European Association of Dental Implantologists
Bundesverband der implantologisch tätigen Zahnärzte in Europa e.V.

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EDI JOURNAL

European Journal for Dental Implantologists

CONTINUING EDUCATION AS THE KEY TO THE FUTURE

Curricula and symposia 2026 with the BDIZ EDI

OSSTEM EUROPE MEETING

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PRAGUE CONGRESS CENTER

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- ✓ Pre-congress Hands-on Sessions
- ✓ With 20 + Dental Experts

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*An Invitation from the **Congress Scientific Committee***

Darko Božić

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OIC

Strategy against stagnation

Dear colleagues,

Europe enters 2026 with a sense of unease that hasn't been felt in decades. The continent is not collapsing, nor is it powerless—but it is undeniably strained. The political threats facing Europe today are not isolated storms; they are overlapping weather systems that test the resilience of institutions, alliances, and societies.

The war in Ukraine remains the single most destabilising force in Europe. It has reshaped defense budgets, energy markets, and diplomatic priorities. The conflict continues to drain resources and attention. It forces European governments to balance solidarity with Ukraine against domestic pressures such as inflation and energy costs. And it exposes Europe's dependence on external security guarantees and its vulnerability to hybrid threats, from cyberattacks to disinformation.

The European Union is still one of the world's most successful political projects, but 2025 tested its cohesion: disagreements over migration policy persist; economic disparities between Member States fuel resentment and debates over sovereignty versus integration intensify. These tensions complicate collective action at a time when unity is essential. Energy is no longer just an economic issue—it is a geopolitical one. Europe's strategic environment is shaped by forces far beyond its borders. The intensifying rivalry between the United States and China forces European governments to navigate a delicate balance between security partnerships and economic interests. European institutions, companies, and citizens face a growing wave of cyberattacks and influence operations.

Despite these challenges, Europe is not defined by crisis alone. It remains a region with strong institutions, deep democratic traditions, and significant economic power. But 2026 demands clarity and courage. Europe stands at a crossroads—not of decline, but of decision.

Making professional policy decisions for the positive development of oral implantology within Europe and beyond is a cornerstone of the work of the European Association of Dental Implantology (BDIZ EDI), which has had a European focus since 2002.

Our continuing education events are high-quality and sustainable. The Expert Symposium will take place for the 21st time in February. With the European Consensus Conference (EuCC), we have been developing a practical guide for over 20 years that updates scientific findings on a current topic. In 2026, we will offer two curricula in implantology in Cologne and in Ansbach/Munich. For the first time, there will be an expert witness curriculum comprising seven modules.

In 2025, we had a small generational change in the board. Some members left, others joined. I would like to express my sincere thanks to Renate Tischer, Jörg Neugebauer, Detlef Hildebrand, Nathalie Khasin, and Freimut Vizethum for their friendly, intensive, and constructive cooperation. We have big plans with the "newcomers" to the board. I am delighted that Stefanie Tiede, Kristin-Theres Tischer, and Hans Müller will be working together on BDIZ EDI projects in the future.

I look forward to working in 2026 and to mastering the challenges facing the BDIZ EDI together with the executive board and in your interests.

Yours faithfully,
Christian Berger
President of BDIZ EDI

BDIZ EDI 21st Expert Symposium
Printing, milling, melting:
Quo vadis, implantology?

Symposium of Szeged 2026
Perspectives in perio-implantology
and comprehensive dentistry

Revision of the EU Medical Device
Regulation MDR

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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.

Ogolnopolskie Stowarzyszenie Implantologii Stomatologicznej (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 (Certy kat Umiejetnosci OSIS), which over 130 dental implantologists have already been awarded.

Sociedad Espanola 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 50th 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)

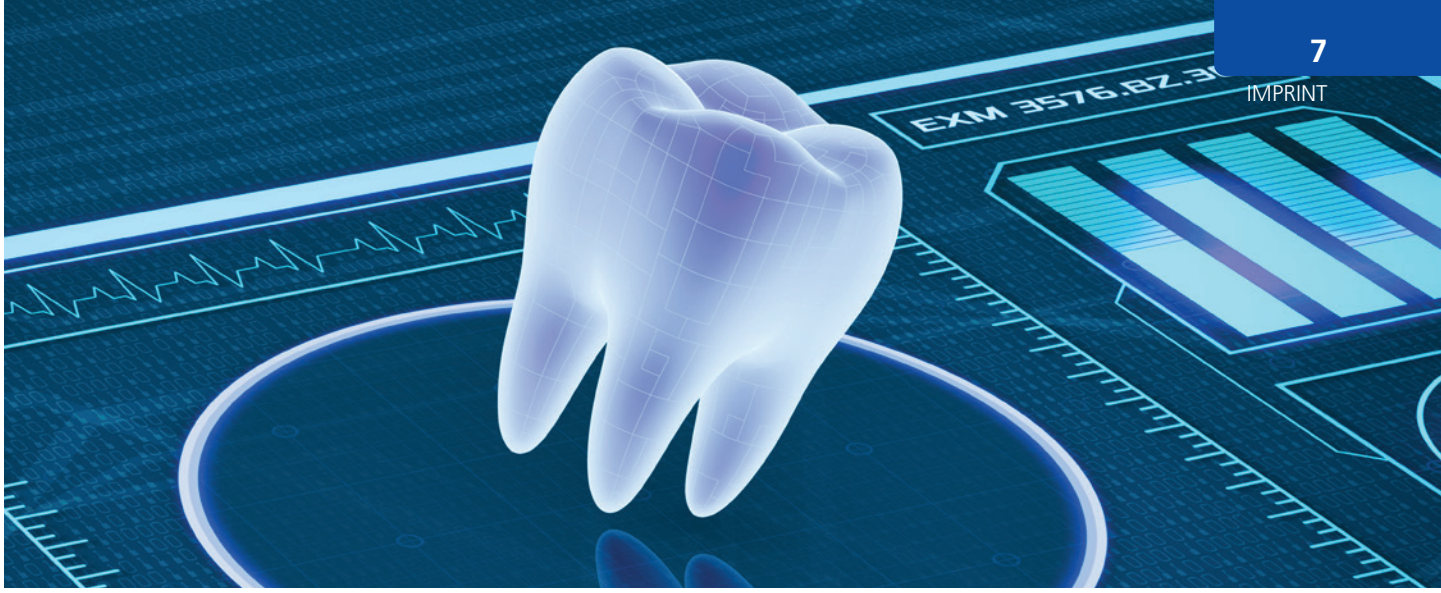
USSI EDI was founded in 2010 with the desire to enhance dentists' knowledge of dental implants, as well as to provide the highest quality of continuing education in dentistry. The most important aims of the organisation are to make postgraduate studies meeting the standards of the European Union available 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 cooperate 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

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Cologne wouldn't be Cologne without its beating heart—the carnival. This was the 2025 meeting at Gürzenich Hall with BDIZ EDI.

21st Expert Symposium in Cologne, 14–15 February 2026

Printing, milling, melting: Quo vadis, implantology?

When expertise, innovation and a touch of Rhineland cheerfulness come together, it's time once again for the BDIZ EDI Expert Symposium in Cologne. The theme: Printing, milling, melting—Quo vadis, implantology? On 15 February 2026, this one-day event will explore digital manufacturing technologies that are transforming implant dentistry. The day before, on 14 February 2026, BDIZ EDI will host workshops in collaboration with its industry partners.

At a glance

What: 21st Expert Symposium
When: 14–15 February 2026 (Saturday and Sunday)
Where: Hotel Pullman in Cologne (limited number of rooms available, keyword: BDIZ EDI)
How: Register via the BDIZ EDI website:

From additive processes such as 3D printing to subtractive techniques like milling and selective laser melting, material processing has shifted from the workbench to the digital realm. Our expert speakers will explore what is already possible today, what will become standard practice tomorrow—and where the limits lie. Renowned experts will provide insights into clinical applications, technical developments and regulatory challenges.

New concept proves successful

Last year, the new format of the Expert Symposium was put to the test: practical case studies presented by younger speakers were discussed and expanded upon by leading experts. The 21st Expert Symposium at the Pullman Hotel will be no exception. The top-level speakers include Professors Ralf Smeets, Florian Beuer, Daniel Edelhoff, Petra Gierthmühlen and Peer Kämmerer, all of whom are eminent experts in their field. Also joining the panel will be Board member Dr Markus Tröltzsch. Prof. Joachim Zöller will once again be responsible for the scientific direction.

In addition, participants can also attend industry-led workshops on Saturday, organised into rotating groups with breaks in between. This hands-on workshop format also proved highly successful last year, too.

Continuing education with a smile

Cologne wouldn't be Cologne without its vibrant heart—the carnival. After a stimulating weekend of learning, participants are invited to attend the Sunday session of Cologne's oldest carnival society, "Die Grosse von 1823". Expect an evening full of spectacle, acrobatics, top carnival bands from both sides of the Rhine, humour and a friendly nod—a reminder that learning is always better with a smile. This invitation comes from Prof. Joachim Zöller, president of the Grosse von 1823—a cherished BDIZ EDI tradition by now.

Register early to secure your ticket for the evening event and benefit from the early-bird discount!

AWU

Exciting presentations by experts can be expected during the one-day symposium.

Workshops on Saturday—rotating participation.

Continuing education with a smile

Dear colleagues,

When professional expertise, a spirit of innovation and Rhineland joie de vivre come together, it is once again time for the BDIZ EDI Expert Symposium in Cologne. Under this year's motto, Printing, milling, melting, we will focus on digital manufacturing technologies that are revolutionising implantological practice—making it more precise, faster and more individualised. Whether additive processes such as 3D printing, subtractive techniques like milling or selective laser melting, material processing has moved from the workbench into the digital world. We will explore what is already possible today, what will become standard tomorrow—and where the current limits lie. Renowned experts will provide insights into clinical applications, technical developments and regulatory challenges.

Christian Berger
President of BDIZ EDI
Moderator on Sunday

Cologne would not be Cologne without its very heart: carnival. For this reason, you are invited to attend the Sunday session of Cologne's oldest carnival society, the Grosse von 1823. An evening full of splendour, acrobatics, the best carnival bands on both sides of the Rhine, humour and a knowing wink that reminds us that continuing education is even more effective when accompanied by a smile.

We look forward to inspiring lectures, lively discussions and a collegial atmosphere—fully in keeping with the spirit of progress and good cheer.

With kind regards and with the traditional greeting of the Carnival season

"KÖLLE ALAAF!"

Prof. Joachim E. Zöller
Scientific Director
President of the Grosse von 1823

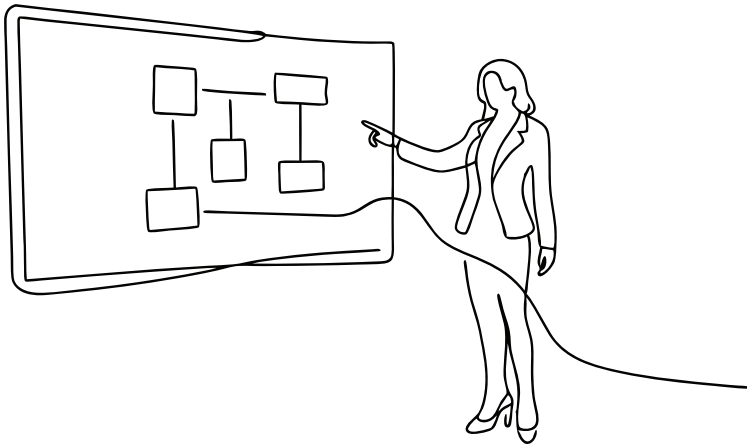
21st Expert Symposium in Cologne, 14–15 February 2026

Programme

Printing, milling, melting: Quo vadis, implantology

Saturday, 14 February 2026

2:00 p.m. – 6:00 p.m. **Up to four rotating workshops**



Sunday, 15 February 2026

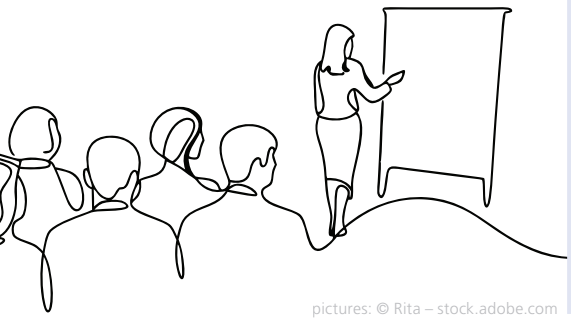
09:00 a.m. – 09:15 a.m. **Welcoming address**
Christian Berger, President
Prof. Joachim E. Zöller, Scientific Director

09:15 a.m. – 09:45 a.m. **3D printing in bone augmentation: Indications and alternatives**
Dr Markus Tröltzsch (Ansbach)

09:45 a.m. – 09:55 a.m. **Discussion**

09:55 a.m. – 10:25 a.m. **3D printing in oral implantology: Status quo and outlook**
Prof. Ralf Smeets (Hamburg)

10:25 a.m. – 10:35 a.m. **Problems in milling and printing**
Ertan Erdogan (Hamburg)



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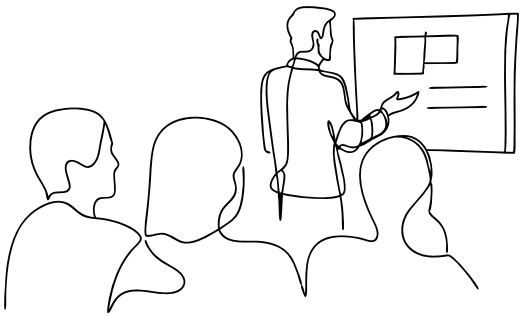
Registration fee

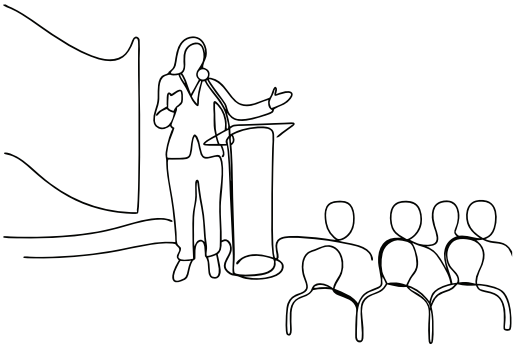
The early bird discount is valid until 15 December 2025. Since session tickets are limited, it is worthwhile to register quickly.

	Regular
Members	€380
Non-members	€520
Student*	€120
Dentist ≤ 5 years in practice*	€230

*Session ticket not included

10:35 a.m. – 10:50 a.m.	**Discussion**
10:50 a.m. – 11:20 a.m.	**Milling, printing or casting— which will win the race in superstructures?** Dr Gerhard Werling (Landau)
11:20 a.m. – 11:30 a.m.	**Discussion**
11:30 a.m. – noon	**Coffee break** Dental exhibition visit
Noon – 12:30 p.m.	**Rethinking materials science: From PEEK to zirconia in 3D printing** Prof. Daniel Edelhoff, Munich
12:30 p.m. – 12:40 p.m.	**Complications with 3D-printed superstructures** Dr Tobias Graf (Munich)
12:40 p.m. – 12:55 p.m.	**Discussion**
12:55 p.m. – 2:00 p.m.	**Lunch break** Dental exhibition visit
2:00 p.m. – 2:30 p.m.	**Artificial intelligence in design: How algorithms plan superstructures** Prof. Petra Gierthmühlen, Düsseldorf
2:30 p.m. – 2:40 p.m.	**Discussion**
2:40 p.m. – 3:10 p.m.	**Where are we going? Prospects for the next ten years** Prof. Peer Kämmerer, MA FEBOMS, Mainz
3:10 p.m. – 3:25 p.m.	**Discussion**
3:25 p.m. – 3:55 p.m.	**Coffee break** Dental exhibition visit
3:55 p.m. – 4:25 p.m.	**Results of the EuCC** Prof. Hans-Jörg Nickenig, Cologne
4:25 p.m. – 5:00 p.m.	**Final discussion**





8 CE points will be awarded for the Expert Symposium and 4 CE points for participation in the workshops.

At the end of the day, the president of the "Grosse von 1823", Prof. Joachim Zöller, invites you to the last session of the Cologne Carnival at Gürzenich Hall.

Session tickets for Sunday provided courtesy of the European Symposium's sponsors. Additional session tickets can be ordered at a price of €120 incl. VAT.

Hotel

A limited number of rooms are available at the Hotel Pullman, Helenenstr. 14, 50667 Cologne, Germany. Phone: +49 221 2750.

Travel code: BDIZ EDI

Single room: €249
Double room: €268

Room rates include breakfast.

Starting in 2026, in person and online

Expert witness curriculum in implantology

The BDIZ EDI has announced an expert witness curriculum in implantology for 2026. The association is thus expanding its continuing education offerings with a programme specifically aimed at interested dentists who want to look behind the scenes at the work of dental expert witness, courts and lawyers in disputes and qualify as experts themselves.

In addition to in-depth specialist knowledge in dental disciplines, the expert witness curriculum also teaches the legal, ethical and methodological foundations of expert work. Dentists are enabled to record and evaluate treatment processes from an expert witness' perspective.

The event

The curriculum is delivered in a hybrid format across several modules within a year—i. e. online and in person—and takes place on weekends (Friday/Saturday). It concludes with certification by the BDIZ EDI. The number of participants is limited to 30 to enable intensive work in small groups. The exact dates will be announced in March 2026.

Part A and Part B

The curriculum is divided into two parts: Part A covers legally compliant treatment and Part B deals with the work of the assessor. The curriculum is led by Prof. Dr Andreas Schlegel (Munich), expert advisor to the Bavarian KZV and, until 2022, advisor for expert services to the Bavarian State Dental Association in conjunction with the KZVB. Schlegel developed the programme together with Dr Markus Tröltzsch (Ansbach), who heads the Southern Curriculum for the BDIZ EDI and sits on the BDIZ EDI's executive committee.

The live events take place in Munich. The pool of speakers includes experts from various dental disciplines and lawyers, including judges, public prosecutors and chamber representatives for expert opinions (including Prof. Dr Andreas Schlegel, judge Dr Kerstin Gröner, senior public prosecutor Thomas Hochstein, barrister Susanne Ottmann-Kolbe, Prof. Dr Christoph Benz, solicitor Prof. Dr Thomas Ratajczak, Christian Berger, Dr Markus Tröltzsch, Prof. Dr Joachim Zöller, Prof. Dr Johann Müller, Prof. Dr Christian Gernhardt, Dr Markus Bechtold, Prof. Dr Peter Proff, Dr Bernd Rehberg, Dr Katharina Bücher, Prof. Dr Jörg Neugebauer, Dr Stefan Liepe, Prof. Dr Falk Schwendicke).

Part A: Legally compliant treatment

Module 1: Expert witnesses, courts, litigation, in person

Friday 9:00 a.m.–7:30 p.m.	
9:00 a.m.–9:15 a.m.	Welcome
9:15 a.m.–11:00 a.m.	What judges expect from experts
11:00 a.m.–11:15 a.m.	Coffee break
11:15 a.m.–1:00 p.m.	What does the public prosecutor expect from the expert witness?
1:00 p.m.–2:00 p.m.	Lunch break
2:00 p.m.–3:30 p.m.	Types of expert reports: court reports for civil, criminal and social courts, other reports, expert opinions, clarification, expert evaluation criteria, the most common errors
3:30 p.m.–4:00 p.m.	Coffee break
4:00 p.m.–7:30 p.m.	Conservation issues in expert reports
7:30 p.m.	Option to have dinner together (advance booking required)

Saturday 9:00 a.m.–6:30 p.m.	
8:30 a.m.–12:30 a.m.	Court reports, X-ray findings, expert examinations, formal design of reports, dealing with comments and judgements, dealing with scientific data and databases, fundamentals of expert witnessing, fundamentals of the arbitration mechanism, legal basis of public law corporations in dentistry and their impact on professional practice, legal proceedings against dentists
12:30 a.m.–2:30 p.m.	Lunch break
2:30 p.m.–3:30 p.m.	Expert report templates, the purpose of presenting a uniform appearance, how to write an expert report, dealing with scientific literature
3:30 p.m.–6:30 p.m.	How to write an expert report, sample reports in groups

Module 2: Legal basis in general, online

Saturday 9:00 a.m.–6:00 p.m.	
9:00 a.m.–12:00 a.m.	Basics of documentation, clarification, difference between process documentation and billing documentation
12:00 a.m.–1:00 p.m.	Lunch break
1.00 p.m.–6:00 p.m.	Correct billing, defending a dental colleague, dealing with mistakes

Part B: System of expert assessments

Module 3: Legal basis specifically*, online

Friday 9:00 a.m.–7:15 p.m.	
9:00 a.m.–12:00 p.m.	Prosthetics
12:00 p.m.–2:00 p.m.	Lunch break
2:00 p.m.–5:00 p.m.	Endodontics
5:00 p.m.–5:15 p.m.	Break
5:15 p.m.–7:15 p.m.	Periodontology

Saturday 9:00 a.m.–7:15 p.m.	
9:00 a.m.–12:00 p.m.	Orthodontics as reflected in dental reports
12:00 p.m.–1:00 p.m.	Lunch break
1:00 p.m.–4:00 p.m.	Oral and maxillofacial surgery
4:00 p.m.–4:15 p.m.	Break
4:15 p.m.–7:15 p.m.	Implantology

Module 4

Day 1: Legal basis specifically*, online Friday 9:00 a.m.–7:15 p.m.	
9:00 a.m.–10:30 a.m.	Functional analysis and therapy as reflected in the dental report
10:30 a.m.–12:00 p.m.	Billing issues
12:00 p.m.–2:00 p.m.	Lunch break
2:00 p.m.–5:00 p.m.	Paediatric dentistry
5:00 p.m.–5:15 p.m.	Break
5:15 p.m.–7:15 p.m.	Radiological issues including CBCT

** for modules 3 and 4, possibly full-day intensive blocks*

Day 2: Guidelines, cases and digital technology/AI, online Saturday 9:00 a.m.–7:15 p.m.	
9:00 a.m.–12:00 p.m.	Fundamentals guidelines, significance
12:00 p.m.–1:00 p.m.	Lunch break
1:00 p.m.–4:00 p.m.	Crazy cases
4:00 p.m.–4:15 p.m.	Break
4:15 p.m.–7:15 p.m.	Digital technologies/AI

Module 5: Court live in Munich or Düsseldorf, in person

Friday 9:00 a.m.–7:00 p.m.
The role of the expert witness in court—from the file to the hearing; the court proceedings, fundamentals in court and practical exercises based on a specific case file

Saturday 9:00 a.m.–7:00 p.m.
Risks in court: bias, stumbling blocks and rules of the game in oral hearings—training and live simulation of an actual court proceeding

Module 6: Self-study and report writing

Module 7: Completion, in person

Friday 2:00 p.m.–7:00 p.m.	
2:00 p.m.–7:00 p.m.	Presentation of the participants' completed expert reports

Saturday 9:00 a.m.–3:00 p.m.
Presentation of the participants' completed expert reports
Final discussion and presentation of certificates

Interested?

Anyone interested in the BDIZ EDI expert curriculum should register their interest. There are only 30 places available in total to ensure learning success.

To register, send an e-mail with the subject line "Expert Curriculum" to office@bdizedi.org.

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1 Ratka C. et al. JCM. 2019;8(9):1397. **2** Bosshardt DD. et al. Clin Oral Invest. 2022;26(4):3735–3746. **3** Zipprich H. et al. Clin Oral Invest. 2022;26(6):4549–4558. **4** Schlee. et al. JCM. 2019;8(11):1909. **5** Schlee M. et al. JCM. 2021;10(16):3475. **6** Data on file, GalvoSurge AG.

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English language Wikipedia presence

BDIZ EDI gains more international visibility

The inclusion of the BDIZ EDI—European Association of Dental Implantologists on the English language version of Wikipedia marks a notable step in the organisation's ongoing evolution. For a field that thrives on scientific credibility, transparent standards, and cross border collaboration, this development carries weight far beyond a simple online listing.

Founded in 1989 and headquartered in Munich, BDIZ EDI has long been a central voice for practicing implantologists across Europe. Its presence on English Wikipedia now places the association within the world's most widely consulted reference ecosystem, offering global audiences a concise, accessible overview of its mission, structure, and professional activities.

For an organisation that has consistently advocated for evidence based implantology, the visibility afforded by Wikipedia reinforces its standing among international colleagues, policymakers, and patients seeking reliable information about professional standards in dental implantology.

A profile of professional commitment

The Wikipedia entry outlines the association's core pillars:

- Professional representation for implant focused dentists
- Continuing education through structured training and certification
- Scientific appraisal systems designed to ensure quality and safety
- Legal and regulatory support for practitioners navigating European frameworks

This concise yet comprehensive portrayal mirrors the association's long standing commitment to elevating implantology as a discipline grounded in both scientific rigor and practical relevance.

Strengthening Europe's implantology landscape

BDIZ EDI's activities extend well beyond national borders. The association maintains active relationships with European dental bodies, contributes to regulatory discussions at the EU level, and supports harmonisation efforts in clinical practice. Its Wikipedia presence underscores this European dimension, positioning the organisation as a key contributor to the continent's implantology standards.

For international readers, the article offers a clear entry point into understanding how BDIZ EDI shapes professional development, patient safety, and scientific discourse across Europe.

A reference point for the global dental community

In an era where digital visibility influences professional reputation, the English Wikipedia listing serves as both a recognition of BDIZ EDI's achievements and a platform for future engagement. It ensures that students, clinicians, researchers, and patients worldwide can access authoritative information about the association's role in advancing implant dentistry.

As implantology continues to evolve through innovation and interdisciplinary collaboration, BDIZ EDI's presence on the world's most consulted reference site reinforces its position as a trusted, influential voice in the field.

The international presence on the Wikipedia platform was implemented by Univ.-Prof. Dr Joachim E. Zöller, BDIZ EDI Vice President and emeritus professor at the University of Cologne, who had already designed and implemented the German presence. This marks another important step for the BDIZ EDI toward international visibility. Prof. Zöller has been a recognised author in the Wikipedia community for many years.

The BDIZ EDI on Wikipedia:

We are from the 90s.

We publish dental–for more than 30 years.
You can rely on us.
www.oemus.com

oemus.com
FIND OUT MORE ABOUT OUR PORTFOLIO

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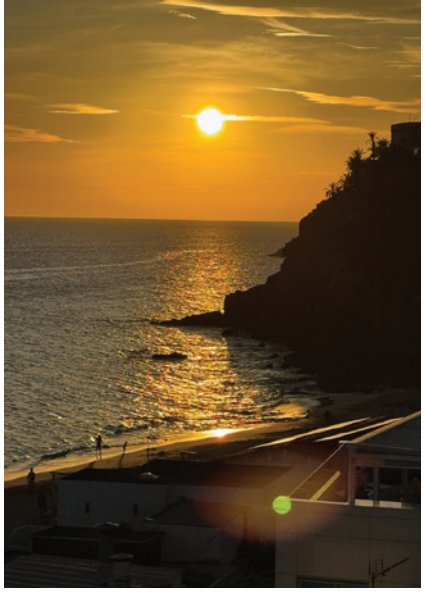


Expert Symposium 2025 on Fuerteventura

Implantology and periodontology in dialogue

Implant or tooth preservation? This question was the focus of the 34th International Expert Symposium in Fuerteventura. For a week, renowned speakers at the Robinson Club Esquinzo Playa discussed how implantology and periodontology complement each other in a meaningful way—evidence-based, practical and consistently patient-centred.

From 24 to 31 October 2025, the Robinson Club Esquinzo Playa on Fuerteventura once again became the meeting place for colleagues working in the field of implantology. The scientific director of the International Expert Symposium, Prof. Dr Joachim E. Zöller (Cologne), vice president of the BDIZ EDI, has been organising this event for over three decades. The expert symposium has been characterised for years by its unique combination of a demanding scientific programme, intensive workshops and personal exchanges in a relaxed atmosphere.

This year's main theme, "The tension between implantology and periodontology," addressed an issue that determines the daily practice of many practitioners: when is tooth preservation advisable, when is implantation advisable—and how can both therapeutic approaches be optimally combined in the best interest of the patient?

More than 30 national and international speakers examined the topic from surgical, periodontal, prosthetic and biological perspectives. It quickly became clear that the classic comparison between tooth preservation and implants falls short.

Presentations on the importance of peri-implant soft tissue, modern ceramic implants, digital workflows in implant prosthetics and long-term results of implant therapies demonstrated how much both disciplines influence each other. The need for differentiated, risk-adjusted therapy planning was emphasised, particularly in patients with pre-existing periodontal damage.

Contributions on regenerative procedures and biological approaches offered a glimpse into the future, which could open up new perspectives for implantology and tissue integration in the long term.

Practical application through workshops

A hallmark of the Expert Symposium is its high practical relevance. In addition to the lectures, participants were able to deepen their knowledge in numerous workshops. Topics included: front tooth implants step by step—with a special focus on ceramic implant systems; surgical and periodontal techniques for conditioning peri-implant soft tissue; digital and analogue planning strategies in implant prosthetics; ergonomics, magnifying glasses and efficient workflows in everyday practice, practice management, team leadership and organisational aspects of modern dental practices.

The close integration of theory and practical application was highlighted by many participants as a particular added value.

Exchange on equal terms

In addition to the technical programme, the symposium offered ample opportunity for collegial exchange. Whether during sporting activities, joint evening events or informal conversations, personal dialogue played a central role again this year.

Exciting topics, renowned speakers and subjects that focus on an interdisciplinary approach—these are the hallmarks of the Expert Symposium on Fuerteventura.

In interview mode: Dr Stefan Liepe (right) and Dr Wolfgang Neumann (BDIZ EDI Executive Board, left) asked the questions: pictured here with Dr Justus Hauschild.

The BDIZ EDI was also visually present.

News from stem cell research with speaker Prof. Dr Jürgen Hescheler (left), moderated by Prof. Dr Joachim Zöller.

It is precisely this open exchange, far away from traditional conference halls, that makes it possible to share experiences, critically question therapeutic approaches and take away new ideas for one's own daily practice.

Key message: Individualised therapy

A clear message emerged as the common denominator of many presentations: the decision between tooth preservation and implants must not be made schematically. Rather, an individual, patient-centred assessment is required that takes equal account of biological conditions, periodontal risk, functional aspects and the long-term prognosis. Implantology and periodontology were not seen as competing disciplines, but as complementary building blocks of modern, evidence-based dentistry.

Conclusion

The 34th International Expert Symposium in Fuerteventura once again confirmed its special status in the field of implantology training. The combination of a high-calibre scientific programme, practical workshops and intensive collegial exchange made the event more than just a classic congress. For participants, the week offered valuable guidance for treatment decisions in the area of conflict between tooth preservation and implantation—and numerous ideas for patient-oriented, sustainable practice.

Dr Stefan Liepe
Secretary General of the BDIZ EDI

Date 2026

The 35th Expert Symposium for academics and practitioners will take place from 23 to 30 October 2026 in Fuerteventura on the topic: "Augmentation or short implants—pros and cons".

Information and registration:
https://experten-symposium.de/

Federal assembly with surprise result

First woman to head BZÄK

The Federal Assembly of the German Dental Association (BZÄK) took place in Berlin at the end of October/beginning of November and ended with a bang after two days: the previous Vice President, Dr Romy Ermler from Brandenburg, successfully ran against the previous President from Bavaria, Prof. Dr Christoph Benz, in the board elections and established her new team with Dr Ralf Hausweiler from North Rhine-Westphalia and Dr Doris Seiz from Hessen.

Dr Romy Ermler with Federal Health Minister Nina Warken (CDU) and Prof. Dr Christoph Benz.

The new BZÄK chair with (from left) Dr Doris Seiz, Dr Romy Ermler and Dr Ralf Hausweiler.

Federal Health Minister praises dentists

The federal assembly was opened with welcoming remarks from Federal Minister of Health Nina Warken, digitally from State Secretary for Health and Care Berlin, Ellen Haußdörfer, as well as from the President of the World Dental Federation (FDI), Prof. Dr Nikolai Sharkov, and the President of the Berlin Dental Association, Dr Karsten Heegewaldt. In her welcoming address, Nina Warken acknowledged that dentists play an indispensable role in healthcare. She thanked them for their commitment and said that there was much to be learned from dental care for future reforms. She noted that spending on dentistry had fallen or risen much more slowly than in the healthcare sector in general, while at the same time dental health had improved dramatically. The incidence of caries had fallen significantly. This positive development was thanks to the dental profession and its consistent focus on prevention. In terms of quality, prevention and cost-effectiveness, dentistry was a role model in the healthcare sector.

Regarding bureaucracy, the Federal Minister of Health said that the BMG wanted to reduce unnecessary burdens and allow more time for treatment. The BZÄK and KZBV had already submitted practical proposals, which were currently being evaluated for inclusion. Warken also spoke about digitalisation as a tool, not an end in itself. Here too, dentistry is a pioneer.

Regarding iMVZ and external capital, a regulatory proposal is to be introduced in this legislative period, which will primarily ensure the transparency of such structures.

The primary task of policymakers is also to maintain the high quality of dental care and increase the attractiveness of setting up an own practice. There are many tasks to be tackled, and dialogue is necessary to achieve this.

Elections for the BZÄK executive board

Elections for the BZÄK executive board were held as scheduled: the delegates elected Dr Romy Ermler as president of the German Dental Association. Dr Ralf Hausweiler, North Rhine-Westphalia, and Dr Doris Seiz, Hessen, complete the executive board as vice presidents. This means that Prof. Dr Christoph Benz was not re-elected after two terms as president of the BZÄK, despite support from Bavaria. The previous vice president, Konstantin von Laffert from Hamburg, also lost the vote by a clear margin.

The newly elected executive board stated: "We would like to thank the delegates of the federal assembly for the trust they have placed in us. We will take up our work as executive board with great enthusiasm and vigour.

Our goal is to provide our colleagues in dental practices with the best possible support and reinforcement—whether through further development of the German Dental Fee Schedule (GOZ), reduction of bureaucracy, securing skilled workers or continuing the success of preventive dentistry.

We would also like to thank the previous president, Prof. Dr Christoph Benz, and the previous vice president, Konstantin von Laffert, for their many years of service to the BZÄK and their important decisions," said the new executive board of the BZÄK after the election.

The BZÄK federal assembly unanimously passed the resolution "The future of local, low-threshold dental care in Germany". The delegates also passed resolutions on the following topics, among others: prevention as the key to a future-proof healthcare system, GOZ, recognition from third countries, no introduction of partial access to the profession, regulation of investor-operated medical care centres, bachelor's degree in dentistry, reduction of bureaucracy, electronic patient records (ePA) and telematics infrastructure (TI), active pensions for the self-employed, reliable and flexible childcare.

Source: klartext from BZÄK 11/2025

Handover: Dr Romy Ermler is the new BZÄK president. Congratulations from Prof. Dr Christoph Benz.

Does the occlusal concept change with the number and position of implants?

3 questions for Prof. Johann Müller

The 18th European Symposium of BDIZ EDI was held in Stockholm in 2025—our editorial team has previously shared their impressions of the event with readers. Below, we present key content from Prof. Müller's lecture in the form of a three-question interview.

Prof. Müller, as a follow-up to your lecture in Stockholm, we would like to ask how the number of implants influences the choice of occlusal concept, particularly in comparison with conventional prosthetic restorations.

In principle, the same rules apply when selecting an occlusal concept, whether or not implants are involved, as in "classical" prosthodontics. However, when planning the number and position of implants from the perspective of occlusion, it is advisable to proceed in the opposite direction. First, determine the occlusal scheme required for each individual case, then define the necessary number (and positions) of implants to achieve it. For example, the German Society for Dental, Oral and Craniomandibular Sciences (DGZMK) recommends that a shortened dental arch should be avoided in cases of bruxism, functional disorders or reduced anterior tooth contact.

What role does implant positioning (anterior versus posterior) play in deciding on a particular occlusal scheme, and are there clinical guidelines to follow?

As previously mentioned with regard to the static occlusion concept, the initial consideration is whether a shortened dental arch can be justified in the individual case. The positioning of the implants is then largely guided by the same criteria in terms of statics and (prosthetic) kinematics. The classic criteria and considerations relating to the "abutment value" are supplemented by additional parameters relating to implants, such as bone quality and quantity, implant dimensions and implant material. Fundamentally, however, these are the same long-established, recognised and clinically proven guidelines.

Does the recommendation for static and dynamic occlusal contacts change depending on the number and distribution of implants, and how is it implemented in daily practice?

Regarding dynamic occlusion, the objective is to establish anterior guidance with the prosthetic restoration. More precisely, and preferably, we speak of anterior control, as this is a neuromuscular rather than a purely mechanistic process. There are excellent studies on this topic, including work by J. Levy and K.-H. Utz, that demonstrate that forces within the entire masticatory system can be guided and reduced in this way. Although this sensory feedback is reduced in implants compared with natural teeth, it is still present. This should be considered when planning implant positioning in the anterior region. For static occlusion, and thus for the posterior region, the previously outlined criteria continue to apply.

However, I would like to highlight one aspect of the occlusal concept: geriatric dentistry has clearly demonstrated that the capacity for adapting to occlusal changes diminishes with age. Therefore, major alterations to existing occlusal relationships should be avoided in elderly patients whenever possible, even if these relationships do not fully correspond to the established concepts described above, for example in cases of severely worn denture teeth. In such cases, it is often better for the patient if existing prostheses are simply stabilised by the insertion of implants, rather than opting for a complete remake of the prosthetic restoration.

Thank you very much, Professor Müller, for these insights into the world of occlusion.

This interview was conducted by Anita Wuttke, Editor-in-Chief.

From traditional to innovative procedures in oral implantology

3 questions for Prof. Dr Hakan Özyuvacı

At the European Symposium in Stockholm, Prof. Dr Hakan Özyuvacı spoke on topics ranging from traditional to innovative techniques in implant therapy.

Prof. Özyuvacı, could you explain from a historical perspective how traditional surgical approaches in oral implantology (such as two-stage implants) form the basis for modern innovations in implant design and implant placement?

Historically, traditional surgical approaches—particularly the two-stage implant protocol—formed the biological and clinical foundations of modern implantology. By emphasising predictable osseointegration, controlled loading and soft-tissue stability, these methods helped practitioners understand how implants heal and integrate with bone. This knowledge has had a direct influence on today's innovations, including advanced surface designs, immediate loading concepts, digital planning and minimally invasive insertion techniques. Essentially, modern implant practices are based on the principles first established by traditional two-stage implant surgery.

To what extent have digital technologies such as 3D imaging, guided surgery and CAD/CAM prosthetics changed the accuracy and predictability of implant procedures compared to conventional methods?

3D imaging—CBCT—enables detailed visualisation of bone anatomy, allowing the practitioner to identify important structures and plan the position of implants with much greater precision. Guided surgery transfers this digital plan directly to the clinical environment, minimising surgical deviations and reducing the risk of complications. CAD/CAM prosthetics further improve predictability by enabling restorations that are tailored to the patient's anatomy, improving fit, occlusion and aesthetics. As a result, these digital tools reduce human error, shorten treatment times and lead to more consistent and reliable implant outcomes.

What are your prospects regarding new techniques such as tissue engineering, biomimetic materials and immediate loading protocols, which are redefining treatment outcomes for patients and the long-term success of dental implants?

New techniques such as tissue engineering, biomimetic materials and immediate loading are likely to significantly improve both patient outcomes and long-term implant success. Tissue engineering could enable faster and more predictable regeneration of bone and soft tissue. Biomimetic materials can improve osseointegration and reduce complications. Immediate loading protocols, supported by stronger implants and better digital planning, will shorten treatment time while ensuring stability. Together, these innovations point to more biological, faster and longer-lasting implant solutions in the future.

Thank you very much, Prof. Özyuvacı, for this overview of the past, the present and the future in oral implantology.

Interview: Anita Wuttke

Augmentation materials and their clinical application

3 questions for Dr Markus Tröltzsch

Dr Markus Tröltzsch gave a live online presentation at the European Symposium in Stockholm on augmentation materials and their clinical application.

Dr Tröltzsch, regarding your presentation on augmentation materials, we would like to know what criteria you consider decisive when selecting augmentation materials in everyday clinical practice. In particular, regarding biocompatibility, resorption behaviour and long-term results.

When selecting augmentation materials in everyday clinical practice, there is no single "right" material, but rather a variety of sensible options. The fact that there are so many different materials and treatment strategies is not a disadvantage, but rather an expression of the fact that each strategy has its merits. Not every material works equally well in every indication or in every practitioner's hands. Accordingly, the criteria for material selection can only be formulated in relatively broad terms, and in many situations there are several alternative ways to achieve the desired result.

A key point is therefore that the practitioner must be able to choose from a range of options. Experience, surgical concepts, defect morphology, soft-tissue situation, time planning and patient-specific factors play a decisive role here. Basically, the considerations can often be reduced to one core question: In the respective situation, is resorption stability or rapid implementation behaviour more desirable?

- Resorption stability is a decisive and often preferable criterion in many augmentation situations, especially in cases of larger defects, vertical augmentations or when volume needs to be maintained over the long term.
- Rapid implementation may be advisable, however, if rapid bone regeneration is desired or biologically active materials are to be prioritised. Autogenous bone, xenogeneic porcine or allogeneic materials may be considered in this case.

In summary, the choice of augmentation material is always an individual decision that must be based on the specific clinical situation. A wide range of materials means therapeutic freedom—and this is precisely what is needed to find the optimal solution for every patient and every indication.

Are there any recent studies or personal experiences that particularly support or critically question the use of certain materials?

Here too, the current state of research—as well as our own clinical experience—confirms one thing above all else, namely that the various material classes have clearly different areas of application and do not replace each other but rather complement each other.

For alloplastic, i.e. synthetic, materials, the data—which is also reflected in the current, recently revised augmentation guidelines—shows that a key issue is that these materials lack a biological background. From a scientific point of view, this is precisely one of the main reasons why they are sometimes significantly inferior to other material classes in many indications, particularly in terms of bone quality, remodelling behaviour and long-term results.

At the same time, however, this lack of biological origin can also be an advantage in certain patient situations, for example in cases where there are clear reservations about biological materials or special individual requirements. In such cases, alloplastic materials can certainly be used to good effect—but only in a very targeted manner and for specific indications.

In contrast, autologous, allogeneic and xenogeneic materials have been well established for many years and are scientifically and clinically proven for a wide range of indications.

Autologous materials have the obvious advantage that they originate from the patient themselves and are therefore opti-

mally integrated biologically. However, this is offset by additional morbidity associated with removal and fundamentally limited availability—although the latter is usually less problematic in practice than is often assumed, depending on the removal technique used.

Allogeneic materials, like xenogeneic materials, are available in unlimited quantities and do not require an additional collection site. However, they exhibit different biological behaviour. In many cases, both allogeneic and autologous materials are metabolised relatively quickly by the body, which can have both advantages and disadvantages depending on the clinical objective.

Materials with similarly rapid conversion behaviour also include xenogeneic porcine materials, which are biologically active and very useful in certain situations.

Xenogeneic bovine materials occupy a special position: they exhibit very high long-term and volume stability and are therefore particularly suitable for augmentations where no or only very little volume loss is tolerated or where specific protection against resorption is desired.

In summary, neither studies nor clinical experience identify any single material as fundamentally superior. Rather, they confirm that the right choice of material always depends on the indication, the biological goal and the treatment concept. This is precisely why it is crucial that the practitioner has access to a range of materials and strategies in order to tailor the therapy to the individual and the situation. However, it is also important that the practitioner ensures that the material used has a sufficiently large scientific database. From this perspective, xenogeneic bovine materials have a scientific basis that is in some cases far superior.

What developments do you foresee in the field of augmentation materials in the coming years?

This is an excellent question—and, of course, none of us has a crystal ball. Nevertheless, current scientific developments and clinical practice clearly indicate that the field of augmentation materials will continue to evolve dynamically in the coming years. There is currently a lot of movement in the field of biomaterials, and this development will continue. In recent years, a certain selection of materials has become increasingly established scientifically, while other techniques have lost importance. Classic procedures such as autologous block augmentation have become decreasingly common. Blocks have been shown to have poorer integration compared to particulate materials, so this trend is not expected to reverse.

Instead, in the field of regeneration—even for larger defects—it has been shown that GBR with reinforced barriers has replaced block augmentation in many cases. Support screw techniques are becoming increasingly important due to their good applicability, flexibility and clinical predictability. Techniques using shells, both autogenous and allogeneic, continue to have their place and usefully complement the therapeutic spectrum.

One particularly exciting area of development is digital planning and 3D-printed augmentation aids. It is becoming increasingly clear that resorbable materials will be a real option in the future. Very interesting innovations are expected in this segment soon, which will further simplify and refine surgical implementation.

Overall, these developments mean that even large augmentations can be performed with significantly lower morbidity for patients. At the same time, complications are easier to manage, and the predictability of results will continue to increase. The associated simplification of techniques also suggests that the complication rate will decline.

In the future, augmentation surgery will also evolve in such a way that we will be able to understand material classes even better and combine them in a more targeted manner. The combined use of different materials within a single case will become increasingly important, for example, materials that undergo rapid conversion in combination with those that exhibit high resorption stability.

From my perspective, we will see numerous developments in the coming years that will make augmentations even safer and more predictable for practitioners and patients alike and make them an integral part of overall regenerative concepts.

Thank you very much for this comprehensive interview.

The interview was conducted by Editor-in-chief Anita Wuttke.

Europe Ticker +++

Paracetamol use during pregnancy

Analgesic of choice

In recent months, the public debate in the United States surrounding the active ingredient paracetamol (locally called acetaminophen) has caused uncertainty. A warning issued by the US government suggesting that regular paracetamol use during pregnancy may increase the risk of autism has been criticised by experts and dismissed as being scientifically unfounded.

According to the current state of research, there is no robust evidence to suggest a clear link between paracetamol use during pregnancy and autism or attention deficit hyperactivity disorder (ADHD). Compared with ibuprofen and acetylsalicylic acid, paracetamol is particularly favoured as an analgesic during pregnancy.

Source: klartext, German Dental Association (BZÄK), 9 December 2025

SIIRI research receives additional €10m in funding

Smart implants

Will future implants be able to independently detect peri-implant complications such as infections and initiate healing processes through biological, chemical and physical mechanisms?

This question has been the focus of research by scientists involved in the Collaborative Research Centre/Transregio 298 SIIRI (Safety-integrated and infection-responsive implants) since 2021. The interdisciplinary research network is led jointly by a dentist and a materials scientist.

Prof. Meike Stiesch is Director of the Clinic for Prosthetic Dentistry and Biomedical Materials Science at Hannover Medical School (MHH) and spokesperson for the research consortium. Her co-spokesperson, Prof. Hans Jürgen Maier, heads the Institute of Materials Science at Leibniz University Hannover (LUH).

Following the completion of the first funding phase, the German Research Foundation (DFG) will continue to support the development of intelligent medical implants over the next three and a half years providing more than €10 million in funding. In total, over 150 scientists are researching innovative strategies to improve implant safety.

Source: SIIRI, Germany

Charité Berlin is working on a root-analogue implant

A solution for immediate restoration?

Unlike traditional dental implants, root-analogue implants are not screwed into place, but are instead inserted directly into the extraction socket. A research group at Charité Berlin has now developed an innovative design for such an implant.

Previous one-piece implant designs have proved to be of limited suitability for routine clinical use. Therefore, a team led by Prof. Andreas Schwitalla from the Department of Prosthetic Dentistry, Geriatric Dentistry and Occlusion has developed a new implant concept.

The principle of root-analogue implants could simplify immediate implant restoration in the future. Immediately after tooth extraction, an implant that is anatomically identical to the tooth root (root analogue) is inserted into the alveolus. This eliminates the need for a threaded implant design and transforms the previously highly invasive surgical implantation procedure into a low-pain, minimally invasive intervention.

Accelerated osseointegration is intended to allow the early development of secondary stability without the interim bone resorption that is otherwise commonly observed. This is to be achieved through a specific surface modification that has already demonstrated promising results in animal experiments.

According to Schwitalla, the corresponding results are expected to be published shortly. The Charité researchers now plan to test the newly developed implant design in patients as part of a feasibility study to generate clinical data.

Source: zm-online, 13 November 2025

Three EU Commission initiatives still planned for 2025

Proposals on digitalisation, prevention and cutting red tape

The European Commission plans to present three major health policy initiatives by the end of 2025: a Cardiovascular Health Plan, the Biotech Act I and amendments to the Medical Device Regulation (MDR) and the In Vitro Diagnostic Regulation (IVDR). These proposals aim to promote digitalisation, prevention and reduced bureaucracy.

1. The new EU Cardiovascular Health Plan is designed to establish a novel comprehensive European strategy to combat cardiovascular diseases. Its structure and underlying logic are modelled on the EU Cancer Plan. The concept is based on three pillars—prevention, early detection and care—and is complemented by cross-cutting themes such as digitalisation, research and social inequalities.
2. Under the title Biotech Act I, the Commission is planning a sector-specific initiative aimed to strengthen European biotechnology in the healthcare sector. The Act is expected to include simplifications, for clinical trials in particular, targeted EU funding instruments and measures to accelerate the approval of biotechnological products. Despite the broad scope of the initiative, no impact assessment is currently envisaged, which makes it difficult to assess the full reach of the proposals at this stage.
3. The third initiative that has been announced is a simplification package for the MDR and the IVDR. Planned measures include adjustments to reduce bureaucratic burdens, simplify certification procedures and support healthcare institutions. These are expected to include exemptions for legacy devices as well as fast-track procedures for orphan devices. The Commission emphasises its aim of accelerating processes and reducing costs.

Source: PM-Report, 1 December 2025

Are EU funding cuts to HIV and vaccine programmes looming?

Experts sound the alarm

Experts are warning that Europe could jeopardise decades of progress in the fight against HIV and vaccine-preventable diseases if funding is reduced.

The Global Fund has described the prospect of a rapid phase-out of support as "irresponsible". According to an internal briefing, the European Commission may stop funding for two leading global health organisations, the vaccine alliance Gavi and the Global Fund by 2030. This step would reflect Brussels' intention to redirect development aid towards areas where it believes it can exert greater strategic influence.

Meanwhile, the United States has announced its withdrawal from the World Health Organisation and significant cuts to its budget for similar initiatives this year. Health organisations warn that these developments could lead to increased infections and deaths from HIV, tuberculosis and other preventable diseases. A study published in *The Lancet* estimates that up to 23 million lives could be saved and around 400 million new HIV, tuberculosis and malaria infections could be prevented between 2027 and 2029 with sufficient funding.

The European Commission has not confirmed whether the proposal reflects its official position. However, it stated that it will continue discussions with global health partners in the coming months as reform plans take shape.

Source: Euractiv, 29 October 2025

Announcing the Symposium of Szeged 2026

Perspectives in perio-implantology and comprehensive dentistry

The University of Szeged is preparing to welcome dental professionals, researchers, and industry innovators from across Europe and beyond for the Szeged Symposium 2026, an international dental congress taking place 7–9 May 2026 in the vibrant city of Szeged, Hungary.

This three day event will bring together leading experts in clinical dentistry, dental research, oral surgery, periodontology, prosthodontics, digital dentistry, and related fields. With its strong academic tradition and modern facilities, the University of Szeged provides an ideal setting for a congress dedicated to advancing dental science and clinical excellence.

The symposium is designed to offer a rich and forward looking programme, including:

- keynote lectures by internationally recognised dental specialists
- hands-on workshops focusing on the latest clinical techniques and technologies
- Scientific sessions and research presentations showcasing new findings in dental medicine
- Industry exhibitions featuring cutting edge equipment, materials, and digital solutions
- Networking events connecting clinicians, researchers, and industry partners
- Young researcher and student forums supporting the next generation of dental professionals

The congress aims to foster meaningful dialogue between academia and clinical practice, encouraging participants to explore new approaches, share expertise, and build collaborations that shape the future of dentistry.

The prime goal of SymposiumSzeged conference is to invite world-renowned lecturers to give Hungarian and European dentists a chance to see and hear the top of the dental profession at an affordable price.

The conference brings excellent dentists and scientists with unique knowledge to Hungary, thus providing an opportunity and a forum for scientific discussion and exchange of experience with the participation of distinguished and respected speakers from the international palette.

World-renowned speakers from a number of countries represent a wide range of dentistry, from periodontics through aesthetic dentistry to orthodontics.

In addition to lectures on all areas of dentistry, participants will be able to meet well-known exhibitors and unique product presentations during the two-day scientific conference.

One day before the conference, you can take part in a hands-on course as well as a training for dental hygiene colleagues and students.

Hosting

As one of Hungary's most respected academic institutions, the University of Szeged offers a dynamic environment for

scientific exchange. Its Faculty of Dentistry is known for its commitment to innovation, patient centered care, and high quality research—making it a fitting home for an international gathering of this scale.

Why Szeged?

Szeged, often called the "City of Sunshine," blends cultural charm with a strong scientific heritage. Visitors can enjoy its historic squares, riverside promenades, and welcoming atmosphere—the perfect backdrop for both professional engagement and personal inspiration.

Save the date

Szeged Symposium 2026—International Dental Congress
University of Szeged, Hungary
7–9 May 2026
Registration: www.symposiumszeged.com

Dental professionals, researchers, students, and industry representatives are warmly invited to join this exceptional event and contribute to a vibrant exchange of knowledge and ideas.

Obituary

Honouring Myron Nevins

The Osteology Foundation honours the memory of Myron "Ron" Nevins, DDS with deep respect and gratitude. An internationally respected clinician and academic, his passing marks the loss of a visionary leader whose influence profoundly shaped periodontology, implant dentistry, and the scientific identity of the foundation.

As a member of the initial Osteology Board from 2003 to 2015, Nevins played a central role during the foundation's formative years. His clinical expertise, academic rigor, and commitment to evidence-based regeneration helped define osteology's scientific standards and international orientation—principles that continue to guide the foundation today.

Beyond his formal roles, Nevins was a generous mentor and respected colleague, known for his ability to connect science with clinical practice and foster open dialogue, critical thinking, and interdisciplinary collaboration, strengthening the osteology community.

Nevins chaired several National Osteology Symposia and co-chaired the 2016 International Osteology Symposium in Monaco with Friedrich Neukam, reflecting his belief in scientific exchange as a driver of progress. Together with William Giannobile, he helped bring the Osteology Research Academy to the United States in 2015, establishing lasting collaborations with Harvard School of Dental Medicine and the University of Michigan School of Dentistry.

Internationally renowned, Nevins served as editor of the *International Journal of Periodontics & Restorative Dentistry*, was a founder of the Institute for Advanced Dental Studies, and held academic appointments at Harvard, University of Pennsylvania, and Temple University. As Past President of the American Academy of Periodontology and former Director and Chairman of the American Board of Periodontology, his leadership was recognised with the Gold Medal and Master Clinician Awards.

We honour Nevins' lasting legacy, which lives on through the knowledge he shared, the standards he upheld, and the professionals he inspired. His contributions continue to guide osteology's commitment to linking science with clinical practice.

Frank Schwarz
President, Osteology Foundation
on behalf of the Osteology Foundation Board

EU Health Commissioner comments on the MDR evaluation

Important signal for medical technology

During MEDICA, the leading trade fair for medical technology and healthcare, which took place in Düsseldorf in mid-November 2025, EU Health Commissioner Olivér Várhelyi emphasised the importance of Europe as a location for medical devices.

SPECTARIS, the German industry association representing optics, photonics, analytical and medical technology and more than 400 predominantly medium-sized companies, together with Messe Düsseldorf, had invited participants to a CEO roundtable. Around 5,300 exhibitors from 70 countries presented new trends and developments in the sector at MEDICA.

A particular highlight of the event was the participation of Olivér Várhelyi, who discussed the ongoing evaluation of the European Medical Device Regulation (MDR) and the In Vitro Diagnostic Regulation (IVDR) with representatives of European medical technology companies. As one of the key drivers shaping the future of the MDR and IVDR within the European Commission, Várhelyi's attendance at the CEO roundtable sent a strong message to the industry.

Europe as a key location

The Commissioner pointed out that medical technology remains a strategic future sector and that Europe must continue to be a place where medical devices are developed, tested and approved. The industry regarded his clear statements as an important signal.

"The Commissioner's commitment to securing Europe as a strong innovation hub is a decisive step in the right direction," said SPECTARIS Managing Director Jörg Mayer. "For medium-sized companies, reliability and predictable regulatory processes are essential."

At the same time, Várhelyi acknowledged the long-standing issues that have burdened the sector: excessive bureaucracy, rising costs and ongoing regulatory uncertainty. The European Commission has announced its intention to present concrete short- and medium-term reform measures by the end of the year, with the aim of providing tangible relief for companies.

Alexey Shiryaev, President of Team NB representing the notified bodies, emphasised the importance of additional efficiencies within the system. These could be achieved, for example, through digital processes or early, structured dialogue between manufacturers and notified bodies to help avoid delays and to deploy the resources of notified bodies more effectively.

SPECTARIS made it clear during the discussions that, despite the positive signals, the pressure to act remains high. "The Commissioner's statements are an important sign, but the burden factors for the medical technology industry are still considerable," Mayer continued. "We need tangible and rapid relief so that innovations can reach patients more quickly again and Europe does not lose its competitiveness."

According to a SPECTARIS press release, the medical technology sector, i. e., the manufacturers of health and medical devices (including micro-enterprises) had more than 210,000 employees in Germany in 2024, generating gross added value of €38.3 billion, including spillover effects, according to the Health Economic Accounts (GGR) of the WifOR Institute. Economic statistics show that, in 2024, there were 1,508 medical-technology manufacturers in Germany with over 20 employees, generating total revenues of €41.4 billion (€60 billion including micro-enterprises).

Sixty-eight per cent of medical technology revenues come from international business. Around nine per cent of turnover is invested in research and development. Ninety-three per cent of companies are small and medium-sized enterprises.

Source: SPECTARIS press release

Revision of the EU Medical Devices Regulation (MDR)

Less regulation

As part of the EU health package, the European Commission is finally proposing a revision of Regulation (EU) 2017/745 on medical devices (MDR) and Regulation (EU) 2017/746 on *in vitro* diagnostic medical devices (IVDR). The aim of the amendments is to remedy existing enforcement and application deficits in the MDR that have arisen from the high regulatory complexity and the associated administrative burdens.

In particular, the aim is to simplify the conformity assessment and approval procedures for medical devices in low and medium risk classes in order to ensure the functioning of the internal market and accelerate market access.

Another key component of the reform is to strengthen EU-wide coordination through closer cooperation between the competent national authorities and the European Medicines Agency (EMA).

Protecting patient safety is a priority

Further harmonisation of procedural requirements and evaluation criteria is intended to reduce divergent enforcement

practices and increase legal clarity and predictability for economic operators. Notwithstanding the planned simplifications, protecting patient safety remains the guiding principle; To this end, market surveillance is to be strengthened and more precise requirements for post-market surveillance and risk management are to be introduced.

Relief for small and medium-sized enterprises

In addition, the revision takes technical progress into account by making the regulatory framework for innovative medical devices, in particular for digital and AI-based applications, more flexible without compromising safety and performance. A special focus is placed on reducing the burden on small and medium-sized enterprises (SMEs) by eliminating disproportionate administrative requirements. Accompanying adjustments to the IVDR are planned in order to streamline approval procedures in the field of *in vitro* diagnostics and improve the availability of diagnostic products throughout the EU.

Assessment

The EU health package combines preventive approaches with innovation and industrial policy measures and responds to structural deficits in the regulatory framework of the MDR. This sets the tone for the health policy agenda in the coming months. The proposals mark the beginning of legislative deliberations in the European Parliament and the Council, which are expected to take at least a year. From the perspective of the dental profession, the announced revision of the Medical Device Regulation (MDR) is particularly welcome. This is in line with a long-standing and repeatedly voiced demand by the CED and the BZÄK, as the previous regulations have led to considerable burdens and supply risks in practice. The MDR revision and the planned Biotech Act also appear to be capable of gaining majority support and are likely to progress relatively quickly through the legislative process.

On the other hand, it is critical to question the fact that, despite the declared preventive aim, the cardiovascular plan does not address any binding fiscal measures to reduce sugar consumption. This had been repeatedly called for by the CED and other patient associations and could have contributed to caries prevention and the containment of non-communicable diseases.

Dr. Alfred Büttner
Head of the Europe/
International Department
of the German Dental Association
in Brussels

BDIZ EDI welcomes progress on the MDR

For years, the BDIZ EDI has been campaigning to make the EU Medical Device Regulation (MDR) more practical. Its demands focus on significantly longer transition periods, more functional notified bodies, and realistic implementation of the MDR requirements. For this reason, the association welcomes the European Commission's efforts to revise the regulation.

General Assembly of the Council of European Dentists

White Paper on ageing and oral health

The member associations and associate member associations of the Council of European Dentists (CED) met in Brussels for their biannual General Assembly, chaired by CED President Dr Freddie Sloth-Lisbjerg.

Prof. Chris Vernazza from the School of Dental Sciences at Newcastle University, and a partner in the EU-funded Horizon Europe PRUDENT project ("Priority, incentives and resource utilisation for sustainable dentistry") on oral-health financing, contributed to the meeting with a presentation on PRUDENT.

The project aims to bridge the gap between research, policy and practice in oral-healthcare financing by developing an innovative, context-adaptive framework.

The General Assembly also heard from the European Dental Students' Association (EDSA), represented by its president, Saulė Skinkytė, and vice president for external relations, Eliška Jandová. They provided an overview of the newly elected EDSA board, the association's annual objectives and the key activities planned for the current term of office.

The 2025 board elections were likewise held during the General Assembly. The CED delegates elected Dr Charlotte Heuzé and Dr Christof Ruda of the Austrian Dental Chamber as treasurers. Ruda will begin his first term of office on the CED board following the General Assembly.

Members were also informed about the work of the CED working groups and task forces. Three policy documents were adopted:

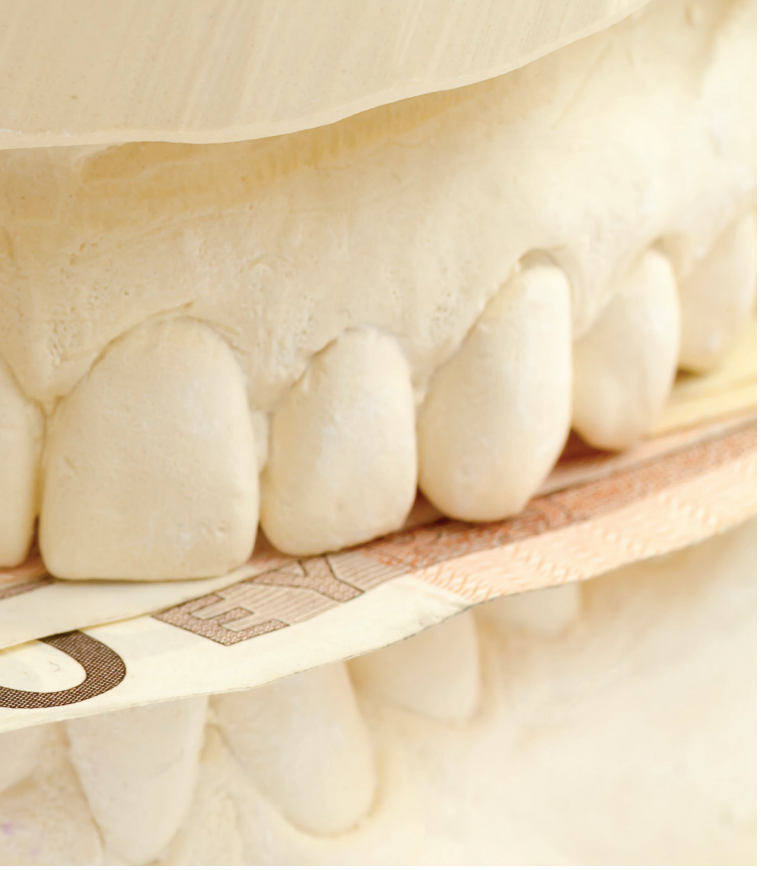
White Paper

The White Paper calls on political decision-makers and Commission officials to develop an oral-health strategy focusing on healthy ageing and to increase efforts in education and continuing professional development and improving working conditions for healthcare professionals involved in caring for older people. This initiative is in line with ongoing efforts at EU level to address the needs of an ageing society, including recent high-level discussions and policy developments in the member states.

The document is available here:

CED recommendation on custom-made sports mouthguards

The recommendation highlights the importance of preventive measures to reduce the risk of oral and maxillofacial injuries in sport. While sporting activities offer significant health benefits, they also increase the risk of traumatic injuries to the teeth and



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facial region, particularly in contact sports. Custom-made mouthguards and preventive oral healthcare programmes play a key role in protecting athletes by mitigating the impact of trauma. Wider use requires a shared responsibility among athletes, coaches, parents, sports organisations and dentists.

The document is available here:

CED statement on violations of medical neutrality and the protection of healthcare professionals in conflict zones

This statement expresses the solidarity of the EU dental community in expressing solidarity with all healthcare professionals, humanitarian workers and victims of wars and armed conflicts. It condemns the targeted attacks on medical and dental personnel and healthcare facilities in all regions worldwide.

The document is available here:

Source: CED press release, 20 November 2025

United States officially left the WHO

Distance matters

The United States has officially left the World Health Organization (WHO), ending a year of controversial health reforms.

On 22 January 2026 was the United States' final day as a member of the World Health Organization (WHO) after a year of polemic health policy decisions. On 20 January 2025, Donald Trump signed an executive order to formally initiate the United States' withdrawal from the World Health Organization (WHO)—a process that concluded on Thursday 22 January 2026, a year after the United Nations was notified.

U.S. President Trump's decision came on the first day of his presidential mandate, his second attempt to leave the international organisation, following a previous effort in 2020. The US government cited the organisation's mishandling of the COVID-19 pandemic and other global health crises, its failure to adopt urgently needed reforms, and its inability to demonstrate independence from the inappropriate political influence of WHO member states as reasons for its departure.

Over the last decade, the US has contributed between $160 million and $815 million (€153 million to €780 million) to the WHO every year. The agency's yearly budget is about $2 billion to $3 billion (€1.9 billion to €2.9 billion). Since the announcement last year, the United States' health policy has steadily distanced itself from the international organisation and broader global frameworks.

The return of Donald Trump to the White House in 2025 has accelerated a widening gap between U.S. health policy and the approaches favoured by most other high-income nations. The shift is especially visible in global health cooperation, public health governance, and domestic regulatory strategy, where the U.S. has moved sharply away from multilateralism and evidence driven frameworks embraced elsewhere.

A defining feature of Trump's second term has been a rapid pullback from international health institutions and partnerships.

- Withdrawal from the World Health Organization (WHO) ended U.S. membership and halted financial contributions to the world's primary health coordination body. This move sharply contrasts with the global trend of strengthening WHO's role after the COVID 19 pandemic.
- Suspension and restructuring of foreign health assistance—including dissolving the U.S. Agency for International Development (USAID)—has disrupted programmes in infectious disease control, maternal health, and vaccine distribution. Other nations have largely increased or stabilised their global health investments, widening the gap further.

- Executive orders redirecting U.S. foreign health policy have signaled a pivot toward unilateralism, while most countries continue to prioritise multilateral cooperation.

Result: the U.S. has shifted from being the world's largest global health donor to a far more inward focused actor, leaving a vacuum that Europe and emerging powers are attempting to fill.

Impact on global health outcomes

The policy shift has had immediate and measurable consequences:

- Funding gaps in global health programmes have widened, affecting HIV/AIDS treatment, malaria control, and maternal child health initiatives that previously relied heavily on U.S. support.
- Reduced U.S. engagement in global surveillance systems has weakened international coordination on emerging infectious diseases.
- Diplomatic strain has emerged as allies attempt to compensate for the U.S. withdrawal from shared health commitments.

Result: the global health landscape is adjusting to a world where the U.S. is no longer the central coordinating force it once was.

Conclusion

Since Trump's return to the White House, U.S. health policy has moved decisively away from the multilateral, science-aligned approaches favoured by much of the world. The result is a growing strategic and philosophical distance—one that reshapes global health governance, weakens long standing partnerships, and forces other nations to recalibrate their expectations of American leadership.

Sources: Think Global Health, europarl.europa.eu, Frontiers


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Flora and fauna on Curaçao.

Dental and Maxillofacial Excellence Academy (DMEA)

Oral implantology in Curaçao

This year's Dental and Maxillofacial Excellence Academy (DMEA) meeting took place in Willemstad, Curaçao, from 21 to 23 October 2025. The masterclass event, organised by Quintessenz, was recognised as part of BDIZ EDI's continuing education programme and combined scientific excellence, intensive practical training and international exchange of experience in the unique atmosphere of the Caribbean.

Under the motto "Elevate your skills with us in Curaçao", interested dentists from Germany, the USA, Italy, Serbia and Croatia met to further develop their clinical skills in a targeted manner and exchange ideas at a high professional level.


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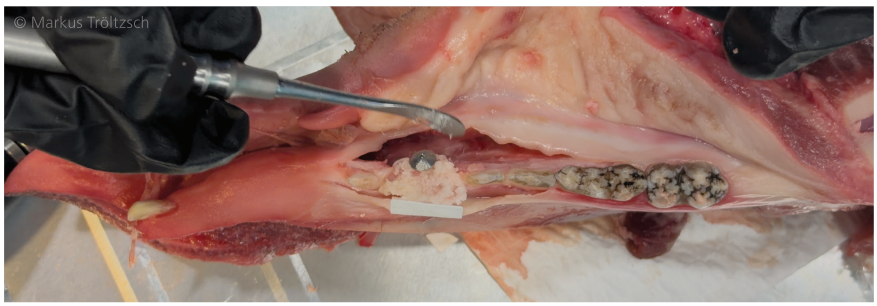
Dr Markus Tröltzsch in the course.

The unique concept of the Dental and Maxillofacial Excellence Academy deliberately focuses on small, exclusive groups, an upstream digital theory phase and a clear emphasis on hands-on training on site. Thanks to online preparation, the attendance days could be used almost entirely for practical training. This year's meeting centred on a masterclass on mandibular augmentation, one of the most challenging topics in modern implantology. Topics covered included current concepts in lateral and vertical augmentation, the structured use of modern bone replacement materials, the management of complex anatomical situations, and strategies for avoiding and controlling complications.

Most of the training consisted of intensive hands-on exercises on pig jaws, which were carried out under realistic conditions. Participants were able to independently implement and refine various augmentation techniques and critically reflect on them under the direct guidance of the instructors. The close personal exchange and the high practical relevance, which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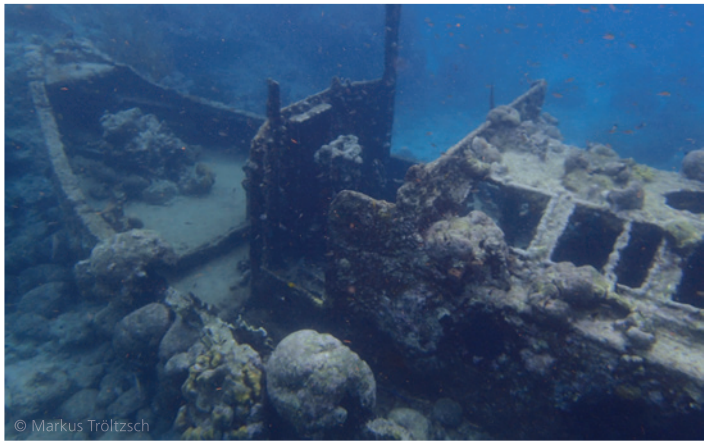
Pig jaw course.



allowed the content taught to be directly transferred to the participants' own everyday clinical practice, were particularly appreciated.

The scientific direction of the masterclass was provided by Dr Snježana Pohl, Dr Amelie Hartmann and Dr Markus Tröltzsch, supported by Dr Detlef Hildebrandt and Dr Matthias Tröltzsch. The team of speakers not only conveyed the latest scientific findings, but above all practical surgical strategies, supplemented by case discussions, open discussions and individual questions from the participants. The cooperative learning atmosphere on an equal footing contributed significantly to the special quality of the event. Dr Christoph Bremmer was responsible for the organisation and coordination of the event.

Dr Amely Hartmann with Dr Helmut Hildebrandt.

Support from industry partners was a key prerequisite for high-quality practical work. Devemed provided all the surgical instruments for the hands-on exercises. MegaGen and Purgo supported the masterclass with biomaterials and implantology products as well as the associated instruments. Other partners of the event were BFS health finance and Quintessenz. The collaboration was characterised by a practical but restrained integration of industry, with the focus always on the professional added value for the participants.

The DMEA meeting made a special mark with a charity treatment on Wednesday, during which patients who do not have access to regular dental care due to social and economic conditions were treated at two local partner practices in Curaçao. For many participants, this day was an emotional highlight and impressively demonstrated the humanitarian aspirations of the event and the global responsibility of dental practice.

In addition to intensive technical work, the meeting also provided opportunities for personal exchange and international networking. A joint congress excursion to the "Hofi Mango", organised by Ute Schlieker, with a guided tour of the unique mango forest and a Caribbean dinner, provided an opportunity for discussions in a relaxed atmosphere. The event concluded with a joint Caribbean evening event in Nieuwestraat, a street with many bars in the city centre of Willemstad.

The DMEA meeting in Curaçao 2025 impressively demonstrated how high-quality continuing education, intensive practical training, international exchange, social engagement and extraordinary learning locations can be combined. The next event is already planned and will take place from 2 to 6 November 2026. The proportion of real patient treatment will be significantly expanded once again—in line with the DMEA concept of making training sustainable, practical and internationally accessible.

Dinner at Hofi Mango.

ECJ ruling on the legal classification of telemedicine services

Telemedicine without borders?

The European Court of Justice (ECJ) has clarified the legal classification of telemedicine within the European internal market for the first time in its judgement C-115/24 of 11 September 2025. The ruling establishes that telemedicine services are subject to the country-of-origin principle, whereas traditional face-to-face medical treatment is governed by the law of the Member State where the treatment is provided. This creates legal certainty for cross-border digital healthcare services, particularly in hybrid care models.

Background

A dentist established in Austria collaborated with a German provider of aligner (splint) therapies. The dentist performed clinical examinations on site and took impressions of the dentition.

Further treatment steps including analysis, treatment planning and digital patient support were provided cross-border via digital platforms.

The provider prepared the treatment plan exclusively in digital form, manufactured the aligners based of the dentist's records and dispatched them to the patient by post.

Action

The Austrian Dental Chamber brought legal action. It considered this cross-border cooperation model to be in breach of national legislation governing the dental profession. The Chamber argued that dentists practising in Austria must not participate in dental activities carried out in Austria by foreign companies that do not have the required authorisations under Austrian law. The dispute was ultimately referred to the European Court of Justice. In the context of the Patient Mobility Directive (2011/24/EU). The ECJ was asked to clarify the applicable legal framework.

From the perspective of the Austrian Dental Chamber, dentists established in Austria are not permitted to cooperate with foreign companies in the treatment of patients. The Chamber sought clarification on whether the term "healthcare in the case of telemedicine" covers only those healthcare services that are provided by a provider in a Member State other than the patient's Member State of (insurance) affiliation exclusively at a distance and exclusively via information and communication technologies—i.e., without the simultaneous physical presence of the provider and the recipient at the same location—or whether mixed models are also

covered, combining telemedicine services with healthcare services provided in the patient's Member State of affiliation, with the patient physically present.

If such mixed models were to fall within the scope of telemedicine, the ECJ was asked to clarify whether the telemedicine services must constitute the predominant part of the overall service, and if so, the criteria based on which this "predominance" must be assessed.

Question of law

The core of the first referred question was the definition of "healthcare in the case of telemedicine" as set out in Article 3(d) of the Patient Mobility Directive. The Austrian Supreme Court sought clarification on whether the dentist was in fact participating in activities in dentistry carried out in Austria by foreign companies.

The key issue was therefore whether complex medical treatments combining digital elements with physical treatment steps carried out in the patient's home Member State should also be classified as telemedicine healthcare services.

The judgement

The Court of Justice of the European Union answered this question in the negative and, for the first time, provided a definition of telemedicine: "[...] the concept of cross-border healthcare provided in the case of telemedicine [...] corresponds solely to healthcare provided [...] to a patient by a healthcare provider established in a Member State other than that patient's Member State of affiliation, at a distance and therefore without that patient and that provider being simultaneously physically present in the same location, exclusively via information and communication technologies.

This interpretation is based in particular on the fact that Article 3(d) of the Patient Mobility Directive expressly defines the Member State of treatment as the Member State in which healthcare is provided. In the case of telemedicine, the service is deemed to be provided in the Member State where the healthcare provider is established.

Telemedicine therefore presupposes that the healthcare provider delivers the service exclusively remotely, without any personal encounter with the patient. Any partial physical examinations or consultations carried out on site mean that the overall treatment is no longer being classified as telemedicine.

The Court thus focuses not on the technical support of a service, but on its completely virtual nature. Furthermore, the ECJ emphasised that this definition is not limited to reimbursement issues within the meaning of Article 7 of the Patient Mobility Directive but rather applies to all areas of application of the Directive.

This judgement establishes a uniform interpretation throughout the European Union.

Applicable law

The ECJ held that, for genuine telemedicine—i.e., purely digital services—the law of the Member State in which the provider is established applies.

Therefore, cross-border telemedicine services are subject to the legal provisions of the Member State in which the healthcare provider is established, and not to those of the patient's place of residence. This constitutes a clear affirmation of the country-of-origin principle.

Hybrid models

Regarding mixed or hybrid treatment models, the Court clarified that it is not decisive whether one component predominates over the other. Rather, individual elements of the service may be assessed separately if they can be clearly distinguished in substantive terms. In such hybrid models, the physical on-site activities, such as examinations carried out by local practitioners, may fall under the law

of the relevant Member State of treatment. Meanwhile, the digitally provided remote treatment delivered by a foreign provider is subject to the law of that provider's Member State of establishment. This separate assessment is possible even where a single, unified treatment contract exists.

In the present case, this meant that the orthodontic treatment was to be regarded as a complex form of treatment because it comprised several healthcare services that shared the same therapeutic objective, but which were not integrated closely enough to constitute a single, indivisible overall service.

Consequently, the Austrian dentist was required to comply with Austrian professional law, while the digital treatment planning and remote supervision provided by the German company had to be assessed under German law. Therefore, a telemedicine service within the meaning of EU law therefore existed only in respect of the fully digital component of the treatment.

Professional Qualifications Directive not applicable

The question of the applicability of the Professional Qualifications Directive (2005/36/EC) is closely linked to the country-of-origin principle. Generally, where professionals from a regulated profession provide services temporarily in another EU Member State, they must comply with the professional rules of the host Member State pursuant to Article 5 of this Directive. These provisions serve to protect patients.

However, the ECJ has now clarified that Article 5(2) applies only where the service provider physically travels to the host Member State to pursue the profession there on a temporary and occasional basis.

Purely virtual service offerings do not meet this criterion. A service provider does not "move" to another Member State where only the service itself, and not the service provider, crosses the border.

Similarly, a healthcare provider does not "enter" the territory of another Member State where, under a contractual arrangement, medical services are delivered there "via" a local partner who is in direct contact with the patient. According to the Court, such an interpretation would be "detached from reality".

By adopting this interpretation, the Court has made it clear that Member States cannot indirectly erect barriers to cross-border telemedicine through professional regulatory law.

Implications

This judgement provides a higher degree of legal certainty for digital healthcare services within the internal market. By clearly endorsing the country-of-origin principle, telemedicine providers can now offer their services across borders with far greater freedom and without the risk of being subject to foreign national professional regulations.

In particular, innovative forms of cooperation between foreign telemedicine providers and local partner practitioners can now be established more easily.

For the healthcare sector, the ruling provides a tangible stimulus: digital care models can be scaled more efficiently within the EU. For patients, this improves access to specialised services offered in other Member States.

At the same time, national rules of the game continue to apply. Domestic providers remain subject to the specific restrictions of their home markets, such as Germany's comparatively strict regulations on telemedicine. Consequently, Member States with more liberal telemedicine frameworks may now become even more attractive locations for digital health companies.

Conclusion

Judgement C-115/24 is widely regarded as a milestone for European healthcare.

- It strengthens telemedicine and facilitates cross-border digital treatment models
- while requiring providers to establish clear structures and robust compliance procedures, particularly in hybrid treatment settings.
- For dentists and physicians, this means greater opportunities through digital services, but also greater responsibility with regard to legally separating treatment components.

Sources: ECJ judgement C 115/24 of 11 September 2025; taylorwessing.com; cms-blog

Summary

- Telemedicine applies only to services that are provided purely digitally and across borders.
- Dual application of law:
  - Telemedical services are governed by the law of the provider's country of establishment.
  - Face-to-face medical services are governed by the law of the Member State in which the treatment is provided.
- Hybrid models must be broken down into their individual components. The predominance of digital elements does not automatically define the overall treatment as telemedicine.

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Immediate implant placement into two molar sockets

Dr Alex Payne, UK

Immediate placement of implants into fresh extraction sockets has been shown to deliver good outcomes. The literature reports good implant survival rates, as well as acceptable marginal bone loss, gingival recession and aesthetics.[1] In particular, there is evidence that immediate implant placement into molar sites leads to predictable outcomes and high success rates.[2] The same study suggests that grafting around the implant in these situations and using an anatomic healing abutment can further reduce resorption of the bone. The following case report demonstrates the successful implementation of immediate implant placement in fresh molar extraction sockets.

Case presentation

A 57-year-old male patient presented by referral with two failing molars, teeth #46 and 47. The patient had a clear medical history, and both molars exhibited extensive caries and restoration (Figs. 1–6).

Treatment planning

After thorough discussion, the patient was presented with two options: deep marginal elevation combined with root canal treatment or implant placement. The patient opted for implants, expressing a preference for a long-term fixed solution.

Given the absence of acute infection and the availability of adequate bone, we decided on immediate implant placement with delayed loading for both sites. Immediate placement is preferred, because maintaining the existing hard- and soft-tissue architecture is far more predictable than attempting to rebuild it later.

A guided surgical approach was selected, specifically a sleeveless guide, to make use of the precision that it affords in such cases. The DentiqGuide software (3DII) was used to plan treatment in order to establish precise implant positioning. The surgical guide was then printed on a Sonic Mini 8K S (Phrozen), ensuring high accuracy in execution.

Surgical treatment

The failing teeth were sectioned and extracted atraumatically to preserve the surrounding bone (Fig. 7). The sockets were thoroughly debrided using Lucas curettes to remove any residual infection or granulation tissue (Fig. 8).

The implants (5 × 9 mm CONELOG PROGRESSIVE-LINE, BioHorizons Camlog) werethen placed using the sleeveless surgical guide and the CONELOG guided kit (Figs. 9+10). After verification of the implant placement, the grafting material (MinerOss Putty allograft, BioHorizons Camlog) was packed into the site to the

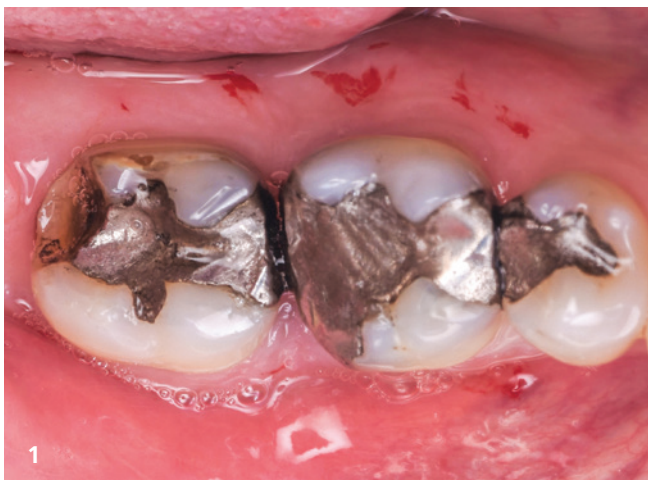
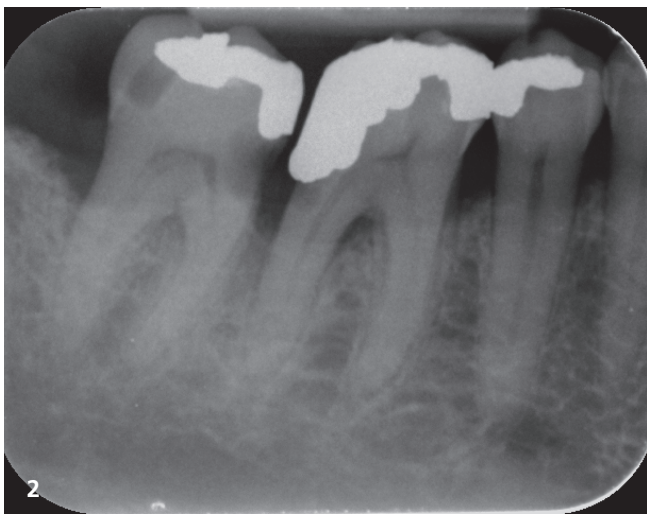
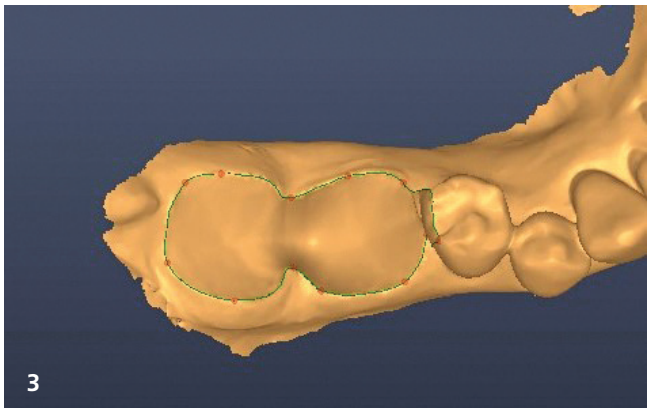
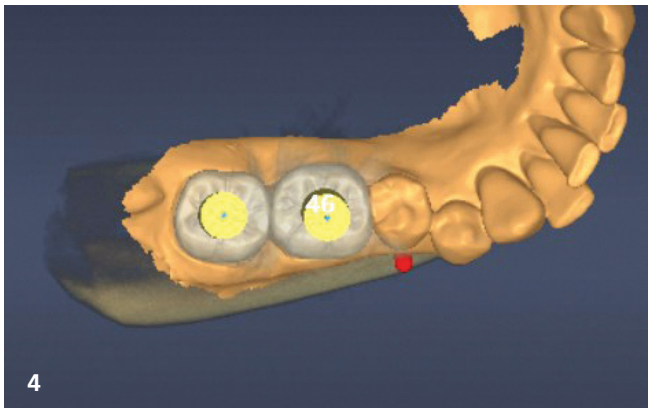
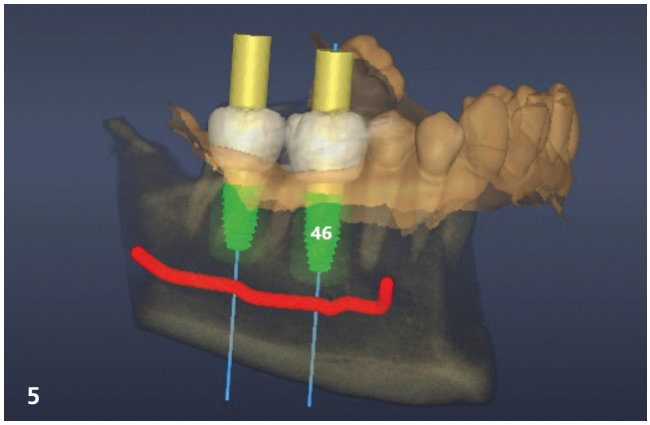


Fig. 1: Initial situation, intra-oral view. – **Fig. 2:** Pre-op radiograph.









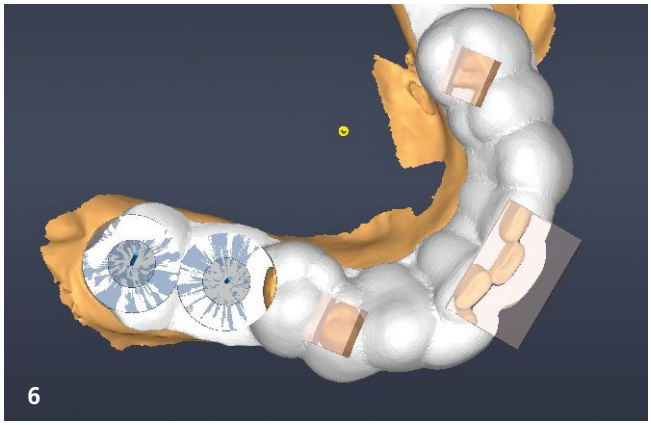


Fig. 3: Virtual extraction. – **Fig. 4:** Digital implant planning, occlusal view. – **Fig. 5:** Digital implant planning, labial view. – **Fig. 6:** Surgical guide design.

bone level to reduce the build-up of grafting material in the soft tissue.

Custom healing abutments were constructed using a temporary abutment and composite, and polished to a high lustre using silicone wheels and then seated (Fig. 11). The patient was given standard postoperative instructions to support healing of the surgical site in the months to come.

Restorative treatment

After a healing period of three months, the Medit i700 intra-oral scanner was used to record the implant position and soft-tissue profile, ensuring optimal prosthetic planning and precise restoration (Fig. 12). The implant crowns were constructed using custom milled titanium abutments with a zirconia crown. Care was taken to ensure that any zirconia in contact with the tissue was polished rather than glazed to promote optimal soft-tissue health.

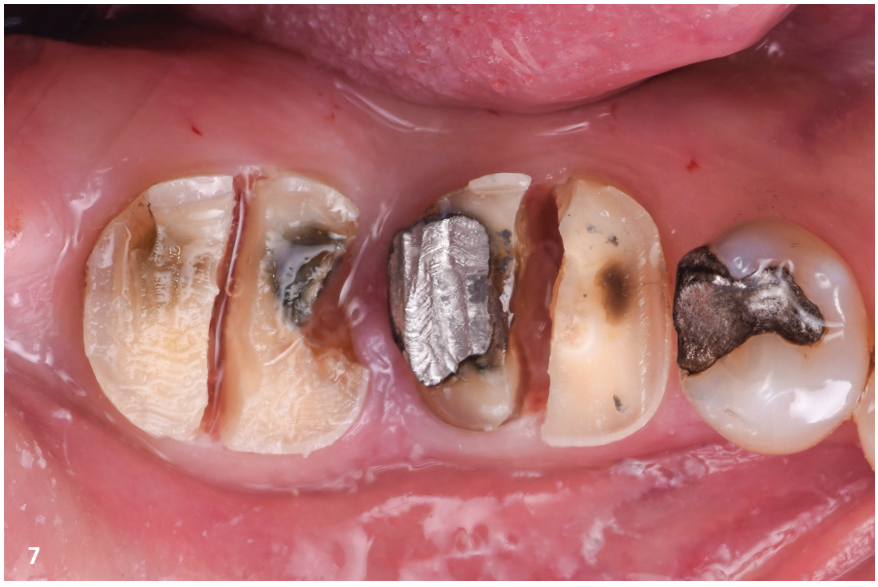
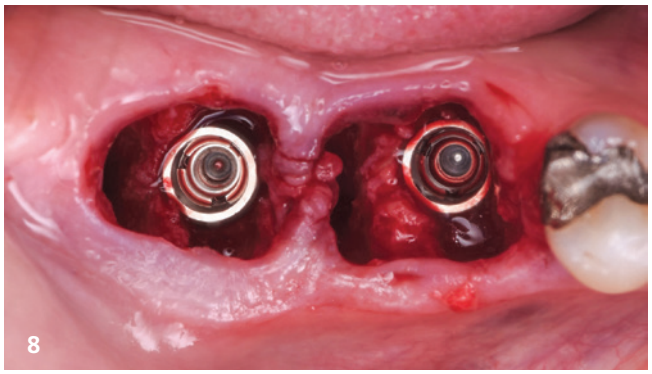
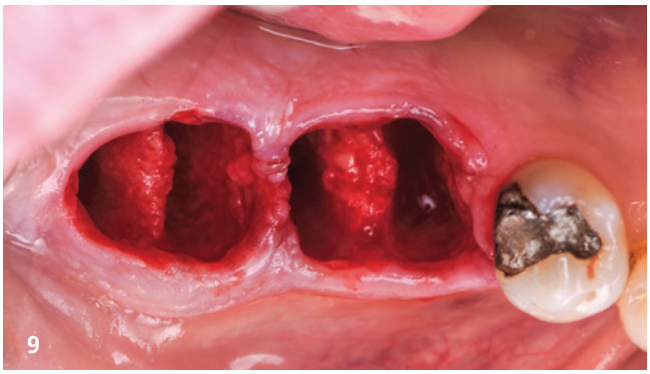
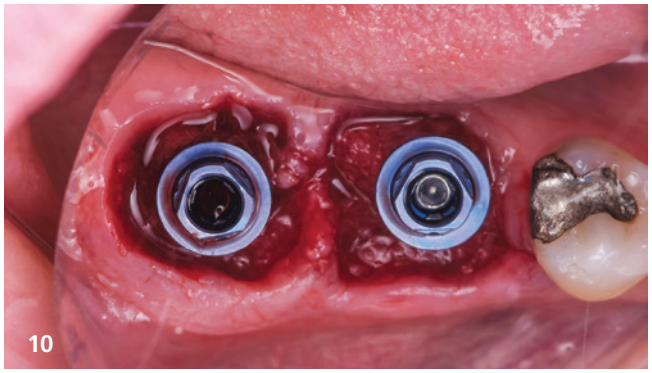
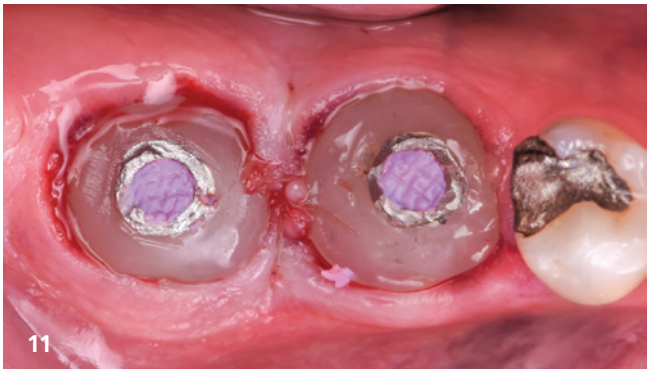


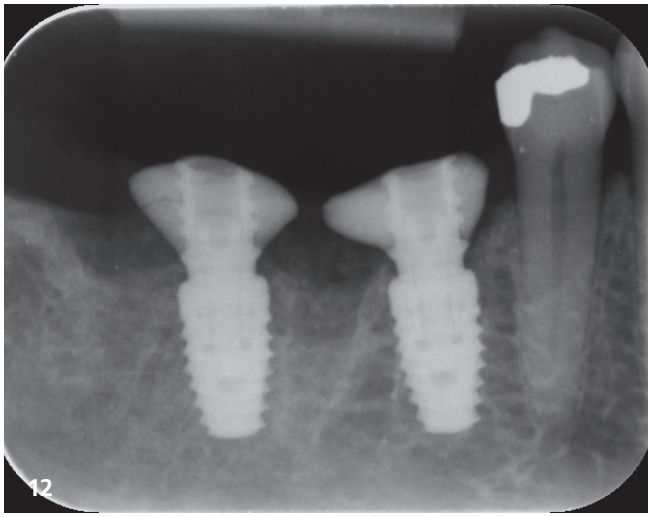
Fig. 7: Existing roots sectioned to allow atraumatic extraction.

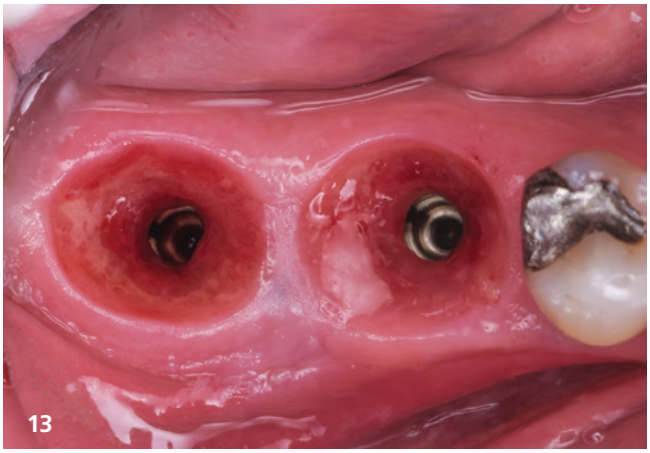


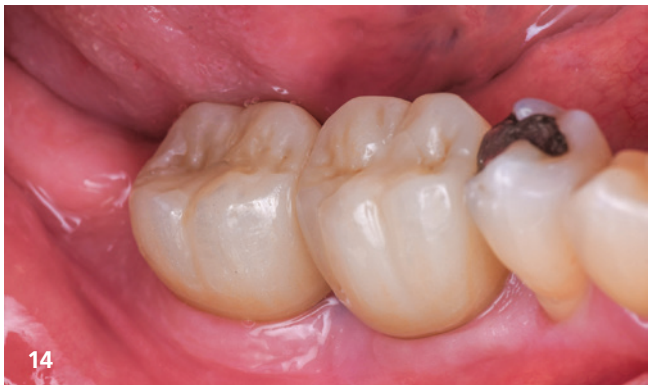












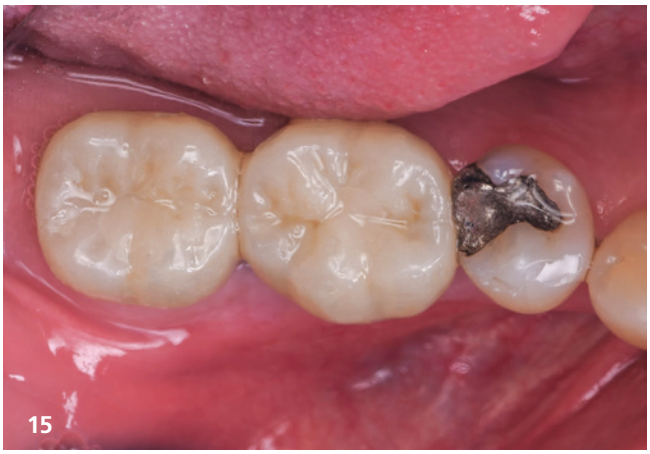


Fig. 8: Sockets thoroughly debrided. – **Fig. 9:** Implants placed using a surgical guide to ensure precision. – **Fig. 10:** Implants in place, situation after grafting. – **Fig. 11:** Custom healing abutments placed. – **Fig. 12:** Post-op radiograph. – **Fig. 13:** Healing abutments removed to reveal soft-tissue healing. – **Fig. 14:** Definitive zirconia crowns placed, labial view. – **Fig. 15:** Definitive zirconia crowns placed, occlusal view.

Outcome and discussion

The immediate placement of the CONELOG PROGRESSIVE-LINE implants in both molar sockets proceeded smoothly, achieving excellent primary stability. The hard and soft tissue was well maintained, and excellent soft-tissue thickness and a stable band of keratinised tissue were achieved (Figs. 13–16). This approach not only preserved the existing bone and soft tissue but also provided a solid foundation for future prosthetic restoration. This case highlights the importance of case selection and choice of implant and grafting material in optimising long-term outcomes in implant dentistry.

The use of MinerOss Putty played a crucial role in maintaining bone volume and soft-tissue integrity, further contributing to the long-term success of the implants. This allograft is routinely selected for these cases. Its handling properties are exceptional, making placement easy. Additionally, owing to its 10 % collagen composition, its integration is superior, reducing the risk of particle migration or poor cohesion during placement seen with other grafting materials.

Immediate placement, when feasible, offers significant advantages in simplifying long-term maintenance compared with extensive hard- and soft-tissue reconstruction. The CONELOG PROGRESSIVE-LINE implant system continues to be a reliable choice for immediate placement, particularly in molar sites, owing to its excellent design and adaptability, and the CONELOG guided kit's screw-in carriers allow for very accurate positioning.

The design features of CONELOG PROGRESSIVE-LINE that make it particularly effective include an aggressive thread design for high primary stability; the Promote (sand-blasted, acid-etched) surface treatment, promoting rapid osseointegration; and Grade IV titanium, commercially pure titanium offering predictable osseointegration. CONELOG PROGRESSIVE-LINE implants are especially well suited for molar sites owing to the conical connection with platform switching. When combined with the correct depth of placement, this ensures stable crestal bone levels over time. One of the standout features is the availability of various sizes, including a 5 mm implant that allows for a conical connection while maintaining a less aggressive emergence profile compared with other systems.

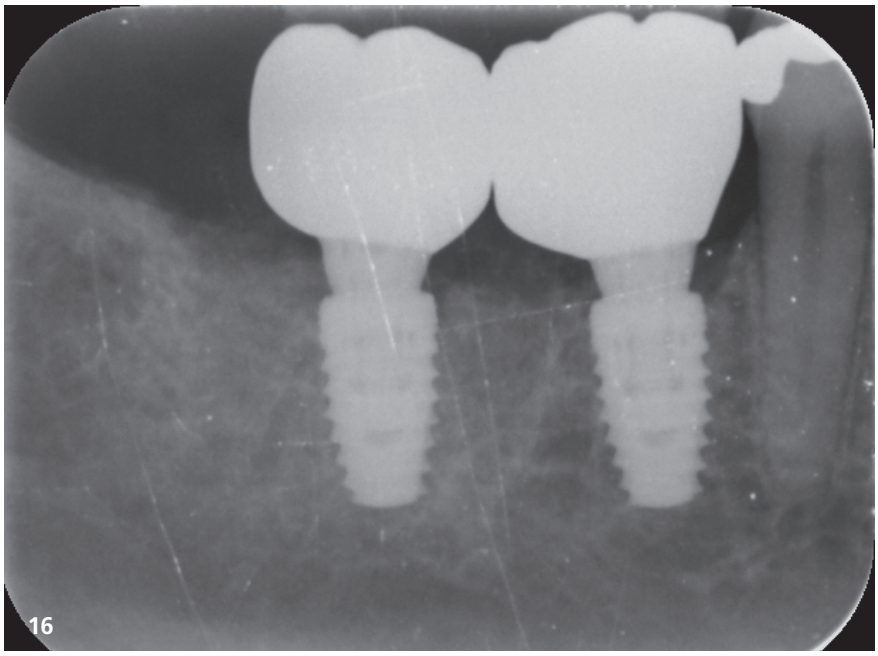


Fig. 16: Post-restoration radiograph.

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Effective electrolytic cleaning and regenerative therapy for peri-implantitis

Dr Algirdas Puišys, Lithuania

Peri-implant diseases are inflammatory conditions affecting the soft and hard tissues surrounding dental implants. They are primarily classified into peri-implant mucositis and peri-implantitis. Peri-implant mucositis involves inflammation limited to the peri-implant soft tissues, without any associated bone loss, and is considered reversible with appropriate intervention. In contrast, peri-implantitis affects both the soft tissues and the supporting alveolar bone, leading to progressive bone loss and potentially compromising the structural stability of the implant. If not properly managed, peri-implantitis poses a serious risk to implant longevity and may ultimately result in implant failure.[1,2]

The pathogenesis of peri-implantitis is closely linked to the formation and maturation of a bacterial biofilm on the implant surface. This biofilm, a complex and resilient community of microorganisms encased in an extracellular polymeric matrix, is a critical etiological factor in the onset and progression of peri-implant diseases.[3] The host immune response to these biofilms is characterised by the stimulation of inflammatory cells, including neutrophils and macrophages, which release pro-inflammatory cytokines and enzymes that degrade bone tissue. This inflammatory cascade leads to peri-implant bone resorption, jeopardising the stability of the implant.[4] Given the central role of biofilm in disease progression, effective biofilm removal is key in the management of peri-implantitis.

Treatment strategies for peri-implant diseases have evolved to include various approaches, often requiring a combination of mechanical debridement, antimicrobial therapy, and, in more advanced cases, surgical intervention. Mechanical debridement remains a cornerstone of treatment, focusing on the physical removal of biofilm and calculus from the implant surface. This may involve the use of specialised instruments such as ultrasonic scalers, titanium curettes, or air-polishing devices. In recent years, electrolytic cleaning has emerged as a novel approach for biofilm removal, utilising low-level electrical currents to disrupt and detach bacterial biofilms from the implant surface.

However, in cases of established peri-implantitis, non-surgical approaches may be insufficient to fully resolve the disease, and surgical interventions are often necessary to achieve thorough decontamination of the implant surface and to facilitate the regeneration of lost peri-implant tissues. The goal of these procedures is to re-establish a stable and healthy peri-implant environment conducive to the long-term stability of the implant. [5,6]

In this clinical case, we describe the successful management of peri-implantitis through a comprehensive treatment that integrates meticulous mechanical cleaning with regenerative techniques. This case highlights the critical importance of the efficacy of biofilm removal strategies and the application of regenerative procedures to achieve optimal clinical outcomes. The integration of these techniques not only stops the progression of the disease but also facilitates the regeneration of lost bone and soft tissue, thereby ensuring the long-term stability and function of the dental implant.

Initial situation

A 40-year-old female, healthy (ASA I), non-smoker, taking no medication, came to our practice in 2020 from a referral dentist and with a diagnosis of peri-implantitis in the posterior area. The patient mentioned that the implants were placed seven years ago, and that she failed to attend her follow-up appointments. The patient requested to keep her implants.

On intra-oral examination, the implants in positions #36 and #37 showed a probing depth greater than 6 mm, positive BOP (Bleeding on Probing), suppuration, redness and swelling, and dental plaque.

The radiographic examination revealed both horizontal and vertical bone loss around the implants, particularly around implant #37 (Fig. 1).

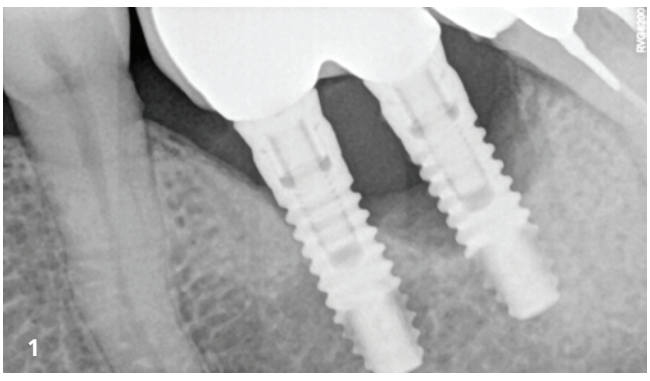


Fig. 1: Preoperative radiograph showing horizontal and vertical bone loss around implants #36 and #37, severe at #37.

Treatment planning

The treatment started with a non-surgical approach to reduce inflammation. Next, a surgical procedure was performed to decontaminate the implants, followed by guided bone regeneration (GBR). A new screw-retained splinted crown on the implants was then placed.

The treatment workflow included:

1. Non-surgical periodontal supportive therapy: oral hygiene instructions, rinsing with 0.12 % chlorhexidine (CHX), and the application of metronidazole at a concentration of 5 mg/ml, along with the use of a solution of local antibiotic and hyaluronic acid. Follow-up appointments were scheduled and conducted on the following dates: 11 November 2020, 9 December 2020, 6 January 2021, 2 February 2021, 3 March 2021.
2. Surgical treatment, which involved GalvoSurge®, GBR using autogenous bone chips and Straumann® Membrane Flex.
3. Final prosthetic rehabilitation with screw-retained splinted crowns on implants.
4. Follow-up visits for control.

Surgical procedure

After the non-surgical treatment, clinical examination in 2021 showed a decrease in inflammation, though it was not completely resolved (Fig. 2). Lidocaine 2 % with epinephrine 1:100,000 was administered. Upon removal of the prosthesis, the peri-implant mucosa surrounding the implants in positions #36 and #37 exhibited localised inflammation with evident redness, swelling and bleeding (Fig. 3).

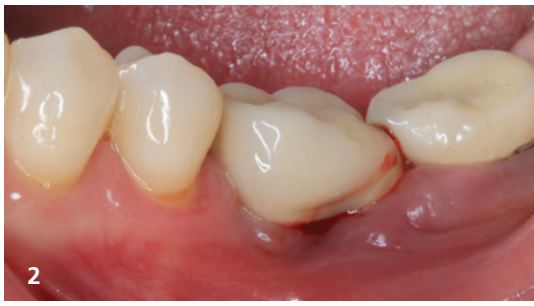
A full-thickness flap was elevated to access the defect and mechanically remove the granulation tissue surrounding the implants (Fig. 4). The bone defect was assessed using the modified criteria established by Monje et al., and was classified as a Class 3b defect, making it suitable for reconstructive therapy. First, implant disinfection was done with ablative mechanical debridement, CHX 0.12 %, metronidazole 5 mg/ml, and a solution of local antibiotic and hyaluronic acid (Fig. 5).

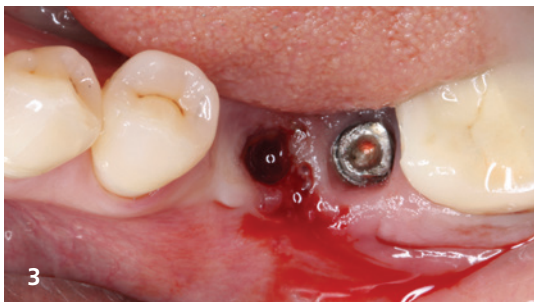
The implant cleaning and disinfection were done with CHX 0.12 % and the GalvoSurge®. Implant disinfection was performed using GalvoSurge®, applying only gentle pressure to the implant being treated. In this two-minute process, hydrogen ions interact with captured electrons to produce hydrogen bubbles that lift the biofilm off the implant surface (Fig. 6). Additionally, regenerative therapy was performed through GBR. Autogenous bone chips, combined with bone harvested from the tuber, were placed into the defect as grafts. These materials helped in bone augmentation and covered the exposed implant threads, thereby enhancing the healing and re-osseointegration at the implant site (Figs. 7–9).

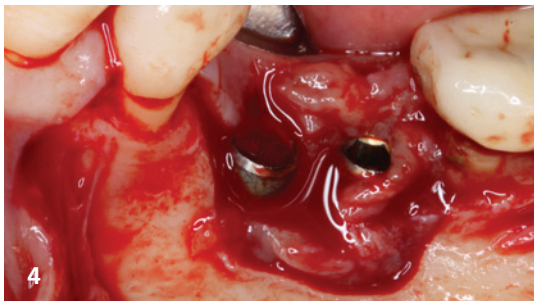
Tooth #38 was extracted. Closure caps were placed, and the Straumann® Membrane Flex, a minimally-crosslinked porcine peritoneum collagen membrane, was fixed in place with pins. This protects the graft area from unwanted soft-tissue infiltration during the healing phase (Figs. 10–12).

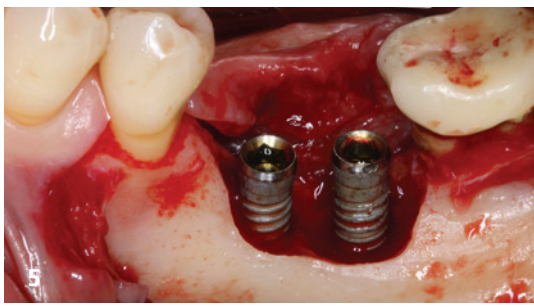
Suturing was performed with 4/0 Vicryl and 6/0 Prolene, using interrupted sutures to facilitate primary intention wound healing, while the implant remained without the prosthetic crown for six months (Fig. 13). After this period of submerged healing, the reinstallation of the suprastructures was planned.

In 2021, six months after the initial surgery, a full-thickness flap was elevated, revealing that the implants were surrounded by bone (Figs. 14+15). Healing abutments were then inserted, and interrupted sutures were inserted using 6/0 Prolene (Fig. 16). The healing abutments play an essential role in facilitating proper healing of the gingival tissue around the implant, shaping the tissue for an optimal









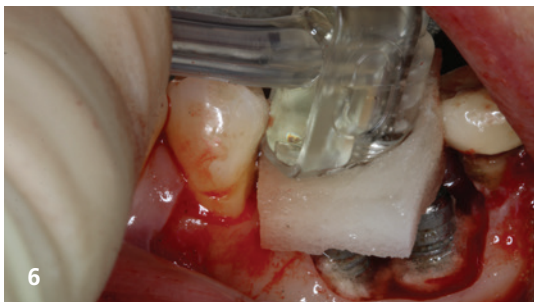
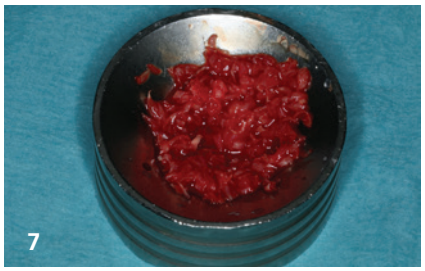
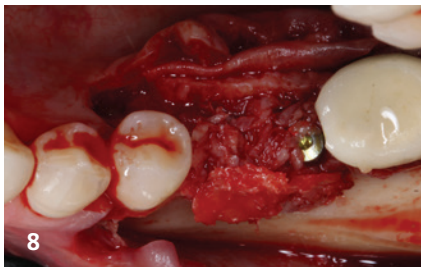
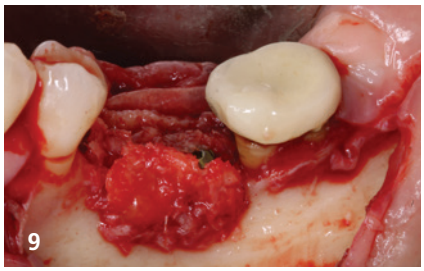
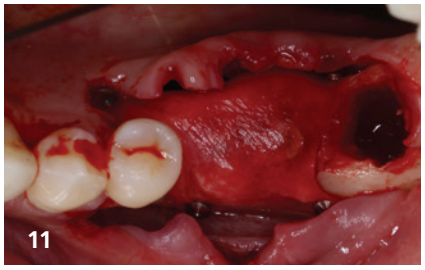


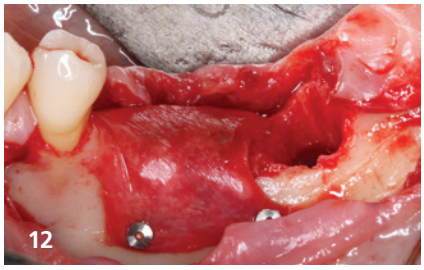
Fig. 2: Clinical view after non-surgical therapy, showing partial reduction of peri-implant inflammation. – **Fig. 3:** Peri-implant mucosa following prosthesis removal, with redness, swelling, and bleeding on probing. – **Fig. 4:** Full-thickness flap elevated to access peri-implant defect and remove granulation tissue. – **Fig. 5:** Mechanical debridement with chlorhexidine, metronidazole, and local antibiotic/hyaluronic acid solution. – **Fig. 6:** Electrolytic implant cleaning using GalvoSurge®, with hydrogen bubbles detaching biofilm.

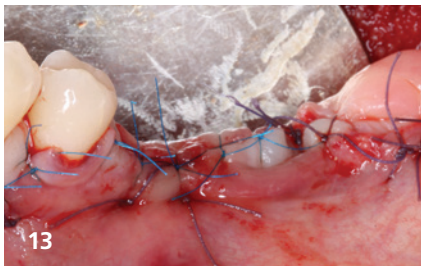


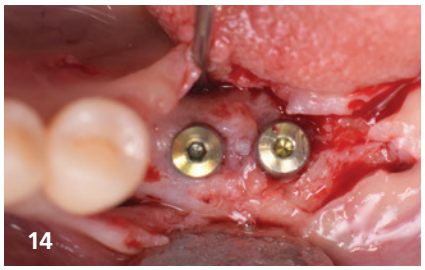


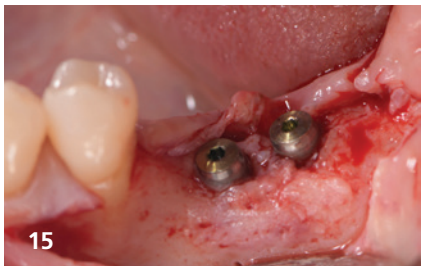












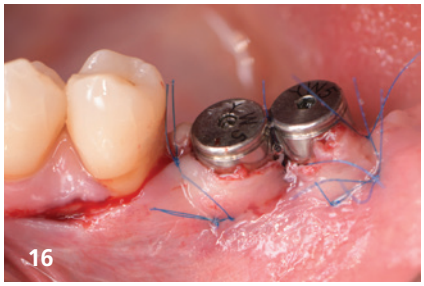


Fig. 7: Autogenous bone chips and graft material. – **Fig. 8:** Grafted defect covering exposed implant threads to support re-osseointegration. – **Fig. 9:** Fully grafted defect prior to placement of collagen membrane. – **Fig. 10:** Extraction of tooth #38 to allow proper defect management and grafting. – **Fig. 11:** Placement of Straumann® Membrane Flex to prevent soft-tissue ingrowth. – **Fig. 12:** Membrane secured with pins to protect the graft during healing. – **Fig. 13:** Flap closure with 4/0 Vicryl and 6/0 Prolene sutures, allowing submerged healing. – **Fig. 14:** Six-month postoperative view showing regenerated peri-implant bone around implants #36 and #37. – **Fig. 15:** Close-up of regenerated peri-implant bone prior to healing abutment placement. – **Fig. 16:** Healing abutments inserted to shape gingival tissue and protect implants.

fit of the final prosthesis, and protecting the implant from contaminants.

Prosthetic procedure

After the healing period, the next step involved selection of the appropriate shade for the fully polished zirconia prosthetic to ensure aesthetic integration with the surrounding natural dentition. To achieve a precise match and optimal visual outcome, a shade guide was used, and the selected shade was confirmed with the patient (Fig. 17). An impression was taken with the open-tray technique, using additional silicone material for its high dimensional stability and accuracy (Fig. 18). Then it was sent to the dental laboratory for the fabrication of the final prosthesis.

The gingiva was evaluated before the placement of the final prosthetics (Fig. 19). A fully polished zirconia prosthetic was then carefully fabricated and inserted and torqued to 35 Ncm (Figs. 20+21) and the subsequent x-ray revealed satisfactory results (Fig. 22).

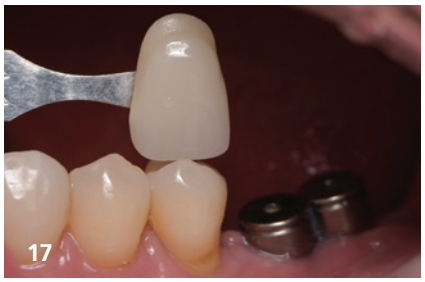
At the follow-up recall in 2021, the clinical evaluation indicated that the peri-implant soft tissues were in good health, with no signs of inflammation. Additionally, the marginal levels were appropriately maintained (Fig. 23).

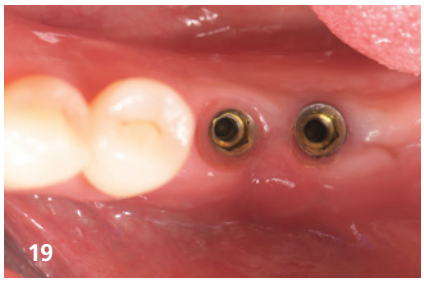
The following year, the clinical evaluation revealed similar findings, with the peri-implant soft tissues remaining healthy. The radiographic examination also showed that the peri-implant marginal bone levels were stable, with no evidence of bone resorption (Fig. 24).

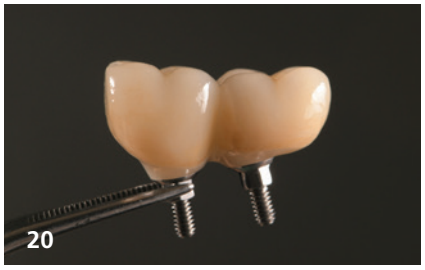
In 2023, similar results were observed, with the peri-implant tissues remaining healthy. The radiographic examination confirmed that marginal bone levels were intact. The treatment was successful, and the patient reported satisfaction with the aesthetic and functional outcomes. (Figs. 25+26).

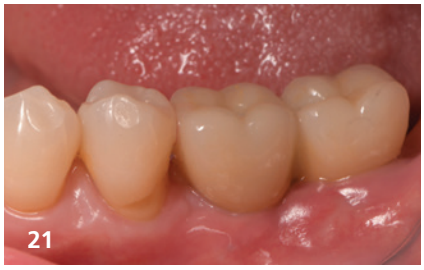
Treatment outcomes

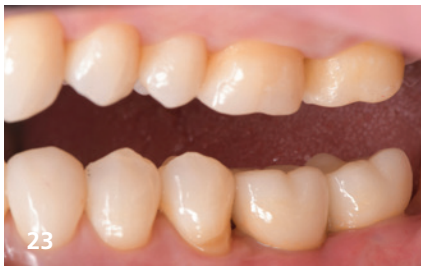
The follow-up visits confirmed the absence of any biological or radiographic

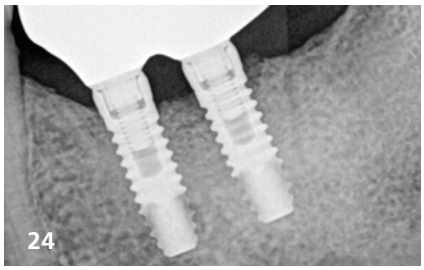












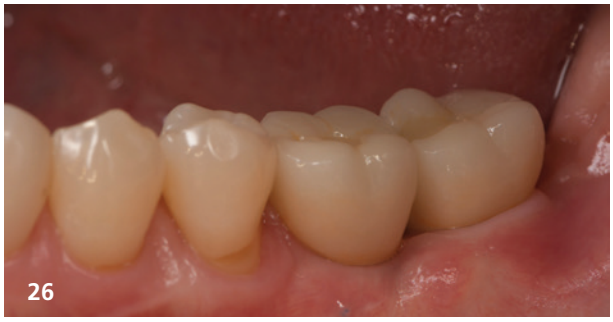


Fig. 17: Shade selection for zirconia prosthesis to match adjacent dentition. – **Fig. 18:** Open-tray impression using addition silicone for accurate prosthetic fabrication. – **Fig. 19:** Evaluation of peri-implant soft tissue before final prosthetic placement. – **Fig. 20:** Fully polished zirconia crowns. – **Fig. 21:** Final prosthesis torqued to 35 Ncm for stability. – **Fig. 22:** Post-insertion radiograph confirming correct seating of prosthesis. – **Fig. 23:** Follow-up showing healthy peri-implant soft tissues without inflammation. – **Fig. 24:** One-year radiograph demonstrating stable marginal bone levels around implants. – **Fig. 25:** Radiograph in 2023 showing preserved peri-implant bone and long-term treatment success. – **Fig. 26:** Clinical evaluation in 2023 confirming healthy peri-implant tissues and gingival architecture.

issues, demonstrating excellent health in both hard and soft tissues. This outcome highlights the success of the surgical procedure, further improved using GalvoSurge® and GBR.

Conclusion

The GalvoSurge® device offers a predictable method for electrochemical decontamination of contaminated implant surfaces and may facilitate conditions favourable for re-establishing osseointegration. Nevertheless, initial management should prioritise conservative modalities—mechanical debridement, biofilm disruption, and adjunctive antimicrobial strategies. Consistent maintenance therapy and structured follow-up intervals remain fundamental to preventing disease recurrence and ensuring implant survival.

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References

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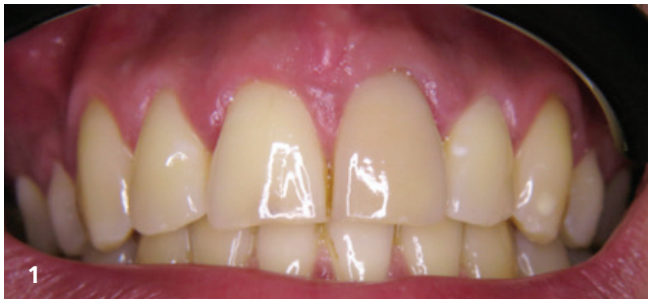
Alternative to titanium

Two-piece ceramic implant in the maxillary anterior region

Dr Florian Schnaith, Germany

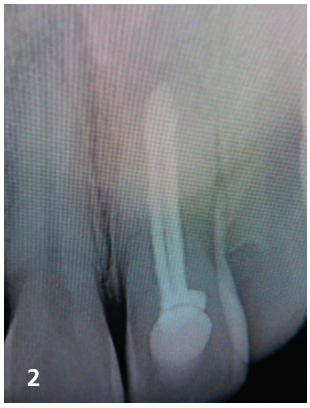
The rehabilitation of patients with the aid of implants is becoming increasingly popular in dental practice. In the situations of gaps in the anterior region, implants are preferable to conventional bridge therapy, especially from an aesthetic point of view. Titanium implants have established as a standard due to good data and many years of successful use. Nevertheless, the use of ceramic implants in dental practice is steadily increasing. The following case report intends to demonstrate the advantages of this material and its manageability in two-part architecture following a clear indication.



The restoration of interdental gaps in the anterior region, whether after trauma or a long-term attempt to preserve one or more teeth with questionable substance condition or infection, repeatedly presents us with challenges in daily practice. Particularly in young patients, the aim is to achieve an aesthetic and, above all, predictably long-term stable rehabilitation. Prosthetic treatment using a conventional bridge construction should be considered of secondary importance compared to implant-prosthetic treatment once the appropriate indications have been established. Providing the patient with comprehensive information after weighing up the advantages and disadvantages plays a central role in the joint decision-making process for treatment.

The decision in favour of an implantological solution also determines the indication for immediate or delayed implantation, the loading time of implants, possible augmentation measures and the material to be used. Finally, the patient's wishes should also be clearly considered. Zirconium dioxide as an alternative material to titanium implants is being mentioned more and more frequently in this context and is therefore subject to the dentist's duty to provide information.

Tooth extraction without immediate or prompt volume-preserving treatment of the socket is always accompanied by resorptive hard- and soft-tissue processes. It is therefore more important to counteract this loss of volume at an early stage, especially in the anterior region.



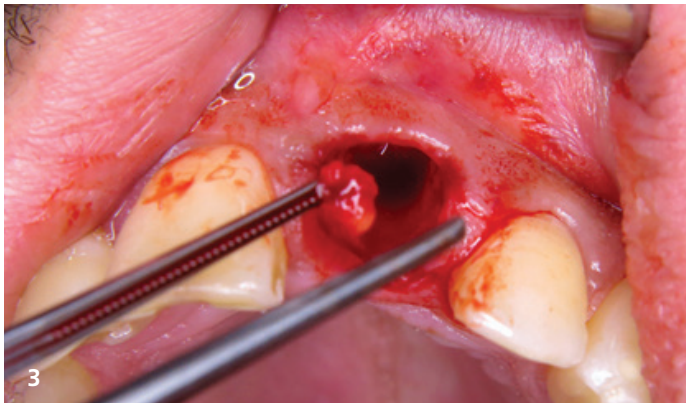
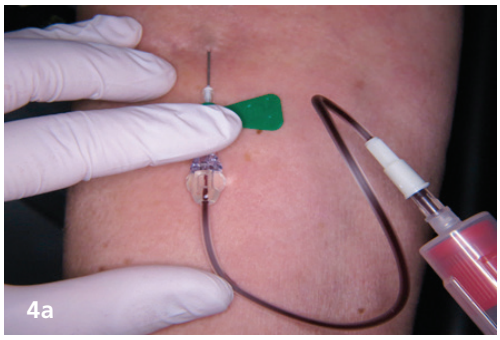
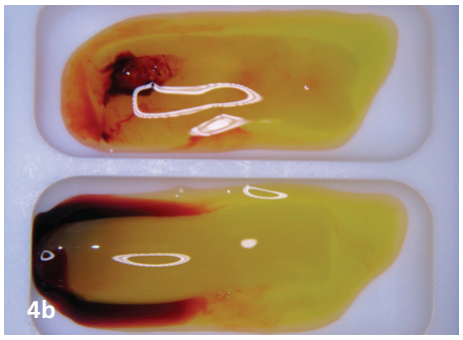


Fig. 1: Initial situation. – **Fig. 2:** X-ray control of the initial situation. – **Fig. 3:** Situation directly after gentle extraction of 21 with part of the apical cyst bellows.





Figs. 4a+b: Blood collection of approx. 20 ml venous autologous blood and prepared product of the A-PRF matrices + PRF liquid after centrifugation at 2,400 rpm in eight minutes.

Immediate implant placement after tooth extraction has been a proven, well-studied, albeit highly indication-driven treatment concept for several years.

In particular, the use of an immediate restoration with or without immediate loading via the corresponding prosthetics should be strictly weighed up depending on the hard-tissue defect, the surrounding soft tissue and the patient's anamnestic information.[1]

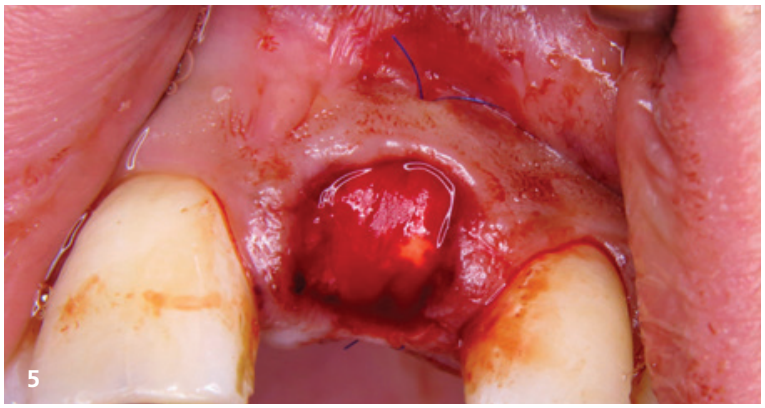
Delayed immediate implant placement or early implant placement after approx. six weeks post-extraction should be considered sensible if the parameters "primary stability with sufficient residual bone" and "stable soft-tissue cover" are given. Only then can additional augmentation measures, whether with hard or soft tissue, be dispensed with. The role of the implant material to be used also plays an important, if not decisive, role here.

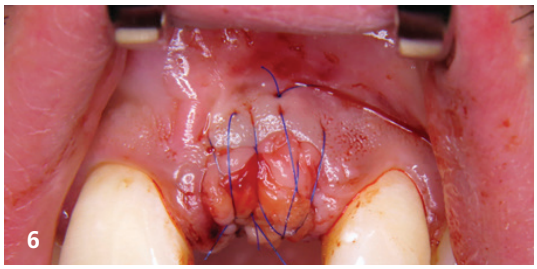
Late implant placement at the earliest three months after tooth extraction has long been regarded as the most reliable prognostic method, if not the "gold standard", in implantology. Due to the early onset of resorptive processes in the hard and soft tissues, volume preservation during the healing process must always be the top priority for delayed implant placement, especially in the anterior region. The concept of socket or ridge preservation to maintain the basic alveolar structure through immediate augmentative measures after tooth removal as gently as possible has proven itself over the years. On the one hand, it offers the practitioner a predictably high level of surgical safety regarding the bony quality of the implant site, implant positioning, primary stability, prosthetic planning and, finally, the choice of implant material after the corresponding healing time. On the other hand, the patient also has a prognostically reliable statement about the long-term survival of the implants and their prosthetic restoration.[2,3]

Material properties

Nowadays, only the high-performance material zirconium oxide is used for modern ceramic implants. Due to its very good biocompatibility and excellent material properties such as flexural strength (1,200 to 2,000 MPa), fracture toughness (7–10 MPa $m^{1/2}$) and its white colour, it is very well suited as an aesthetic implant material. Above all, however, the high osseointegrative properties and the very good compatibility in direct contact with soft tissue due to the surface texture give zirconium oxide at least an equal status to titanium, which is considered the "gold standard".[4]

A basic distinction is made between one-piece and two-piece ceramic implants. Although one-piece implants have been on





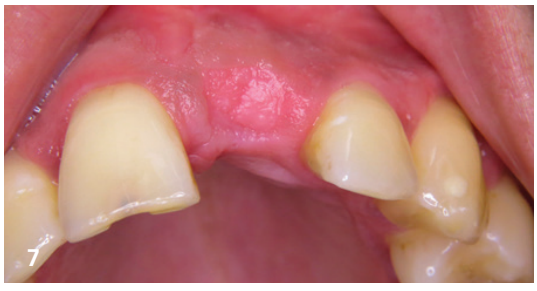
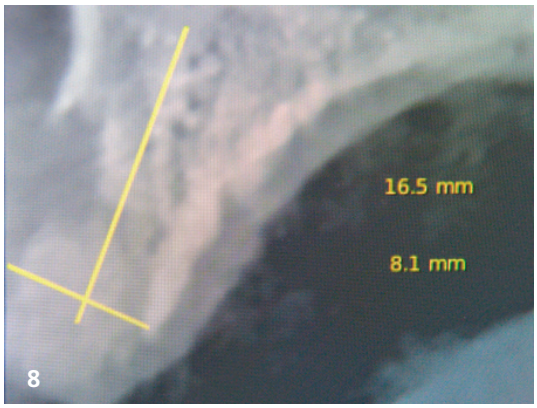


Fig. 5: Situation after ridge preservation of the extraction socket with allogenic prepared bone replacement material and fixation of a porcine collagen membrane in the sense of a GBR. – **Fig. 6:** Situation after insertion and fixation of the A-PRF matrices over the collagen membrane in the sense of "open-wound healing" (Ghanaati, S. et al.). – **Fig. 7:** Condition after six weeks post-op.



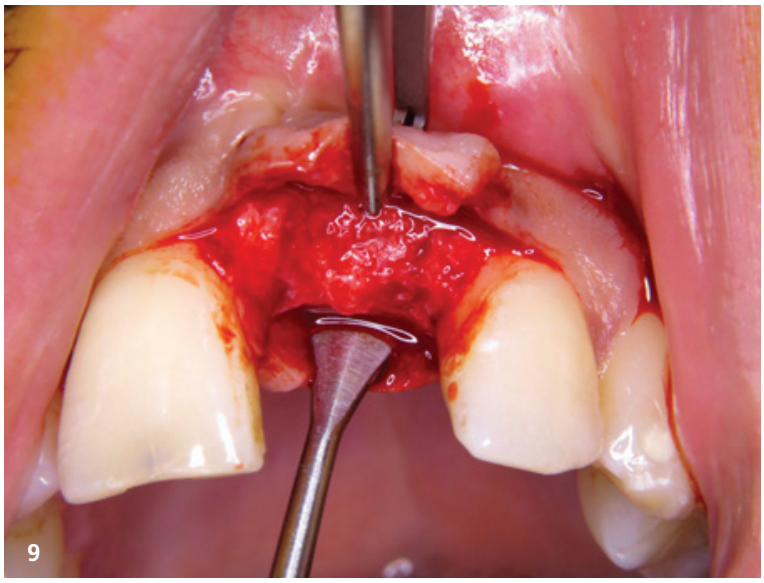


Fig. 8: Diagnostics and planning using CBCT after three months follow-up. – **Fig. 9:** Bony situation at re-entry before the planned implantation. – **Fig. 10:** Drilling sequence for the planned ceramic implant (Neodent Zi).

the market for much longer and have been investigated accordingly, two-piece constructions have become increasingly established in recent years due to the available, albeit still limited, data. Finally, one-piece implant systems are much more limited in their prosthetic restorability, especially in aesthetically demanding areas, and are far less flexible in their use. To address this situation, the industry has developed various two-piece solutions, whereby, like the two-piece titanium implant systems, the screw-retained ceramic implant-abutment architecture has emerged as a design that is safe to use. The internal connection with the corresponding abutment screw appears to play the decisive role here, whereby the long-term results already available, albeit very limited, appear to be promising.[5–7]

It should be emphasised that the consistently positive material properties of zirconium oxide provide us with a genuine alternative to titanium implants and can be safely used in everyday clinical practice by experienced implantologists.

Case description

The male 23-year-old patient first presented to our practice for consultation in October 2022. No anamnestic abnormalities were noted or reported by the patient.

The initial intra-oral examination revealed a primarily healthy, caries-free and functionally unremarkable complete dentition. The patient stated that tooth 21 had suffered anterior trauma in childhood and that he had been undergoing regular dental treatment for at least three years. Nevertheless, according to his own statements, the pain symptoms did not seem to have improved. He was also dissatisfied with the steadily darkening discolouration of the crown of tooth 21 (Fig. 1).

Findings

After a detailed intra- and extra-retinal examination, it was found that the patient had already had multiple apicoectomies performed on tooth 21 in various dental practices following unsuccessful endodontic treatment. Currently, a non-fluctuating, firm, pressure-dolent swelling localised apically in region 21 was found vestibularly. A fistula or secretion discharge via the sulcus could not be detected intra-orally, even on provocation. Palatally, there were no abnormalities on the mucosa. A circular check with a PA probe revealed probing depths of between 2 and 3 mm mesially, distally and palatally without bleeding on probing (BOP). A single vestibular ST of 5 to 6 mm was detected. A longitudinal fracture of tooth 21 was therefore suspected. Furthermore, tooth 21 showed an increased degree of loosening (II–III) and a strong discolouration of the crown in comparison with 12, 11 and 22.

Diagnostics and planning

To supplement the clinical diagnosis and photo documentation, a single-tooth radiograph of 11/21 was taken (Fig. 2) and discussed with the patient. The treatment options were then explained to the patient in detail and all advantages and disadvantages were discussed.

Diagnosis

Unpreservable tooth 21 with suspected longitudinal fracture vestibular central in thick biotype with elongated square crown shape. The vestibular bone lamella is thin but largely preserved. Apically, there is osteolysis with chronic inflammation, possibly

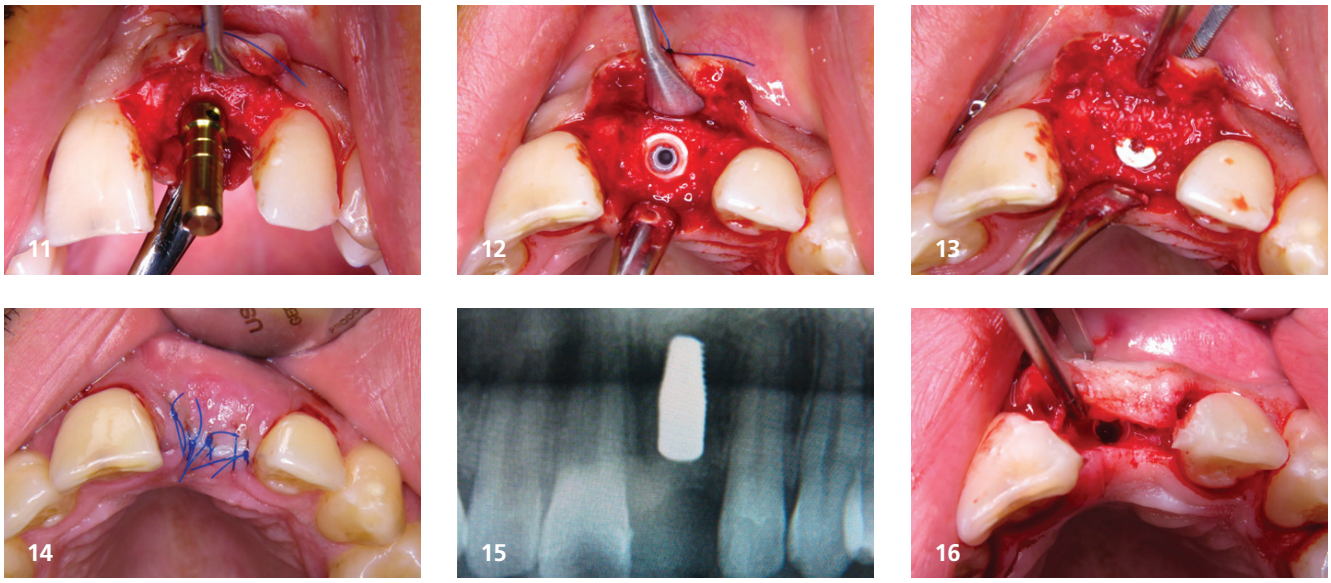


Fig. 11: Position and depth control using a direction indicator after careful preparation of the implant bed according to the drilling protocol. – **Fig. 12:** Situation after mechanical insertion of the implant with appropriate primary stability and a maximum torque of 45 Ncm. – **Fig. 13:** Situation after insertion of the cover screw and augmentation with resorption-stable xenogenic bone replacement material vestibular and crestal. – **Fig. 14:** Tension-free, saliva-proof suture closure for covered healing. – **Fig. 15:** X-ray control after implantation. – **Fig. 16:** Exposure of the implant after a three-month healing phase by means of relief-free skin flap plasty without relief incisions. Situation after removal of the cover screw.

also cyst formation. The neighbouring teeth are clinically and radiographically unremarkable.

Treatment options

The following treatment options for tooth 21 were explained to the patient in detail:

- Removal of tooth 21 and immediate implantation and immediate restoration
- Removal of tooth 21 and immediate implant placement with temporary restoration and delayed prosthetic restoration of the implant
- Removal of tooth 21 with temporary restoration and delayed restoration with an adhesive prosthesis in the form of a Maryland bridge
- Removal of tooth 21 with temporary restoration and subsequent restoration using a conventional bridge construction over the prepared teeth 12, 11 and 22
- Forced extrusion of tooth 21 (e. g. using magnets or orthodontics) and delayed implant placement
- Delayed immediate implant placement or late implant placement after socket/ridge preservation with delayed prosthetic restoration of the implant
- Omission of treatment

After careful consideration, the patient wanted to rehabilitate the situation without grinding the neighbouring teeth and against the option of immediate implant placement. According to the initial diagnosis, the buccal bone lamella appeared to be at least partially intact, so that a safe alveolar defect was to be expected. The treatment decision was therefore in favour of ridge preservation after gentle tooth removal and late implant placement after an expected healing phase of three months.

Discussion

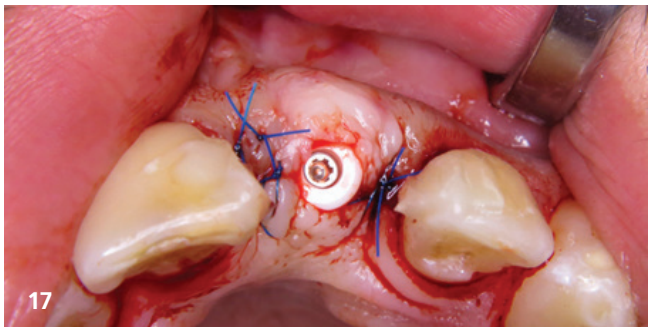
The dental rehabilitation of patients with implants has proven to be successful over the decades of use and the abundance of very good data available. Titanium is still regarded as the "gold standard" material of choice. With the advent and continuous innovative development as well as the increasing number of promising data, implants based on zirconium oxide must currently be clearly mentioned as a therapeutic alternative to titanium.[8]

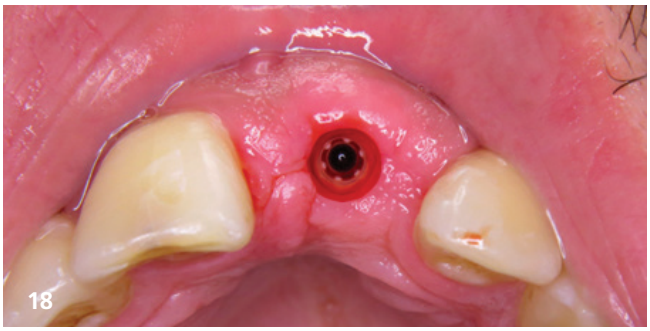
Zirconium oxide is at least on a par with, if not better than, titanium in the following respects:

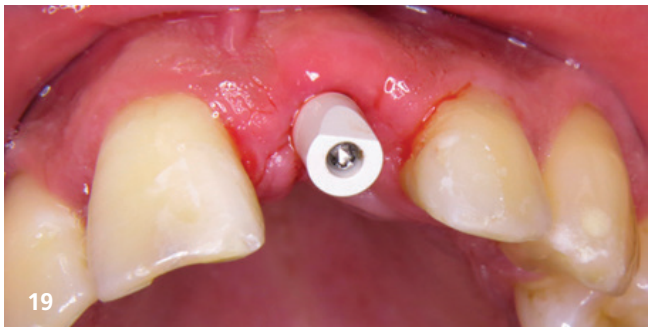
- Very good material properties, such as extremely high flexural strength and fracture toughness.
- Very good osseointegrative properties.
- Low plaque accumulation on contact with peri-implant soft tissue.
- Low risk of peri-implantitis development.

Comparison of material properties

In principle, the material properties of the two materials used, titanium and zirconium dioxide, should first be summarised. On the one hand, the biocompatibility and osseointegration of titanium (pure titanium or cpTi), which has been used for decades,







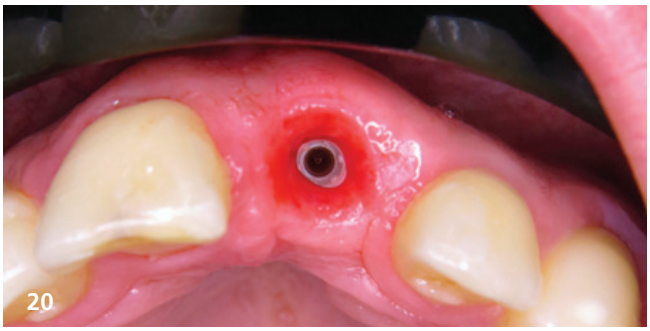


Fig. 17: Situation after insertion of the appropriate gingiva former and tension-free multi-layer suture. – **Fig. 18:** Situation 14 days after implant exposure and suture removal. – **Fig. 19:** Insertion of the system-specific scan body to record the implant position by intra-oral scanning and forwarding to the dental laboratory. – **Fig. 20:** Clinical image of the emergence profile after the six-week provisional phase.

can be explained by the stable passivation layer formed on its surface (titanium dioxide) immediately after exposure to oxygen. Zirconium as a base material, on the other hand, is oxidised through by pressing and heat supply and processed into zirconium dioxide solely due to its manufacturing process. Oxygen as such is therefore already an integral part of the material and its chemical affiliation to the non-metals is clearly established.

Furthermore, zirconium oxide is characterised by a very high flexural strength compared to titanium, which according to the current state of the art and depending on the manufacturer is up to 2,000 MPa with the addition of 20 per cent aluminium oxide ("aluminium-toughened zirconium oxide" ATZ). Titanium, on the other hand, has a flexural strength of around 400 MPa. Long-term material analyses of zirconium implants between 2004 and 2020 showed a significant reduction in fracture susceptibility from 3.4 to 0.2 per cent due to the further development of materials technology.[4,9,10]

In conclusion, it should be noted that zirconium dioxide can be used safely and predictably as a base material for implants due to its very good material properties and can replace titanium as such. However, due to the higher variance in the manufacturing processes of the respective implant suppliers and the lack of sufficient long-term data in material stability beyond five years, there is still no clear consensus.

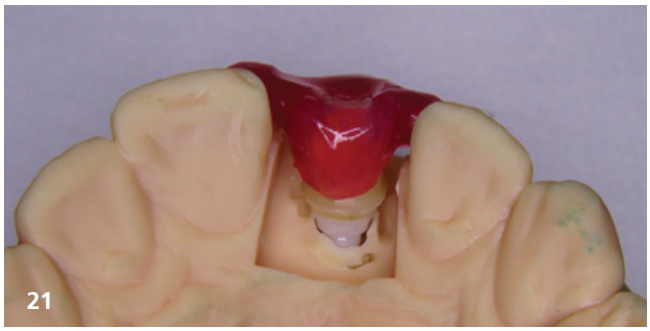
Regarding the implant design in connection with implant survival, there is currently sufficient long-term data for one-piece ceramic systems. Investigation periods of meaningful clinical studies within three to seven years have shown uniformly high implant survival rates of between 97 and 100 per cent, completely independent of the prosthetic restoration using single crowns or bridge constructions.[11–16]

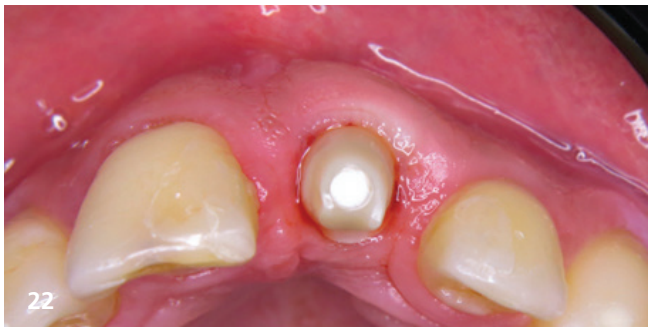
On the other hand, the data situation for two-piece ceramic implant constructions can currently be described as poor due to the limited long-term data available. Nevertheless, the increased flexibility due to the continuous further development, particularly in the area of implant-abutment connection of two-piece zirconium implants, should not be underestimated, especially in the case of challenging bony or soft-tissue defects. Above all, the advantage of the possibility of load-free and covered healing after sometimes complex hard and/or soft-tissue augmentations opens completely new dimensions for the metal-free restoration of patients compared to one-piece ceramic implant restorations. No significant difference in implant survival between one-piece and two-piece implant constructions was shown in reviews.

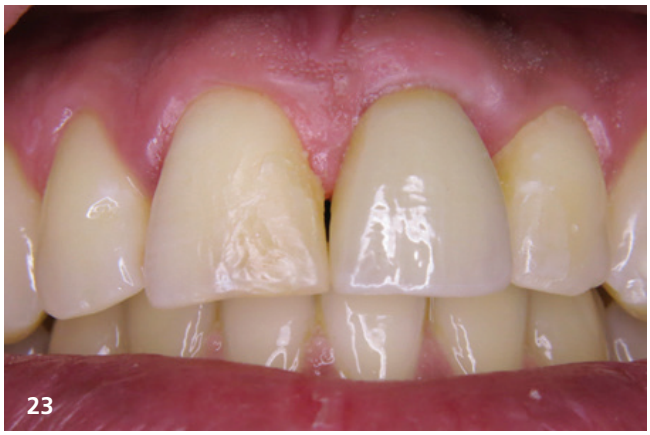
Nevertheless, the use of two-piece ceramic implant systems is only recommended as an alternative to titanium if the practitioner has provided the patient with detailed information.[8,10,17]

Osseointegration in comparison

Osseointegration, i. e. the functional ingrowth of an implant in bony tissue, is a process consisting of two different phases of structural remodelling of the surrounding hard-tissue anatomy. Phase 1 is referred to as "primary stability" and phase 2 as "secondary stability", which can subsequently also be referred to as "functional ankylosis". Stable healing times with sufficient new bone formation after implant placement, whether with titanium







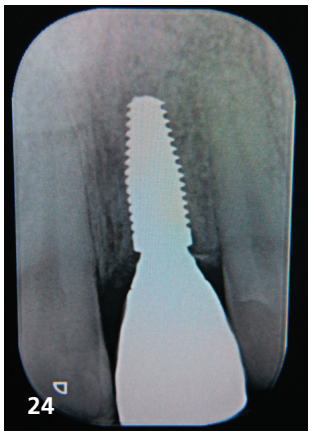


Fig. 21: Definitive customised abutment on the printed master model with insertion aid. – **Fig. 22:** Condition after insertion and torque-controlled screwing of the customised abutment and closure of the screw channel with Teflon tape. – **Fig. 23:** Clinical situation after final insertion of the crown in habitual occlusion and in the open position. – **Fig. 24:** Radiological check after insertion of abutment and crown.

or zirconium dioxide, are stated as two to three months according to the data available. There was no difference in the time required for new bone formation, bone apposition or vascularisation between the materials used. Furthermore, only minor evidence-based differences in osseointegration and soft-tissue deposition were demonstrated in clinical studies after processing and conditioning of the implant surface on both materials.[4,9,18–24]

Comparison of plaque accumulation and peri-implantitis risk

The risk of developing a peri-implant event, depends on various factors. One cause is the inflammatory change in the peri-implant mucosa due to the accumulation of biofilm caused by plaque deposits and its composition. Oral hygiene, changing living and health conditions, the influence of medication, lifestyle habits (such as smoking or alcohol) and suboptimal prosthetic restorations are just a few examples that can favour plaque accumulation on implant surfaces.

Actually, there is currently very little evidence-based data available. The few clinical studies available and referring to small patient populations have shown significantly lower biofilm and plaque accumulation on ceramic implant surfaces compared to titanium. Peri-implant inflammatory reactions in the area[22] of the surrounding soft tissue were among the most pronounced with titanium surfaces. The advantages of ceramic surfaces appear to predominate here. Further and above all long-term clinical follow-up examinations remain to be seen.[21,24–30]

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References

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An interview with Dr Maria Grazia Di Gregorio-Schininà

Shaping the future of dentistry through technology

High-resolution intra-oral scans, CAD/CAM-guided milling, and additive manufacturing are transforming modern dentistry, enabling workflows that are faster, more precise, and increasingly patient-centered.

At the same time, the digital transition presents significant questions: How reliable are digital impressions in routine clinical practice? Which materials can withstand the demands of everyday use? And how can dental practices effectively integrate these new workflows?

In conversation with Dr Maria Grazia Di Gregorio-Schininà, Senior Consultant in the Department of Prosthodontics at University Hospital Cologne, Germany we examine the latest advances in digital dentistry—from virtual treatment planning and computer-aided fabrication to the clinical and patient acceptance of contemporary restorative methods.

Dr Di Gregorio-Schininà, as Senior Consultant in the Department of Prosthodontics at University Hospital Cologne, you have a comprehensive perspective on current developments. How has digital dentistry evolved in recent years?

In recent years, digital dentistry has advanced at a remarkable pace. The use of intra-oral scanners, facial scanners, and CBCT imaging for clinical diagnostics, alongside CAD/CAM technologies and 3D printing in the dental laboratory, has become firmly established and is increasingly regarded as standard practice. The integration of AI-assisted planning and diagnostic tools now enables clinicians and technicians to achieve significantly more precise and efficient treatment planning. This also supports improved patient communication, allowing for a clearer discussion of anticipated outcomes, compromises, and limitations of proposed treatments.

What concrete advantages do digital workflows offer for the planning and fabrication of dental restorations? Are there measurable improvements in precision or patient satisfaction?

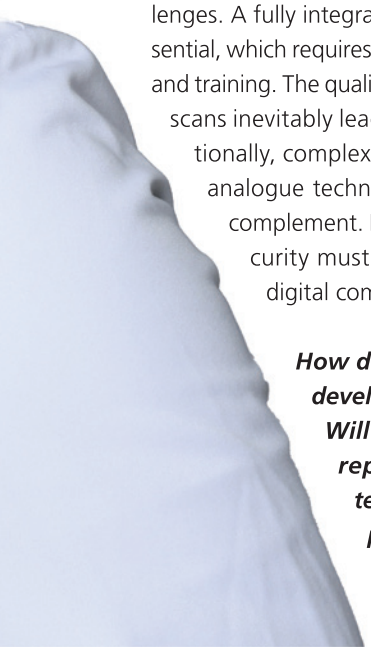
Digital workflows facilitate accurate impressions and faster production of restorations, while also significantly increasing the predictability of treatment outcomes. The fit of crowns, bridges, and implant superstructures is often markedly improved through digital fabrication and achieved more quickly. Studies indicate that patient satisfaction has risen, particularly due to shorter treatment times and less invasive impression techniques.

How has communication between dental technicians and surgeons evolved with digital workflows? Are there new opportunities for interdisciplinary collaboration?

Absolutely. Digital treatment strategies enable closer collaboration and more precise coordination in treatment planning. The use of digital planning software allows prosthodontists, surgeons, and dental technicians to work together efficiently. Virtual wax-ups, digital treatment plans, and real-time approvals reduce misunderstandings and streamline the workflow. As a result, interdisciplinary collaboration is not only facilitated but also significantly enhanced in terms of quality.

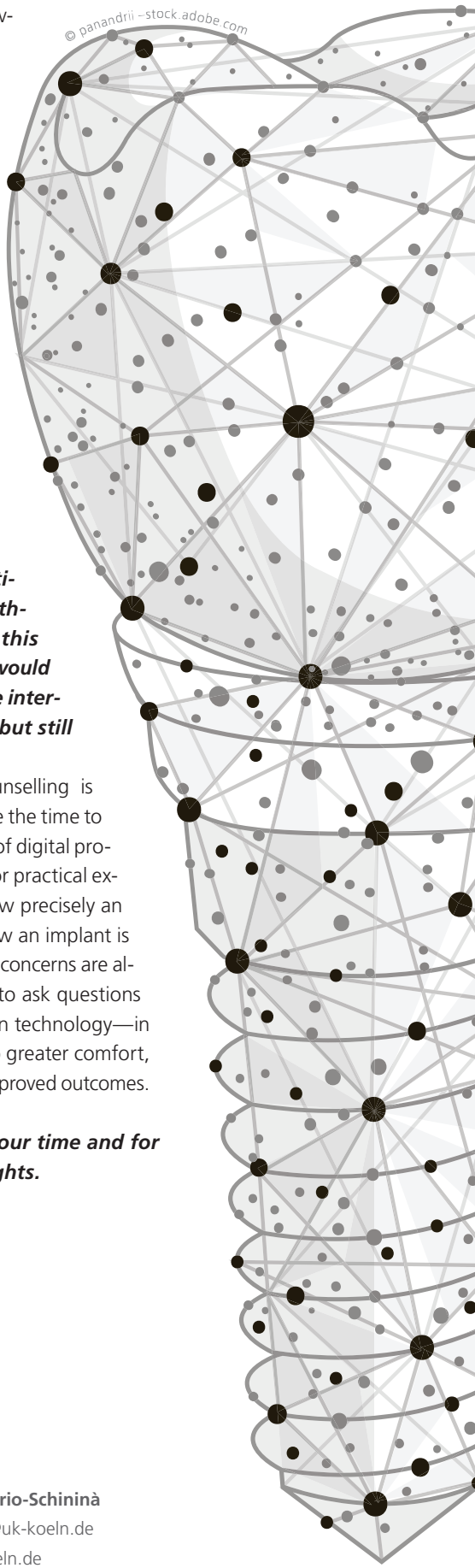
From your perspective, are there challenges or limitations in the digital workflow that must be considered when planning implants and dental restorations?

Yes, despite all the advantages, there are still challenges. A fully integrated digital infrastructure is essential, which requires investment in both technology and training. The quality of digital data is critical. Poor scans inevitably lead to suboptimal results. Additionally, complex clinical cases still exist where analogue techniques can serve as a valuable complement. Finally, data protection and security must be rigorously observed in all digital communications.



How do you assess the long-term development of digital dentistry? Will digital methods eventually replace nearly all traditional techniques, or will a hybrid approach remain necessary?

In the long term, digital workflows will certainly take over the majority of traditional processes. The trend is clearly moving toward fully digital treatment pathways. Nevertheless, there will always be cases where a hybrid approach is advantageous, for example, in highly individualised aesthetic restorations or with patients who present challenging anatomical conditions. Consequently, comprehensive training in both digital and conventional techniques remains essential, and close collaboration with dental technicians continues to be indispensable.



Many patients remain sceptical of digital treatment methods. How do you address this scepticism, and what advice would you give to patients who are interested in digital procedures but still have concerns?

Comprehensive patient counselling is crucial and indispensable. I take the time to clearly explain the advantages of digital procedures—often using images or practical examples. When patients see how precisely an intra-oral scanner works or how an implant is digitally planned, many of their concerns are alleviated. I encourage patients to ask questions openly and to embrace modern technology—in many cases, this translates into greater comfort, shorter treatment times, and improved outcomes.

Thank you very much for your time and for sharing these valuable insights.

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60 years of implantology

A retrospective focus on ceramic implants

Under the theme "Facts of Ceramic Implants Part III," the European Society for Ceramic Implantology (ESCI) hosted the European Congress for Ceramic Implantology for the third time, held from 25 to 27 September 2025, in Horgen/Zurich, Switzerland.

Over three days, the congress offered exciting insights into current research, clinical innovations, and interdisciplinary perspectives. Dentists, implantologists, and scientists from across Europe and beyond met to discuss the latest findings, exchange experiences, and network regarding future developments.

The 3rd European Congress for Ceramic Implantology kicked off on Thursday with practiceoriented workshops, where participants could dive directly into implant systems and surgical techniques under the guidance of experienced experts. These "hands-on" phases not only provided theoretical knowledge but also enabled immediate application under realistic conditions. The workshops were particularly appreciated for bridging the gap between research and clinical practice.

Dr Jens Tartsch, President of the ESCI, succeeded in covering a balanced spectrum in the lecture programme, ranging from fundamental principles to biological aspects and clinical application. 28 speakers followed Dr Tartsch' invitation and contributed their expertise in three thematic chapters: material aspects, biological aspects, and clinical application.

In the sessions on material aspects, topics such as the material stability of zirconia, surface technology, and long-term behaviour under

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stress were highlighted. The speakers demonstrated how modern ceramic materials are becoming increasingly competitive with established titanium solutions, especially regarding biocompatibility and aesthetic requirements.

Prof. Jérôme Chevalier from France opened Friday with his presentation "Ceramics for dental implant use: sate-of-the-art current developments, perspectives," summarising the latest developments in ceramic implants and giving an outlook on future applications. Following this, Prof. Andraž Kocjan from Slovenia illuminated the manufacturing techniques and surface modifications of zirconia implants. Dr Nadja Rohr from Switzerland questioned the role of implant surfaces in clinical marketing and their influence on the perception of patients and dentists.

Prof. Ralf Kohal from Germany explained the mechanical stability of ceramic implants and debunked common myths in his lecture "Everything you always wanted to know about the stability of ceramic implants but were afraid to ask." Dr Marc Balmer from Switzerland presented results from clinical studies. Dr Frank Spitznagel from Germany examined the prosthetic options for ceramic implants and their evidence base. Prof. Sebastian Kühl from Switzerland shared his experiences from a multicenter study.

The clinical lectures focused on case studies from everyday implantology: from immediate loading and augmentation procedures to managing difficult anatomical situations. Several speakers presented long-term data on ceramic implants, underscoring confidence in the long-term stability of these systems.

A particularly impressive lecture was given by Prof. Eik Schiegnitz from Germany, who discussed the interfaces between clinical practice and evidence-based guidelines. Prof. Michael Payer from Austria reported on his clinical experiences with ceramic implants, while Dr Paul Weigl from Germany illuminated biological aspects and corrosion resistance.

Another focus was on biological aspects: Here, inflammatory processes, tissue reaction, soft-tissue management, and the role of microbial factors were discussed. It was particularly noteworthy how some speakers used the latest studies to demon-

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strate that peri-implantitis rates in ceramic systems can be comparably low when the surrounding conditions are optimal.

A highlight was the keynote by Prof. Dr Tomas Albrektsson: In his lecture, he paid tribute to both the historical development of implantology and the current advances in the ceramic field. Almost exactly 60 years ago, Per-Ingvar Brånemark placed the first implant, opening up an entirely new world for patient treatment. Prof. Albrektsson is a companion on the path of implantology, thus ideally connecting his perspective with a look back and a look forward.

The lectures were supplemented by Dr Volker von Baehr ("Immunology of titanium") and Prof. Ralf Smeets ("Titanium and corrosion"), both from Germany, and Dr Alessandro Alan Porporati from Italy ("Metal as an Independent risk factor for infections: evidence from hip arthroplasty"), who critically examined the role of titanium and metals in implantology.

The exchange section culminated in discussion rounds, where the audience critically debated the limits and open questions with the presenters. Particularly lively debates arose regarding the clinical situations in which ceramic implants should be preferred over titanium, and how to optimise treatment decisions based on individual patient factors.

On Saturday, the lectures focused on the biological, prosthetic, and digital aspects of ceramic implantology.

Dr Sebastijan Perko from Slovenia investigated the role of biomarkers in osseointegration. Prof. Michael Stiller from Germany reported on clinical experiences with different ceramic implant systems. Dr Joan Pi Anfruns from the USA presented full-arch rehabilitation and also addressed supply difficulties for ceramic implants in the USA. In a double presentation, Dr Stefan Röhling and Dr Michael Gahlert from Germany introduced the new approach for ceramic implants: current and future two-piece ceramic implant systems. Prof. André Chen and Dr João Borges from Portugal demonstrated the integration of digital workflows into prosthetic care. Prof. Bilal Al-Nawas from Germany illuminated the osteoimmunological fundamentals for daily practice, while Prof. Reinhardt Gruber from Austria presented the scientific background on blood concentrates.

Drs Elisa and Joseph Choukroun from France explained the significance of platelet-rich fibrin preparations for regenerative therapy. Drs Markus and Matthias Sperlich from Germany showed how the patient's biology can be optimally preserved through digital immediate loading. The congress concluded with Dr Frank Maier from Germany and his presentation "Biology and implant geometry".

Beyond the scientific programme, networking opportunities facilitated informal encounters and lasting contacts. The social highlight was the Swiss Gala Dinner "60 Years of Implantology," which took place in the stunning setting of the Landgut Bocken on Lake Zurich, allowing participants to experience the famous "Switzerness."

The ESCI Congress sent a strong signal: Ceramic implantology is no longer a marginal topic but is increasingly moving into the focus of well-founded scientific investigation and clinical application. The lectures presented showed that research and practice are in constant dialogue and that ceramic implants can be not only competitive but often prospectively advantageous in many scenarios.

AIO

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Perio Master Clinic 2026

Mastering the Perio-Restorative connection

The European Federation of Periodontology (EFP) warmly invites oral health professionals from across the globe to attend Perio Master Clinic 2026, taking place in the vibrant and culturally rich city of Baku, Azerbaijan on 6 and 7 March 2026. The 2026 edition will focus on the Perio-Restorative Interplay, underscoring the essential collaboration between periodontal and restorative disciplines in achieving outcomes that are not only predictable but also aesthetically refined and long-lasting—even in the most complex clinical situations.

At Perio Master Clinic, delegates will immerse themselves in the latest evidence-based clinical techniques, spanning periodontology, implantology, orthodontics, digital dentistry, and restorative care. The carefully structured programme emphasises a multidisciplinary approach, seamlessly combining periodontal and restorative strategies to elevate patient care and clinical results.

This two-day event represents a truly exceptional opportunity to learn directly from world-leading experts in periodontology, implantology, and restorative dentistry. Guided by the principle "what you learn over the weekend, you'll put into practice on Monday", the programme has been thoughtfully designed to integrate cutting-edge scientific evidence with practical, actionable techniques that clinicians can immediately apply in their daily practice.

Prof. Mariano Sanz, Scientific Chair, remarked: "The Perio Master Clinic is far more than a conventional congress. In 2026, we place special emphasis on the synergy between periodontal and restorative approaches, presenting sessions that extend well beyond theory to provide practical, evidence-based solutions. You can now explore the full programme on the EFP website."

First time in Azerbaijan

This edition is particularly momentous, as it marks the first time a Perio Master Clinic is being hosted in this region, offering a unique opportunity for participants from both Europe and Asia. Delegates will be welcomed into the dynamic and captivating city of Baku, where the UNESCO-listed Old City, with its labyrinthine streets and historic charm, coexists harmoniously with striking modern architecture—creating an inspiring and stimulating environment for learning, networking, and cultural exploration.

From the iconic Flame Towers to the historic grandeur of the Old City, Baku provides a setting that is as visually compelling as it is culturally enriching. When combined with the high-caliber scientific content of the clinic, this creates an experience that is truly unmissable for dental professionals seeking both intellectual and personal enrichment.

Prof. Cavid Ahmedbeyli, Congress Chair, stated: "It is an honour for us to welcome colleagues from around the world to this landmark event. Baku offers a unique blend of tradition and modernity, and we are thrilled to share not only the scientific programme but also the city's rich cultural heritage with the international dental community."

A world-class programme in an inspiring setting

The programme will feature internationally renowned experts, offering sessions that elegantly bridge theoretical knowledge with practical clinical application.

Prof. Spyros Vassilopoulos, EFP President, highlights: "EFP Perio Master Clinics are designed to bridge the gap between knowledge and practice. In Baku, we will once again create an environment where clinicians can learn directly from leading experts, refine their skills, and immediately integrate new techniques into their daily practice. This is the type of transformative education that defines the EFP."

Perio Master Clinic 2026 promises to be an experience that is both scientifically enriching and personally memorable. For dental professionals, this is an unparalleled opportunity to learn, connect, and explore new horizons in clinical dentistry—an event that truly should not be missed.

Register here

Contact address

European Federation of Periodontology (EFP)

www.efp.org

OSSTEM Europe Meeting 2026

Pathways from complications to predictable success

OSSTEM is excited to announce the OSSTEM Europe Meeting 2026, taking place 13–14 November 2026 at the Prague Congress Center in the Czech Republic. Under the theme "Mastering the Unexpected: Pathways from Complications to Predictable Success," the event will gather clinicians from across Europe to focus on real-world challenges in implant dentistry—and how to transform them into reliable and repeatable success.

A programme built for every clinician

This year's meeting brings a fresh, comprehensive look at the full treatment journey. Dedicated sessions in dental surgery, prosthodontics and periodontology will guide participants from diagnosis and surgical execution to long-term restorative and periodontal care. Through lectures, case discussions and interactive panels, clinicians will explore complication management, decision-making under pressure and evidence-based strategies for predictable outcomes.

Hands-on learning & meaningful connections

Pre-congress parallel hands-on courses on 12 November 2026 offer opportunities to strengthen skills in an intimate learning environment. Additional details about topics, speakers and registration will be shared soon via OSSTEM Europe channels.

Participants will also enjoy a Gala Dinner at the historic Žofín Palace, creating the perfect atmosphere for networking and international exchange.

In collaboration with the OIC community

The OSSTEM Europe Meeting 2026 is organised together with the OIC Scientific Community. As Prof. Ieva Gendvilienė, OIC Board Member and Chair of the Communication Committee, highlights:

"Taking valuable insights from our previous meeting, I truly believe we've created a programme that brings the whole treatment journey together—from surgical challenges and complication management to prosthodontic planning and full-arch solutions. With fresh topics and an exciting mix of new voices on stage, I'm confident that the 2026 meeting will deliver practical, progressive education that resonates with every clinician."

Join OSSTEM in Prague

OSSTEM invites dental surgeons, prosthodontists, periodontists, dental technicians and all professionals involved in implant dentistry to come together, exchange experiences and embrace new pathways toward predictable clinical success.

Stay tuned for updates via our social media channels and website.

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Tradition, innovation and expertise in the dental sector

For 30 years, implantology from Dentaurum has stood for success and innovation. As part of the oldest family-run dental company worldwide that is still in existence, the implantology products complement the orthodontic, dental prosthetic and ceramic portfolios. High-quality products produced in-house, digital solutions, comprehensive services and training possibilities are characteristics of this product area – always under the guiding principle "made in Germany". Dentaurum places great emphasis on research, development and close cooperation with universities, experts and customers.

It was in 1994 that Dentaurum first entered the field of implantology and soon recognised the potential in modern dentistry. The strategic acquisition of the Tiolox® implant system laid the cornerstone for one of the widest product portfolios in the branch.

Digital workflows ranging from template-guided implantology to CAD/CAM dental restorations were developed and new, innovative systems such as CITO mini®, tioLogic® ST and tioLogic® TWINFIT came into being.

CITO mini®—the implant with reduced diameter

Dentaurum extended its range of implants in 2015 to include its latest development: CITO mini®, an implant with a reduced diameter. It is a system of smaller, one-piece implants which offer patients, especially those with reduced bone availability, a feeling of a renewed quality of life, quickly and at a reasonable price.

The tioLogic® TWINFIT revolution

Up to 2018, it was impossible to imagine abutments with a conical or flat-to-flat (platform) connector geometry for the same implant. tioLogic® TWINFIT revolutionised treatment concepts and set new standards in implantology. The patented implant system has much to offer users: not only safety and efficiency in handling, but also maximum flexibility during implant insertion, final restoration and in situations that change as the patient grows older. With the revolutionary Abutment Switch, one and the same tioLogic® TWINFIT implant has two connector geometries for restorations—conical and platform. It is therefore adaptable to the changing oral situation for patients without the need to change the implant.

tioLogic® DIGITAL.

With 30 years' experience, Dentaurum places value as a digital partner on process sequences that are efficient and easy to follow, using materials that have been validated—from the planning and implementation of the implant position, through scanning, to manufacture. The systems offer solutions that are flexible, efficient and tailor-made for both the implantologist and the patient. Comprehensive services and a wide range of courses round this system off. That is surely a reason to celebrate!

More information

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Straumann

The next level of excellence in intra-oral scanning and chairside 3D printing

The Straumann integrated chairside workflow brings together SprintRay's revolutionary 3D printing technology with Straumann's deep expertise in dentistry and digital workflows. From data capturing with the new Straumann SIRIOS™ X3 and seamless connectivity with smart design through Straumann AXS™ up to effortless printing with Straumann Signature Midas, go from scan to smile in one integrated workflow in less than one hour. Forget about juggling disconnected systems. Thanks to the Straumann AXS™ platform, all the dots are connected to provide you with a seamless experience that lets you focus on what matters most: your patients.

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Straumann SIRIOS™ X3: Your gateway to the ultimate dental experience

This brand-new intra-oral scanner offers a comprehensive set of benefits designed to elevate digital dentistry, enabling personalised treatment workflows and supporting a wide range of clinical indications. It delivers seamless intra-oral scanning experience, especially in full-arch and complex cases. Its lightweight, ergonomic pen-grip design ensures comfort for both clinician and patient, while features like high-speed scanning, wireless fast charging, calibration-free readiness, and an LED ring guidance enhance usability and efficiency. Clinicians gain flexibility with flexible scanning strategies and intelligent action menu, streamlining daily workflows. Beyond scanning, the Straumann SIRIOS™ X3 is fully integrated into the Straumann® digital ecosystem via Straumann AXS™, providing seamless access to multiple workflows including implant,

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orthodontic, surgical planning, and chairside 3D printing (with the Straumann Signature Midas by SprintRay). This open, cloud-based system ensures secure data handling, easy collaboration with labs, and access to outsourcing solutions like Smile in a Box® and Straumann UN!Q™.

Combined with superior training programmes, reliable global support, and Straumann's trusted legacy of innovation, the Straumann SIRIOS™ X3 empowers dental professionals with efficiency, precision, and tailored treatment possibilities. Ultimately, it transforms practice workflows and enhances patient care by uniting cutting-edge technology with premium service and connectivity.

Straumann Signature Midas by SprintRay: Effortless chairside excellence

The Straumann Signature version of SprintRay's Midas 3D printer is at the core of the new Straumann chairside printing solution and was unveiled at IDS 2025. Compact and elegantly designed, the Straumann Signature Midas features SprintRay's cutting-edge Digital Press Stereolithography (DPS). This novel 3D printing technology allows dentists to use highly filled resins that were previously too viscous for conventional 3D printers. A standout innovation is its capsule-based resin system, which replaces messy manual handling with clean prefilled cartridges, reducing error and contamination. This makes the system so user-friendly that anyone can easily learn how to print. Seamlessly integrated with the Straumann AXS™ platform and the Straumann SIRIOS™ scanners, but open to any intraoral scanner, this solution supports a fully digital, interoperable workflow. Smart Design removes the complexity of traditional CAD software, enabling practitioners to design and fabricate crowns quickly and intuitively. For patients, this results in fewer visits and faster access to care, while dentists benefit from increased autonomy and efficiency.

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BioHorizons Camlog Group

The foundational pillars of immediacy

There is a growing trend in implant dentistry that favours faster treatment times and single-stage surgery. These advantages must be achieved without compromising quality, predictability, or longevity. As a result, immediate implant placement and loading have become increasingly popular.

BioHorizons and Camlog aim to provide clinicians with the products, education, and support necessary to deliver high-quality immediate treatments through streamlined workflows.

The immediacy revolution

Immediate placement is a proven solution for missing teeth, offering high survival rates, favourable aesthetic outcomes, and low marginal bone loss or gingival recession, even in compromised sockets.[1] Many results are supported by follow-ups of up to ten years.[2]

In many cases, outcomes can be improved with hard- and soft-tissue augmentation, increasing buccal bone thickness and soft-tissue stability.[3] This is especially important in the aesthetic zone, where minor bone changes can affect results. Regardless of the situation, the aim remains to restore function and appearance.

BioHorizons and Camlog support customers through product development, training, customer service, and science-backed solutions that enhance workflow efficiency.

Their two premium implant systems, the CONELOG® PROGRESSIVE-LINE and the Tapered Pro Conical®, are designed for quality, longevity, and usability. These systems are built on four core pillars:

1. Shape and design

BioHorizons and Camlog solutions are engineered by science, backed by research, and manufactured with precision based on data-driven findings. Every detail—from implant taper to collar height and thread design—is refined to support strong clinical outcomes across a wide range of indications.[4] Deep reverse buttress threads help deliver stability and promote bone health.

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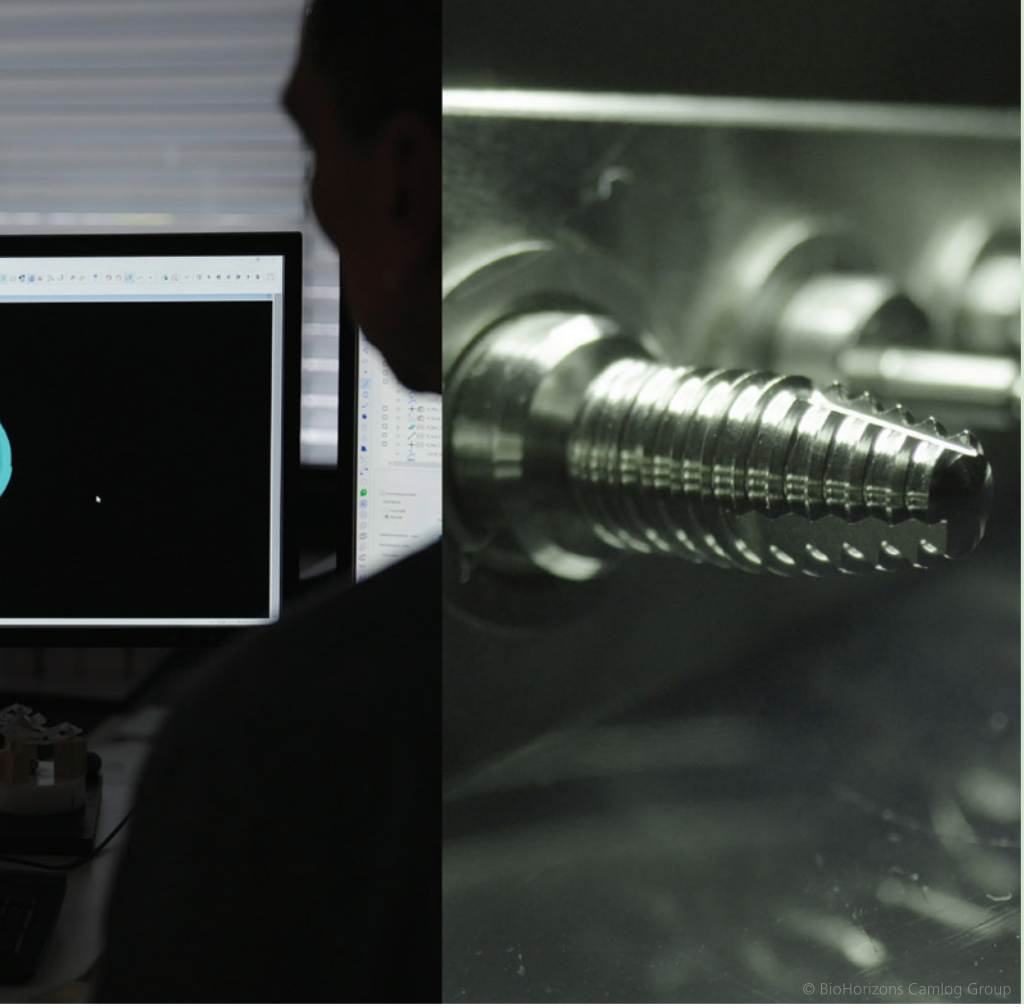

The implants use high-grade materials—grade 4 pure titanium and titanium alloy Ti 6AL 4V ELI—to ensure high tensile strength, fatigue resistance, and biocompatibility.[5] Each component is developed to positively influence treatment outcomes.

2. Surface

The companies' implant surfaces are supported by extensive evidence. Camlog's PROMOTE® technology, a sand-blasted and acid-etched surface, maximises early bone contact and supports rapid osseointegration, essential for immediate placement. Studies demonstrate excellent survival and success rates.[6,7]

BioHorizons' Laser-Lok surface technology features 8-micron channels that create a connective tissue attachment and protect crestal bone. It is the only dual-affinity implant surface supporting both hard- and soft-tissue attachment.[8]

3. Stability

Stability is influenced not only by implant shape and surface, but also by the implant–abutment–restoration connection. The 7.5° deep conical connection enhances mechanical strength and sealing. Integrated platform switching and a cam system allowing six precise abutment orientations increase clinical flexibility and precision, helping practitioners achieve optimal implant positioning.

4. Overcoming challenges

A key challenge of immediacy is the technique. Clinicians should understand essential principles before using these protocols safely. BioHorizons and Camlog support this by collaborating with experienced clinicians to offer training that teaches strict procedural guidelines.

Regular engagement with key opinion leaders, customers, and the wider profession ensures the companies remain aware of clinical challenges. Feedback drives product development and strengthens support.

The companies also provide simplified workflows with straightforward drilling sequences to improve reproducibility. Their implant systems can be used across indications—from single-tooth cases to full-arch rehabilitation. A streamlined prosthetic platform reduces inventory demands. Surgical kits support both freehand and guided surgery, enabling immediate placement regardless of clinical preference. Digital technologies also support partial or fully digital workflows, offering flexibility. This simplicity forms the fourth pillar.

Always looking forward

BioHorizons' and Camlog's combined heritage underpins their quality and reliability today, but both companies remain committed to advancing implantology. They continue to refine their portfolio based on research and clinical feedback and regularly introduce new extensions. Continuous innovation remains central to their mission, ensuring they stay at the forefront of implant dentistry.

For more information about the portfolio, education, and support from BioHorizons and Camlog, please visit our website.

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	Event	Location	Date	Details/Registration
2/2026	BDIZ EDI 21st Expert Symposium	Cologne Germany	14/15 February 2026	https://bdizedi.org/
3/2026	OSSTEM World Meeting	Bangkok Thailand	27/28 March 2026	www.osstem.de/events
5/2026	EXPERT SYMPOSIUM Implantology	Munich Germany	8/9 May 2026	www.oemus.com
6/2026	Implant Solutions World Summit	Gothenburg Sweden	25–27 June 2026	dentsplysirona.com

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.

Manuscripts
Pages should be numbered consecutively, starting with the cover page. The cover page should include the title of the manuscript and the name and degree for all authors. Also included should be the full postal address, telephone number, and e-mail address of the contact author.
Manuscripts can be organised in a manner that best fits the specific goals of the article, but should always include an introductory section, the body of the article and a conclusion.

Illustrations and tables
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.
The photos should have a size of 10 x 15 cm, the image or graphic files must have a resolution of 300 dpi. TIFF, EPS and JPG file formats are suitable. Radiographs, charts, graphs, and drawn figures are also accepted.
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References
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:
[1] Albrektsson, T.: A multicenter report on osseointegrated oral implants. J Prosthet Dent 1988; 60, 75–82.
[2] Hildebrand, H. F., Veron, Chr., Martin, P.: Nickel, chromium, cobalt dental alloys and allergic reactions: an overview. Biomaterials 10, 545–548 (1989).

Review process
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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☐ Yes ☐ No ☐ Organisation .....

Entry in BDIZ EDI Directory: ☐ Yes ☐ No

(For information on BDIZ EDI Directory of Implant Dentists see overleaf)

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