improving patient outcomes leads to fewer follow-ups and higher patient satisfaction. This, in turn, translates into increased practice capacity and a stronger professional reputation. Backed by Straumann's proven reliability and clinical validation, Straumann iEXCEL™ offers long-term value that goes well beyond the surgical suite. In today's cost-conscious environment, it's a smart choice for clinicians aiming to deliver excellence while optimising practice performance.



Scan the QR code to learn more:



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	EAO 2025	Monaco	18–20 September 2025	<a href="https://eao.org/congress">https://eao.org/congress</a>
	International Blood Concentrate Day	Frankfurt am Main Germany	25/26 September 2025	<a href="https://bc-day.info/">https://bc-day.info/</a>
10/2025	infotage FACHDENTAL Stuttgart	Stuttgart Germany	10/11 October 2025	<a href="https://www.messe-stuttgart.de/fachdental/">https://www.messe-stuttgart.de/fachdental/</a>

## EDI Journal – Information for authors

**EDI Journal** – the interdisciplinary journal for prosthetic dental implantology is aimed at dentists and technicians interested in prosthetics implantology. All contributions submitted should be focused on this aspect in content and form. Suggested contributions may include:

- Original scientific research
- Case studies
- Product studies
- Overviews

### Manuscript submission

Submissions should be made in digital form. Original articles will be considered for publication only on the condition that they have not been published elsewhere in part or in whole and are not simultaneously under consideration elsewhere.

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Each article should contain a minimum of 20 and a maximum of 50 pictures, except in unusual circumstances. Our publishing house attaches great importance to high quality illustrations. All illustrations should be numbered, have a caption and be mentioned in the text.

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Each article should contain a minimum of 10 and a maximum of 30 references, except in unusual circumstances. Citations in the body of the text should be made in numerical order. The reference list should be typed on a separate sheet and should provide complete bibliographical information in the format exemplified below:

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[2] Hildebrand, H. F., Veron, Chr., Martin, P.: Nickel, chromium, cobalt dental alloys and allergic reactions: an overview. *Biomaterials* 10, 545–548 (1989).

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Manuscripts will be reviewed by three members of the editorial board. Authors are not informed of the identity of the reviewers and reviewers are not provided with the identity of the author. The review cycle will be completed within 60 days. Publication is expected within nine months.

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