



European Association of Dental Implantologists

Bundesverband der implantologisch
tätigen Zahnärzte in Europa e.V.

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European Journal for Dental Implantologists



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NEXT LEVEL IMPLANTOLOGY

The BDIZ EDI Curricula

EDI News | BDIZ EDI general meeting 2026 | Excellence through qualification and expert evaluation: how to become expert in implantology (EDA) | Change at the head of the scientific advisory board of EDI Journal | ECJ ruling: Minimum standards for benefits for asylum seekers (C-621/24) | **Case Studies** | Metal-free rehabilitation with bioactive glass-ceramic implants |

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Dear colleagues, dear members of the BDIZ EDI,

Sometimes a year in the association's calendar also marks a milestone. Not in a loud or dramatic way—but through clear, responsible decisions that show our association is ready to move forward. The 2026 general meeting was such a milestone.

With your vote, you modernised the statute, carefully adapted outdated structures and reduced the size of the extended executive committee. In doing so, you have paved the way for an association that is more agile, efficient and fit for the future.

I would like to thank you for this. For your approval. For your trust. For your willingness to take on responsibility.

Parts of our statute dated back to a time when the association's work functioned differently to how it does today (letters instead of e-mail). With your vote, you have enabled us to update terminology, to enshrine hybrid meetings for exceptional situations and to flexibly adapt the size of the executive board to the association's needs.

These decisions are not merely cosmetic. They reflect an attitude: we want an association that moves with the times—without losing its identity.

Meanwhile, on the executive board, we have taken measures that were not easy for us. For the first time in over 20 years, the BDIZ EDI will not have its own booth at the IDS. This is a turning point: a symbolic one, an emotional one—and an economically necessary one.

The costs of exhibiting at trade fairs have risen massively in recent years. At the same time, we want to continue delivering what you expect from us: high-quality continuing professional development, strong political advocacy, reliable billing support, European partnerships and a digital presence that is growing

and making a difference. To ensure all of this, we must make savings where possible—and invest where it brings the greatest benefit to our members. During the IDS, we will be available to you online or via our helpline.

Your vote in favour of the first membership fee adjustment in 14 years has provided us with the basis for this. Your approval of the modernisation of the statute gives us the structure to use these funds responsibly.

An association can only remain strong if its members stand behind it. BDIZ EDI stands on a strong foundation—but we must work together to ensure that it remains powerful and capable of action in the future. That is exactly what you have done. You have shown that this association consists not only of the executive board, committees and the secretariat—but of a community that is prepared to shoulder responsibility.

We are heading into the coming years with your unanimous support, a clear structure, a solid financial basis and a strong team.

Dear colleagues, on behalf of my executive board, I would like to express my gratitude for your trust, your loyalty and your willingness to walk this path with us.

I look forward to the coming months, to the discussions, to the projects—and above all to working together for an association that remains strong because its members are strong.

Yours sincerely,

Christian Berger
President BDIZ EDI



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Božić**



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**Judit
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Alberto Monje

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Partner Organizations of BDIZ EDI



Association of Dental Implantology UK (ADI UK)

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



Ogólnopolskie Stowarzyszenie Implantologii i Stomatologii (OSIS EDI)

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



Sociedad Española de Implantes (SEI)

SEI is the oldest society for oral implantology in Europe. The pioneer work started in 1959 with great expectations. The concept of the founding fathers had been a bold one at the time, although a preliminary form of implantology had existed both in Spain and Italy for some time. Today, what was started by those visionaries has become a centrepiece of dentistry in Spain. SEI is the society of reference for all those who practice implantology in Spain and has been throughout the 50 years, during which the practice has been promoted and defended whereas many other societies had jumped on the bandwagon. In 2009 SEI celebrated its 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 co-operate with countries in the region striving to achieve similar goals.

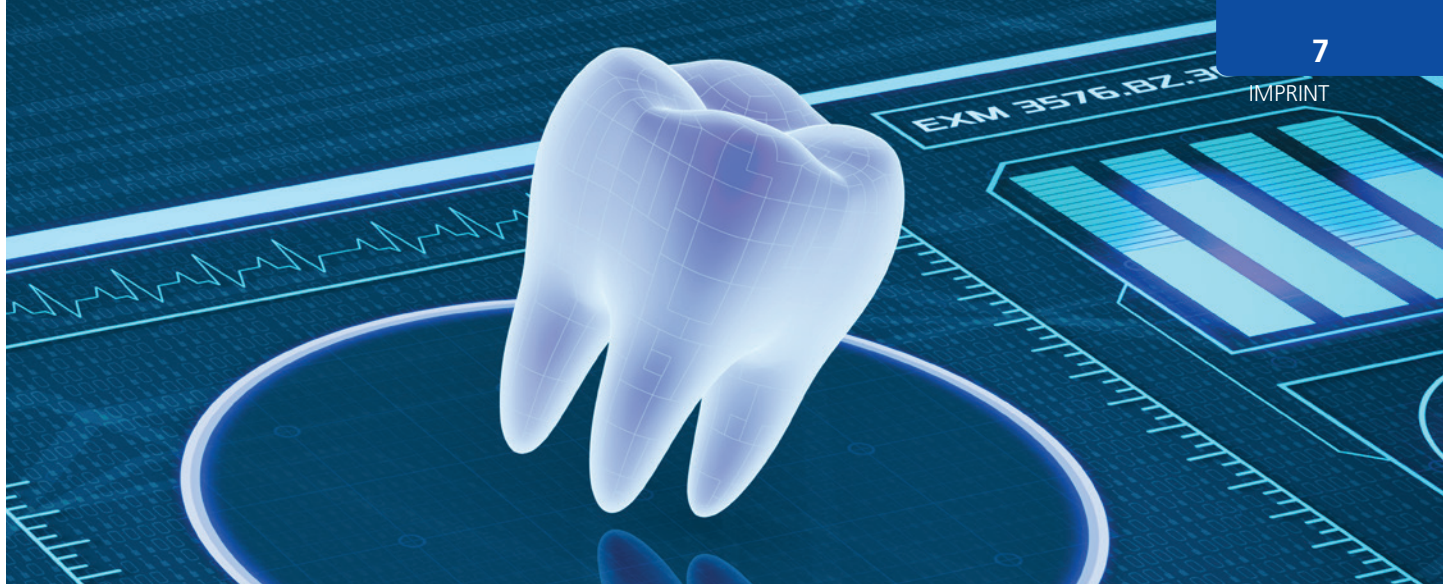


EDI of Macedonia

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

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

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



Scientific Board

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Save the date: 20th European Symposium in Tirana, Albania

The anniversary edition

A milestone year calls for a special venue. After the inspiring scientific exchange at the 19th European Symposium in Athens, the BDIZ EDI now invites colleagues from across Europe to the 20th European Symposium, taking place in April 2027 in Tirana, Albania.

A European dialogue in a dynamic capital

Tirana, vibrant and rapidly evolving, represents the spirit of renewal and openness that has long shaped the European Symposium. As Albania's energetic capital, it offers an ideal setting for a meeting dedicated to scientific progress, professional collaboration, and the shared European vision of high quality implantology.

Scientific excellence at the core

The 20th European Symposium will once again bring together leading experts, researchers, and clinicians from across Europe. The programme will focus on the topics currently shaping implantology:

- Digital workflows and AI supported diagnostics
- Soft- and hard-tissue management in daily practice
- Long term stability of implants and evidence-based treatment concepts

- Regulatory developments and professional policy across Europe
- Strategies for sustainable, patient-centred implantology

The symposium will offer a balanced mix of scientific lectures, clinical case discussions, and interactive sessions designed to support practitioners in making informed, evidence-based decisions.

Strengthening the European perspective

For two decades, the BDIZ EDI has positioned the European Symposium as a platform that goes beyond scientific exchange. It is a place where European cooperation becomes tangible—where shared standards, shared responsibility, and shared professional values are discussed and shaped.

The anniversary edition in Tirana will highlight this European dimension even more strongly, with sessions dedicated to cross-border professional policy, harmo-

nisation of clinical standards, and the future role of implantology within modern oral medicine.

Networking, atmosphere, and cultural experience

In addition to its scientific programme, the 20th European Symposium will offer ample opportunity for personal exchange and international networking. Tirana's lively cultural scene, welcoming hospitality, and Mediterranean flair will provide a memorable backdrop for collegial encounters and new collaborations.

Invitation to Tirana

The BDIZ EDI warmly invites its members, partners, and implantology professionals from across Europe to join the 20th European Symposium on 23–24 April 2027. This anniversary event will celebrate two decades of scientific excellence, European cooperation, and the continuous advancement of implantology.

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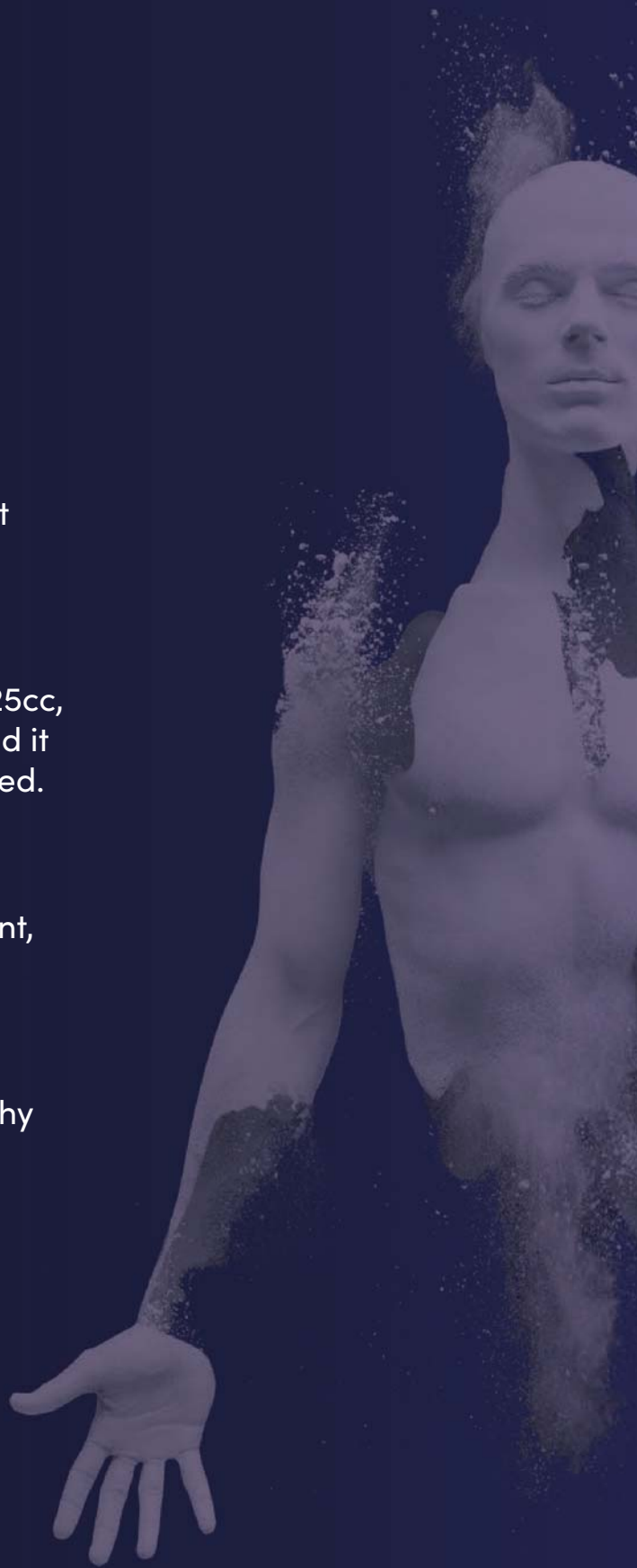
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BDIZ EDI general meeting 2026

Key decisions

The BDIZ EDI 2026 general meeting in Schwerin was marked by important decisions setting the course for the association's future. Against a backdrop of political tension—characterised by the planned Statutory Health Insurance Contribution Rate Stabilisation Act (GKV-Beitragssatzstabilisierungsgesetz) and noticeable financial cuts for service providers—President Christian Berger emphasised the importance of a strong professional voice and a reliable association structure.



The 2026 executive board in Schwerin (from left to right): Kristin-Theres Tischer, Prof. Dr Dr Johann Müller, Dr Wolfgang Neumann, Dr Stefan Liepe, Christian Berger, Legal Adviser Prof. Dr Thomas Ratajczak, Stefanie Tiede and Dr Dr Markus Tröltzsch.

"Today's meeting is a special one: we are discussing an amendment to the statutes that will ensure our association is fit for the future, and a modest adjustment to membership fees," said the BDIZ EDI president in his annual report.

Amendment of the statutes: modernisation and legal sustainability

The general meeting discussed in detail the proposed amendment of the statutes, which was drafted by the legal adviser, Prof. Dr Thomas Ratajczak. The aim is to

establish a modern, flexible and legally sound organisational structure. According to the speech, the amendments include:

- "the modernisation of outdated terms"
- "the possibility of hybrid meetings, solely in the event of another pandemic or should other exceptional circumstances require it"
- minor structural adjustments to ensure organisational sustainability (e-mail instead of letters)
- the option of reducing the size of the extended executive committee

Berger emphasised that these reforms were moderate and necessary to ensure the association remained efficient and capable of taking action.

Adjustment of fees: for the first time in 14 years

A key item on the agenda was the planned membership fee adjustment, which the executive board had already announced in its circulars and newsletters. Membership fees have not been increased for 14 years—despite a general rise in prices of 30 to 35 per cent. Other



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associations have already implemented more significant increases. The BDIZ EDI has deliberately opted for a moderate approach: “At around 23 per cent—which works out at less than 2 per cent per year—our increase is moderate, transparent and in line with actual cost trends,” explained Berger.

The adjustment to membership fees is intended to safeguard the association’s ability to function, in particular with regard to:

- high-quality training programmes
- legal and billing support
- practical guides, tables and analyses
- European partnerships
- political visibility

Berger made it clear: “Only with a solid financial foundation can the BDIZ EDI continue to offer its wide range of services to the high standard we have come to expect.”

Outlook

With new curricula, the expansion of its peer review work and strong European

partnerships, the BDIZ EDI is looking forward to the coming years with optimism. The amendment of the statutes and the adjustment to membership fees form the structural basis for the association’s continued success. The general meeting unanimously approved the amendment and the fee regulations. The 2025 budget was approved and the 2027 plan, as presented by Treasurer Dr Wolfgang Neumann, was adopted unanimously, with no abstentions. Auditor Dr Maximilian Grimm read out the audit report and certified that the accounts had been kept impeccably.

Christian Berger read out the report on behalf of Prof. Dr Dr Joachim Zöller, in his capacity as head of continuing professional development and vice president. Speaking in his absence, Zöller highlighted the highly successful work of the two implantology curricula, as well as the Expert Symposium on Fuerteventura, which will take place for the 35th time in 2026 and is organised in cooperation with the BDIZ EDI.

Secretary General Dr Stefan Liepe highlighted the positive development of the Expert Symposium and the European Symposium and welcomed the new curriculum on court and private expert reports as

a further step in nurturing the next generation of experts, with a view to consolidating the high-quality expert work carried out by the BDIZ EDI.

Statement of accounts and amendment of the statutes

Christian Berger’s presentation on association policy is available online for members to view. The statutes are also available online for members.

Please contact the office of BDIZ EDI for additional questions: office@bdizedi.org

Berger’s speech 2026



Statutes



Southern Curriculum 2 successfully completed

Through team spirit to the grand final

When a group of dentists meets regularly over a period of months, discussing cases together, reflecting on surgical procedures, learning from one another and sharing a laugh, something emerges that goes far beyond traditional learning within a curriculum. The BDIZ EDI's second Southern Curriculum has ended in Ansbach with happy and successful graduates. Curriculum 3 will start in September 2026.

Team spirit not only characterised the conclusion of the BDIZ EDI Southern Curriculum but was evident throughout the entire programme. The eight-module course, designed and delivered by Dr Dr Markus Tröltzsch, focused on practical relevance, interaction and collegial exchange.

The Southern Curriculum represents an approach that rethinks traditional knowledge transfer. Instead of lectures, the programme focuses on hands-on sessions, case studies, live demonstrations and structured peer-to-peer learning opportunities. Participants are not merely listeners, but active shapers of their own learning process.

Thanks to modern teaching methods, knowledge is conveyed in a modular, visual and interactive way; the practical exercises, supported by various systems, provide hands-on experience—from models to clinical decision-making; and the group-based learning formats demonstrate that learning can function as a social process rather than a solitary endeavour. This learning culture creates an atmosphere in which questions are welcome and uncertainties are shared.

A group that has grown close together

What made this course programme special was the dynamic of the group. Different professional backgrounds, varying levels of experience—and yet a shared goal: to work with greater confidence, assurance and structure in the field of implantology.

A team spirit developed early on that carried the whole course forward—mutual support with complex cases and controversial yet constructive discussions. There was plenty of laughter—including at our own learning curves—and, ultimately, we celebrated our progress together, marking the first step towards our future as dentists specialising in implantology.

The closing ceremony reflected exactly that: a cheerful atmosphere, mutual appreciation and the realisation that each of us had grown—both professionally and personally.

The final day of the course was more than just the final exam and the formal presentation of certificates. It was a moment to reflect: what have we learnt? What surprised us? What will we take with us into our day-to-day practice?

The participants' responses demonstrated just how effective the curriculum had been: greater confidence in implant

planning and execution, a more structured approach to decision-making, greater clarity regarding risks and alternatives, patient-centred communication and, above all, confirmation of their own professional development.

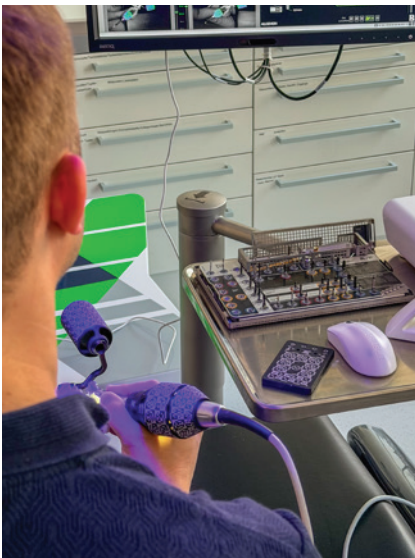
Completing the BDIZ EDI's Southern Curriculum—Implantology course demonstrates what modern continuing professional development can look like: dynamic, practical, collaborative and driven by genuine enthusiasm. Participants return to their practices with new knowledge, new skills and new connections—and with a sense of belonging to a strong community.

Graduates of the 2nd Southern Curriculum Implantology

Dr Ulrike Berger	Katharina Hartmann	Dr Emilia Schober
Dr Marlene Blessing	Dr Natalie Haußmann	Dr Maximilian Simbeck
Dr Karolin de Angelis	Dr Marvin Johanning	Daniel Stiefel
Dr Robert Endlich	Dr Laura Kuck	Dr Greta Unzeitig
Dr Thomas Endlich	Dr Pascal Löffler	Tobias Eisenmenger
Andreas Gärtner	Petya Nikolova	Dr Marie-Anne Graf
Dr Lea Gräfin von Einsiedel	Dr Lilian Ohling	Hannah Pinker
Dr Annalena Häckel	Manuel Plietz	
Dr Noëmi Harder	Martin Johannes Roppelt	



Final image of the Southern Curriculum 2025/2026.



Guided implantology to try out.



Dr Dr Matthias Tröltzsch, combining expertise with a cheerful disposition.



Herrieder Tor—an Ansbach landmark near the venue.

Launch of the 3rd Southern Curriculum

It's time for the third round: the Southern Curriculum Implantology begins on 18 and 19 September 2026 in Ansbach. There are still a few places left, so please register quickly: www.bdizedi.org/curriculum-sued/ or via the QR code.



Launch of the 28th Curriculum in Cologne

The Curriculum Implantology developed by Prof. Dr Dr Joachim E. Zöller is now in its 28th year. The first module of the new course will begin on 6 and 7 November 2026 at the University of Cologne. To register: www.bdizedi.org/curriculum-koeln/ or via the QR code.



Practical exercises and professional discussions.



Dental undergraduate training

The Copenhagen Declaration

European dental professionals urge the EU to modernise undergraduate training and update clinical standards originally established in 1978. The Copenhagen Declaration on Dental Undergraduate Training was adopted by the Council of European Dentists (CED), the Association for Dental Education in Europe (ADEE), the Council of European Chief Dental Officers (CECDO), the European Dental Students Association (EDSA), the European Regional Organisation of the FDI World Dental Federation (ERO), and the Federation of European Dental Competent Authorities and Regulators (FEDCAR).

Under the Union of Skills, the Skills Portability Initiative developed by the European Commission aims to facilitate and strengthen the free movement of professionals and the automatic recognition process, applying to the dental profession.

Dental skills

Every year in the EU the automatic recognition principle for regulated professions applies to an estimated 14,000 additional dental degrees. However European dental professionals and stakeholders note that:

- There is currently no unified or aligned dental education framework, with dental education remaining highly fragmented and diverse across European programmes.
- The standards set in EU law for the dental clinical training to undertake with patients have not been adapted since 1978. Recognising that the dental profession is the 5th most mobile profession in Europe and acknowledging the strong interest of dental students in studying and working abroad, a 2024 study conducted by EDSA found that 66,19% of undergraduate dental students intended practising in another EU country in 2024.

Unanimous call

Reflecting on repeated calls from across the dental sector, including from dental educators, dental students, general dental practitioners and dental regulators, there is a clear need for the Union of Skills to update and align minimum training requirements across dental studies. This would complete the insufficient revision in 2024 of training subjects listed in annex V of the Professional Qualifications Directive (the “Directive”).

Context & solutions

The WHO Global oral health action plan 2023–2030 calls for measures to improve the oral health workforce curricula and training, as well as to better align private and public oral health workforce training.

The collaborative Erasmus+ project “O-Health-Edu” developed in 2022 a charter and a vision for oral health professional education across Europe to help reach the milestones outlined under the WHO action plan. It is with this purpose that on 26 February 2026, a coalition of representatives from across the dental community gathered in Copenhagen to further discuss undergraduate training requirements, building on an initial stakeholder



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event in Dublin, in February 2025. The meeting addressed ways to define and monitor clinical readiness, with the aim of better aligning and strengthening oral health professional training. The group explored how various elements of the clinical curriculum can sit within the overarching ADEE Graduating European Dentist (GED) framework.

Recommendations

The coalition of European dental professionals, engaged across dental education, dental regulation, professional practice, and oral health management, therefore call on EU institutions to better align the dental sector with the EU agenda and:

In accordance with both 2026 council recommendations on human capital in the EU and 2024 council recommendations on attractive and sustainable careers in higher education, to

- renew efforts for capacity building within the dental education workforce. This includes increasing staffing levels (among which, qualified instructors and clinical supervisors) to improve clinical teaching ratios and ensure sufficient allocation of financial resources for undergraduate training and training infrastructures. In compliance with Directive's provisions on updated skills, to
- introduce in the Directive's annex the request for an electronic portfolio of study. In line with the EU Skills Portability Initiative this should capture all of the practical and theoretical competencies acquired in undergraduate dental studies and help to ensure consistent monitoring of student development towards graduation.

- distinguish and recommend a ratio between theoretical and practical clinical training, including direct patient care under the Directive, incorporated under the "at least 5,000 hours of full-time theoretical and practical training".
- strengthen minimum practical training requirements, by introducing a list of fields of clinical practice under annex V (5.3.1).
- establish recommendations for ways in which students are monitored, and minimum standards are set during their practical training hours.
- regularly update the subject list of the Directive's annex V, to ensure that dental programmes remain aligned with scientific advancements.

In accordance with Directive's provisions on updated skills and the 2026 council recommendations on human capital in the EU, to

- update article 55 of the Directive to extend provisions to all dental practitioners, regardless of their country of qualification, in relation to "in-service training and/or a period of professional experience in order to be approved by a health insurance fund" organised in some member states.

In keeping with the European Education Area's development, to

- encourage measures to standardise the monitoring of student performance that align with the wider group's understanding of the term "competence" and how it can be best adapted to suit individual institutional and local population needs.
- establish a common EU accreditation scheme for dental programmes, to ensure a minimum common standard in the quality of dental education and encourage the free movement of dental students and professionals.

In keeping with 2023 commission recommendation on the recognition of qualifications of third-country nationals, to

- encourage member states to incorporate national support programmes into the recognition process for foreign dental qualifications, including supervised clinical practice and training modules on the structure and functioning of the national oral healthcare system.

In line with European Court of Auditor's recommendations, to

- establish the use of the Directive's EU alert mechanism across all EU member states, particularly in cases involving professional sanctions, suspected clinical misconduct or false diplomas in the home country.

Source: Council of European Dentists (CED)



Happy graduates of the implantology curriculum at the University of Cologne with teacher Prof. H.-J. Nickenig.

Completion of Curriculum Implantology 27

A tradition of excellence in Cologne

The successful completion of Curriculum Implantology 27 marks another chapter in a training programme that has shaped implantology in Germany and beyond for nearly three decades. For 27 years, the Curriculum Implantology of BDIZ EDI at the University of Cologne has stood as one of the most respected, practice oriented, and academically grounded implantology programmes in the German-speaking world. Its graduates form a network of clinicians who carry forward a shared commitment to quality, scientific integrity, and patient centered care.

Since its inception, the Cologne curriculum has followed a clear educational philosophy: combining rigorous scientific foundations with hands on surgical and prosthetic training. This dual approach has remained unchanged for 27 years, even as implantology has evolved dramatically.

A curriculum with a founder: Prof. Joachim E. Zöller

At the heart of this long-standing success is Prof. Joachim E. Zöller, the father of the curriculum. He established the Co-

logne curriculum with a clear vision: to create a comprehensive, clinically relevant, and academically rigorous programme that would elevate implantology education to a new level.

Even today, after 27 years, Prof. Zöller remains the guiding force behind its high quality. His commitment to scientific integrity, clinical excellence, and responsible innovation continues to define the curriculum's identity. Under his leadership, the programme has grown into one of the most respected implantology curricula in Europe.

Continuous advancement with Prof. Hans-Joachim Nickenig

For many years, Prof. Zöller has worked closely with Prof. Hans-Joachim Nickenig, M.Sc., forming a team that ensures the curriculum evolves in step with the rapid innovations in oral implantology. Together, they continuously refine the modules, integrate new technologies, and adapt the educational concept to emerging scientific evidence.

Their collaboration guarantees that the Cologne curriculum remains scientifically

up-to-date, clinically relevant, technologically forward-looking and aligned with the highest standards of modern implantology.

Each cohort benefits from structured learning modules that build systematically from diagnostics to surgical techniques, augmentation, prosthetics, and complication management. Workshops and live demonstrations translate theory into clinical skill—an essential hallmark of the Cologne programme. The guidance is given by leading experts, including long-standing main lecturers such as Prof. J. E. Zöller and Prof. H.-J. Nickenig, M.Sc., whose continuity ensures academic depth and clinical relevance. To staying ahead of technological developments the integration of digital workflows—from 3D planning to guided surgery and CAD/CAM-supported regeneration is reflecting the programme's commitment. Altogether, each of these elements has contributed to the curriculum's reputation as a benchmark in implantology education.

Complete, cohesive training concept

The curriculum is designed as a comprehensive journey through implantology. Participants do not simply collect modules—they experience a coherent educational pathway that builds competence step by step. This structure has remained one of its defining strengths. From the Cologne Risk Score guide to evidence-based augmentation concepts, the curriculum has always emphasised scientific rigor. It equips clinicians not only with techniques but with the ability to evaluate indications, risks, and long-term outcomes.

Hands-on excellence

Workshops on bone splitting, sinus floor elevation, soft-tissue management, and human specimen training have become signature components. They ensure that participants leave with confidence, not just knowledge.

Over the years, the curriculum has continuously integrated digital innovations—3D diagnostics, STL workflows, guided surgery, and CAD/CAM-supported regeneration. This adaptability is one reason the programme remains relevant after 27 years.

A community of alumni

Graduates of the Cologne curriculum form a professional network that spans Germany and Europe. The shared experience of intensive training, demanding modules, and practical workshops creates a lasting bond. Each of these pillars reflects the curriculum's long-standing identity as a leading implantology programme.

A meaningful conclusion

With the completion of Curriculum Implantology 27, participants join a tradition that has shaped implantology education for a generation. They carry forward the values that define the Cologne curriculum:

- clinical excellence
- scientific responsibility
- modern digital competence
- and a commitment to lifelong learning

The graduation is not only the end of a demanding programme—it is the beginning of a professional journey grounded in one of the most respected implantology curricula in Europe.

Graduates of the Curriculum Implantology

Imane Abbadi	Dr medic stom Buu-Duc Nguyen
Samoual Al Hamada	Dr Julia Katharina Nosch
Nouha Al-Amin	Mohammad Mostafa Shalaby Mohammad Potein
Ayham Alasas	Dr Malte Richters
Dr Mona Alves	Mahmoud Saleh
ZÄ Widscha Amiri	ZA Shawkat Samo
Dr Pia Sophie Andree	Dr Katharina Schellberg
Dr Jessica Beckers	Oliver Seebode
Dr Jan Lukas Böhle	Marcel Senf
Dr Erdal Bölükbaşı	Dr Kirsten Storz
Dr Rebecca Luise Buxton	Chukri Sulaiman
Marco Daweke	ZA Sami Sultan
Mohammadnoor Eideh, MSc.	Dr Anna Theresa Tangarife Bodensiek
Monique Harlaß	Orietta Toma
Kiana Serena Hauck	Anja Trinkner
Dr Daniela Jantschek	Dr Lea Ufermann
Dr Jana Jasmin John	Dr Marie Wegner
Alexander Jung	Dr Armin Werner
Kamilla Kilicel	Henning Wolfram
Dr Carolin Isabell Kopitzki	Dr Sven Wrobel
Katharina Kreutzer	Sepehr Mohammad Yarian
Xenia Lambidou	Mansour Yousef
Dr Lina Laubersheimer	Dr Hüseyin Yücel
Julia Maus	Endri Zace
Anton Meier	

Change at the head of the scientific advisory board

Staff matters

Prof. Dr Dr Joachim Zöller, Cologne, will take over as chair of the scientific advisory board of the two implantology journals, *BDIZ EDI konkret* and *EDI Journal*, with effect from 1 May 2026. He succeeds Prof. Dr Jörg Neugebauer, who has shaped the scientific advisory board for more than 20 years and supported it with great personal dedication.

With this change, the BDIZ EDI is recognising both Prof. Neugebauer's long-standing and distinguished service and the future scientific direction under the leadership of Prof. Zöller, who has had close ties with the BDIZ EDI for many years and has shaped its implantology training programme since 2005. Prof. Zöller is a professor emeritus and, until 2022, was Director of the Clinic and Outpatient Department for Oral and Maxillofacial Surgery and Plastic Facial Surgery and the Outpatient Department for Oral Surgery and Implantology at Cologne University Hospital. He was also managing director of the Centre for Dental, Oral and Maxillofacial Medicine. For the BDIZ EDI, he serves as scientific director of the Expert Symposium, which he founded, and as head of the Implantology Curriculum, which has been successfully organised at the University of Cologne for over 27 years.

"With Prof. Zöller, the scientific advisory board is gaining a figure who has played a key role in shaping the field of implantology for decades," emphasises BDIZ EDI President Christian Berger. "At the same time, we would like to thank Prof. Neugebauer for his outstanding work over more than 20 years, which has helped to shape the quality and reputation of our publications in the field of continuing professional development."

Both magazines are published by OEMUS MEDIA AG. The English-language *EDI Journal* is distributed across much of Europe; in particular, large quantities are sent to the BDIZ EDI's associated partner associations. The German-language *BDIZ*

EDI konkret is a specialist magazine for members and subscribers and is sent to medical and dental institutions as well as to health policy decision-making bodies in Germany.



Short CV of Prof. Dr Dr Joachim E. Zöller

- **Born:** 6 September 1953 in Karlsruhe
- **Education:** Studied medicine and dentistry at the Universities of Heidelberg and Mainz (1974–1983)
- **Doctorates:** Dr med. (1980), Dr med. dent. (1984)
- **Habilitation:** 1992 in Oral and Maxillofacial Surgery at the University of Heidelberg
- **Carrier milestones:**
 - Department of Oral and Maxillofacial Surgery, University of Heidelberg (1983–1997), most recently Senior Consultant and Deputy Head of Department
 - Since 1997: Director of the Department and Outpatient Clinic for Oral and Maxillofacial and Plastic Facial Surgery as well as the Outpatient Clinic for Oral Surgery and Implantology at Cologne University Hospital
 - 2012–2022: Managing Director of the Centre for Dentistry, Oral and Maxillofacial Medicine, Cologne
- **Research interests:** Implantology, augmentation procedures, CBCT diagnostics, pharmacological prevention of malignant head and neck tumours, plastic, aesthetic and functional surgical reconstruction procedures using microsurgical tissue transfers and, in particular, craniofacial surgical techniques for facial and craniofacial malformations.
- **Professional involvement:** Leading roles in implantology specialist societies; long-standing collaboration with the BDIZ EDI as vice-president and lecturer for continuing professional development in oral implantology
- **Humanitarian projects:** International surgical missions, including for Chernobyl victims and patients with cleft lip and palate
- **Publications:** Numerous specialist articles, monographs and standard works, including on cone beam computed tomography



European Association of Dental Implantologists

Bundesverband der implantologisch
tätigen Zahnärzte in Europa e.V.

22. EXPERT SYMPOSIUM OF BDIZ EDI

MANAGING REDUCED BONE VOLUME: HOW TO PROCEED?

SAVE THE DATE

06. – 08.
FEBRUARY 2027

IN COLOGNE/GERMANY



Attend **CONGRESS, WORKSHOPS**
& experience **CARNIVAL!**

The 22nd Expert Symposium will take place on Carnival Sunday.
This offers the opportunity to experience Cologne's final Carnival session
of the season at the Gürzenich with the stars of Cologne Carnival.

More information



28th Curriculum in Implantology begins on 6–7 November in Cologne

A curriculum that sets standards

The 28th Curriculum in Implantology by BDIZ EDI, hosted at the University of Cologne, will launch on 6 and 7 November 2026. Over the course of eight weekend modules, this renowned training programme offers a complete, practice-oriented and scientifically grounded pathway into modern implantology. The curriculum has been newly updated by Prof. H.-J. Nickenig, M.Sc., who refined the structure, integrated digital workflows, and strengthened the practical components for the 2026/2027 cycle.

A comprehensive and practice-driven curriculum

The Cologne Curriculum has long been considered one of the most robust implantology training programmes in Europe. It provides a continuous, systematic learning pathway from basic diagnostics to advanced augmentation techniques and complication management.

The programme emphasises consistency and structure: “The modules build systematically on one another, enabling participants to acquire a complete implantology package for daily practice.” Participants are guided throughout all modules by the scientific chairman, Prof. J. E. Zöller and teamleader Prof. H.-J. Nickenig, M.Sc., supported by expert guest speakers from surgery, prosthodontics, and dental technology.

Overview of the eight modules

Module 1 – Fundamentals of Implantology (6–7 November 2026)

Core principles, diagnostics, patient information, and risk assessment using the Cologne Risk Score and Cologne Defect Classification.

Module 2 – Indications, Diagnostics & Case Management (27–28 November 2026)

Includes the standard implant protocol (demo + workshop), indication classes, monitoring, and emergency management.

Optional: Combined Course – DVT Certification & X-ray Update (5 December 2026)

A newly integrated radiology module for participants seeking additional certification.

Module 3 – Implant Systems & Advanced 3D Diagnostics (22–23 January 2027)

Comparison of implant systems, 3D case demonstrations, digital planning, and the use of STL datasets and surgical guides.

Module 4 – Implant Prosthetics I & Minimally Invasive Surgery (19–20 February 2027)

Fixed implant-supported restorations, flapless surgery, bone splitting, and 3D sinus floor elevation.

Module 5 – Augmentation I: Regional Bone Augmentation (12–13 March 2027)

Sinus floor elevation, immediate implantation, and customised bone regeneration (CBR). Workshop: Bone splitting and sinus elevation on calf ribs using piezosurgery.

Module 6 – Implant Prosthetics II & Soft-Tissue Management (9–10 April 2027)

Soft-tissue techniques, uncovering procedures, removable implant prosthetics, and connector selection. Workshop: Intensive soft-tissue training on pig jaws.

Optional: Combined Course – Part 2 (17 April 2027)

Continuation of DVT certification and X-ray update.

Module 7 – Augmentation II: Bone Transplantation & Distraction (18–19 June 2027)

Advanced augmentation techniques, iliac crest grafts, distraction osteogenesis, and demanding anterior single-tooth cases. Workshop: Human specimen training covering all learned techniques.

Module 8 – Recall, Complication Management & Future Perspectives (2–3 July 2027)

Peri-implantitis therapy, implant removal, crisis management, and future developments in implantology. Final examination with case presentation and certificate ceremony.



Hands-on training as a core element

The curriculum places strong emphasis on practical learning. Workshops accompany nearly every module, enabling participants to directly apply surgical and prosthetic techniques. The programme highlights:

“The accompanying workshops enable subsequent implant surgical and prosthetic training.”

Live surgeries and participant case discussions further enhance the real-world relevance of the training.

Digital, modern, and scientifically grounded

Prof. Nickenig’s updated programme integrates cutting-edge technologies throughout the modules:

- 3D guided surgery
- Surgical guides
- 3D printing integration
- Digital impressions
- CAD/CAM-based bone regeneration
- Ultrasound-based bone preparation

These components ensure that participants gain experience with the latest standards in implantology.



Opening by Prof. Joachim Zöller at the University of Cologne.

Conclusion

Starting on 6–7 November 2026, the 28th BDIZ EDI Curriculum in Implantology offers a structured, modern, and practice-oriented training pathway for dentists seeking to expand or refine their implantological skills. With eight modules, intensive workshops, digital workflows, and expert guidance, the Cologne Curriculum remains one of the most comprehensive and respected programmes in Europe.

The curriculum will be in German language only. More about the 28th Curriculum Implantology: write to office@bdizedi.org.



Prof. H.-J. Nickenig guiding through eight modules.



The 3rd BDIZ EDI Curriculum Implantology South

A modern, practice-driven training

The BDIZ EDI is launching the 3rd Curriculum Implantology South in 2026/2027—an advanced, practice-oriented training series designed for dentists who want to build or deepen their implantological expertise. Under the academic leadership of Dr Dr Markus Tröltzsch and a distinguished faculty of specialists, the curriculum offers a comprehensive, modern and hands on approach to implantology.

The programme combines five in-person modules with three online modules, ensuring flexibility for working practitioners while maintaining the high practical standards that define BDIZ EDI education. The curriculum provides an implantological overall concept suitable for every practice and delivers modern knowledge transfer in a mix of five in-person modules with practice-oriented hands on courses, while theory takes place online/ on-demand.



Contemporary implantology

Across eight modules, participants progress from foundational principles to complex surgical and prosthetic procedures. The curriculum is deliberately structured to maintain a clear educational thread—the so-called “red thread” is not lost, as the programme emphasises.

Module 1—Foundations of oral implantology (18–19 September 2026, Ansbach)

Led by Dr Dr Markus Tröltzsch and chaired by Prof. Joachim Zöller, the opening module introduces the structure of the curriculum, the relevance of dentition for systemic health, planning basics, and an overview of implant systems and biomaterials. A hands on workshop rounds off the weekend.

Module 2—Diagnostics & case planning (online, 2026)

Dr Tröltzsch guides participants through risk assessment, monitoring, indication classes, and strategies to avoid malpositioning—an essential module for safe and predictable implantology.

Module 3—Diagnostics & surgical techniques (13–14 November 2026, Ansbach)

This module deepens surgical understanding, covering biological and mechanical principles, planning options, and the use of angulated versus straight implants. A practical workshop supports surgical skill development.

Module 4—Prosthetics & aesthetics (online, 2026)

Together with Prof. Daniel Edelhoff, Dr Tröltzsch teaches implant prosthetics from impression to restoration, digital workflows, ceramic implants, and soft-tissue surgery.

**Module 5—Prosthetic concepts
(29–30 January 2027, Munich)**

Participants explore implant prosthetics in the anterior and posterior regions, instruments, abutments, and the renowned Munich Implant Concept, led by Prof. Edelhoff and Dr Dr Oliver Schubert.

**Module 6—Delayed & immediate loading concepts
(30 April–1 May 2027, Munich & Geretsried)**

Prof. Andreas Schlegel presents immediate implantation and loading protocols, including a live surgery session.

**Module 7—Augmentation surgery & complex cases
(Online, 2027)**

Schlegel and Tröltzsch jointly cover augmentation materials, techniques, peri-implantitis therapy, and billing aspects.

**Module 8—Augmentation II & complex implantation
(4–5 June 2027, Ansbach)**

The final module focuses on advanced augmentation, complex implant placement strategies, peri-implantitis management, and complication handling. A concluding workshop and final examination complete the curriculum.

Hands-on training and modern digital techniques

A defining feature of the curriculum is its strong emphasis on practical training. The programme highlights that “workshops enable subsequent implant surgical and prosthetic training” and that live surgeries—including participant case involvement—are integral to the learning experience.

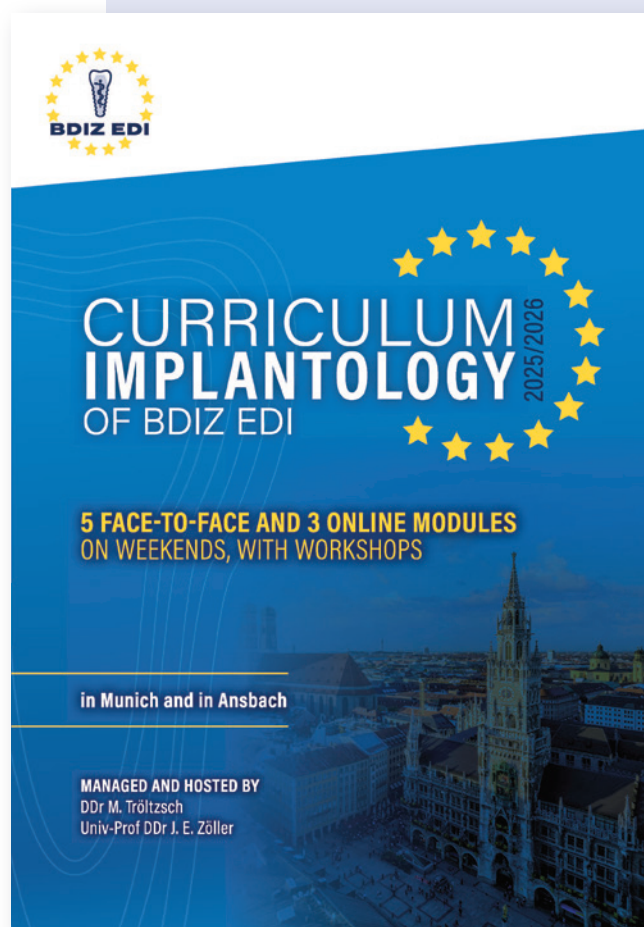
Participants also benefit from exposure to cutting edge technologies such as:

- 3D-guided surgery
- Surgical templates
- 3D printing
- Digital impressions
- Ultrasound based bone preparation
- CAD/CAM bone regeneration workflows

These components ensure that the curriculum reflects the current state of the art in implantology.

A curriculum designed for real world practice

The BDIZ EDI Curriculum Implantology South is crafted for dentists seeking a structured, comprehensive and practice-relevant pathway into implantology. The programme intentionally includes



even seemingly basic topics—“protocols, different implant systems, required instrument sets, simple and special diagnostics, implant prosthetic concepts”—to ensure a confident and safe entry into the field.

By the end of the curriculum, each participant presents a clinical case as part of the final examination, demonstrating the practical competence gained throughout the modules.

Conclusion

With its blend of hands-on workshops, expert guidance, digital innovation and structured progression, the 3rd BDIZ EDI Curriculum Implantology South stands out as one of the most comprehensive implantology training programmes in the region. Under the leadership of Markus Tröltzsch, participants can expect a supportive learning environment, high clinical relevance and a clear pathway toward mastering modern implantology.

International dental associations within and beyond Europe are warmly invited to integrate the BDIZ EDI Curriculum Implantology into their own postgraduate education programmes. The BDIZ EDI is pleased to offer support, guidance, and academic collaboration to especially associated organisations wishing to adopt or adapt the curriculum’s structure, content, or modular format. Contact: office@bdizedi.org

Europe Ticker +++

WHO Europe and Healthcare Denmark

Cooperation in the health sector



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WHO Europe and Healthcare Denmark have signed a memorandum of understanding (MoU) to advance cooperation in the areas of digital health, health data, artificial intelligence (AI), and health care innovation across the 53 countries of the WHO European Region. Under the agreement, WHO Europe will share its global expertise on digital health and artificial intelligence with Healthcare Denmark and relevant Danish stakeholders. WHO Europe will participate in delegation visits, roundtables, webinars, and other professional exchange events, and will help disseminate evidence-based, innovative health concepts tailored to the needs of the countries. “I have seen what Denmark has achieved, and it is impressive,” said Dr Hans Henri P. Kluge, WHO Regional Director for Europe. “The country has a health system in which data is securely shared among patients, doctors, and researchers, and in which AI supports—rather than replaces—doctors. For its part, Healthcare Denmark aims to promote knowledge sharing by disseminating Denmark’s experiences and best practices. Key areas for collaboration include digital transformation, health information systems, data analytics, and AI in healthcare—all of which are addressed in the regional digital health action plan for the WHO European Region (2023–2030).

Source: WHO Europe

Caries risk assessment
in European dental practices

Hardly any standardised tools

Standardised tools for assessing the risk of caries are still rarely used in European dental practices. This is shown by a recent international observational study reported in the *British Dental Journal*. In day-to-day practice, caries management does not begin with the lesion itself. The crucial question is how an individual’s risk is assessed in the first place, and it is precisely here that a mixed picture emerges across Europe. As part of the so-called CARMEN study, treatment data and procedures from 51 dentists across four European countries were analysed. In total, the data included 1,008 patients who required caries risk management. The analysis shows that fewer than 15 per cent of participants used standardised tools to assess individual caries risk. Instead, many decisions are based on traditional methods such as clinical examination and medical history. Additional factors often play only a minor role in this process.

Dietary habits and fluoride intake are less frequently recorded systematically. Saliva tests and microbiological analyses are rarely used in day-to-day dental practice. This becomes even clearer when looking at patient groups. The risk of dental caries increases as socioeconomic status declines. At the same time, dentists with the relevant university training are more likely to follow recommended practices.

The findings are based on the study “Caries risk assessment and management in Europe: the multi-country observational CARMEN study” by Frias-Bulhosa et al., published in 2026 in the *Dentistry Journal* and summarised in the *British Dental Journal*.

Sources: ZWP online, *British Dental Journal*

Infectious diseases on the rise in Europe

Climate change is reshaping the landscape

For a long time, diseases such as dengue fever, chikungunya fever and West Nile fever were regarded as typical tropical and subtropical diseases. However, these infections are now increasingly being reported in Europe.



Experts see this as a direct consequence of climate change. Milder winters, longer summers and changing rainfall patterns are creating more favourable living conditions for mosquito species that were originally native to warmer regions. The European Centre for Disease Prevention and Control (ECDC) is therefore warning of the increasing establishment of mosquito-borne viral diseases on the continent. The Asian tiger mosquito plays a key role in this. Originally native to South-East Asia, this species has become established in numerous European countries over the past few decades. It is considered a major vector for the dengue, chikungunya and Zika viruses. Germany is now also among the countries where the tiger mosquito has become permanently established. Populations are found particularly in south-western Germany and in certain conurbations such as Berlin.

Source: medscape, 12 June 2026

Severe fatigue detectable in biomolecules

Biomarkers identified in saliva

A research team at the University of Zurich has, for the first time, identified biomarkers for severe fatigue in saliva. Acute sleep deprivation can be detected using just a single saliva sample. This method could help to improve safety in traffic and safety-critical professions in the future. The research team from the Institute of Forensic Medicine and the Institute of Pharmacology and Toxicology at the University of Zurich (UZH) has now investigated whether sleep deprivation can be detected based on metabolic changes in saliva. "Our study provides the first direct biomarkers for sleep deprivation in saliva under real-life conditions, marking a milestone for forensic research," says Thomas Krämer, Professor of Forensic Pharmacology and Toxicology at the Institute of Forensic Medicine at UZH. For the study, the researchers examined 20 healthy young men. The participants underwent three scenarios in random order: one night without sleep, four nights with two hours less sleep than usual each night, and a control condition with around eight hours' sleep. The team then analysed the saliva samples using high-resolution mass spectrometry and, with the aid of machine learning techniques, searched for molecular patterns indicative of acute sleep deprivation. "We found that severe sleep deprivation affects around ten per cent of all biomolecules in saliva. The challenge was to filter out precisely those molecules from tens of thousands that reliably indicate fatigue. Using state-of-the-art technology, we have succeeded in identifying ten biomarkers that fulfil precisely this task," says lead author Michael Scholz. As part of his doctoral thesis, he has focused intensively on the question of how fatigue can be objectively measured in the body. The project is now entering its next phase with a large-scale international field study.

Source: zm Deutschland

Scholz M. et al., *Leveraging the Metabolic Fingerprint of Sleep Deprivation and Sleep Restriction for Forensic Applications: A Machine Learning Study in Oral Fluid Metabolomics*. *J Proteome Res.* 2026 Jun 5;25(6): 2740-2750. doi: 10.1021/zcs.jproteome.5c01064. Epub 2026 May 6. PMID: 42090244; PMCID: PMC13247977.



35th Expert Symposium, 23–30 October 2026, on Fuerteventura

Insufficient bone volume— what can be done?

In 2026, the International Expert Symposium on regenerative procedures in dentistry in Fuerteventura will focus on one of the key questions in modern implantology: in cases of insufficient bone volume, should bone augmentation be carried out or should shorter implants be used?

The 35th Expert Symposium on regenerative procedures on the Canary Islands, chaired by Prof. Dr Dr Joachim Zöller, will also focus on current challenges and new approaches to implant treatments.

Renowned specialist speakers will examine the topic from scientific, clinical and practical perspectives. The focus is on the latest study results, biomechanical aspects and long-term experience gained in daily practice. The symposium offers a forum for new ideas and interdisciplinary dialogue—in an inspiring setting that combines science and relaxation.

In addition to the scientific programme of lectures, there will be workshops, sports, social gatherings and the grand closing night: the White BBQ.

Programme of academic presentations

Safe and low-complication methods of bone augmentation: results from long-term studies
Prof. Dr Fouad Khoury, Olsberg

Pushing the boundaries! Augmentation or short implants—which way forward?
Dr Peter Randelzhofer, Munich

Augmentation or short implants—are there evidence-based criteria?
Dr Stefan Reinhardt, Hörstel

Jaw morphology in preparation for augmentation—results from more than 2,500 case analyses
Prof. Dr Hans-Joachim Nickenig, M.Sc., Cologne

Alveolar process atrophy—compromised bone stock—potential solutions?
Dr Frank Kornmann, Oppenheim

When is augmentation indicated? Differential indications for augmentation techniques
Prof. Dr Dr Joachim E. Zöller, Cologne

A concise guide to the shell technique: precise shaping, secure fixation, reproducible results
Prof. Dr Dr Peer Kämmerer, Mainz

Short and reduced-diameter titanium implants, or is augmentation the better option? The use of ceramic implants—when does it make sense? Do we have evidence-based data?
Prof. Dr Dr Ralf Smeets, Hamburg-Eppendorf

16 years' experience with short and extra-short implants—do they deliver on their promises?
Prof. Dr Dr Rolf Ewers, Vienna

Less is more? 30 years' experience with short implants in everyday practice
Dr Helmut Steveling, Gernsbach

Success rates of autologous bone versus ceramic bone substitutes—an overview
Dr Franziska M. Baum, Bad Eilsen



Fascinating topics, renowned speakers and subjects that highlight the interdisciplinary approach—that is the hallmark of the Expert Symposium on Fuerteventura.

At a glance

35th Expert Symposium on Fuerteventura

Topic: Augmentation or short
implants—pros and cons

Date: 23–30 October 2026

Venue: Robinson Club Esquinzo
Playa, Fuerteventura

Information and
registration:



Complex sinus lift cases

Dr Claudia Schönebeck, Düsseldorf

A paradigm shift in implantology? New design, loading and
placement strategies.

Dr Kianusch Yazdani, Münster

Sinus lifts & co.: Billing without pitfalls

Sophia Sachau, Volkach

Short implants are different—surgical and prosthetic considerations

Prof. Dr Fred Bergmann, Viernheim

Leading with full strength and clarity

Bianka Rieken, Winsen an der Luhe

Patient-specific implants and soft-tissue management

Dr Dr Matthias Zirk, Cologne

What is aesthetics? Just a feeling or merely a matter of taste?

Dr Wolfram Bücking, Wangen

When micrometres make all the difference: digital precision
for fixed and removable implant restorations

Dr Peter Gehrke, Ludwigshafen

Handling digital data with ease using a complete patient case!

Dr Fabian Hirsch, Zeuten

Ceramic as an implant material: safety meets precision—
a developer speaks plainly!

Thorsten Buurlage, Freiburg im Breisgau

Immediate restoration: flapless, AI-designed and 3D-printed

Dr Volker Knorr, Eislingen/Fils

Milling, printing or casting—which method comes out on top
for superstructures?

Dr Gerhard Werling, Landau

The use of autologous bone, autologous tooth grafts or bone
substitutes in implantology/periodontology—which do we use
for which defect? Tips and tricks

Prof. Dr Dr Ralf Smeets, Hamburg-Eppendorf

The pitfall of function—what doesn't work and why

Dr Christian Könecke, Bremen

Experiences with narrow and short titanium and ceramic implants

Dr Lars Börner, Berlin

Snoring treatments now available in your practice too! Scientifically
sound, simple workflow, can be delegated!

Dr Gerhard Werling, Landau

Surgical wisdom tooth extraction vs. coronectomy

Reem Ouis, Basel

True crime in dentistry

Dr Klaus Ständer, Traunreut

Immediate restoration with a welded metal framework: A variation
of the all-on-4/6 concept using the modified WeldOne technique

Dr Johannes Petschelt and Dr Andreas Petschelt, Lauf

The use of autologous bone, autologous tooth grafts or BSM in
implantology/periodontology—which do we use for which defect?
Tips and tricks

Prof. Dr Dr Ralf Smeets, Hamburg-Eppendorf

Update on a user observation study with ceramic bone-level implants

Dr Franz-Jochen Mellinghoff, Ulm

Dentists in Germany, Austria and Switzerland. Three different worlds?
A comparison of fees

Christian Berger, Kempten

Applied stem cell research—is the “beauty cream” a reality?

Prof. Dr Dr Jürgen Hescheler, Cologne

Heart meets teeth: guidelines update on endocarditis prophylaxis

Dr Vanessa and Dr Valentin Wennekes-Neagu, Emmendingen

Resuscitation techniques. What is the medical standard?

Prof. Dr Dr Bernd W. Böttinger, Cologne

Maxillofacial surgery in art: initial findings

Prof. Dr Axel Karenberg, Cologne

More peace of mind in day-to-day practice: reducing missed
appointments, managing recalls, easing the burden on the team
(how automated patient communication simplifies processes)

Thilo Mann, Düsseldorf

Handing over a practice in the midst of a storm? An update

Dr Freimut Vizethum, Rauenberg

Advice on handing over a practice: what is important?

Thomas Müller, Walldorf

How could towns and cities find a way out of their financial
impasse?

Henriette Reker, Cologne

Keynote speech

If 35 years of learning and teaching aren't enough for you,
you'll just have to carry on! A highly critical review and outlook
on the Expert Symposium

Dr Ulrich Fürst, Atnang-Puchheim

Expert in Implantology (EDA)

Excellence through qualification and expert evaluation

The Expert in Implantology (EDA) is one of the most demanding and respected qualifications in European implantology. Offered by the BDIZ EDI in cooperation with the European Dental Association (EDA), it certifies highly experienced clinicians who demonstrate exceptional competence, extensive practical experience, and deep theoretical knowledge in oral implantology. The designation is awarded only after a comprehensive examination conducted by an expert jury of recognised EDA experts—a process designed to uphold the highest standards of quality, safety, and scientific rigor.

Qualification built on quality and experience

The BDIZ EDI has long been committed to elevating standards in implantology—through legal guidance, material testing, postgraduate education, and the annual practice guides of the European Consensus Conference. The EDA specialist examination fits seamlessly into this quality-driven framework.

According to the BDIZ EDI, “the examination for the Specialist in Implantology sets high to very high demands on the skills of the implantologist”. The EDA guidelines reinforce this by stating that the title is reserved for “particularly qualified members of the EDA” who treat advanced and complex cases requiring specialised expertise.

Admission requirements: demonstrating advanced competence

To be admitted to the examination, candidates must provide extensive documentation of their implantological experience. The requirements include:

- 250 EDA-recognised continuing education hours across all major areas of implantology
- Ten fully documented implantology cases, self-performed and covering a broad spectrum of indications
- At least five years of focused clinical activity in implantology
- Proof of 400 placed and 150 prosthetically restored implants within the past five years

The application form further specifies the submission of detailed lists of implant cases, chronological documentation of continuing education, and complete case records including models, radiographs, and photographs.

These requirements ensure that only clinicians with substantial hands-on experience and long-term engagement in implantology enter the examination process.

Theory, practice, and expert evaluation

The EDA expert examination consists of two parts—both of which must be passed successfully:

1. Theoretical examination

Candidates discuss their documented cases and answer questions covering the entire field of implantology and its related disciplines. The theoretical part typically lasts up to 60 minutes and may be conducted in small groups.

The underlying knowledge base is extensive. The EDA guidelines list a broad catalogue including:

- Anatomy and physiology
- Risk assessment and systemic conditions
- Implant materials and biomechanics
- Augmentation techniques
- Peri-implant diseases
- Occlusion concepts
- Aesthetic parameters
- Reconstructive and prosthetic strategies



After assessing the implants and restorations and answering the testers' questions, the ranks of EDA Experts in Implantology have now grown by three. The successful graduates are Dr Nathalie Khasin from Berlin, Dr Andrea Grandoch from the University of Cologne and Dr Basim Hakimi from Bern.

This ensures that candidates demonstrate not only practical experience but also scientific depth and critical judgement.

2. Practical examination

The practical part involves performing or planning a contemporary implantological procedure. Candidates receive the examination topic at least two weeks in advance and must bring all necessary instruments and materials themselves.

The practical tasks reflect the complexity of modern implantology—from sinus lift procedures to augmentation techniques and advanced prosthetic planning.

Case documentation: A central element of the qualification

The EDA places significant emphasis on high-quality case documentation. Each of the ten required cases must include:

- Complete medical and dental history
- Diagnosis and etiology
- Treatment planning with alternatives
- Radiographs and clinical photographs
- Models
- Detailed description of the treatment sequence
- Prognosis and long-term follow-up (minimum three years for at least five cases)

This level of documentation ensures transparency, reproducibility, and scientific integrity—key pillars of the EDA's specialist designation.

Awarding the title

After successful completion of both examination parts, the candidate may be appointed Specialist in Implantology (EDA). The final decision is made by the chair or vice-chair of the EDA certification committee, and no legal appeal is possible.

The title is valid for six years and must be renewed through additional continuing education and submission of new documented cases.

A mark of excellence in European implantology

The Expert in Implantology (EDA) is more than a credential—it is a commitment to excellence. EDA experts are expected to contribute actively to scientific meetings, continuing education, and the advancement of implantology within the profession.

For clinicians, the title signals mastery. For patients, it represents safety, expertise, and the highest standard of care.

More about the requirements:





The BDIZ EDI patient brochure available for dental practices

Long-lasting implants for long-lasting beauty

Dental implants are designed to last—functionally, aesthetically, and biologically. But long-lasting beauty requires long-lasting care. To support dental practices in educating their patients, the BDIZ EDI offers the comprehensive English-language brochure *Long-lasting implants for long-lasting beauty*, available for purchase through the BDIZ EDI website.

This brochure provides patients with clear, accessible, and scientifically grounded guidance on how to care for their implants from day one. It translates complex implantological knowledge into practical everyday advice—helping patients protect their investment and maintain oral health for years to come.

A brochure built around patient needs

The BDIZ EDI brochure covers all essential aspects of implant maintenance, from basic explanations to detailed care instructions. It begins with a simple question: what is a dental implant? From there, it guides patients through the biological principles of oral hygiene, the risks of inadequate cleaning, and the specific requirements of implant care.

The sample text highlights a central message: “Dental plaque is home to numerous bacteria... Severe inflammatory conditions such as periodontitis or peri-implantitis pose a significant risk for bone loss and may cause the loss of the tooth or implant.” This clear warning helps patients understand why implant care must go beyond normal toothbrushing routines.





Why normal oral hygiene is not enough

One of the brochure's strengths is its honest explanation of limitations. As the sample states:

"Toothbrushes (even the most futuristic electric ones) cannot clean the teeth everywhere because they do not get into the interdental spaces."

Patients learn that interdental cleaning is not optional—it is essential. The brochure introduces tools such as interdental brushes, special implant floss, and toothpicks, explaining their purpose and correct use. It also clarifies that oral irrigators may support hygiene but cannot replace mechanical cleaning.

Step-by-step guidance for every implant situation

The brochure provides tailored instructions for:

- Single-tooth implants
- Fixed implant-supported dentures
- Removable implant prostheses

Each section explains what patients should do daily, what to avoid, and how to recognise early signs of inflammation.

It also includes practical advice for the first days after surgery—an area where patients often feel uncertain.

Understanding risks and prevention

The BDIZ EDI brochure goes beyond daily care. It explains:

- Why implants need a healthy biological environment
- What peri-implantitis is and how it develops
- Which risk factors increase the likelihood of complications
- How often patients should visit their dentist for check-ups

This empowers patients to take responsibility for their implant health and to understand the long-term partnership between patient and dental practice.

A practical checklist and service section

To make implant care even easier, the brochure includes:

- A checklist for patients to evaluate their implant health
- A service section with additional guidance and reminders

These tools help patients stay consistent and confident in their daily routines.

Ideal for patient education in modern dental practices

Long-lasting implants for long-lasting beauty is designed as a practical companion for patients—clear, friendly, and scientifically accurate. Dental practices can use it:

- As a handout during implant consultations
- As postoperative guidance
- As part of long-term implant maintenance programmes
- As an educational resource for hygiene appointments

The brochure strengthens communication, improves patient compliance, and supports long-term implant success.

Available for purchase on the BDIZ EDI website

Dental practices can order the English-language brochure directly through the BDIZ EDI online shop. Minimum order 10 each = total of €25,00 (members) and €30,00 (non-members). It is an excellent addition to patient education materials and reflects the association's commitment to high-quality, evidence-based implantology: www.bdizedi.org/shop.



FDI World Dental Congress 2026 in Prague

Global dentistry meets policy, innovation and international collaboration

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The international dental community will gather in Prague from 5–7 September 2026 for the FDI World Dental Congress, one of the most influential global events in dentistry. Hosted in the historic heart of Europe, the congress will bring together thousands of practitioners, researchers, industry leaders and representatives of national dental associations for three days of scientific exchange, professional development and political dialogue.

At the core of the congress lies not only its renowned scientific programme but also its political and strategic dimension. The FDI's standing committees, council meetings, and the general assembly will convene in Prague to discuss key global challenges in oral health, ranging from workforce development and digital transformation to regulatory harmonisation, sustainability and the future of international dental advocacy. These sessions shape the global agenda of organised dentistry and influence national policies far beyond the congress itself.

Aligning strategies for world dental health

A central theme of this year's political discussions will be the strengthening of cross-border cooperation among dental associations. With oral health increasingly recognised as an essential component of public health policy, the FDI's governance meetings in Prague will provide a platform for aligning strategies, sharing best practices and reinforcing the profession's voice at international level.

In this context, the BDIZ EDI will host a dedicated lunch meeting on 5 September

2026 with its associated partner organisations. This informal gathering will take place on the sidelines of the congress and aims to deepen collaboration on European and international implantology topics, regulatory developments and joint professional initiatives. The meeting underscores BDIZ EDI's long-standing commitment to fostering dialogue and strengthening alliances within the global dental community.

Partnership with the hosting chamber

The BDIZ EDI and its president, Christian Berger, maintain a particularly close and longstanding relationship with the Czech Dental Chamber (ČSK) and its president, Prof. Roman Šmucler. This partnership grew organically during the series of international meetings held between the four dental chambers of Bavaria, Austria, Saxony-Anhalt and the Czech Republic, where Berger and Šmucler established a strong professional rapport grounded in shared priorities for advancing European dentistry. Over the years, this connection has deepened through numerous joint appearances, congresses and bilateral ex-

changes, reflecting a mutual commitment to cross-border collaboration, implantology standards and professional advocacy.

The cooperation reached a visible milestone in 2025, when the Czech Dental Chamber served as an official cooperation partner at the BDIZ EDI booth during the IDS in Cologne, underscoring the trust, respect and strategic alignment between the two organisations. Today, the relationship between BDIZ EDI and ČSK stands as a model of European dental cooperation—built on continuity, shared expertise and a forward-looking vision for the profession.

The FDI World Dental Congress in Prague promises to be a milestone event—combining scientific excellence, professional networking and high-level political engagement. With its unique blend of education, innovation and strategic debate, the congress will once again demonstrate the vital role of dentistry in shaping global health.

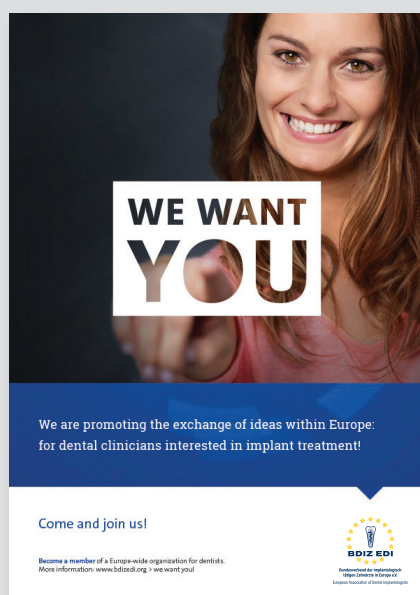
Registration



BDIZ EDI and its multifaceted work

We want YOU!

“We want you” is the BDIZ EDI's information campaign, which provides information about its wide-ranging work. The aim is to interest young dentists from Germany and Europe in oral implantology and in the work of BDIZ EDI.



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

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

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

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

sociations have adopted, and adapted, the modules for their countries: Greece, Serbia, Poland and India.

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

A wide field

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

AWU

ECJ ruling: Minimum standards for benefits for asylum seekers (C-621/24)

A bed, bread and soap are not enough

The European Court of Justice ruled on 4 June 2026 (Case C-621/24) that the German cuts to benefits in so-called “Dublin cases” were contrary to EU law, as they provided only a purely physical subsistence minimum. According to the ruling, benefits for healthcare and medical assistance must not fall below a level that ensures a dignified standard of living.



Under EU law, even asylum seekers who are required to leave the country are entitled to an “adequate standard of living”. Provisions in German asylum law stipulating that no cash benefits are granted in Dublin cases are therefore contrary to EU law, according to the ECJ.

A bombshell from Luxembourg

According to a ruling by the European Court of Justice (ECJ), cuts to benefits in Germany for rejected asylum seekers contravene EU law (judgement of 4 June 2026, Case C-621/24). The decision stems from a reference made by the Federal

Social Court in 2024 (Case B 8 AY 6/23 RBSG).

Specifically, the ECJ had to consider a provision in the German Act on Benefits for Asylum Seekers (AsylbLG). This provision—which has since been made even stricter—provided that benefits for persons whose asylum application had been rejected as inadmissible on the grounds that another Member State had jurisdiction (so-called Dublin cases) could be restricted to benefits in kind for food, accommodation (including heating) and personal hygiene and healthcare. Under this provision, they are no longer entitled to clothing or cash be-

nefits to cover their personal living expenses.

Decision contradicts EU law

In the opinion of the ECJ, such a restriction is contrary to Union law, specifically Article 17(2) in conjunction with Article 2(g) of the EU Reception Directive (2013/33/EU). According to these provisions, Member States must ensure that the material benefits provided in the context of reception correspond to an adequate standard of living that guarantees the subsistence and the protection of the physical and mental health of applicants.



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Reference by the Federal Social Court

The European Court of Justice has ruled that this obligation fully applies to asylum seekers required to leave the country under the Dublin III Regulation due to having previously filed an asylum application in another EU Member State.

In this specific case, in 2022, the German authorities in the Bavarian district of Schweinfurt had rejected an Afghan man's asylum application as inadmissible under the Dublin III Regulation. They had also ordered his removal to Romania, where he had already lodged an asylum application.

Under the AsylbLG, the man was only entitled to benefits in kind to a more limited extent. He was provided with food, heated accommodation and basic hygiene and health provisions ("bed, bread, soap"). However, he no longer received cash benefits for clothing and household items.

He subsequently brought a claim before the German social security courts, seeking cash benefits to cover his personal needs. As the Federal Social Court (BSG) ultimately had doubts as to whether the restrictions on benefits provided for under German law were compatible with EU law, it referred the case to the ECJ.

Clothing and cash benefits are "essential"

The Luxembourg court has now ruled in favour of the Afghan man: the judges made it clear that both clothing and money form part of a decent standard of living within the meaning of the directive. Without clothing and financial assistance, daily needs could not be met, the court stated. Clothing, like accommodation, food and personal hygiene, is one of the most basic needs.

Furthermore, cash benefits to cover daily needs are also indispensable in helping the individuals concerned to achieve a minimum level of self-determination. They enable them to acquire, in addition to accommodation, food and clothing, everyday necessities and household consumables. Furthermore, they ensure a minimum level of participation in social and cultural life. Cash benefits thus help to ensure the applicant's livelihood and the protection of their physical and mental health.

Finally, the ECJ clarified that Germany could not justify the refusal of such benefits on the grounds that the asylum seeker was required to leave the country and that an enforceable transfer to Romania had taken place. "The obligations arising from the reception directive on the Member State in whose territory the applicant resides only ceased upon the actual transfer to the requested Member State," the court stated.

The German benefit reduction scheme, which was the specific subject of the court's proceedings, was actually tightened further in 2024: under Section 1(4)(2) of the AsylbLG (formerly Section 1a[7]), benefits may now even be withdrawn entirely once it has been established that another Member State is responsible for an asylum seeker and that they must leave the country. This is now likely to be even less compatible with the guidelines from Luxembourg. "If I am not allowed to reduce benefits, then of course I am certainly not allowed to withdraw them," explained social law expert Constantin Hruschka to the dpa.

Even after the CEAS reform: "Adequate standard of living" remains mandatory

However, the ECJ's ruling relates to a 2013 version of the Reception Conditions Directive, which will soon be a thing of the past. This is because the reform of the Common European Asylum System (CEAS) comes into force on 12 June. The new Reception Directive 2024/1346 will then apply, as migration law expert Prof. Dr Winfried Kluth explained to Legal Tribune Online.

Article 23 of that directive sets out the conditions for the reduction of benefits. According to Kluth, paragraph 4 of that article establishes the minimum level of benefits in the event of benefit reductions. Article 23(4) provides that Member States must guarantee access to health-care and ensure that all applicants enjoy a standard of living "consistent with Union law, including the Charter, and international obligations".

According to Kluth, following the ECJ's ruling, it is likely that recipients will have to make do with a small amount of money at their disposal. Asylum expert Hruschka takes a similar view: "The new regulations also state that a minimum standard in line with EU law must be guaranteed." This includes, for example, the EU Charter of Fundamental Rights.

Sources: Legal Tribune Online; ECJ judgement (Case C-621/24)

Fully guided full-arch implant rehabilitation

Immediate prefabricated PMMA provisionalisation by “Instant Screwing”

Drs Vincent Roubinet, France & Purvi Bhargava, India

Full-arch implant rehabilitation has undergone a paradigm shift with the advent of digital planning and guided implant surgery. Compared with freehand implant placement, fully guided protocols provide significantly higher accuracy in implant positioning, angulation, and depth control, while reducing surgical variability and facilitating more predictable, prosthetically driven outcomes.¹⁻³

A key clinical advantage of guided full-arch surgery is the ability to fabricate the temporary prosthesis before surgery, enabling immediate loading and rapid restoration of function and aesthetics on the day of implant placement.^{4,5}

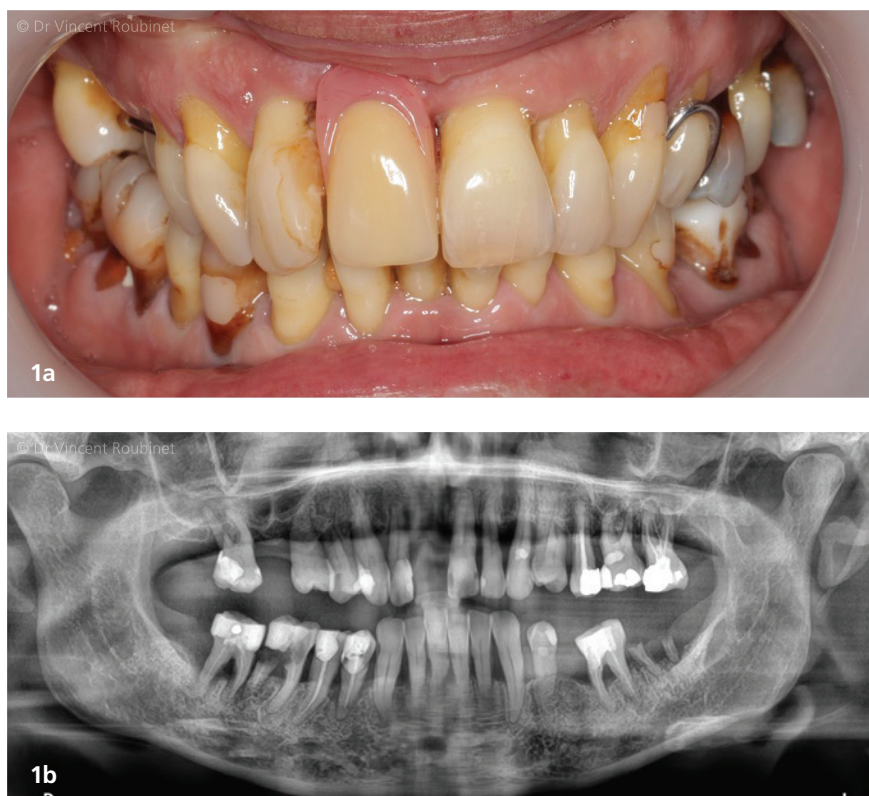
In freehand full-arch implant surgery, the provisional prosthesis is typically fabricated after implant placement, necessitating postoperative impressions and additional laboratory procedures. This may delay loading or require extensive chairside adjustment. By contrast, digital guided workflows enable prosthetically driven backward planning, potentially reducing treatment time and improving predictability by integrating the surgical and prosthetic phases into a single coordinated process.¹

Despite these advantages, guided full-arch immediate loading protocols are often associated with increased chairside time on the day of surgery. This is mainly due to the need for intra-oral modification, relining, or pickup of prefabricated provisional prostheses to compensate for minor discrepancies between planned and actual implant positions.⁶

From a biological and biomechanical perspective, implants subjected to immediate loading are not yet osseointegrated, but may tolerate limited, controlled mechanical stress provided that sufficient primary stability and favourable load dis-

tribution are achieved.^{7,8} This challenges the need to achieve absolute prosthetic passivity at the time of surgery. Instead, it supports the concept that the implant-bone interface can biologically adapt during healing, with functional passivity developing after osseointegration. Controlled

functional loading during early healing may therefore be compatible with osseointegration, provided micromotion remains within biologically acceptable limits. Excessive micromotion, however, may lead to fibrous tissue formation rather than direct bone integration.⁸ Earlier experi-



Figs. 1a+b: Preoperative intra-oral view showing generalised periodontitis (a). Radiographic examination showing generalised bone loss (b).

mental studies have identified a critical micromotion threshold, commonly reported to be in the region of 50–150 μm , above which fibrous encapsulation is more likely; below this range, micromotion may even stimulate bone remodelling.⁷

To address these limitations, a continuous digital protocol has been proposed in which the provisional prosthesis is designed at abutment level and fabricated with pre-aligned screw channels, enabling direct fixation without temporary cylinders or intra-oral relining.⁹ In this workflow, the provisional PMMA prosthesis is screwed directly onto the implants at the time of immediate loading.

The present case report describes a fully guided, flapless mandibular full-arch rehabilitation using a prefabricated PMMA temporary prosthesis that is instantly screwed onto definitive abutments without any chairside modification. The objective is to demonstrate the clinical feasibility, accuracy, and biological rationale of the “instant screwing” protocol in immediate loading full-arch implant therapy.

Case report

A 55-year-old healthy, non-smoking female patient (ASA I) presented with generalised tooth mobility and gingival recession. Clinical and radiographic examinations were performed (Figs. 1a+b), leading to a diagnosis of generalised periodontitis, Stage III, Grade B. Following completion of periodontal therapy, the maxillary arch was stabilized through endodontic treatment and placement of provisional bridges.

Digital planning phase

Treatment planning for the mandibular arch was carried out according to the SKY fast & fixed protocol using a fully digital workflow. coDiagnostiX software was used to superimpose the DICOM and STL files, together with the virtual prosthesis, in order to plan implant positions and design the surgical guides (Fig. 2).

Metal stackable surgical guides (Remi Laffont, Teethproject Labo) were designed

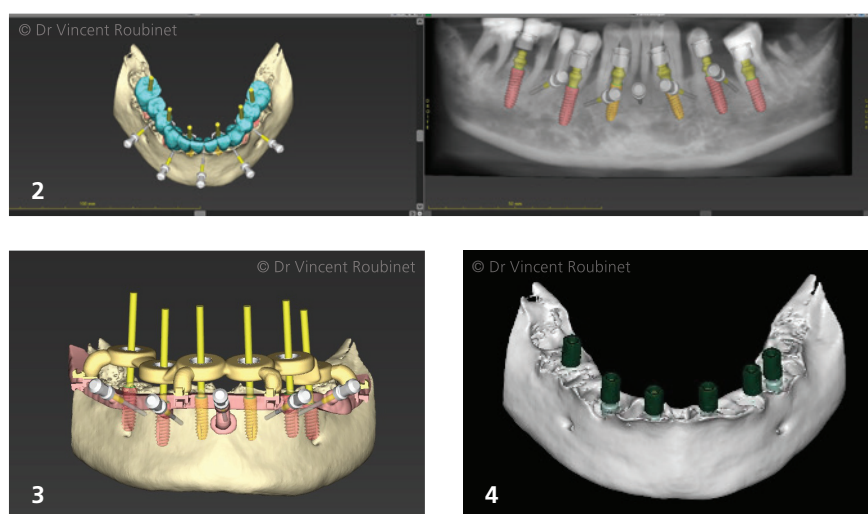


Fig. 2: CoDiagnostiX software used for implant planning. – **Fig. 3:** Design of the metal stackable surgical guide. – **Fig. 4:** Virtual impression obtained using scan body.

(Fig. 3) and fabricated by laser sintering to provide the rigidity and accuracy required for this protocol.

The SKY uni.cone fast & fixed abutments (SKY, bredent medical) were then positioned virtually on the planned implants (Fig. 4). A corresponding scan body was applied to obtain a pre-surgical virtual impression.

A provisional PMMA prosthesis was milled in advance in accordance with the protocol and kept ready prior to surgery (Fig. 5). Its internal geometry was digitally designed to replicate the configuration of the prosthetic coping, allowing the prosthetic screw to be torqued directly onto the abutment. This eliminated the need for temporary cylinders or copings during delivery of the provisional prosthesis.

Before surgery, the prosthesis was verified on three-dimensional printed models using laboratory analogues to confirm fit and seating accuracy. This integrated coping design allowed the provisional restoration to be fixed immediately to the abutments following implant placement, forming the basis of the “instant screwing” protocol.

Surgical phase

Under local anaesthesia, the mandibular teeth were atraumatically extracted. The base guide was positioned using the

tooth-supported guide and stabilised with wedges (Fig. 6).

Socket curettage and antibacterial photodynamic therapy (aPDT) were carried out according to the manufacturer's instructions (Helbo™, bredent medical). Antibiotic irrigation was then performed, and the sulcular epithelium was de-epithelialised (Fig. 7).

A fully flapless approach was adopted. The osteotomy guide was positioned on the base guide, and stability was ensured with fixation pins and ligatures (Fig. 8).

Using the SKY Proguide kit, the osteotomies were completed. Guided placement of the posterior implants was performed first in order to stabilise the template (Fig. 9).

Following engine-driven implant placement, the final seating was completed manually through the guide using a torque wrench, placing the posterior implants first, followed by the anterior implants, and finally the middle implants. All im-



Fig. 5: Pre-milled PMMA provisional prosthesis.

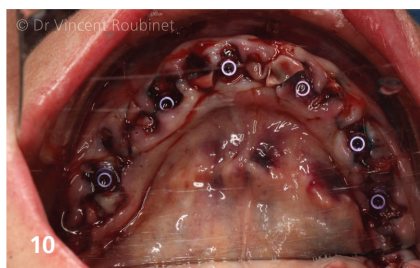
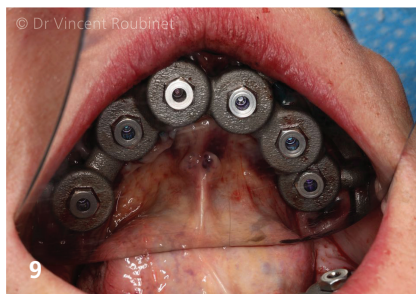
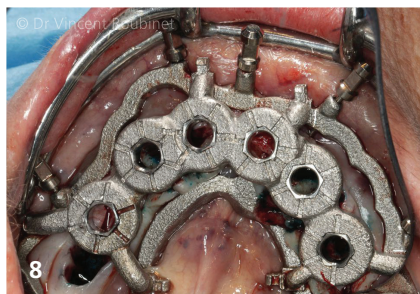


Fig. 6: Tooth-supported guide in position. – **Fig. 7:** Atraumatic extractions, curettage, and HELBO aPDT. – **Fig. 8:** Osteotomy guide positioned on the base guide. – **Fig. 9:** Guided implant placement. – **Fig. 10:** GBR performed and copaSKY uni.cone abutments placed. – **Figs. 11a+b:** Immediate PMMA provisional prosthesis (a). Occlusal view of the provisional prosthesis (b).



plants achieved an insertion torque of at least 35 Ncm. The SKY uni.cone abutments were placed and prosthesis fit was verified.

Prosthetic and grafting phase

The temporary prosthesis and abutments were then removed, and socket preservation was carried out using sticky bone, consisting of injectable PRF (platelet-rich fibrin), autogenous bone and xeno-graft material (Bio-Oss, Geistlich), protected with a PRF membrane. The surgical site was secured with resorbable mono-filament sutures (BioSyn™).

The copaSKY uni.cone abutments were then torqued onto the implants (Fig. 10), and the temporary prosthesis was screwed into place by sequential tightening of the screws on each abutment to 15 Ncm (Figs. 11a+b).

The PMMA prosthesis was fitted to the abutments without any modification, thereby validating the “instant screwing” protocol. Radiographic assessment of fit was not possible owing to the radiolucent nature of PMMA. Prosthesis fit was therefore assessed clinically under 3.8× magnification. The accuracy of guided surgery and prosthesis positioning was evaluated by superimposing the digital planning

data with the segmented post-surgical implant positions. This demonstrated no clinically significant discrepancy (Fig. 12).

Outcome and follow-up

All implants osseointegrated uneventfully, with no postoperative complications. At the three-month follow-up, the peri-implant soft tissues were healthy and exhibited a favourable gingival profile (Figs. 13+14). Comparison of the immediate postoperative radiograph (Fig. 15a) with the three-month follow-up radiograph (Fig. 15b) demonstrated stable crestal bone levels. Definitive prosthesis was completed six months after implant placement uneventfully. (Figs. 16a +b)

Discussion

The present case report demonstrates the clinical feasibility of a fully digital guided implant protocol in which a pre-fabricated PMMA provisional prosthesis was immediately fixed onto definitive abutments without intra-oral modification. The integration of surgical and prosthetic planning within a continuous digital workflow has been previously described as a key factor in improving predictability and reducing procedural variability in implant rehabilitation.⁹ By designing the provisional prosthesis at the abutment level prior to surgery, the present protocol aligns with the principles of continuous digital workflows, enabling a seamless transition from virtual planning to clinical execution.

Recent clinical studies support the use of digitally prefabricated provisional prostheses in full-arch immediate loading protocols. A prospective pilot cohort study reported high implant survival rates and minimal prosthetic complications when full-arch PMMA provisional prostheses were fabricated digitally and delivered immediately after guided implant placement, without the need for intra-oral relining or cast verification.¹⁰ These findings corroborate the clinical outcome observed in the present case, where the provisional prosthesis was delivered without chairside modification.

The material properties of PMMA further support its use in immediate loading scenarios. Recent evaluations of PMMA provisional restorations fabricated through a fully digital workflow have demonstrated favourable short-term survival, adequate mechanical behaviour, and minimal biological complications during the immediate loading phase.¹¹ This reinforces the suitability of PMMA as a provisional material in protocols requiring early function and controlled load distribution across multiple implants.

The accuracy of guided implant placement is a critical determinant for the success of prefabricated prostheses. Stackable and rigid surgical guides fabricated using advanced manufacturing techniques, such as selective laser melting, have been shown to improve positional accuracy and stability during full-arch implant placement.¹² Such guide systems reduce cumulative errors and are particularly advantageous when immediate loading with a prefabricated prosthesis is planned, as even minor deviations may compromise prosthetic fit.

In the present protocol, the copaSKY implant system (bredent medical) was selected to support immediate loading and full digital integration. The implant macrodesign, combined with a conical-parallel internal connection, is intended to promote high primary stability and favourable force distribution—both critical prerequisites for immediate loading protocols. Achieving insertion torque values ≥ 35 Ncm across all implants allowed immediate functional loading in accordance with established biomechanical principles. Furthermore, the availability of system-specific digital components, including virtual implant libraries, definitive abutments, and corresponding scan body, enabled accurate preoperative virtual impressions and abutment-level prosthetic planning. This system compatibility supported the execution of a continuous digital workflow from planning to prosthesis delivery, minimising analogue steps and potential sources of error.

Recent advancements in guided and navigated implant surgery further support the trend toward precise, prostheti-

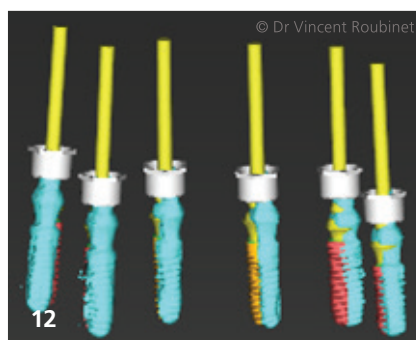
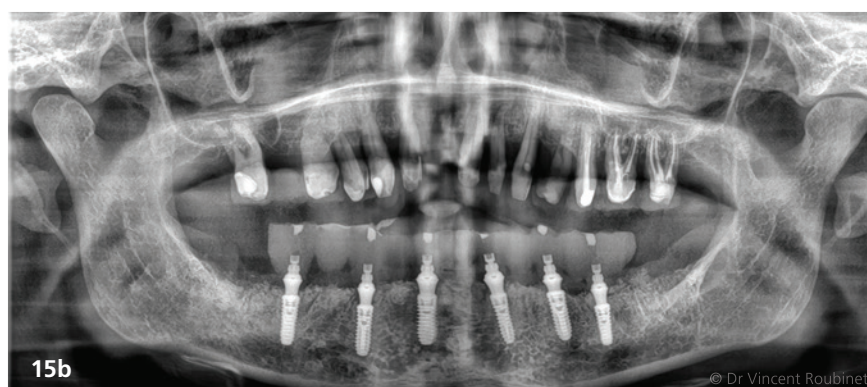
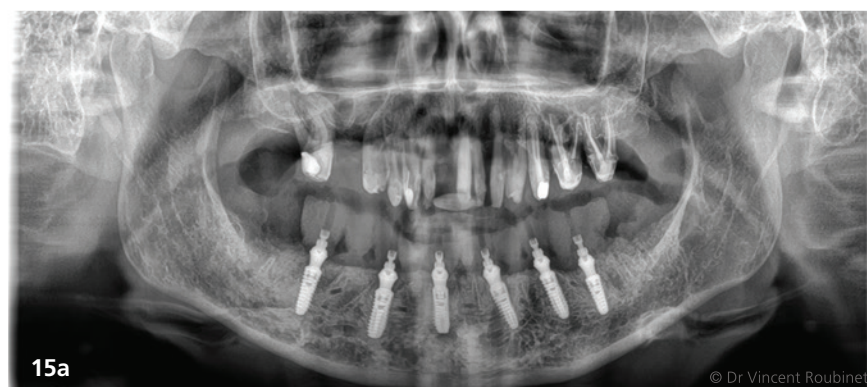


Fig. 12: Superimposition of the virtual plan and the segmented actual implant positions. – **Fig. 13:** Three-month postoperative follow-up. – **Fig. 14:** Three-month follow-up showing a healthy gingival profile after removal of the prosthesis. – **Figs. 15a+b:** Immediate postoperative OPG (a). Three-month follow-up OPG showing stable crestal bone levels (b).



cally driven workflows. Dynamic navigation systems have demonstrated promising results in immediate loading of full-arch restorations, offering improved control over implant positioning and facilitating prosthetic delivery with reduced adjustment requirements.¹³ Although static guided surgery was employed in the present case, these emerging technologies

highlight the ongoing evolution toward greater accuracy and efficiency in full-arch rehabilitation.

Time efficiency and patient comfort are important clinical considerations in extensive implant procedures. Fully guided sequential template protocols for immediate loading have been shown to reduce surgical and restorative time while main-



Figs. 16a+b: OPG of definitive prosthesis at six month post implant placement (a). Frontal view of definitive prosthesis (b).

taining high implant survival and favourable soft-tissue outcomes.¹⁴ The elimination of intra-oral relining or pickup procedures, as demonstrated in the present case, directly contributes to reduced chair-side time and enhanced patient experience.

Despite these advantages, limitations must be acknowledged. Systematic reviews have emphasised that although guided surgery improves accuracy, deviations between planned and placed implants remain inevitable due to multiple sources of error within the digital workflow.¹⁵ Therefore, strict case selection, precise digital planning, and rigid guide stabilisation are essential prerequisites for the successful application of prefabricated immediate provisional prostheses. In the present protocol, the exclusive use of axial implants minimised biomechanical and geometric complexity, which may not be applicable in cases requiring tilted implant placement.

The use of the same prosthetic screw system for fixation onto the uni.cone abutments eliminated the need for additional prosthetic cylinders or intermediary components. The design of the SKY unicone supports the direct screw-retained restorations, as the flat screw seat is easy to produce. The screw is additionally protected by form fit against the lateral forces, because functional loads are transferred directly from the prosthesis to the abutment through the cylindrical interface. This simplified prosthetic component chain, together with the digital compatibility of the copaSKY implant system with guided

surgery planning and prosthetically driven workflows, contributes to a streamlined, economical, and clinically reliable approach for immediate loading in full-arch implant rehabilitation.

The primary limitation of this report is its single-case design with short-term follow-up. While the clinical and radiographic outcomes were favourable, larger prospective studies with long-term follow-up are required to validate the reproducibility, biological safety, and mechanical reliability of this protocol. Future research should focus on comparative analyses of chair-side time, prosthetic accuracy, and patient-reported outcomes between prefabricated and conventionally adjusted immediate loading protocols, as well as the applicability of this approach to tilted implant configurations.

Conclusion

The present protocol demonstrates that a fully digital, guided workflow can facilitate the immediate fixation of a prefabricated PMMA provisional prosthesis in full-arch rehabilitation without intra-oral modification. By eliminating chairside relining or pickup procedures, the approach may reduce operative time on the day of surgery and improve overall patient comfort.

The “instant screwing” protocol, as described, is currently applicable to cases involving axial implant placement, where geometric alignment and prosthetic accuracy can be more predictably maintained. However, the findings are based on a sin-

gle clinical case with short-term follow-up and therefore cannot be generalised.

Prospective clinical trials with larger sample sizes and long-term evaluation are required to validate the reproducibility, biological safety, and biomechanical reliability of this approach. Future investigations should also explore modifications to the protocol to enable its application in cases involving tilted implants with guided full-arch immediate loading rehabilitations.

References



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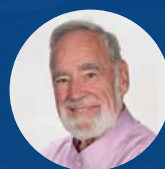
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Metal-free rehabilitation with bioactive glass-ceramic implants

Dr Saurabh Gupta, India

Biological dentistry has gained increasing interest among patients seeking metal-free alternatives because of concerns regarding biocompatibility and overall health.

This case report describes the comprehensive rehabilitation of a female patient in her thirties with longstanding food-related allergy-like symptoms and chronic gastrointestinal manifestations who requested complete metal-free dental treatment. The treatment included orthodontic aligner correction to establish functional occlusion, atraumatic removal of a failing titanium implant, extraction of a compromised root canal-treated tooth, placement of two zirconia dental implants, and definitive zirconia restorations. Healing was uneventful, with excellent aesthetic and functional outcomes. During follow-up, the patient reported a marked improvement in her overall well-being, including significant reduction in food-related allergy-like symptoms and chronic skin manifestations. Although these observations represent patient-reported outcomes and do not establish causality, this case demonstrates the successful application of comprehensive biological rehabilitation using bioactive glass ceramic implants and highlights the importance of documenting patient-centered outcomes.

Introduction

The demand for biological dentistry and metal-free rehabilitation has increased considerably in recent years. Many patients seek treatment that minimises the use of metallic biomaterials while emphasising minimally invasive procedures, preservation of healthy tissues, and restoration using highly biocompatible materials.

Zirconia implants have emerged as a promising alternative to conventional titanium implants because of their excellent aesthetic properties, favourable soft-tissue response, and metal-free composition. While titanium remains the gold standard for implant dentistry, selected patients actively request ceramic implants based on personal preferences, previous experiences, or concerns regarding metal sensitivity.

This case report presents the comprehensive rehabilitation of a patient who sought biological dental treatment involving replacement of a titanium implant and a root canal-treated tooth with bioactive glass ceramic dental implants, followed by complete metal-free prosthetic rehabilitation. Meridian® implants are fabricated from a proprietary bioactive glass ceramic rather than conventional zirconia. This non-metallic biomaterial is primarily composed of silicon dioxide (SiO₂), calcium oxide (CaO), magnesium oxide (MgO), sodium oxide (Na₂O), and potassium oxide (K₂O). The bioactive composition has been developed to support favourable bone and soft-tissue integration while maintaining the strength required for implant rehabilitation.

Case presentation

A female patient in her thirties, herself a medical doctor, presented to our clinic seeking treatment based on the principles of biological dentistry.

She reported a three- to four-year history of food-related allergy-like symptoms

together with recurrent dermatological manifestations that significantly affected her quality of life. According to the patient, these symptoms began after previous dental treatment involving a titanium implant and a root canal-treated tooth. Despite multiple medical consultations and allergy investigations, her symptoms persisted.

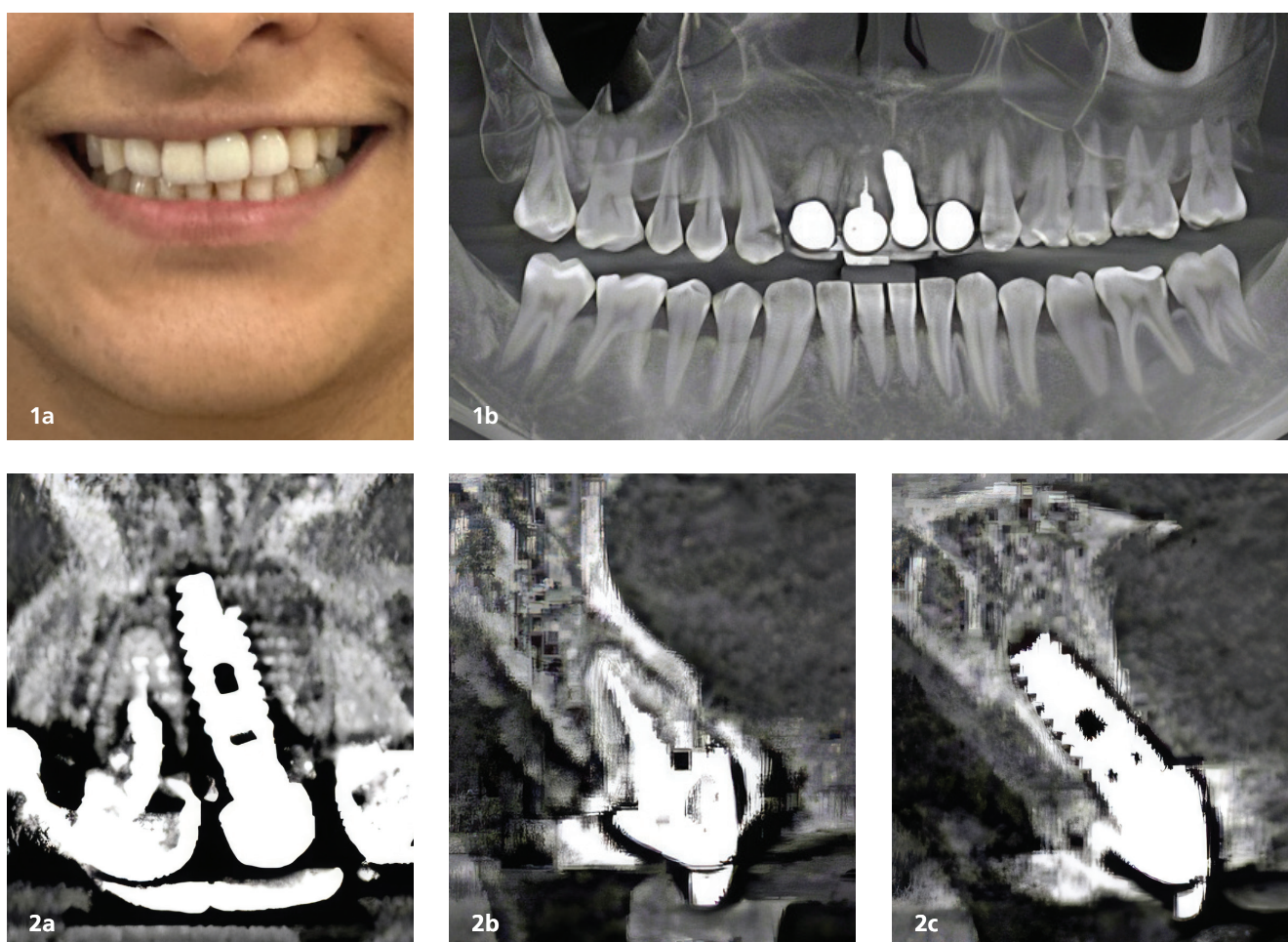
After conducting her own research into biological dentistry, she requested a comprehensive metal-free rehabilitation. Her primary request was removal of the existing titanium implant, extraction of the root canal-treated tooth, and replacement with ceramic implants and zirconia restorations.

Clinical examination revealed the following findings (Figs. 1a+b and Figs. 2a–c):

- A failing titanium implant at site #21
- A root canal-treated tooth #11 with a poor long-term prognosis
- Existing anterior restorations on teeth #12 and #22 requiring replacement
- Mandibular anterior spacing compromising functional anterior guidance and occlusion

Treatment planning

A staged treatment protocol was planned. The first phase involved orthodontic correction using clear aligners (Invisalign®) to close the lower anterior spacing and establish a stable functional occlusion with ideal overjet and overbite. Achieving an optimal occlusal relationship before definitive implant rehabilita-



Figs. 1a+b: Preoperative (a) clinical photograph and (b) orthopantomogram (OPG). – **Figs. 2a–c:** Preoperative three-dimensional cone-beam computed tomography (CBCT) evaluation of sites #11 and #21.

tion was considered essential for long-term functional stability (Figs. 3a+b).

Following completion of orthodontic treatment, biological surgical rehabilitation was undertaken.

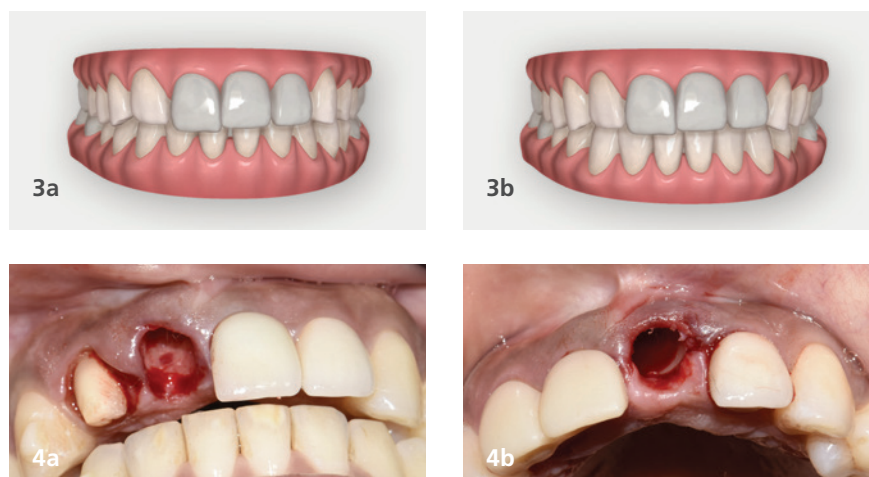
Surgical phase

In the first phase, the root canal-treated tooth #11 was atraumatically extracted under local anaesthesia (Figs. 4a+b), and an immediate monobloc zirconia implant was placed in the extraction socket with adequate primary stability. Healing progressed uneventfully.

After approximately six weeks, the existing titanium implant at tooth #21 was removed under local anesthesia using a trephine bur with careful preservation of the surrounding alveolar bone. Manual debridement was done followed by dis-

infection with Ozone DTA using plasma probes. Another monobloc zirconia implant was immediately placed into the prepared site, achieving satisfactory primary

stability. No bone grafting procedures were required, and healing was allowed to proceed under a minimally invasive protocol (Figs. 5+6).



Figs. 3a+b: Pre- and postorthodontic treatment planning using iTero Lumina software. – **Figs. 4a+b:** Staged extraction of tooth #11 and removal of the implant at site #21.

After approximately six weeks, the existing titanium implant at site #21 was removed under local anesthesia using a trephine bur, with careful preservation of the surrounding alveolar bone. The site was manually debrided and disinfected using Ozone DTA with plasma probes. A monobloc zirconia implant was then immediately placed into the prepared site, achieving excellent primary stability. No bone grafting was required, and healing proceeded according to a minimally invasive protocol (Figs. 5+6).



Fig. 5: Removal of the titanium implant using a trephine drill. – **Fig. 6:** Meridian® implants planned for sites #11 and #21.

Implant system and dimensions

Meridian® 1.6 S Line (Steinsohn, Poland)

- Site #11: 4 × 11 mm
- Site #21: 4 × 11 mm

Excellent primary stability was achieved. Primary wound closure was achieved with minimal tension, and postoperative healing was uneventful.

Prosthetic rehabilitation

Following an uneventful healing period of approximately four months, implant stability and soft-tissue maturation were confirmed.

At the site of tooth #21, following removal of the titanium implant, mild loss of the crestal bone and a corresponding reduction in the gingival height were observed. The resulting soft-tissue deficiency led to a slight compromise in the gingival architecture compared with the contralateral side.

The patient was thoroughly informed about the available treatment options, including soft-tissue augmentation (connective tissue grafting) and hard-tissue augmentation to improve the peri-implant tissue contours. However, she declined all grafting procedures, preferring to avoid additional surgical interventions (Figs. 7a+b).

Consequently, the definitive prosthetic restoration was designed to harmonise with the existing soft-tissue contours and the patient's smile line. The zirconia crown was fabricated with careful consideration of the available gingival architecture, achieving a natural aesthetic outcome while respecting the patient's treatment preferences. The mild gingival discrepancy remained clinically acceptable and was not perceptible during normal smiling due to the patient's smile line. The patient expressed complete satisfaction with the final aesthetic and functional result.

Digital intra-oral scanning was performed, and definitive prosthetic rehabilitation was planned.

Four zirconia crowns (Fx, Amman Girschbach) were fabricated to restore teeth #11, #12, #21, and #22, creating a completely metal-free anterior rehabilitation.

Special attention was given to:

- Emergence profile
- Soft-tissue architecture
- Shade matching
- Incisal translucency
- Functional anterior guidance
- Stable occlusal contacts

Final occlusal adjustments were performed to establish mutually protected occlusion. Following the crown placement, occlusion was checked performing IOS scan occlusal gram obtained on iTero lumina as shown below (Figs. 8+9).

Clinical outcome

Clinical healing was uneventful throughout the follow-up period. At the five-month review, both ceramic implants demonstrated excellent peri-implant tissue health, with healthy, stable soft tissues and no bleeding on probing. Radiographic evaluation confirmed satisfactory osseointegration with stable crestal bone levels around both implants and no evidence of peri-implant pathology. Functionally, the patient reported excellent comfort during mastication and normal oral function without any complications. She also expressed complete satisfaction with the aesthetic outcome, noting that the definitive restorations blended naturally with the adjacent dentition in terms of contour, shade, and soft-tissue integration (Figs. 10+11).

Patient-reported outcomes

Five months following completion of treatment, the patient reported sustained improvement in numerous symptoms that had previously persisted for approximately five years. Foods that had consistently produced severe bloating and gastrointestinal discomfort were successfully reintroduced without recurrence of symptoms. Constipation, hard stools, recurrent anal fissures and incomplete bowel evacuation resolved completely. Migraine frequency and severity were estimated by the patient to have decreased by approximately 80–90%, accompanied by marked reduction in chronic cervical and rhomboid muscle tension.

The patient further reported near-complete resolution of heat intolerance and night sweats, almost complete disappearance of chronic periorbital eczema and itching, and significant improvement in sleep quality. Heavy menstrual bleeding, which the patient described as a life-



Figs. 7a+b: Implant placement in phase 1 at site #11 and phase 2 at site #21. –

Fig. 8: Final zirconia restorations on teeth #12, #11, #21, and #22.

long pattern, normalised following completion of treatment. Serial laboratory investigations demonstrated normalisation of the previously elevated white blood cell count. The patient additionally reported that a persistent nighttime sensation of feeling “wired” resolved following removal of the titanium implant.

These findings represent patient-reported outcomes documented with informed consent and are presented as temporal observations.

Discussion

This case illustrates the successful rehabilitation of a biologically conscious patient using a comprehensive metal-free treatment approach.

The staged protocol emphasised functional occlusal correction before implant placement, minimally invasive surgical techniques, ozone DTA, and definitive rehabilitation with bioactive ceramic implants and zirconia restorations.

Beyond the predictable clinical outcomes achieved in terms of aesthetics, function, and peri-implant tissue health, this case highlights the value of documenting patient-reported outcomes.

While conventional implant success is typically assessed using clinical and radiographic criteria, patient-centred measures including comfort, quality of life, and perceived systemic well-being may provide additional insight into treatment outcomes.

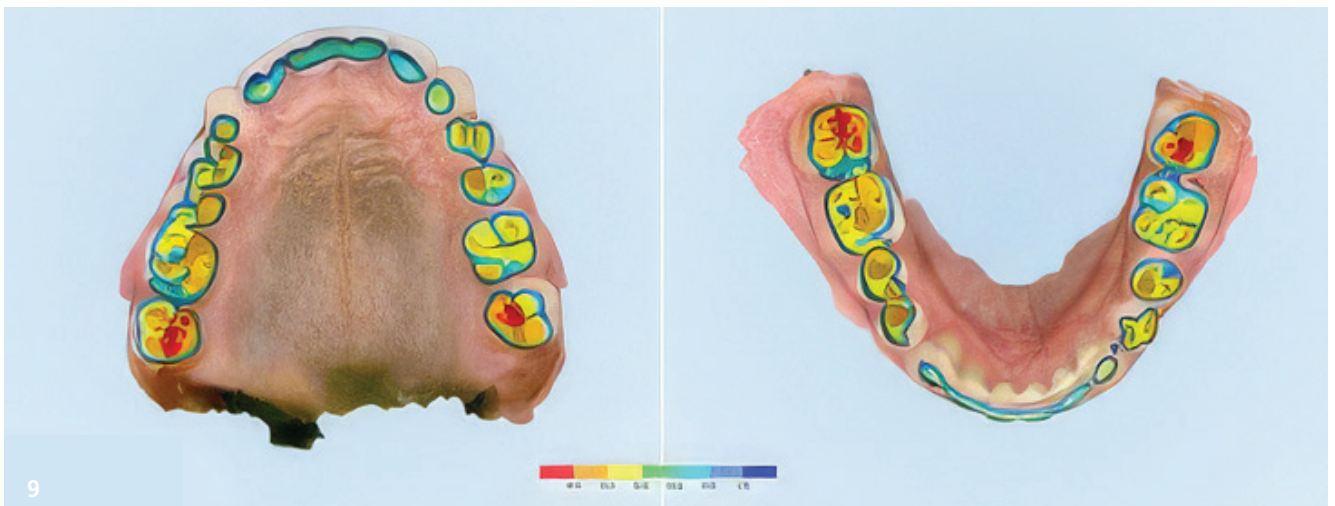


Fig. 9: Evaluation of occlusal forces using an iTero occlusogram.



Fig. 10: Digital workflow: intra-oral scan obtained at the five-month follow-up. – **Fig. 11:** Final smile at the five-month follow-up.

Clinical highlights

- Biologically oriented dental treatment approach
- Complete metal-free oral rehabilitation
- Removal of the failing titanium implant
- Extraction of the root canal-treated tooth
- Placement of two bioactive glass-ceramic implants (Meridian®, Steinsohn)
- Ozone-assisted decontamination and healing
- Placement of four definitive zirconia crowns
- Functional occlusal rehabilitation
- Excellent aesthetic integration
- Favourable patient-reported outcomes



Future prospective clinical studies involving standardised patient-reported outcome measures and immunological assessments are required to further investigate potential relationships between metal-free rehabilitation and systemic health in susceptible individuals.

Conclusion

Comprehensive biological rehabilitation using bioactive glass ceramic implants and metal-free zirconia restorations provided excellent aesthetic, functional, and biological outcomes in this patient.

The staged treatment protocol, including orthodontic correction, atraumatic surgery, ozone assisted healing, ceramic implant placement, and definitive zirconia restorations, resulted in predictable clinical success and high patient satisfaction.

In addition to the favourable clinical findings, the patient reported a marked improvement in overall well-being following treatment. Although these observations cannot establish causality, they underscore the importance of documenting patient-reported outcomes and encourage further research into comprehensive metal-free rehabilitation in appropriately selected patients.

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References



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EAO Congress in Lisbon

Experience the very best of implant dentistry

From 24 to 26 September 2026, Lisbon will welcome the 33rd Annual Congress of the European Association for Osseointegration—EAO, an event set to stand out as one of the most significant meetings in the field of implant dentistry. The congress will bring together leading scientific minds from around the world to explore the future of patient care, clinical excellence, and innovation.

Register here



More than a traditional scientific meeting, the EAO Annual Congress 2026 is positioned as a defining moment in professional development. It reflects the association's long-standing commitment to supporting clinicians throughout every stage of their careers, from the earliest years in practice to the most experienced phases of professional life. Education, innovation, and community come together in a setting designed to address the realities of daily practice while also opening new perspectives for the future.

The Lisbon programme will centre on "Delivering Health and Predictability: Shaping the Future of Patient Care." Across the congress, participants can expect a strong focus on innovative approaches to improving patient health and achieving reliable clinical outcomes. Internationally recognised experts will present the latest research, emerging technologies, and best practices that continue to shape implant dentistry at the highest level.

A particularly important aspect of the 2026 edition is the special partnership with the Brazilian Society of Periodontics and Implants (SOBRAPI). This collaboration highlights the increasingly global nature of scientific exchange in implant dentistry and promises to broaden discussion through diverse perspectives and shared expertise. The partnership also underlines the value of interdisciplinary dialogue and international cooperation in advancing the field.

Networking will be another central dimension of the congress. Beyond the lecture halls and scientific sessions, the event offers a space where professional relationships can develop across borders and specialties. In a discipline shaped as much by collaboration as by technical progress, these connections often become an essential part of long-term professional growth.

The scientific programme is expected to offer a rich and engaging learning experience. A major theme will be the impact of time in implant dentistry, with interactive sessions examining the critical role that timing plays in treatment planning and outcomes. Among the anticipated highlights is the First Global Consensus for Clinical Guidelines in Implant Dentistry, a milestone that reflects the congress's ambition not only to present knowledge, but also to help define the standards that will guide future practice.

Throughout the event, expert-led sessions will provide direct insight from some of the most respected clinicians and researchers in implant dentistry. The congress is also designed to encourage dialogue across all areas of the discipline, reinforcing the importance of interdisciplinary exchange in delivering better patient care.

Lisbon offers an especially fitting setting for such an occasion. A city where tradition and progress co-exist with ease, it provides an inspiring backdrop for a congress devoted to both scientific advancement and professional connection. Its architecture, climate, and welcoming atmosphere add a cultural dimension that will undoubtedly enhance the overall experience.

As the implant dentistry community looks ahead to 2026, the EAO Congress in Lisbon is emerging as a key date in the international calendar. With its blend of cutting-edge science, global collaboration, meaningful networking, and professional enrichment, the event promises to mark an important step forward in the ongoing evolution of dental and implantology practice.

Source: EAO

EAO)))
EUROPEAN ASSOCIATION
FOR OSSEointegration

OSSTEM Europe Meeting 2026

Mastering the unexpected in implant dentistry

Ahead of the OSSTEM Europe Meeting 2026 in Prague on 13–14 November, *EDI Journal* spoke with Dr Ieva Gendvilienė, member of the scientific committee and chair of the OIC Europe Communication Committee, about the congress theme, programme and new opportunities for clinicians.

Dr Gendvilienė, what is OIC Europe and what is your role?

OIC Europe is a scientific community dedicated to education, research and collaboration in implant dentistry. We provide clinical videos, lectures, case-based learning and support international research projects. As chair of the communication committee, I help connect these activities with the wider dental community across Europe.

Why was “Mastering the unexpected” chosen as the theme?

Unexpected challenges remain part of everyday implant dentistry, regardless of experience. Expertise is not defined by the absence of complications, but by the ability to anticipate, prevent and manage them. The meeting aims to provide practical, evidence-based strategies that help clinicians turn uncertainty into more predictable outcomes.

How is the scientific programme structured?

The programme follows the treatment pathway from diagnosis and planning to surgery and restoration, with risk management throughout.



It is designed for surgeons, prosthodontists, periodontists, general practitioners and students. Day one focuses on surgical techniques, complication prevention and management, followed by prosthetic planning. Day two highlights digital workflows, guided treatment, full-arch rehabilitation and decision-making in complex cases.

What will be new in Prague compared with the previous event in London?

Prague will place an even stronger emphasis on complications and on integrating surgical and prosthetic perspectives. Prosthetic content has been expanded, and we are pleased to welcome a strong and diverse faculty. Attendees can also expect a larger exhibition area, more networking opportunities and the launch of OIC Young, an initiative supporting the next generation of dental professionals.

What can clinicians expect from your lecture?

My lecture, "Precision in practice: Guided implantation and roll flap synergy", will focus on preventing complications through accurate implant positioning and soft-tissue management. I will show how guided placement combined with roll flap techniques can support stable keratinised tissue and more predictable long-term outcomes, with practical tips for daily practice.

How can young professionals get involved?

The meeting will include poster competitions in preclinical research, clinical research, case reports and clinical photography, as well as oral abstract presentations. These give young clinicians and researchers opportunities to present their work, gain visibility and compete for awards.

Thank you for sharing your insights!



Join the event in Prague

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

Further programme details and registration information for the OSSTEM Europe Meeting 2026 are available at:



Support a patient. Apply regeneration. Make an impact.

More information and
submission guidelines



As part of its 175-year jubilee, Geistlich has launched a new patient support programme designed to improve access to regenerative dental treatment for patients who would otherwise remain untreated due to financial limitations. The initiative reflects a central principle of regenerative dentistry: the restoration of oral tissues can also restore function, confidence, and quality of life. In daily practice, clinicians frequently encounter patients with clear indications for regenerative therapy whose treatment plans are delayed, modified, or abandoned because of cost. Procedures such as ridge augmentation, guided bone regeneration, and soft-tissue regeneration are well established and science-based, yet the financial burden associated with biomaterials, implants, and reconstruction can place them beyond reach for some patients. The new Geistlich programme aims to help close that gap.

What this means for clinicians

The programme offers clinicians the opportunity to treat patients with a clear regenerative indication without allowing cost to become the determining factor. While support is provided for selected cases, full clinical responsibility remains with the treating clinician, including diagnosis, treatment planning, case execution, and follow-up care. By focusing on predictable, evidence-based regenerative treatment, the initiative supports clinicians in delivering care that is both biologically sound and potentially life-changing for patients who may have previously declined therapy for financial reasons. Only a limited number of cases will be selected worldwide, underscoring the programme's emphasis on careful case review and meaningful patient impact.

How it works

To keep participation efficient, the submission pathway has been structured as a simple two-stage process. The first step consists of a short, anonymised application that includes a brief case overview, key clinical details, and the proposed treatment plan. This initial review allows cases to be assessed without requiring full documentation at the outset. If a case is selected, the second stage requires complete documentation, including patient consent, confirmation of eligibility, and relevant clinical records. This approach is intended to reduce administrative burden while ensuring that selected cases are supported by thorough and appropriate documentation before final approval.

Eligibility and support

The programme is open to licensed dentists and specialists in their respective countries who are committed to evidence-based regenerative treatment. Suitable patient cases must present a clear clinical indication for regenerative therapy, have a history of treatment being declined due to financial constraints, and offer the potential for a predictable clinical outcome.

Selected cases will receive full coverage of Geistlich biomaterials, along with a 50 per cent contribution toward implant costs and a 50 per cent contribution toward crown costs. Professional fees remain the responsibility of the treating clinician.

What makes a strong application?

Applications are expected to demonstrate a meaningful opportunity to improve a patient's condition through regenerative treatment that might not otherwise be possible. Strong submissions typically include a clearly defined regenerative indication, a predictable treatment concept using Geistlich biomaterials, and high-quality clinical documentation such as radiographs and photographs.

Cases involving ridge augmentation, guided bone regeneration, or soft-tissue regeneration are particularly well aligned with the aims of the programme. Clinicians with experience in regenerative procedures and a structured approach to documentation are especially well positioned to contribute strong applications.

A jubilee initiative with clinical and human impact

With this programme, Geistlich is linking its anniversary celebration to a practical effort to improve patient access to advanced regenerative care. The initiative highlights not only the clinical value of regenerative dentistry, but also its potential to address unmet need when financial barriers stand in the way of treatment.

By supporting selected cases around the world, the programme reinforces the importance of combining scientific rigour with patient-centered action. In doing so, it offers a timely example of how industry-supported initiatives can help extend the benefits of modern regenerative therapy to those who need it most.

Contact address
Geistlich Pharma AG
www.geistlich.com



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A milestone year for the EFP

From Vienna to Baku

From EuroPerio11 in Vienna to Perio Master Clinic in Baku, the past year has been one of momentum and strategic progress for the European Federation of Periodontology (EFP). Under the leadership of Past President Spyros Vassilopoulos, secretary general Anton Sculean, and treasurer Andreas Stavropoulos, the federation has advanced its Vision 2030 agenda while strengthening partnerships, widening its international reach, and reinforcing financial sustainability.

Vision 2030 remained at the centre of the EFP's work, guiding progress across science, education, sustainability, international collaboration, and influence.

Education was a particular priority. EuroPerio11 in May 2025 and Perio Master Clinic 2026 brought together thousands of oral-health professionals for scientific exchange and continuing education. Another highlight was the 21st European Workshop on Periodontology in La Granja, Spain, which focused on clinical-practice guidelines for periodontal therapy, gingival diseases, and acute periodontal conditions—an initiative Prof. Vassilopoulos described as a strong example of science translated into practice.

EuroPerio11 was a defining moment for the federation. Held in Vienna, the congress attracted more than 10,000 participants and reaffirmed its position as the world's leading event in periodontology and implant dentistry. It also made a major contribution to the EFP's financial stability and strengthened relationships with partners, many of whom expressed interest in future collaborations.

Perio Master Clinic 2026 in Baku marked another strategic step, extending the EFP's reach into Eastern Europe and neighbouring regions. Despite the challenges of regional instability and travel uncertainty, the meeting succeeded in engaging new audiences and delivered a strong programme.

Public engagement also moved forward. The EFP expanded Gum Health Day through a new three-year

campaign model, giving member societies greater flexibility to adapt materials locally. In both Vienna and Baku, public events featuring free dental check-ups, educational outreach, and media engagement helped raise awareness of oral health and increase the federation's visibility.

For secretary general Anton Sculean, the year focused on continuity, co-ordination, and cohesion across the federation. Close collaboration with member societies, committees, and the central office remained a priority, alongside support for younger colleagues and the next generation of leaders.

Financial sustainability also remained central. Treasurer Andreas Stavropoulos emphasised prudent budgeting, careful cost control, and transparent governance. While EuroPerio continues to be the EFP's principal source of revenue, its triennial nature makes long-term planning between congress cycles essential.

Together, these achievements have strengthened the EFP's scientific leadership and international profile. With International Perio Master Clinic 2027 and EuroPerio12 ahead, the federation moves into the next phase of Vision 2030 with growing confidence and reach.

Source: EFP

Geistlich Pharma AG

A legacy of transformation

Few companies can look back on 175 years not simply as a measure of longevity, but as a record of continual reinvention. Geistlich is one of them.



Geistlich
Pioneering Spirit

From Switzerland's first glue factory to a global leader in regenerative medicine, its story is defined by vision, resilience and a remarkable capacity to evolve.

Founded in 1851 by Heinrich Glättli and Heinrich Geistlich on the shores of Lake Zurich, the company began as a practical industrial business rooted in the nineteenth century. Yet from the start, Geistlich showed a distinctive ability to adapt decisively and intelligently.

The making of an industrial pioneer

When the company moved to Schlieren in 1869, it became the village's first industrial enterprise. Alongside glue, it produced fertiliser from deglued bones, reflecting an early instinct for finding new value in existing materials.

Under Eduard Geistlich, who took over after his father's death, the company entered international markets despite tariffs and fierce competition. His influence extended beyond business: he

helped develop Schlieren by initiating its first electricity supply, supporting the Limmattal railway, installing the area's first public telephone, opening a kindergarten and backing the secondary school.

Independence, resilience and the long view

Expansion to Wolhusen in 1899 showed the same drive for reinvention. After the Simplon Tunnel opened in 1905, Geistlich used newly available labour to build a water channel and hydro-electric power station that supplied both the company and nearby villages.

After Eduard's death, his eight children founded "Ed. Geistlich Söhne AG" in 1909, securing the company's independence as a family-owned business. That long-term perspective proved

1920



1932



1928



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Auf der Etikettenrückseite: Anwendungstabellen für Geistlich-Klebstoffe.

Geistlich
Klebstoffe für alle und alles

1976



1987

vital during crisis. In the First World War, Geistlich maintained production despite severe constraints, importing raw materials from Spain, Malta and France. It also invested in employee welfare, and even during the Great Depression continued pensions and introduced unemployment insurance.

Reinvention through science

By the 1930s, Geistlich was widening its ambitions. In 1933, it launched Tycol, its first synthetic adhesive, patented in 18 countries. The decisive shift came during the Second World War, when the company established a pharmaceutical division.

In 1945, Geistlich introduced Decalcit®, its first pharmaceutical product for human use. Research expanded steadily, and by its

centenary in 1951—with the acquisition of Delta-Werke and the launch of GT 50—the company had already moved beyond traditional industrial manufacturing. At the same time, it continued to strengthen its adhesives business, bringing products such as Konstruvit into Swiss homes.

A new frontier: regenerative medicine

Its most consequential transformation came in regenerative medicine. In 1981, Geistlich began working with Dr Philip J. Boyne on jawbone reconstruction. In 1986, the first clinical results for Geistlich Bio-Oss® were published, and in 1987 the product was approved in the United States, marking a major international breakthrough.

2002



2004



2011



In 1997, Geistlich introduced Bio-Gide®, the first collagen membrane for dental regeneration. The company had evolved from industrial manufacturer to pioneer in a specialised field focused on healing and quality of life.

Knowledge as legacy

In the twenty-first century, Geistlich has continued to invest in science and education. The Osteology Foundation, established



2020



2026

in 2003, underlined its commitment to advancing regenerative dentistry. Modernisation of the Wolhusen site, international subsidiaries, and expansion into soft-tissue regeneration and wound care followed. The company also showed resilience during the pandemic.

Recent acquisitions and partnerships in Italy, the United States, Brazil, France and Germany show that Geistlich remains outward-looking and future-focused.

Elegance in evolution

To reflect on 175 years of Geistlich is to see more than a list of milestones. Across changing markets, technologies and eras, the company has preserved a clear belief in thoughtful progress rooted in expertise, responsibility and independence.

Looking ahead, from 2025 onwards Geistlich plans to align its portfolio even more closely with customer and market needs. By 2035, it aims to improve the quality of life of more than 80 million people through dental regeneration.

Geistlich has never defined itself by what it once was. Its true legacy lies in what it has repeatedly chosen to become.

Contact address

Geistlich Pharma AG

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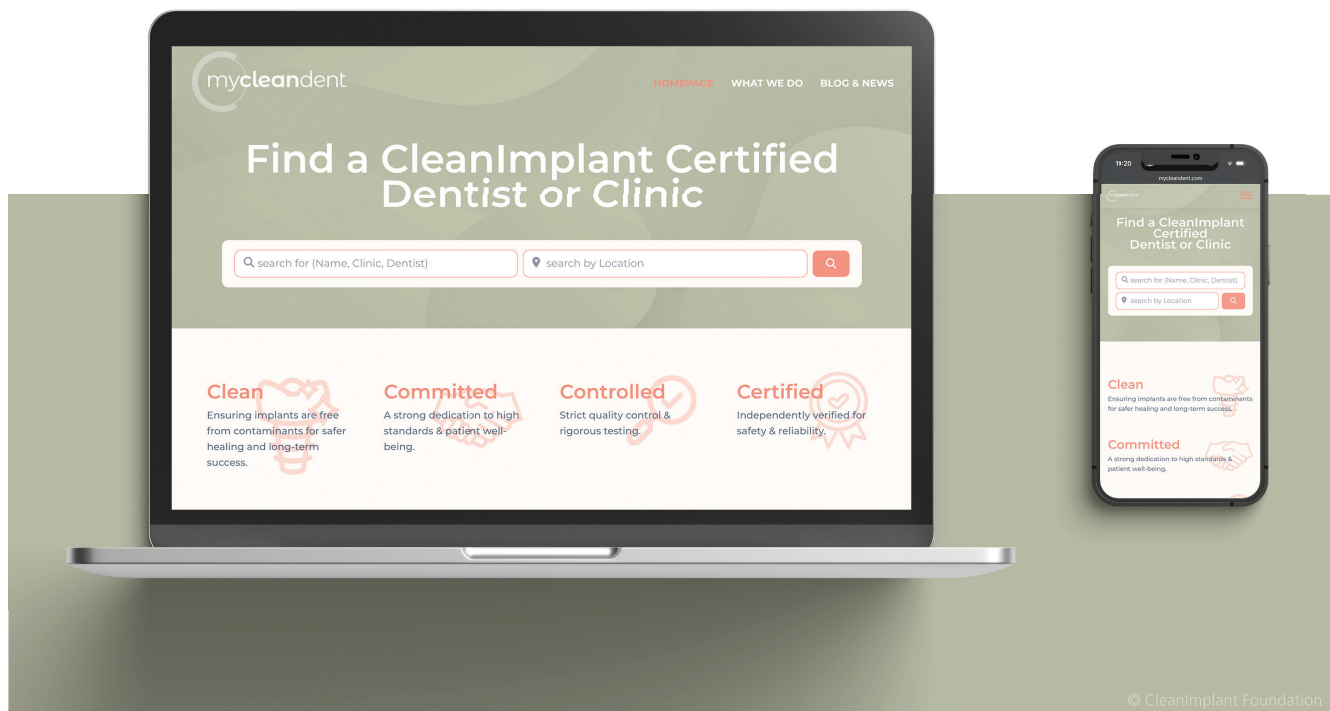
13–14 NOVEMBER 2026
**MARITIM HOTEL & INTERNATIONAL
CONGRESS CENTER DRESDEN**

Scientific leader: Dr Georg Bach



CleanImplant Foundation

CleanImplant strengthens the digital presence of certified practices



The CleanImplant Foundation has launched the new patient-oriented platform mycleandent.com and expanded its membership programme with another exclusive benefit: every CleanImplant Certified Dentist now receives an individual landing page that is search-engine optimised, locally targeted, AI- and SEO-supported, and editorially managed by CleanImplant.

Excellence deserves visibility

CleanImplant-certified practices benefit from enhanced digital visibility precisely where patients are actively searching for quality and trust in implant dentistry: Certified Dentists work with award-winning implant systems and earn the confidence of their patients through a demonstrated commitment to product quality. mycleandent.com serves as a dedicated search

platform where patients can rely on their clinicians' promise of uncompromising quality standards in implant dentistry.

The range of benefits

For CleanImplant Certified Dentists the range of benefits extends well beyond digital visibility. High-quality marketing materials support consistent and professional communication of the practice's commitment to quality—from personalised quality certificates and acrylic reception displays to patient brochures for waiting areas and consultation rooms. These tools facilitate informed and trust-based patient discussions.

In addition, members gain access to a practice-oriented expert network, professionally designed social media templates, and reliable independent analytical data on dental implant systems.

Further information available on the initiative's website



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CleanImplant Foundation

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Biological bone regeneration using the tenting-pole technique

Bone augmentation and implant rehabilitation in an 82-year-old patient

Moustafa Hijazi, MSc, MSc, Germany

This article presents the comprehensive and successful treatment of an 82-year-old female patient with severe, advanced bone loss in the maxilla. The treatment was carried out in several carefully planned stages and combined contemporary bone regeneration techniques with a customised implantological approach. Bone augmentation, a procedure used to restore lost alveolar bone volume, played a central role in the overall treatment concept.

Advanced biomaterials and surgical techniques were employed throughout the course of treatment. Of particular significance was the use of EthOss, a biphasic synthetic bone graft substitute whose

osteoconductive and resorbable properties support the rapid formation of the patient's own new bone. In addition, the tenting-pole suture technique was utilised. This specialised suturing method,

performed with resorbable sutures, supports optimal wound healing, contributes to stabilisation of the graft material, and reduces the risk of post-operative complications.

This precisely coordinated treatment approach made a substantial contribution to the successful clinical outcome and enabled long-term stabilisation of the implant-supported restoration. The present article outlines each phase of treatment, the materials employed, and the clinical results achieved, thereby offering valuable insights into the potential of modern oral surgical therapies in the management of complex cases.

Medical history and initial situation

An 82-year-old female patient presented to our clinic seeking a fixed prosthetic restoration in the left maxilla. Clinical and radiographic assessment revealed a retained root remnant in region 23, together with pronounced bone loss in region 27 following a previous extraction performed by the referring general dental practitioner. In view of the extent of the alveolar atrophy, immediate implant placement was not feasible, and comprehensive biological pre-implant bone regeneration was therefore planned.

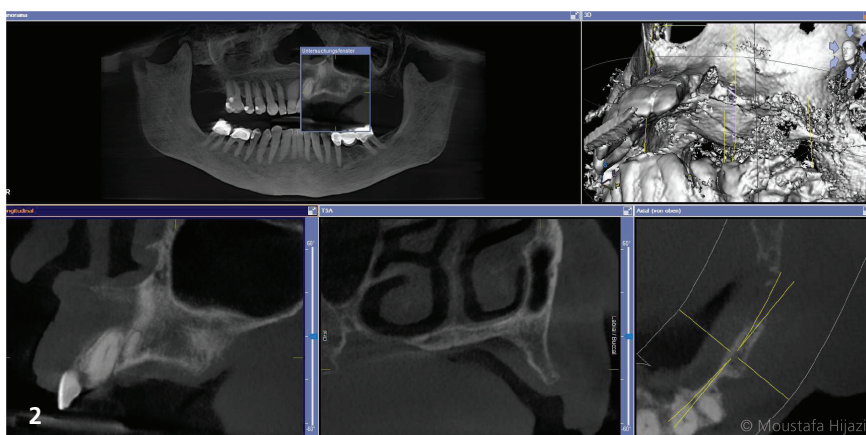
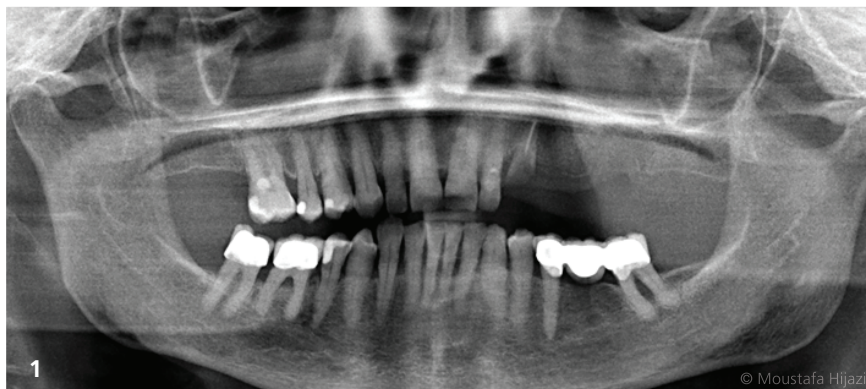
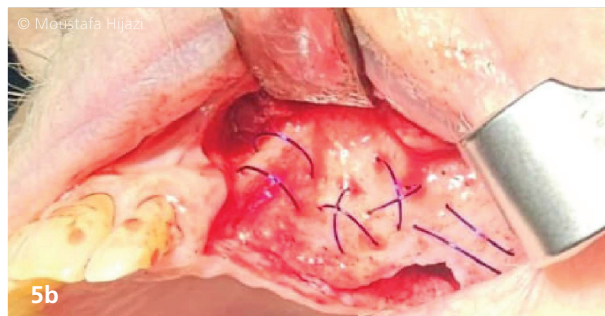
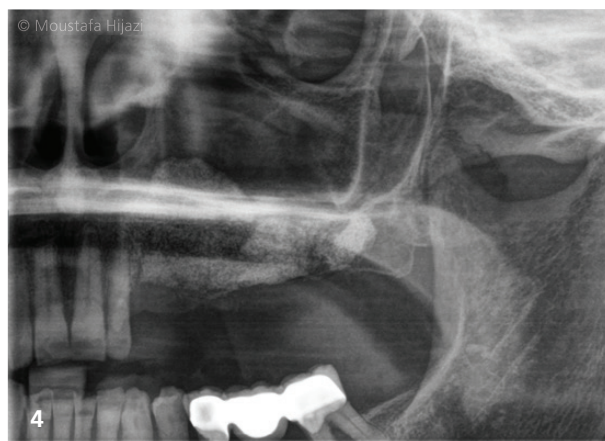
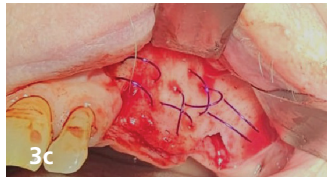
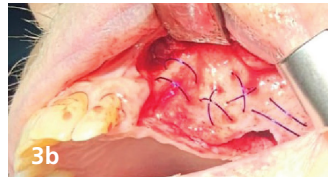
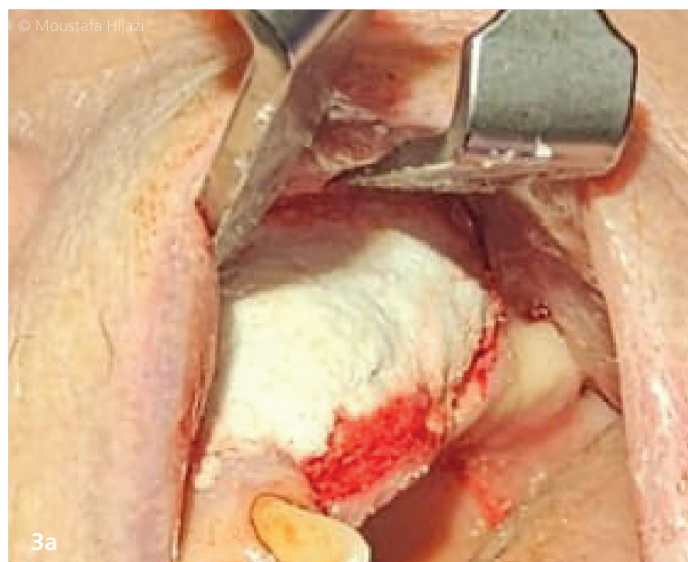


Fig. 1: Panoramic radiograph provided by the referring general dental practitioner. – **Fig. 2:** Initial situation on CBCT imaging.

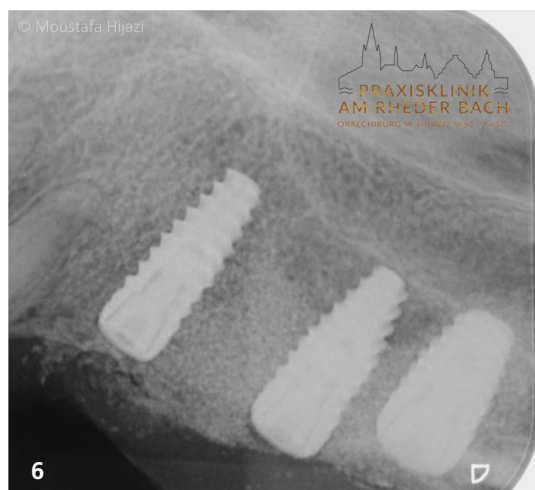
Treatment concept and planning

A thorough diagnostic work-up, including cone beam computed tomography (CBCT), was undertaken in order to assess the osseous defect and guide treatment planning. Based on these findings, a two-

stage therapeutic concept was established. Phase 1 comprised bone regeneration with lateral and crestal augmentation, followed by Phase 2, which involved implant placement in regions 23, 24 and 26 after complete osseous regeneration had been achieved.



Figs. 3a–c: Intraoperative view of the augmentation procedure **(a)**. Tenting-pole suture technique **(b+c)**. – **Fig. 4:** Postoperative radiograph: review following augmentation of the left maxilla. – **Figs. 5a+b:** Fixation using PDS suture. – **Fig. 6:** Postoperative radiograph of the implants. – **Fig. 7:** Implants following second-stage surgery.



Bone augmentation: an innovative regenerative approach

Bone augmentation was performed using EthOss as the grafting material, consisting of 65% beta-tricalcium phosphate and 35% calcium sulphate, a composition that is currently unique in this form, in combination with a Geistlich Bio-Gide membrane (20 × 30 mm). Stability of the augmented site was ensured using the tenting-pole suture technique, thereby providing structural support for the graft material and promoting favourable conditions for wound healing and bone regeneration.

Distinctive features of the tenting-pole suture technique

The PDS II 2/0 suture (purple) is a synthetic, monofilament, resorbable suture material specifically developed for use in surgical procedures requiring prolonged wound support. It is distinguished by its high tensile strength and predictable resorption profile, thereby ensuring sustained stability throughout the critical phases of wound healing. The monofilament structure facilitates smooth passage through tissue, enables even distribution of tension, and reduces the risk of suture rupture and local tissue irritation.



Technical specifications

- Manufacturer's designation: PDS II Suture or Luxcryl PDO
- Material: Polydioxanone (PDS)
- Suture size: 2/0
- Needle type: CT-1 (36 mm taper needle)
- Suture length: 150 cm
- Colour: Purple (for improved intraoperative visibility)
- Resorption time: Approximately six months

Because of its slow resorption characteristics, PDS II is particularly suitable for surgical indications in which extended stabilisation is essential, including bone augmentation, soft-tissue reconstruction and orthopaedic procedures.

Advantages of the tenting technique

1. Slow and controlled resorption

The suture material is gradually resorbed by the body over an extended period, thereby providing long-term support during the critical phases of healing.

2. Monofilament design

The smooth, single-strand structure minimises the risk of tissue trauma and infection while facilitating suture placement and knot handling.

3. High tensile strength

PDS II sutures provide sustained stability, which is particularly important in procedures such as bone grafting, where secure fixation of the graft material is essential.

4. Biocompatibility

The material is well tolerated and elicits only a minimal inflammatory response, thereby supporting favourable wound healing.

5. Time-saving and biologically advantageous

In contrast to tenting screws, the sutures do not require removal. This avoids disruption of the healing process, reduces scar formation, and promotes more uneventful soft-tissue recovery.

Application in bone augmentation

In the present case, the PDS II suture was used to achieve stable fixation of the bone graft. Small perforations were created in the bone, through which the suture was passed in a tent-like configuration. This approach ensured even distribution of tension and enhanced stability of the augmented site. The resorbable nature of the suture eliminates the need for a secondary procedure for material removal and supports the natural regenerative process of the tissue.

Clinical experience and evidence

Clinical experience and published reports by Prof. Dr Peter Fairbairn, Dr Nabil Benabadi and other leading implantologists indicate that the use of PDO sutures can significantly reduce complication rates. Stabilisation techniques employing this type of suture material appear to contribute substantially to improved implant prognosis and may support shorter healing periods.

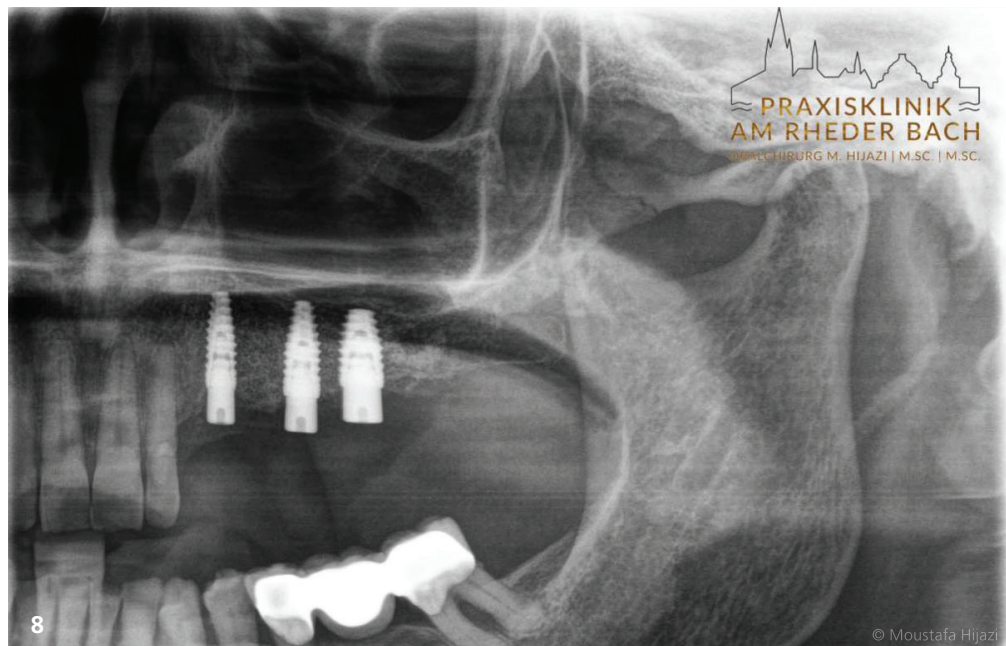
Key characteristics and clinical advantages of PDS II suture in contemporary surgical practice

- The grafted bone is stabilised using PDS II 2/0 suture material, which serves as a resorbable support element for the augmentation.
- Small perforations, approximately 2 mm in depth, are created in the bone using a bur measuring 2 mm in length and 1 mm in diameter. These perforations allow secure passage and positioning of the suture.
- In the molar region, the PDS suture is arranged in a tent-like configuration in order to provide vertical support and maintain the augmented volume.
- In the premolar and canine regions, the suture is positioned in a curved, parallel configuration, allowing adaptation to the anatomical contour of the alveolar ridge while ensuring stable fixation of the graft material.
- According to the manufacturer, the resorption period is approximately six months, providing prolonged stabilisation during the critical phases of healing and bone maturation.
- The principal function of the suture is to act as a stabilising element for the augmentation, helping to maintain graft position, protect the regenerative space, and support predictable healing.

Implant placement and delayed treatment course

Following successful bone augmentation in 2023, implant placement had initially been scheduled for approximately

Fig. 8: Postoperative radiograph: implants following second-stage surgery.



12 months later, in April 2024. Owing to the patient's medical condition and personal commitments, however, the procedure had to be postponed until 21 October 2024. Despite this delay, the augmented site was found to be in excellent condition at the time of implant surgery: the regenerated bone was well mineralised and had largely been converted into vital native bone.

Implant placement on 21 October 2024

Under local anaesthesia, three Camlog implants (CONELOG Bone Level PROGRESSIVE-LINE) were successfully placed:

- Region 23: implant diameter 3.8 mm
- Region 24: implant diameter 4.3 mm
- Region 26: implant diameter 5.0 mm

To further optimise crestal bone volume, relining was performed using 1 g of EthOss bone substitute material. This step was feasible because the additional augmentation was carried out on a foundation of newly regenerated native bone. This measure supported the long-term stability of the implants and promoted sustained bone regeneration in the peri-implant region.

Second-stage surgery and final restoration

During second-stage surgery, three cylindrical healing abutments (4 mm) were placed. At follow-up, all implants demonstrated optimal osseointegration. The next phase of treatment will involve restoration with a fixed bridge.

Advantages of the chosen technique

The selected treatment approach offered several noteworthy advantages:

- No additional bone harvesting required
- This avoided the need for invasive autologous grafting procedures.
- Reduced complication rate
- More even load distribution achieved with PDS suture stabilisation may contribute to improved healing and fewer post-operative complications.
- Cost efficiency and reduced treatment burden

No further surgical intervention was required for removal of stabilisation elements, thereby reducing overall treatment complexity.

Conclusion

This case demonstrates that even in complex clinical situations, long-term successful outcomes can be achieved through the use of modern augmentation and implantological techniques. The combination of advanced grafting materials, membrane protection and resorbable tenting-pole stabilisation enabled predictable bone regeneration and successful implant placement in an elderly patient with severe alveolar atrophy. The patient is expected to benefit from improved masticatory function, enhanced prosthetic stability and a significantly improved quality of life.

References



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Fotona Gmbh

Complete laser support for implantology



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Laser technology from Fotona can support multiple stages of implant treatment, including tooth extraction, post-extraction ridge preservation and peri-implant disease management. Fotona offers a comprehensive implantology solution through three powerful technologies on its LightWalker and SkyPulse dental laser systems: TwinLight, SWEEPS and ComfortLase.

Fotona's TwinLight protocol combines Er:YAG and Nd:YAG wavelengths for two key implantology applications: post-extraction ridge preservation and minimally invasive peri-implant disease management. In post-extraction treatment, Er:YAG supports cleaning and decontamination of extraction sockets, while Nd:YAG enables deep disinfection and biostimulation, promoting healing. In peri-implant disease management, Er:YAG supports effective removal of granulation tissue and cleaning of implant surfaces, while Nd:YAG enables bacterial reduction and biostimulation, supporting re-osseointegration.

Fotona's proprietary SWEEPS Er:YAG photoacoustic technology enables cleaning and decontamination in anatomically complex or difficult-to-reach areas. ComfortLase photo-biomodulation utilises Nd:YAG laser energy to stimulate tissue repair, promote faster healing and support patient recovery. Together, TwinLight, SWEEPS and ComfortLase help clinicians preserve tissue, support healing and improve implant outcomes.

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As Fredrik Engman, co-founder of Neoss, explains: "We never had to change our implant design. Because it works." This straightforward statement reflects a guiding principle at the heart of the Neoss philosophy: if something works well, there is no need to make it more complicated.

Long-term clinical data supports this approach. A retrospective study⁺ conducted at Zahnimplantat Zentrum & Kieferchirurgie Haßfurth in Wittenberg, Germany, evaluated 1,648 Neoss ProActive Straight implants and reported a ten-year survival rate of 98.4%. The same study showed survival rates of 99.3% after



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one year and 98.9% after five years, demonstrating stable and consistent performance over time.

Neoss ProActive® represents intelligent simplicity, combining a proven design with dependable long-term outcomes that clinicians can trust.

⁺ Long-term clinical performance of superhydrophilic dental implants with more than ten years follow-up, Clinical Oral Implants Research, Hassfurth ND, Hassfurth N., EAO-332/PO-SU-022.

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Ideal solution for all indications

AWI ceramic implants from WITAR offer superior aesthetics, stability, accuracy and healthy osseointegration. A sophisticated design combined with modern materials make for an ideal solution for all bone classes and indications. Made of zirconium dioxide, AWI dental implants are metal-free and thus fully biocompatible. The cemented zirconia abutment allows an individual design. The transgingival shoulder has an ideal surface for interacting with soft tissue for any type of indication. The conical micro-thread allows great primary stability and axial loading. Studies have shown that the thread roughness of 1.7 µm leads to optimal osseointegration. Also, the surface is coated with a bioactive BIOVERIT I nano-coating. This surface-thread combination enables superior osseointegration for all bone classes. The self-tapping implant tip provides space for bone chips and low-compression insertion. AWI ceramic implants are now available in gingiva colour too, which leads to even better aesthetics and optimised risk areas.

Contact address

WITAR Consulting GmbH
www.witar.de

ZiNova

ZiNova & Z7 ceramic implant systems—a new biological approach to implantology

ZiNova (USA) and Z7 (international markets) represent a next-generation ceramic implant platform developed by MABB—Bioengineering & Biomaterials, focused on biologically driven, metal-free implantology.

Manufactured using advanced ceramic injection molding (CIM) technology and yttria-stabilised zirconia (Y-TZP), the system combines high mechanical strength, tissue stability, and optimised biological integration.

A key differentiator is its proprietary 3D native surface technology, generated directly during the CIM manufacturing process without sandblasting or aggressive acid etching. This approach aims to preserve surface integrity while reducing potential contamination risks, supporting favourable biological behaviour for both hard and soft tissues, while also contributing to a more sustainable manufacturing philosophy with lower environmental impact.

The implant philosophy is centered on tissue-level concepts, aiming to reduce micro-movements, bacterial infiltration, bio-tribocorrosion-related risks, and long-term peri-implant inflammation commonly associated with metallic systems.

The Z7 platform currently includes:

- FDA-cleared one-piece zirconia implant system in the United States under the ZiNova brand
- one-piece and two-piece systems approved in Argentina (ANMAT)
- regulatory expansion activities ongoing in Brazil (ANVISA)
- CE certification process currently underway in Europe

Today, more than 300 clinicians are actively using Z7 systems in South America, supported by growing clinical evidence, international collaborations, and presentations at scientific meetings such as the Z7 & ZiNova Experiences and the Global Ceramic

Implant Summit held in Buenos Aires and to be programmed in the US, Brazil, Europe and Asia.

The vision behind ZiNova/Z7 is simple: to help drive implant dentistry toward a more biological, aesthetic, tissue-friendly, and metal-free future.



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www.zinovaimplants.com
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It was in 1994 that Dentaureum 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.

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More information



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10/2026	ICOI/ADIA World	Las Vegas USA	1–3 October 2026	icoi.world/upcoming-events
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- [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).

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Bone Growth Concept

copa
SKY
IMPLANT SYSTEM



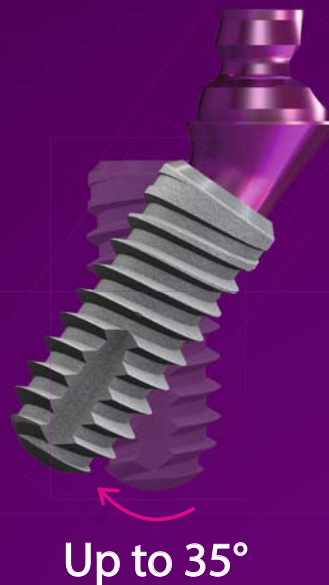
copaSKY

with one connection and
microstructured backtaper.

Slim.



Angled.



Ultra short.



PERFECT

for any bone situation.
for all indications.
for immediate restoration.
for digital workflows.



SCAN ME

bredent
medical

bredent
group