

Dr Georg Bach
President
of the DGZI

Progress with discernment

Dear colleagues,

Contemporary implant dentistry stands at a compelling intersection of scientific discovery, technological refinement and clinical responsibility. The articles gathered in this issue reflect a discipline that is advancing rapidly, yet is simultaneously confronted with questions that remain fundamentally biological, and unmistakably human. For all the precision now afforded by digital planning, guided surgery and intelligent systems, long-term success in implant care still depends on a careful understanding of tissue behaviour, risk, maintenance and judgement.

No subject captures this reality more clearly than peri-implantitis. It is a condition discussed extensively in the literature and encountered with increasing regularity in practice, yet it remains incompletely resolved in both pathogenesis and management. The contemporary debate has moved well beyond plaque alone. Increasing attention is being directed towards the role of biomaterial degradation, titanium particle release and the inflammatory cascades that may amplify tissue destruction. Such perspectives are not academic nuances; they compel us to reconsider the biological environment in which implants function and fail. They also remind us that implant dentistry must never be reduced to a purely technical exercise.

In this context, the renewed interest in zirconia is especially noteworthy. While aesthetic considerations and pa-

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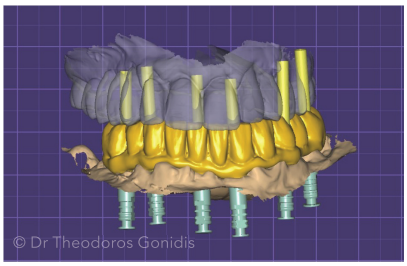
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tient demand have certainly accelerated its adoption, the more relevant conversation concerns tissue compatibility, corrosion resistance and the possibility of reducing inflammatory burden. These are promising developments, but they should be approached with scientific sobriety. No material, however favourable, substitutes for sound indication, meticulous execution and rigorous supportive care. If anything, the evolution of implant materials reinforces the need for clinicians to think more broadly—not less—about the biological consequences of every restorative decision.

At the same time, the digital transformation of implant therapy is redefining what is clinically possible. Intra-oral photogrammetry, CAD/CAM workflows, facial scanning and immediate-loading concepts are improving precision, efficiency and interdisciplinary communication, particularly in complex full-arch rehabilitation. Yet even the most advanced workflow requires verification, passive fit, prosthetic discipline and experienced interpretation. Digital excellence remains dependent on clinical excellence.

These themes were echoed with particular clarity at the International Osteology Symposium in Vienna, where scientific rigour and clinical applicability converged in exemplary fashion. The meeting reaffirmed that the future of oral regeneration and implant therapy will not be shaped by innovation in isolation, but by meaningful dialogue between research, industry and practice. Particularly striking was the emphasis on prevention, personalised treatment and the integration of new technologies without compromising biological principles.

Dentistry is not the mere management of information. It is a profession grounded in ethics, dexterity, accountability and trust.

As our field continues to evolve, one principle deserves renewed emphasis: progress is most valuable when coupled with discernment. In implant dentistry, innovation remains indispensable—but so too does the clinician.

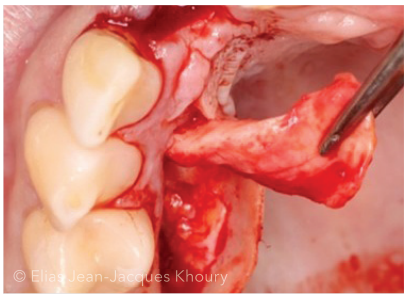
Yours,
Dr Georg Bach
President of the German Association
of Dental Implantology—DGZI



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