FINAL PROGRAMME

9th Congress of the European Federation of Periodontology

efp.org
Most patients do not realize that immediately after brushing, bacteria start to regrow on all mouth surfaces.

Help your patients be Totally Ready for Whole Mouth Health*

Regular toothpaste only provides fluoride protection for hard tissues. **Colgate Total® adheres to both hard and soft tissues for whole mouth health** *1-6:

- ≥ 50% reduction in bacteria load in all patients and on all mouth surfaces (teeth, tongue, cheeks and gums) *6
- 12 hours antibacterial protection, even after eating and drinking1-5

For further information visit www.colgateprofessional.co.uk

* In addition to fluoride for cavity protection, Colgate Total® provides 12-hour antibacterial protection for teeth, tongue, cheeks and gums.
# Defined as non-antibacterial fluoride toothpaste
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- Czech Society of Periodontology
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- Hungarian Society of Periodontology
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- Israeli Society of Periodontology
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- Lithuanian Association of Periodontology
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- Azerbaijani Society of Periodontology
- Moroccan Society of Periodontology
- Russian Society of Periodontology
- Ukrainian Society of Periodontists
30
national scientific societies
unite to promote gum health

EFP, the driving force behind EuroPerio9

Full-member societies

Associate-member societies

Periodontal Health for a Better Life

www.efp.org
PERIO·AID®

THE CHOICE IS YOURS IN EVERY SITUATION

0.12
0.05

PERIO·AID offers specific concentrations for optimal efficacy in every situation.
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Dear fellow perio professionals,

On behalf of the European Federation of Periodontology, it is my great pleasure to welcome you to EuroPerio9 here in the beautiful city of Amsterdam.

EuroPerio9 is at the heart of the EFP’s activities and helps to illustrate the leading role the EFP plays at a global level, in the prevention and treatment of periodontal and peri-implant diseases and conditions. In keeping with this role, it is the duty of the EFP leadership to create a scientific programme that encompasses and adequately addresses all pertinent aspects related to current concepts but also emerging trends in today’s profession. The Organising Committee under the leadership of Congress Chair Michèle Reners, the Scientific Chair Søren Jepsen and the congress Treasurer Gernot Wimmer has done a tremendous job in making sure that the high quality standards that the EFP represents have not just been maintained but even surpassed in both form and content. However, the EFP is only as strong as its members. This is why it is of great importance to the EFP that EuroPerio9 is also used as a platform to showcase the activities of its 30 Full and Associate member societies. Make sure to visit them at the EFP Village and experience the full power and diversity that constitutes the international perio family.

The EFP is increasingly looking beyond the borders of Europe to develop a uniting role in the world of periodontology with those countries who wish to share in our philosophy and activities. The joint session with the Japanese Society of Periodontology is a “premiere” in this aspect and a beautiful illustration of this endeavour. Our goal is to work with all dental professionals from all over the globe to make periodontology more attractive and, conversely, to achieve the best clinical results for all our patients and improve oral health among the entire population.

To achieve this global rise in quality of care, it is of extreme importance that the whole dental team unites together. Therefore, it is my great pleasure to once again welcome a large number of dental hygienists and other oral health professionals to the EuroPerio congress. I hope that you will find the team sessions not only stimulating but also provoking and that they will further improve collaboration for the full benefit of our patients.

In the name of the EFP, I would like to thank everyone involved in the organisation of this great congress. Special thanks go to the Organising Committee and the Dutch Society of Periodontology, our Ambassador Committee, who have helped promote EuroPerio across the globe, as well as our speakers. Last but not least, I wish to thank our industry partners without whom EuroPerio9 would not be possible.

Thank you all for coming to EuroPerio9. It is you who make this congress special.

Anton Sculean,
EFP President
Welcome to EuroPerio9!

The European Federation of Periodontology is delighted you have come from all over the planet to participate in the World’s Leading Congress in Periodontology and Implant Dentistry.

During the past three years, the Organising Committee has been working hard to prepare this unforgettable EuroPerio9. We hope you will appreciate the new session formats, the new technologies that make this event more interactive than ever before, and all the other novelties. EuroPerio is faithful to its tradition; it is the place to be where the world’s greatest experts in periodontology and implant dentistry gather. It is also a place to contact the best of the industry, to meet colleagues from abroad and share your professional experiences. I am sure you will enjoy it!

Amsterdam is the smallest among Europe’s biggest cities and offers you a lot of cultural and tourist attractions to explore. I hope you will have time to visit some of them. The general atmosphere of this city is very pleasant. All you have to do is sit down and relax on a terrace and watch people, to let yourself be overcome by its nonchalance, gently cradled by the rhythm of boats and bicycles.

Being chair of this EuroPerio9 was an enormous privilege, an unforgettable and exciting adventure. Being surrounded by so many talented people, such as Søren Jepsen, the Scientific Chair, who prepared a scientific programme very rich and well balanced; with the help of Bruno Loos they achieved a tremendous feat. Gernot Wimmer, as Treasurer, sharing his experience of EuroPerio7 in Vienna was just the right person at the right time and in the right place. For the first time in the history of EuroPerio the chair has not come from the host country. I sincerely want to thank the Dutch Society of Periodontology and in particular Monique Danser for their great collaboration, the efficient and trustful support. Very special thanks go to our core professional conference organiser, Mondial Congress & Events and their wonderful team, which was always present, reactive and creative. I always felt everything was under control. Being Chair of EuroPerio9 was such a pleasant and rewarding human experience and I will miss it for sure!

Sponsors also play a major role and their motivation to participate and to make this event so special was very stimulating for us, too. In the name of all at the EFP I thank them most sincerely.

Of course, the speakers are the people who make the success of EuroPerio. They have generously given their time and expertise and we are greatly in debt to all our amazing speakers.

And you! Yes, you, the delegates – I thank you for your presence. You are the heart and soul of this congress.

Michèle Reners  
Chair of the EuroPerio9 Organising Committee
Welcome Words

Why missing EuroPerio is not an option?

No matter how good you are, you get even better!

Contact with industry

Collect colleagues from around the world

In 3 days you get 3 years of periodontology

Value of being a member of the EFP

Amsterdam

The EFP Village

Be proud to be a member

Quality speakers

Meet friends past, present, future

Networking

Learn the latest from the greatest

Cool location in summer

Your patients deserve it

Place to be

To be part of the community
THE EFP THANKS ITS PARTNERS

- Dentaid
  www.dentaid.com

- Oral-B
  www.dentalcare.com

- Sunstar
  www.sunstar.com

- Johnson & Johnson
  www.jnj.com

- Colgate
  www.colgateprofessional.co.uk

- Geistlich
  www.geistlich-biomaterials.com

- GSK
  www.gsk.com
DOWNLOAD AND CONNECT

CONGRESS APP

All in one place – the EuroPerio9 App is located inside the EFP App and your primary source of information regarding EuroPerio9. Not only does it cover all the information contained in the final programme book, but it also features various tools that will increase your enjoyment of the conference:

- View all abstracts submitted for EuroPerio9
- Get in touch with speakers or with your peers
- Get involved in live voting and discussions
- Vote for your favourite photo in the 1st EFP Photo Contest
- Receive push-messages from the organisers to keep up to date at all times
- Find your way around both inside and outside the venue with the interactive map
- ... and much more...

Get the free EFP App right now! http://bit.ly/2FUWgKX

LIVE VOTING AND Q&A

Once you’re online and have downloaded the app, you can also engage in live voting and Q&A during sessions. To do this, simply click on the “LIVE VOTING” or on the “Q&A” tile on the app’s home screens, respectively, and follow the speaker’s or moderator’s instructions.

WIFI

Free WIFI is available throughout the congress area.
Network name: EUROPERIO
No password required
NEW SESSION FORMATS

Perio Talks – 1st EFP Graduate-Alumni-Symposium
These talks will be based on the general topic “Periodontal Experience and Discoveries worth spreading”. Selected speakers will have the opportunity to present an 11 minute talk on experiences that have significantly inspired their professional career.

Nightmare Session
Master clinicians will present some of their most horrible treatment scenarios. They will explain how they could have been avoided, how they could be rescued and what we can learn from mistakes.

Debate
The use of systemic antibiotics in periodontology will be passionately discussed by top experts in light of the emerging threat of worldwide antibacterial resistance.

Live Surgery Periodontal/Peri-implant Plastic Surgery
A top surgical team will perform live procedure(s) in plastic surgery and entertain questions.

Treatment Planning – Interactive Session
Complex treatment planning scenarios will be presented and then possible treatment decisions and solutions discussed by an interdisciplinary team of experts. This will be followed by audience voting before the final outcomes will be revealed.

3D-Session
In a movie-theatre type auditorium, top experts will show 3D films on regenerative/reconstructive procedures in advanced periodontal/peri-implant defects including follow-up documentation.

EFP Perio Contest
Various cases have been submitted and a pre-selection was made by a Jury of world-renowned experts. Via Social Media Voting, the top 3 cases were selected to be presented at EuroPerio9. The overall winner will then be chosen via live voting in Amsterdam.

APP ICONS

Live Voting    Q&A
DISCOVER THE POWER OF REGENERATION

HYADENT BG
THE NATURAL PROMOTER OF REGENERATION

HYALURONIC ACID-EFFECTS
HYADENT BG is a hyaluronic acid-based treatment solution of non-animal origin optimized for regenerative dental and periodontal applications.

- ACCELERATED TISSUE HEALING
- IMPROVED OUTCOME
- IMPROVED PREDICTABILITY

@BOOTH 10.20!
# Preliminary Programme Overview

**Wednesday, June 20, 2018**

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<td><strong>Joint Session with Japanese Society of Periodontology</strong>&lt;br&gt;<strong>Biofilm and Anti-infective Therapy</strong>&lt;br&gt;Saito (JP) / Sculean (CH) / Kinnunen (FI) / Aoki (JP)</td>
<td><strong>Perio Hall</strong></td>
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<td><strong>Perio Talks</strong>&lt;br&gt;1st EFP Graduate-Alumni Symposium&lt;br&gt;Goldstein (IL), Lambert (BE), Grassani (IT) (13:30 - 15:45)</td>
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<td></td>
<td><strong>Master Clinician/Periodontal Specialist Forum</strong>&lt;br&gt;Advances in Diagnostics&lt;br&gt;Kamma (GR) / Gursoy (FI), Beer (AT), Reke (SG), Walter (CH)</td>
<td><strong>E105-108</strong></td>
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<td><strong>Team Session with International Association for Halitosis Research (IAFHR)</strong>&lt;br&gt;Halitosis – the Last Taboo&lt;br&gt;Winkel (NL), Wevers (NL), Seerangayam (IN)</td>
<td><strong>G102-103</strong></td>
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<td><strong>G104-105</strong></td>
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<td><strong>Team Session with International Association for Halitosis Research (IAFHR)</strong>&lt;br&gt;Halitosis – the Last Taboo&lt;br&gt;Winkel (NL), Wevers (NL), Seerangayam (IN)</td>
<td><strong>Lounge</strong></td>
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<td>15:00 – 15:15</td>
<td><strong>Break</strong></td>
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<tr>
<td>15:15 – 16:45</td>
<td><strong>Joint Session with Japanese Society of Periodontology</strong>&lt;br&gt;Regenerative Periodontal and Implant Therapy&lt;br&gt;Saito (JP) / Sculean (CH) / Murakami (JP) / Donas (UK)</td>
<td><strong>Perio Hall</strong></td>
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<td></td>
<td><strong>Master Clinician/Periodontal Specialist Forum</strong>&lt;br&gt;Critical Factors for Long-term Success&lt;br&gt;Eickhoiz (DE) / Jansssen (RO), Dannewitz (DE)</td>
<td><strong>E105-108</strong></td>
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## SCIENTIFIC PROGRAMME

Programme as per printing date. Any changes after the printing date are reflected in the Congress App.

### 13:30–15:00 | Elicium

**Joint session with Japanese Society of Periodontology**

**BIOFILM AND ANTI-INFECTIVE THERAPY**

**Chairs:** A. Saito (Japan), A. Sculean (Switzerland)

- Current view on biofilms in periodontal diseases
  - E. Könönen (Finland)
- Periodontal laser therapy
  - A. Aoki (Japan)

### 13:30–15:45 | Auditorium

**Perio Talks**

**1ST EFP GRADUATE-ALUMNI-SYMPOSIUM**

**Chairs:** M. Goldstein (Israel), F. Lambert (Belgium), F. Graziani (Italy)

- Dare to cross borders even if they are not there
  - B. de Carvalho (Belgium)
- Academic career in Perio – the one adventure you don’t want to miss
  - E. Machtei (Israel)
- Yes, you can
  - M. Iniesta (Spain)
- Life experience changing national periodontology vision.
  - C. Ahmedbeyli (Azerbaijan)
- The Best Worst Mistake
  - D. Findik (Turkey)
- Periodontal awakening
  - M. Solonko (Spain)
- When Dentistry meets IT
  - W. Bouaziz-Zouaoui (France)
- AI Robotics & the future of Dentistry
  - R. Lee Kin (Ireland)

### 13:30–15:00 | Forum

**Master Clinician/Periodontal Specialist Forum**

**ADVANCES IN DIAGNOSTICS**

**Chair:** J. Kamma (Greece)

- Salivary diagnostics
  - M. Gursoy (Finland)
- Assessing soft tissue at teeth and implants
  - K. Berl (Austria)
- Biomarkers of peri-implant bone loss
  - M. Rakic (Serbia)
- Imaging of furcation lesions
  - C. Walter (Switzerland)

### 13:30–15:00 | E105-108

**Team Session with International Association for Halitosis Research (IAFHR)**

**HALITOSIS – THE LAST TABOO**

**Chair:** E. Winkel (The Netherlands)

- Introduction
  - E. Winkel (The Netherlands)
- A newly discovered cause of extra-oral halitosis
  - R. Wevers (The Netherlands)
- The impact of tongue microbiome and metabolites in intra-oral halitosis
  - K. Seerangayyan (India)
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<td>ORAL-B Workshop See details on page 235</td>
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<tr>
<td>17:00–18:15</td>
<td>Plenary Hall</td>
<td>Opening Ceremony</td>
<td>The EFP invites all participants to this special event. Followed by Welcome Reception &amp; Exhibition Opening</td>
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**15:15–16:45 | Elicium**

*Joint session with Japanese Society of Periodontology*

**REGENERATIVE PERIODONTAL AND IMPLANT THERAPY**

*Chairs: A. Saito (Japan), A. Sculean (Switzerland)*

- Periodontal regeneration using FGF-2 growth factor
  S. Murakami (Japan)
- Saving the tooth or placing an implant?
  N. Donos (United Kingdom)

**15:15–16:45 | Forum**

*Master Clinician/Periodontal Specialist Forum*

**CRITICAL FACTORS FOR LONG-TERM SUCCESS**

*Chair: P. Eickholz (Germany)*

- Introduction
  P. Eickholz (Germany)
- Behavioural aspects
  B. Jønsson (Norway)
- Impact of furcation involvement
  B. Dannewitz (Germany)
Implant dentistry from A to X

Three good reasons to visit us at EuroPerio9:
• Inspiration TALKS with superheroes, solutions and science
• Hands-on workshops at the booth
• Our comprehensive solutions portfolio

Making a difference together.
Dentsply Sirona Implants
### THURSDAY, JUNE 21, 2018

Preliminary programme overview as per printing date

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<td>09:00 – 09:45</td>
<td>Plenary Lecture</td>
<td>Plenary Hall</td>
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<td>A. Kuipers (NL)</td>
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<td>09:45 – 10:00</td>
<td>Movie cell-to-cell communication “Peri-implantitis and its Prevention”</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Break</td>
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<td>10:30 – 12:00</td>
<td>Critical Factors in Periodontology: Treatment Decisions</td>
<td>Critical Factors</td>
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<td>Global Threat of Antibacterial Resistance: Adjunctive systemic antimicrobials</td>
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<td>Master Clinician/Periodontal Specialist Forum</td>
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<td>Understanding Periodontitis and Peri-implantitis</td>
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<td>Global Burden of Disease</td>
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<td>Neurdoyl (SE), Kocher (DE), Derks (SE)</td>
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<td>Research Session Diagnosis</td>
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<td>Critical Factors in Implant Surgery: Treatment Decisions</td>
<td>Critical Factors</td>
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<td>Saving Bone</td>
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<td>Yoon (HK)</td>
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<td>Understanding Periodontitis: Current Base Knowledge</td>
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<td>The Human Microbiome: Role in Health and Disease</td>
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<td>Critical Factors in Periodontology: Physical Activity</td>
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<td>Protecting or harmful to periodontitis?</td>
<td>Periodontology:</td>
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<td>Needleman (UK), Eberhard (UK), Kanters (US), Trinco (BR)</td>
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<td>16:00 – 16:30</td>
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<td>16:30 – 18:00</td>
<td>Critical Factors in Periodontology: Treatment Decisions</td>
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<td>The Perio-Ortho Interface</td>
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<td>Update in Basic Periodontal Therapy</td>
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<td>Schleglehoff (ID), Halki (TR), Bizzaro (NL)</td>
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<td>Understanding Periodontitis: The Cause of Periodontitis</td>
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<td>Research Session Modulation of host response elements in periodontitis</td>
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<td>19:00 – 19:30</td>
<td>Evening events organised by National Societies / EuroPerio9 Congress Party</td>
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Starting 19:00

**Evening events organised by National Societies / EuroPerio9 Congress Party**
Just like with natural teeth, if the plaque biofilm is allowed to accumulate at implants, inflammation of the surrounding soft tissue — peri-implant mucositis — occurs which can subsequently develop into peri-implantitis, characterized by peri-implant bone destruction and even implant loss.

The new 3D movie *Peri-implantitis and Its Prevention*, the sixth episode of the cutting edge HD video animation series on *Cell-to-Cell Communication* describes the processes from peri-implant health to mucositis, the transition from peri-implant mucositis to peri-implantitis and finally healing and prevention by visualizing the highly complex intercellular interactions and signaling pathways. Special attention is given on the situation around the healthy, functional dental implant, the aggregation of bacteria on the dental implant surface and the biofilm in the niches.

**DON’T MISS THE WORLD FILM PREMIERE ON 21 JUNE 2018 FROM 09:45–10:00 A.M., AFTER THE MORNING PLENARY LECTURE!**

Authors:
T. Berglundh (Sweden) | S. Jepsen (Germany) | B. Stadlinger (Switzerland) | H. Terheyden (Germany)

Advisory Board:
I. Chapple (UK) | W. Giannobile (USA) | L. Heitz-Mayfield (Australia) | Y. Maeda (Japan) | M. Sanz (Spain) | F. Schwarz (Germany)

Production: Quintessence Publishing | iAS interActive Systems

Project partner: EMS SWITZERLAND

Please visit us at the Quintessence stand to check out our wide range of publications in science and practice: books, journals and multimedia programmes!
THURSDAY, JUNE 21, 2018

SCIENTIFIC PROGRAMME

Programme as per printing date. Any changes after the printing date are reflected in the Congress App.

09:00–09:45 | Plenary Hall

Plenary Lecture

TECHNOLOGY & INNOVATION

André Kuipers, Dutch Astronaut

09:45–10:00 | Plenary Hall

Movie Premiere: Cell-to-Cell Communication

“PERI-IMPLANTITIS AND ITS PREVENTION”
A world premiere not to be missed!

Quintessence Publishing and EMS Switzerland have the pleasure of announcing the film premiere of a fascinating video animation on Peri-implantitis and its Prevention at the EuroPerio 9 congress on June 21, 2018.

The science film is part of the Cell-to-Cell Communication saga, launched by Quintessence Publishing in 2011 with the aim of making the invisible processes inside of the human body visible. The backgrounds of the clinical phenomena of each single topic are shown on a microscopic scale and are visualized using HD video animation technology. This new 3D movie, the sixth episode of this unique series shows key aspects in the development from peri-implant health to mucositis, the transition from peri-implant mucositis to peri-implantitis and finally healing and prevention by visualizing the highly complex intercellular interactions and signaling pathways. Special attention will be given to the situation around the healthy, functional dental implant, the aggregation of bacteria on the dental implant surface as well as the biofilm in the niches and its prevention.

Authors
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Production
Quintessence Publishing | iAS interActive Systems

Project partner: EMS Switzerland
10:30–12:00 | Plenary Hall

Critical Factors in Periodontology: Treatment Decisions

GLOBAL THREAT OF ANTIBACTERIAL RESISTENCE: ADJUNCTIVE SYSTEMIC ANTIBIOTICS
Chair: B. Klinge (Sweden)
Introductory lecture: Global threat of antibacterial resistance
C. Schultsz (The Netherlands)
Antibiotics as an adjunct to mechanical periodontal therapy
B. Klinge (Sweden)
Adjunctive systemic antimicrobials – Antagonist
D. Herrera (Spain)
Adjunctive systemic antimicrobials – Protagonist
A. Mombelli (Switzerland)

10:30–12:00 | Elicium

Master Clinician/Periodontal Specialist Forum

SAVING TEETH
Chair: G. Alcoforado (Portugal)
Saving teeth with perio-endo lesions
H. Dommisch (Germany)
Saving teeth by orthodontics
E. Czochrowska (Poland)
Saving teeth by autotransplantation
D. Barendregt (The Netherlands)

10:30–12:00 | Auditorium

Team Session

EFFECTIVE PREVENTION OF PERIODONTITIS
Chair: Ch. Dörfer (Germany)
Introduction
Ch. Dörfer (Germany)
Mechanical plaque control
F. van der Weijden (The Netherlands)
Chemical plaque control
D. Slot (The Netherlands)

10:30–12:00 | Forum

Understanding Periodontitis and Peri-implantitis

GLOBAL BURDEN OF DISEASE
Chair: O. Norderyd (Sweden)
Introduction
O. Norderyd (Sweden)
Is the prevalence of periodontitis declining?
T. Kocher (Germany)
The prevalence of peri-implantitis
J. Derks (Sweden)

Research Session

DIAGNOSIS
Chair: M.C. Brecx (Belgium)
O001 - Self-report Assessment of Periodontitis: the Periodontal Screening Score Development
M.C. Carra¹, A. Gueguen¹, F. Thomas¹, B. Pannier¹, G. Caligiuri¹, P.G. Steg¹, M. Zins¹, P. Bouchard²; ¹Paris, France, ²France
O002 - Diagnostic judgement and treatment decisions in periodontology by periodontists and general dental practitioners in Sweden – A questionnaire based study
A. Milosavljevic¹, A. Stavropoulos²; ¹Malmö, Sweden, ²Sweden
O003 - Non-invasive Pocket Depth Measurements with Ultrasound Imaging and a Food-Grade Squid Ink Contrast Agent
J. Jokerst, C. Lin; La Jolla, United States of America
O004 - Dental MRI – the reliability of periodontal measurements related to the clinical parameters
T.S. Kim¹, A. Heil¹, N. Elsayed¹, M. Bendszus¹, M. Ruetters²; ¹Heidelberg, Germany, ²Weinheim, Germany
O005 - Computer capillaroscopy in the evaluation of microcirculation in periodontal tissues during inflammatory diseases
T. Smirnova, E. Krechina, A. Grudyanov; Moscow, Russian Federation

O006 - The negative pressure method: the new standard for organoleptic examination?
I. Laleman, S. De Geest, M. Quirynen, W. Teughels; Leuven, Belgium

10:30–12:00 | G106-107
Research Session

HOST RESPONSE
Chair: D. Polak (Israel)

O007 - Degradation of neutrophil extracellular traps in periodontitis
K.G.D. Buurma, C.G.J. Moonen, M.R.J. Faruque, S. Bizzarro, E. Liefferink, M. Balta, B. Loos, E.A. Nicu; Amsterdam, Netherlands

O008 - Chemotactic, phagocytic and neutrophil extracellular trap formation capacities of oral and blood neutrophils
C. Moonen, B. Loos, T. De Vries, E.A. Nicu; Amsterdam, Netherlands

O009 - A novel Bruton’s kinase inhibitor acalabrutinib inhibits osteoclastogenesis and Porphyromonas gingivalis lipopolysaccharide-induced alveolar bone resorption
Y. Lee, Daegu, Korea

O010 - Periodontal Ehlers-Danlos syndrome is caused by heterozygous mutations in complement 1 subunit components C1S and C1R
I. Kapferer-Seebacher, R. Gröbner, R. Redolfi, A. Amberger, J. Zschocke; Innsbruck, Austria

O011 - Transcriptome kinetics of oral polymorphonuclear neutrophils during experimental gingivitis – a pilot study
P. Rijkschroeff, T. Schoenmaker1, I.D.C. Jansen1, M. Rosema1, B. Keijser2, B. Loos1, E.A. Nicu1; 1Amsterdam, Netherlands, 2Zeist, Netherlands

10:30–12:00 | Emerald Room
Sponsor Session
MIS Implants Technologies Ltd.
See details on page 238

12:30–14:00 | Plenary Hall
Sponsor Session
Acteon
See details on page 238

12:30–14:00 | Elicium
Sponsor Session
Nobel Biocare
See details on page 239

12:30–14:00 | Auditorium
Sponsor Session
Straumann
See details on page 240

12:30–14:00 | Forum
Sponsor Session
ORAL-B
See details on page 241

12:30–14:00 | G104-105
Sponsor Session
Geistlich Biomaterials
See details on page 242

12:30–13:30 | G106-107
Sponsor Session
NSK
See details on page 242

12:30–14:00 | E105-108
Sponsor Session
SUNSTAR
See details on page 243
12:30–14:00 | G102-G103
Sponsor Session
Philips
See details on page 244

12:30–13:30 | E102
Sponsor Session
Anthogyr
See details on page 244

12:30–14:00 | Poster Lounge
Posters
POSTER DISCUSSIONS
See details from page 63 to page 70

14:30–16:00 | Plenary Hall
Critical Factors in Implant Surgery:
Treatment Decisions
SAVING BONE
Chair: M. Sanz (Spain)
Introduction
M. Sanz (Spain)
Benefits and limits of site preservation
and immediate implant placement
M. Tonetti (Hong Kong)
Autogenous tooth roots for alveolar
ridge augmentation
F. Schwarz (Germany)

14:30–16:00 | Elicium
Understanding Periodontitis: Current Base
Knowledge
THE HUMAN MICROBIOME: ROLE IN
HEALTH AND DISEASE
Chair: P. Marsh (United Kingdom)
The human microbiome
P. Marsh (United Kingdom)
The gut microbiome
M. Nieuwdorp (The Netherlands)
The oral microbiome
E. Zaura (The Netherlands)

14:30–16:00 | Auditorium
Team Session
EFFECTIVE PREVENTION OF PERI-
IMPLANTITIS
Chair: E. Figuero (Spain)
Introduction
E. Figuero (Spain)
Prosthetic considerations
N. Zitzmann (Switzerland)
Treatment of mucositis/incipient peri-
implantitis
G. Salvi (Switzerland)

14:30–16:00 | Forum
Critical Factors in Periodontology
PHYSICAL ACTIVITY: PROTECTIVE OR
HARMFUL TO PERIODONTITIS?
Chair: I. Needleman (United Kingdom)
Impact of elite sport on oral health
I. Needleman (United Kingdom)
Physical activity and periodontitis
J. Eberhard (Australia)
Physical activity modulates
inflammation
A. Kantarci (USA)
Oral health at the Rio Olympic Games
2016
E. Tinoco (Brazil)

14:30–16:00 | G104-105
Research Session
BIOMARKERS
Chair: F. J. Hughes (United Kingdom)
O012 - Candidate cytokine biomarkers
of periodontitis in saliva: combining
predications from multiple models
V.Ö. Öztürk¹, B. Afacan², W. Wolski³, G.
Emingil⁴, G.N. Belibasakis⁵, N. Bostanci⁶;
¹Aydin, Turkey, ²Aydin, Turkey, ³Aydin, Turkey, ⁴Zürich,
Switzerland, ⁵İzmir, Turkey, ⁶Stockholm, Sweden
O013 - Innovative and multiplexed targeted proteomics approach for the clinical diagnosis of periodontitis using saliva samples
B. Mertens, V. Orti, J. Vialaret, P. Gibert, A. Relaño-Ginés, S. Lehmann, D. Deville De Périère, C. Hirtz; Montpellier, France

O014 - Discriminative metabolomic fingerprint in oral fluid following non-surgical periodontal therapy, a pilot study
Z. Hassan1, D. Guez1, M. Rzeznik1, M. Triba2, P. Savarin3, S. Junigo;1 Paris, France, 2Bobigny, France

O015 - sFRP5 – a potential biomarker for patients with chronic periodontitis?
J. Schulz, C. Knappe, C. Graetz, L. Mewes, K. Türk, K. Fawzy El-Sayed, W. Lieb, C. Dörfer, S. Schreiber, D. Schulte, M. Laudes; Kiel, Germany

O016 - Predictive Models Based on Cytokine Ratios for the Diagnosis of the Chronic Periodontitis
N. Arias-Bujanda, A. Regueira-Iglesias, M. Alonso-Sampedro, M. González-Peteiro, C. Balsa-Castro, I. Tomás; Santiago De Compostela, Spain

O017 - Genome-wide association meta-analysis of coronary artery disease and periodontitis reveals a novel shared risk locus
M. Munz1, B. Loos2, S. Jepsen3, K. Divaris4, T. Kocher4, C. Bruckmann4, Y. Jockel-Schneider5, C. Graetz4, I. Staufenbiel6, W. Lieb4, A. Franke6, H. Domnisch1, J. Erdmann10, A. Schaefer11; Berlin, Germany, 2Amsterdam, Netherlands, 3Bonn, Germany, 4Chapel Hill, United States of America, 5Greifswald, Germany, 6Vienna, Austria, 7Würzburg, Germany, 8Kiel, Germany, 9Hannover, Germany, 10Lübeck, Germany

O018 - Evaluation of Gingival Crevicular Fluid and Peri-implant Crevicular Fluid Levels of Sclerostin, TWEAK, RANKL, and OPG.
N. Yakar, G.N. Guncu, A.C. Akman, A. Pinar, R.M. Nohutcu; Ankara, Turkey

O019 - Titanium dental implants impair the local differentiation of Langerhans cells
Q. Heyman1, G. Mizraji1, A. Hovav1, L. Shapira2, A. Wilensky1; 1Jerusalem, Israel, 2Israel

O020 - The Microbiome of Peri-Implant Lesions
A. Kröger1, C. Hülsmann1, S. Fickl2, T. Spinell3, F. Hütting4, F. Kaufmann2, P. Hoffmann1, N. Enkling1, S. Renvert5, F. Schwarz6, P. Papapanou7, S. Jepsen1, M. Kebschull1, 2Bonn, Germany, 3Würzburg, Germany, 4Munich, Germany, 5Tübingen, Germany, 6Kristianstad, Sweden, 7Frankfurt, Germany, 8New York, NY/United States of America

O021 - Prevention and treatment of peri-implant mucositis with a repeated chlorhexidine chip application during SPT – a randomized controlled clinical trial
C. Bettschart1, P. Schmidlin1, D. Wiedemeier2, T. Attin2, P. Sahrmann2; 1Ibach, Switzerland, 2Zurich, Switzerland

O022 - Comparison of two different surface decontamination methods by cytokine expression analysis in surgical treatment of peri-implantitis
S. Isler, F. Unsal, F. Soysal, G. Ozcan, G. Akca; Ankara, Turkey

O023 - Clinical and immunological response to photodynamic therapy in the treatment of peri-implantitis
D. Rakasevic, Z. Lacic, S. Jankovic, N. Nikolic Jakoba, I. Soldatovic, J. Roganovic, Z. Aleksic; Belgrade, Serbia
14:30–15:30 | G102-103
Sponsor Session
Kulzer
See details on page 245

16:30–18:00 | Plenary Hall
Critical Factors in Periodontology:
Treatment Decisions
MANAGING INTRABONY PERIODONTAL DEFECTS
Chair: K. Demirel (Turkey)
Introduction
K. Demirel (Turkey)
Intrabony defects: Minimally invasive non-surgical approaches
L. Nibali (United Kingdom)
Intrabony defects: Minimally invasive surgical approaches
L. Trombelli (Italy)

16:30–18:00 | Elicium
Master Clinician/Periodontal Specialist Forum
THE PERIO-ORTHO INTERFACE
Chair: M. Danser (The Netherlands)
Introduction
M. Danser (The Netherlands)
The perio-ortho interface: recession and pathologic tooth migration
K. Jepsen (Germany)
Innovative surgical procedures to the service of orthodontics
F. Lambert (Belgium)
The timing of ortho-regenerative perio in advanced cases
D. Cardaropoli (Italy)

16:30–18:00 | Auditorium
Team Session
UPDATE IN BASIC PERIODONTAL THERAPY
Chair: U. Schlagenhauf (Germany)
Introduction
U. Schlagenhauf (Germany)
Update in basic periodontal therapy: Adjuncts to mechanical instrumentation
S. S. Hakki (Turkey)
Non-surgical periodontal therapy: 21st vs. 20th century
S. Bizzarro (The Netherlands)

16:30–18:00 | Forum
Understanding Periodontitis: Current Base Knowledge
THE CAUSE OF PERIODONTITIS
Chair: B. Loos (The Netherlands)
Introduction
B. Loos (The Netherlands)
From pyorrhea to periodontitis. How do we understand causation?
R. Lopez (Denmark)
Infectogenomics
S. Offenbacher (United States)

16:30–18:00 | G104-105
Research Session
PSYCHOSOCIAL FACTORS
Chair: G. Wimmer (Austria)
O024 - Type A behaviour pattern, stress and emotional vulnerability are associated with more severe aggressive periodontal diseases
S. Jungo1, S. Consoli2, D. Guez3;
1Montrouge, France, 2Paris, France
O025 - Perceived stress assessment using a visual analogue scale: validation and implication in the periodontal risk analysis.
R. Barré, G. Brunel, P. Barthet, S. Laurencin-Dalicieux; Toulouse, France
O026 - Occurrence of Severe Periodontitis in a Colombian Adult Population
C. Serrano1, E. Suarez2; 1Bogotá, Colombia, 2Bogota, Colombia

O027 - Prevalence and clinical assessment of Aggressive Periodontitis in Ivory Coast
T. Coulibaly-Koffi1, Z. Pockpa2, M.P. Ahnoux-Kouadio1, S. Mobio1, D. Koné1; 1Abidjan, Côte d'Ivoire, 21 Place Alexis –ricordeau, Nantes, France, France

O028 - Psychological status' influence on non-surgical treatment of severe chronic periodontitis.
C. Petit, F. Severac, C. Mutter, H. Tenenbaum, J. Davideau, O. Huck; Strasbourg, France

O029 - Examination of the effect of periodontal status and oral health consciousness on the Individuals Quality of Life by using Oral Health Impact Profile-14(OHIP-14)
E. Beşiroğlu, M. Lütfioğlu; Samsun, Turkey

16:30–18:00 | G106-107
Research Session

MODULATION OF HOST RESPONSE ELEMENTS IN PERIODONTITIS
Chair: A. Kantarci (USA)

O030 - PD-L1 up-regulation and signaling in carcinoma cells by PD-L1 up-regulation and signaling in carcinoma cells by P. gingivalis cell wall components
S. Groeeger, F. Jarzina, L. Schmitz, J. Meyle; Giessen, Germany

O031 - Impact of Periodontitis on Gingival Crevicular Fluid Levels of Pro-inflammatory Cytokines in Smokers
E. Canturk Ural1, D. Yaman1, O. Haytural1, A. Kantarci2, H. Meric1, K. Demirel1; 1Istanbul, Turkey, 2Cambridge, MA/United States of America

O032 - Identification of periodontal pathogens and inflammatory cytokines in obese subjects with chronic periodontitis

O033 - Antimicrobial peptides (AMPs) genes expression in moderate to severe chronic generalized periodontitis patients; a pilot study.
M. Jourdain, L. Pierrard, L. Kanagaratnam, J. Sergheraert, F. Velard, B. Lefèvre, S. Gangloff, J. Braux; Reims, France

O034 - Stress-related Hormones in Association to Periodontal Condition in Adolescents – Results of the Epidemiologic LIFE Child Study

O035 - Effect of Nonsurgical Periodontal Treatment on Gingival Crevicular Fluid and Salivary YKL-40 and IL-6 Levels in Chronic Periodontitis Patients
Z.P. Keleş1, G. Çayır Tezal2, B. Avcı2, B. Özkan Çetinkaya2; 1Aydın, Turkey, 2Istanbul, Turkey, 3Samsun, Turkey
Discover the future of digital dentistry! You are invited to attend our sponsor session lecture: "Anterior Esthetic implant Cases: Digital Integration", June 21st and 22nd. Learn more about MIS at: www.mis-implants.com

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### FRIDAY, JUNE 22, 2018

**Preliminary Programme Overview as per printing date**

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| 08:30 – 10:00 | Master Clinician/ Periodontal Specialist Forum | Bone Reconstruction after Implant Loss (Goldstein (IL) | Movil (IT), Urban (HU))  
|          | Critical Factors in Periodontology | News from the World Workshop on Classification  
|          | Critical Factors in Periodontology | News from the World Workshop on Classification  
|          | Team Session Challenges in Practice |  
|          | Team Session Challenges in Practice |  
|          | Understanding Periodontal: Current Base Knowledge | Genetics (Hughes (UK) | Schäfer (DE),  
|          | Understanding Periodontal: Current Base Knowledge | Genetics (Hughes (UK) | Schäfer (DE),  
|          | Research Session Bone & Tissue Regeneration |  
|          | Research Session Bone & Tissue Regeneration |  
| 10:00 – 10:30 | Break |  
| 10:30 – 12:00 | Master Clinician/ Periodontal Specialist Forum | Root Coverage in Demanding Sites  
|          | Critical Factors in Periodontology | News from the World Workshop on Classification  
|          | The Role of Nutrition |  
|          | The Role of Nutrition |  
|          | Understanding Peri-implantitis: Current Base Knowledge | Etiopathogenesis (Heitz-Mayfield (AUS) | Shapira / Wilensky (IL),  
|          | Understanding Peri-implantitis: Current Base Knowledge | Etiopathogenesis (Heitz-Mayfield (AUS) | Shapira / Wilensky (IL),  
|          | Research Session Periodontal Regeneration Preclinical studies |  
|          | Research Session Periodontal Regeneration Preclinical studies |  
|          | Research Session Antimicrobial strategies and virulence factors in periodontal diseases: Basic science I |  
|          | Research Session Antimicrobial strategies and virulence factors in periodontal diseases: Basic science I |  
| 12:00 – 12:30 | Break |  
| 12:30 – 14:00 | Dentsply Sirona Nobel Biocare Straumann Colgate-Palmolive Europe |  
|          | EFP Research Prize |  
|          | Thommen Medical AG |  
|          | Mitsui & Co. Ltd. |  
|          | Poster Discussions |  
| 14:00 – 14:30 | Break |  
| 14:30 – 16:00 | Master Clinician/ Periodontal Specialist Forum | Periodontal/Per-implant Plastic Surgery Live Surgery  
|          | Team Session Problems in Practice: Hypersensitivity, Halitosis, Sleep Disorders |  
|          | Team Session Problems in Practice: Hypersensitivity, Halitosis, Sleep Disorders |  
|          | Understanding Periodontology: Current Base Knowledge | Infection – Inflammation (Mykle (DE) | Hasbrow (US),  
|          | Understanding Perio Implant Plastic Surgery |  
|          | Research Session Periodontal Regeneration – Clinical Studies |  
|          | Research Session Periodontal Regeneration – Clinical Studies |  
|          | EMS Electro Medical Systems |  
| 16:00 – 16:30 | Break |  
| 16:30 – 18:00 | Master Clinician/ Periodontal Specialist Forum | Treatment Planning Interactive Session  
|          | Critical Factors in Regeneration: New Perspectives |  
|          | Critical Factors in Regeneration: New Perspectives |  
|          | Team Session Perio and Obesity |  
|          | Team Session Perio and Obesity |  
|          | Understanding Perio & Implant Plastic Surgery |  
|          | Research Session Perio Implant Placement I |  
|          | Unilever | (16:30 – 17:30)  
|          | Evening for Events organised by the Industry |  

**Evening for Events organised by the Industry**
FRIDAY, JUNE 22, 2018

SCIENTIFIC PROGRAMME
Programme as per printing date. Any changes after the printing date are reflected in the Congress App.

Simultaneous translation provided in Plenary Hall as follows:
- Russian
- French

08:30–10:00 | Plenary Hall
Master Clinician/Periodontal Specialist Forum

BONE RECONSTRUCTION AFTER IMPLANT LOSS
Chair: M. Goldstein (Israel)
Introduction
M. Goldstein (Israel)
Reconstruction of hard tissue defects after implant removal
M. Merli (Italy)
Advances in vertical and horizontal bone augmentation
I. Urban (Hungary)

08:30–12:00 | Elicium
Critical Factors in Periodontology

NEWS FROM THE WORLD WORKSHOP ON CLASSIFICATION
Chairs: K. Kornman (United States), M. Tonetti (Hong Kong)

Group 1: I. Chapple (United Kingdom)
Group 2: P. Papapanou (United States), M. Sanz (Spain)
Group 3: S. Jepsen (Germany)
Group 4: T. Berglundh (Sweden)

08:30–10:00 | Auditorium
Team Session

CHALLENGES IN PRACTICE
Chair: Ch. Ramseier (Switzerland)
Introduction
Ch. Ramseier (Switzerland)

Dealing with smokers
N. Buduneli (Turkey)
Maintaining peri-implant health
C. Tomasi (Sweden)
Treating young patients with severe periodontitis
M. Feres (Brazil)

08:30–10:00 | Forum
Understanding Periodontitis: Current Base Knowledge

GENETICS
Chair: F. Hughes (United Kingdom)
Introduction
F. Hughes (United Kingdom)
Lessons learnt from genome wide association studies
A. Schäfer (Germany)
Lessons learnt from mouse models
Y. Houri Haddad (Israel)

08:30–10:00 | G104-105
Research Session
BONE & TISSUE REGENERATION
Chair: A. Stavropoulos (Sweden)
O036 - Phenotypic and osteogenic responses of human mesenchymal stromal cells (hMSCs) to infected Ti-surfaces before and after different disinfection protocols. An in vitro study
E. Kousounis, V. Sousa Moreno, D. Spratt, N. Logan, P. Brett, D. Boniface, N. Mordan, N. Donos; London, United Kingdom
**O037** - Effect of rh-BMP-2 on bone regeneration of experimental peri-implantitis defects  
J. Sanz-Esporrin¹, J. Blanco², J. Sanz Casado³, F. Muñoz³, M. Sanz¹; ¹Madrid, Spain, ²Santiago De Compostela, Spain, ³Lugo, Spain  

**O038** - Comparison between two treatment protocols with or without Guided Bone Regeneration on the treatment of Periimplantitis in a dog model: microbiologic and histomorphometric study.  
U. Ramos¹, F. Suaid¹, C. Susín², U. Wikesjo², S. Scombatti De Souza³, P. Conde Vital¹, A. Novaes Jr¹; ¹Ribeirao Preto, Sp, Brazil, ²Augusta, United States of America, ³Ribeirao Preto, Brazil  

**O039** - Ridge preservation with a low Resorption Xenograft in posterior mandible post-extraction sockets  
P. Bousquet¹, O. Fesquet², M. Renaud², S. Soliveres², P. Tramini²; ¹Beziers, France, ²Montpellier, France  

**O040** - Randomized clinical trial comparing two resorbable collagen membranes demonstrates good bone formation and soft tissue healing with GBR at single implant sites with dehiscence defects  
I. Sanz-Sanchez¹, B. Wessing², G. Polizzi³, N. Alândez Martin¹, W. Zechner⁴, I. Urban⁵, S. Meloni⁶; ¹Madrid, Spain, ²Aachen, Germany, ³Verona, Italy, ⁴Vienna, Austria, ⁵Budapest, Hungary, ⁶Sassari, Italy  

**O041** - A Prospective Randomized Clinical Trial to Compare Free Gingival Grafts and Connective Tissue Grafts Around Implants Lacking Keratinized Mucosa  
R. Abou-Arraj, J. Hsu, M. Kaur, M. Geisinger, S. Hardy, P. Li, N. Geurs; Birmingham, AL/United States of America
10:30–12:00 | Plenary Hall
Master Clinician/Periodontal Specialist Forum

ROOT COVERAGE IN DEMANDING SITES
Chair: F. Cairo (Italy)
Introduction
F. Cairo (Italy)
Problem solving and decision making – soft tissue grafting in the spotlight
O. Zuhr (Germany)
Surgical coverage of single and multiple mandibular recessions
A. Sculean (Switzerland)

10:30–12:00 | Auditorium
Team Session

THE ROLE OF NUTRITION
Chair: I. Chapple (United Kingdom)
Role of nutrition (Boost or damage of immune defense?)
I. Chapple (United Kingdom)
What is essential from a nutritional point of view?
U. van der Velden (The Netherlands)
The concept of pre- and probiotics
W. Teughels (Belgium)

10:30–12:00 | Forum
Understanding Peri-Implantitis: Current Base Knowledge

ETIOPATHOGENESIS
Chair: L. Heitz-Mayfield (Australia)
Introduction
L. Heitz-Mayfield (Australia)
Animal models of peri-implantitis
L. Shapira (Israel) / A. Wilensky (Israel)
Oomics research in peri-implantitis
M. Kebschull (Germany)

10:30–12:00 | G104-G105
Research Session

PERIODONTAL REGENERATION PRECLINICAL STUDIES
Chair: J. Deschner (Germany)

O047 - Aptamer-enriched hydrogels enhance new bone deposition in rat periodontal defects
L. Parisi1, F. Rivara1, C. Costa2, C. Galli1, S. Lumetti1, E. Manfredi1, A. Toffoli1, B. Ghezzi1, E. Calciolari1, G. Ghiacci1, D. Palioto4, G. Macaluso1; 1Parma, Italy, 2Goiania, Brazil, 3London, United Kingdom, 4Ribeirao Preto, Brazil

O048 - The Effect Of Ankaferd Blood Stopper On The Regeneration Of Periodontal Defects In Rats
Ş. Güler1, B. Özkan Çetinkaya2, G. Tezal3, S. Kurt4, B. Ayas2; 1Bolu, Turkey, 2Samsun, Turkey, 3İstanbul, Turkey, 4Rİze, Turkey

O049 - The Effect of Lycopene on proliferation and bone regeneration ability of Human-like Osteoblast Cells in vitro.
V. Bengi, N. Saygun, M. Bal, E. Özcan, C. Köse Ozkan, D. Torun, F. Avcu; Ankara, Turkey

O050 - IL-1β/TNF-α/IFN-γ and Ascorbic acid modulate gingival stem/progenitor cells proliferation and pluripotency attributes
K. Fawzy El-Sayed, N. Nguyen, M. Paymard-Stolz, C. Dörfer; Kiel, Germany

O051 - Effect of Obesity on Spontaneous and EMD-Induced Periodontal Bone Healing
A. Damanaki, M. Nokhbehsaim, S. Memmert, G. Wahl, W. Götz, A. Jäger, S. Jepsen, J. Deschner; Bonn, Germany

O052 - Effects of Self-Assembling Peptide P11-4 on periodontal-regenerative surgery – an acute dehiscence model in dogs
T. Waller1, C. Bommer2, M. Hug3, S. Mathes1, F. Koch2, D. Wiedemeier3, F. Paqué3, R. Jung3; 1Zürich, Switzerland, 2Windisch, Switzerland, 3Zurich, Switzerland
### Research Session

**ANTIMICROBIAL STRATEGIES AND VIRULENCE FACTORS IN PERIODONTAL DISEASES: BASIC SCIENCE I**

**Chair:** W. Papaiannou (Greece)

**O053 - Anti-inflammatory Effect of Caffeic Acid Phenethyl Ester in Experimental Periodontitis**

E. Demir\(^1\), F. Otan Özden\(^2\), B. Avcı\(^2\);
\(^1\)İstanbul, Turkey, \(^2\)Samsun, Turkey

**O054 - Immune Modulation by Resolvin D2 Prevents Experimental Periodontitis**

G. Mizraji\(^1\), O. Heyman\(^1\), T. Van Dyke\(^2\),
A. Wilensky\(^3\); Ein Karem - Jerusalem, Israel,
\(^2\)Cambridge, MA/United States of America

**O055 - Akkermansia muciniphila administration prevents Porphyromonas gingivalis-induced alveolar bone loss through modulation of inflammatory response**

O. Huck\(^1\), H. Mulhall\(^2\), R. Iyer\(^2\), G. Rubin\(^2\),
Z. Kizelnik\(^2\), X. Han\(^2\), N. Haque\(^2\),
S. Amar\(^2\); Strasbourg, France,
\(^2\)Valhalla, United States of America

**O056 - Effects of lipoteichoic acid and stannous chloride on neutrophil extracellular trap release**

J. Hirschfeld\(^1\), C. Haught\(^2\), S. Xie\(^2\),
I. Chapple\(^1\); Birmingham, United Kingdom,
\(^2\)Mason, United States of America

**O057 - Phenalen-l-one mediated antimicrobial photodynamic therapy for inactivation of periodontopathic biofilms in vitro**

F. Cieplik\(^1\), D. Muehler\(^1\), V. Steinwachs\(^1\),
K. Hiller\(^1\), T. Maisch\(^1\), T. Thurnheer\(^2\),
G.N. Belibasakis\(^3\), W. Buchalla\(^1\);
\(^1\)Regensburg, Germany,
\(^2\)Zuerich, Switzerland,
\(^3\)Stockholm, Sweden

**O058 - Effect of nanoparticles doped with silver and doxycycline in a subgingival biofilm model.**

J. Bueno De Vicente\(^1\),
M. Toledano-OSorio\(^2\), M.C. Sánchez\(^3\),
A.L. Medina-Castillo\(^2\), E. Figuero\(^1\),
D. Herrera\(^1\), M. Toledano\(^2\), R. Osorio\(^2\),
M. Sanz\(^1\); \(^1\)Madrid, Spain, \(^2\)Granada, Spain

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**10:30–12:00 | Emerald Room**

**Sponsor Session**

**MIS Implants Technologies Ltd.**

See details on page 247

**12:30–14:00 | Plenary Hall**

**Sponsor Session**

**Dentsply Sirona**

See details on page 248

**12:30–14:00 | Elicium**

**Sponsor Session**

**Nobel Biocare**

See details on page 248

**12:30–14:00 | Auditorium**

**Sponsor Session**

**Straumann**

See details on page 249

**12:30–14:00 | Forum**

**Sponsor Session**

**Colgate-Palmolive Europe**

See details on page 250

**12:30–14:00 | G106-107**

**Special Session**

**EFP Research Prize**

**Moderator:** B. Loos (The Netherlands)

**Jury:** P. Madianos (Greece) (Chair),
I. Chapple (United Kingdom),
M. Tonetti (Hong Kong)
The guardians of the periodontium – sequential and differential expression of antimicrobial peptides during gingival inflammation. Results from in vivo and in vitro studies.
H. Dommisch (Germany)

Predicting chronic periodontitis using cardiometabolic risk measures
E. Montero (Spain)

Time between recall visits and residual probing depths predict long-term stability in patients enrolled in supportive periodontal therapy
Ch. Ramseier (Switzerland)

See abstracts of finalists on pages 227 to 229

12:30–14:00 | E105-108
Sponsor Session
Thommen Medical AG
See details on page 251

12:30–14:00 | G102-103
Sponsor Session
Philips
See details on page 252

12:30–14:00 | E102
Sponsor Session
REGEDENT
See details on page 252

12:30–14:00 | Poster Lounge
Posters
POSTER DISCUSSIONS
See details from page 70 to page 77

14:30–16:00 | Elicium
Master Clinician/Periodontal Specialist Forum
INNOVATIONS IN IMPLANT THERAPY
Chair: J. Blanco (Spain)

Introduction
J. Blanco (Spain)

Sinus elevation without grafts: 100 plus cases
J.-P. Albouy (France)

Advances in 3D-imaging/printing prior to implant therapy
R. Jacobs (Belgium)

Soft tissue management at implants
F. Vignoletti (Spain)

14:30–16:00 | Auditorium
Team Session
PROBLEMS IN PRACTICE: HYPERSENSITIVITY, HALITOSIS, SLEEP DISORDERS
Chair: M. Reners (Belgium)

Dealing with hypersensitivity
N. West (United Kingdom)

Dealing with halitosis
M. L. Laine (The Netherlands)

Dealing with sleep disorders
M. C. Carra (France)

14:30–16:00 | Forum
Understanding Periodontology: Current Base Knowledge
INFLAMMATION – INFECTION
Chair: J. Meyle (Germany)

Introduction
J. Meyle (Germany)

Current Concepts on Inflammation and Homeostasis
H. Hasturk (United States)

Current concepts on infection
M. Curtis (United Kingdom)
PERIODONTAL REGENERATION – CLINICAL STUDIES
Chair: P. Eickholz (Germany)

O059 - Flapless application of enamel matrix derivative (EMD) as an adjunct to scaling and root planing – a multicenter RCT.
H. Jentsch, M. Roccuzzo, L. Marini, A. Kasaj, R. Fimmers, S. Jepsen;
1Leipzig, Germany, 2Torino, Italy, 3Roma, Italy, 4Mainz, Germany, 5Bonn, Germany

O060 - Comparison of the Released Amount of Growth Factors from Platelet-Rich Fibrin (PRF) in Healthy Individuals and Chronic Periodontitis Patients
1Indianapolis, IN/United States of America, 2Indianapolis, United States of America

O061 - Biphasic calcium sulphate and xenograft combination in a minimally invasive treatment of periodontal infrabony defects – A randomized clinical trial
T. Rolo, I. Baptista, A. Messias, D. Santos Silva, O. Martins, E. Domingues, F. Caramelo, S. Matos;
1Viseu, Portugal, 2Coimbra, Portugal

O062 - Regenerative periodontal treatment with the Single Flap Approach in smokers and non-smokers
A. Simonelli, R. Farina, L. Minenna, L. Toselli, L. Trombelli; Ferrara, Italy

O063 - The effect of guided tissue regeneration and early orthodontic treatment on the healing of intrabony defects. Preliminary results of an ongoing prospective randomized-controlled trial
P. Nagy, B. Nemes, P. Schüpbach, B. Molnár, P. Windsch; 1Budapest, Hungary, 2Thalwil, Switzerland

PERIODONTAL MEDICINE
Chair: F. D’Aiuto (United Kingdom)

O069 - Endothelial function in patients with chronic periodontitis and obstructive sleep apnea: preliminary results
1Paris, France, 2France

O064 - Periodontitis is associated with endothelial dysfunction in patients with lacunar infarct.

O065 - Cross-sectional association between oral health and ideal cardiovascular health: The Paris Prospective Study 3
H. Rangé, M. Périer, A. Boillot, B. Gaye, F. Thomas, B. Pannier, P. Boutouyrie, X. Jouven;
1Paris, France, 2France

O066 - Is Periodontitis a risk factor for Atherosclerotic Cardiovascular Diseases? Survival data analyses based on 3,243,779 cases from an insurance database
N. Beukers, B. Loos, A. Van Wijk, V. Gerdes, O. Van Der Galiën, G. Van Der Heijden;
1Amsterdam, Netherlands, 2Leusden, Netherlands

O067 - Cross talk genes FN1, MPPED1 and the microRNA hsa-miR-375 are involved in the interrelationship between chronic periodontitis and oral squamous cell carcinoma – a bioinformatical analysis
G. Schmalz, S. Li, L. Xiangqiong, V. Savkovic, J. Schmidt, D. Ziebolz;
1Leipzig, Germany, 2Harbin, China
O068 - Effects of periodontal therapy on systemic markers of inflammation in patients with metabolic syndrome
E. Montero¹, M. López¹, H. Vidal¹, M. Martínez², J. Marrero², E. Figuero¹, D. Herrera¹, A. Zapatero², M. Sanz³; ¹Madrid, Spain, ²Fuenlabrada, Spain

14:30–16:00 | G102-103
Sponsor Session
EMS Electro Medical Systems
See details on page 253

16:30–18:00 | Auditorium
Team Session
PERIO AND OBESITY
Chair: P. Preshaw (United Kingdom)
Introduction
P. Preshaw (United Kingdom)
Perio and obesity: what is the link?
J. Deschner (Germany)
Periodontal Consequences of Overweight/Obesity
J. Suvan (United Kingdom)

16:30–18:00 | Plenary Hall
Live discussions of treatment planning challenges in clinical practice
INTERACTIVE SESSION
LIVE DISCUSSIONS OF TREATMENT PLANNING CHALLENGES IN CLINICAL PRACTICE
Chairs: Ch. Hämmerle (Switzerland), D. Nisand (France)
Case Presenter: D. Thoma (Switzerland)
Experts: D. Bozic (Croatia), R. Fürhauser (Austria), B. Pjetursson (Iceland), G. Raghoebert (The Netherlands), A. Stavropoulos (Sweden), G. Wimmer (Austria)

16:30–18:00 | Elicium
Critical Factors in Regeneration
NEW PERSPECTIVES
Chair: W. Giannobile (United States)
Introduction
W. Giannobile (United States)
The use of platelet rich fibrin (PRF)
M. Quirynen (Belgium)
Tissue engineering
S. Ivanovski (Australia)

16:30–18:00 | G104-105
Research Session
PERIO PLASTIC SURGERY
Chair: F. Cairo (Italy)
O070 - Treatment of multiple lingual recessions: a single approach using a bilaminar subperiosteal tunnel technique.
E. Mancini, C. Elizaga; Rosario, Argentina
O071 - Vestibular Incisional Subperiosteal Tunnel Access versus Coronal Advanced Flap with Connective Tissue Graft for Root Coverage of Miller’s Class I and II Gingival Recession: A Randomized Clinical Trial
O. Moghaddas, S. Sadatmansouri, N. Torabi; Tehran, Iran
O072 - Sub-epithelial Connective Tissue Graft with or without enamel matrix derivative on multiple Class III-IV recessions in lower anterior teeth: a 3-year prospective clinical trial.
F. Mercado1, S. Hamlet2, S. Ivanovski3; 1Wentworth Falls Blue Mountains, NSW/ Australia, 2Gold Coast, NSW/Australia, 3Brisbane, NSW/Australia

C. Danesi1, M. Clementini2, N. Discenelli3, F. Vignoletti2, M. Di Martino2, M. De Sanctis3; 1Milano, Italy, 2Milan, Italy, 3Siena, Italy

O074 - Aesthetic evaluation of root coverage: the ESCAPE study
S. Le Roch1, F. Rouche1, L. Biard2, M. Vigan1, I. Abrahamsson3, F. Rouche3, L. Chaushu4, M. Danzer5, T. Asbi6, M. Balta6, S. Bizzarro6, J. Buti7, L. Chaushu4, M. Danzer5, B. De Carvalho8, J. Garabetyan1, M. Goldstein9, M. Di Martino2, M. De Sanctis3; 1Paris, France, 2New York, United States of America, 3Gothenburg, Sweden, 4Tel Aviv, Israel, 5Haifa, Israel, 6Amsterdam, Netherlands, 7London, United Kingdom, 8Liège, Belgium, 9Israel, 10Amsterdam, Netherlands, 11London, United Kingdom, 12Dublin, Ireland, 13Madrid, Spain, 14Bern, Switzerland, 15Liège, Belgium, 16Leuven, Belgium, 17Jerusalem, Israel, 18France

O075 - Healing of gingival recessions treated with coronally advanced flaps and subepithelial connective tissue grafts with or without an enamel matrix derivative: A comparative study in dogs.
Y. Shirakata1, T. Nakamura1, Y. Shinohara1, K. Nakamura-Hasegawa1, C. Hashiguchi1, N. Takeuchi1, T. Imafuji1, A. Sculean2, K. Noguchi3; 1Kagoshima, Japan, 2Bern, Switzerland

Research Session
IMPLANT PLACEMENT I
Chair: N. Donos (United Kingdom)

O076 - Immediate versus immediate-delayed versus delayed post-extractive single implants: 1-year data from a RCT
C. Barausse1, M. Esposito2, G. Zucchelli1, V. Pistilli3, P. Felice1; 1Bologna, Italy, 2Göteborg, Sweden, 3Rome, Italy

O077 - A randomized controlled study on the accuracy of free-handed, pilot-drill guided and fully-guided implant surgery in partially edentulous patients.
F. Younes, J. Cosyn, T. De Bruyckere, A. Eghbali; Brussel, Belgium

O078 - L-PRF for increasing the width of keratinized mucosa around implants: A split-mouth, randomized, controlled pilot clinical trial.
A. Temmerman, G. Cleeren, A. Castro, S. Cortellini, M. Quirynen; Leuven, Belgium

O079 - The influence of peri-implant keratinized mucosa on marginal bone level, peri-implant tissues health and brushing discomfort: a 4-year follow-up study
J. Perussolo1, A. Souza2, F. Matarazzo1, R. De Oliveira3, M. Araújo1, M. Maringá, Brazil, 2Boston, United States of America, 3São Paulo, Brazil
O080 - 4 mm-long versus longer implants in augmented bone in posterior atrophic jaws: 1-year post-loading results from a multicenter randomised controlled trial
P. Felice¹, C. Barausse¹, V. Pistilli²,
G. Zucchelli³, M. Esposito³; ¹Bologna, Italy,
²Rome, Italy, ³Göteborg, Sweden

O081 - Implant Failure Risk Estimation related to Age, Smoking and Periodontitis: 10-year Analysis of 20,000 Implants
B. Pommer, G. Mailath-Pokorny,
D. Busenlechner, W. Millesi, R. Fürhauser,
R. Haas; Vienna, Austria

16:30–17:30 | G102-103
Sponsor Session
Unilever
See details on page 253
Where will EuroPerio10 be held?
Find out in the Final Session, Saturday June 23 at 11:45!

Or reveal the mystery yourself.

Instructions:
1) Scan the QR code above this sentence or open the following link on your smartphone:
   https://www.efp.org/europerio10/ar/

2) With the link opened, point your device’s camera at the bottom of the question mark on the right side of this page to reveal the mystery (if your device is not supported, you will receive the message as a video). Content is optimised for updated Google Chrome browsers but should work on most other mobile browsers.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>09:00 – 10:30</td>
<td><strong>Master Clinician/Periodontal Specialist</strong> Nightime Session</td>
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<td>Roccuzzo (IT)</td>
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<td>Team Session</td>
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<td>Genco (US)</td>
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<td>Critical Factors in Osseous Defects</td>
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<td>Reconstructive Surgery at Teeth and Implants 3D-Session</td>
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<td>Cosyn (BE)</td>
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<td>Understanding Perio and Cardiovascular Disease Associations</td>
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<td>Bouchard (FR)</td>
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<td>Research Session/Poster Discussion</td>
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<td>Periodontal Therapy</td>
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<td>Implant Dentistry</td>
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<td>Perio &amp; Implant</td>
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<td>10:30 – 11:00</td>
<td>Break</td>
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<td>11:00 – 11:45</td>
<td>Keynote: 50 Years in Periodontology Lang (CH)</td>
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<td>EFP Perio Contest</td>
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<td>11:45 – 12:30</td>
<td>Final Session (top secret)</td>
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starting 19:00 Official Congress Evening
SCIENTIFIC PROGRAMME

SATURDAY, JUNE 23, 2018

Programme as per printing date. Any changes after the printing date are reflected in the Congress App.

09:00–10:30 | Plenary Hall
Master Clinician/Periodontal Specialist Forum

**NIGHTMARE SESSION**
Chair: M. Roccuzzo (Italy)

Introduction
M. Roccuzzo (Italy)

Nightmares in periodontal plastic surgery
C. Fouque (France)

Nightmares in regenerative surgery
G. Rasperini (Italy)

Nightmares in the treatment of peri-implantitis
J. L. Giovannoli (France)

09:00–10:30 | Elicium Team Session

RECONSIDERING THE ROLE OF THE ORAL HEALTH CARE TEAM
Chair: R. Genco (United States)

Introduction
R. Genco (United States)

Screening for cardiovascular risk
W. J. Teeuw (The Netherlands)

Screening for diabetes risk
E. Lalla (United States)

09:00–10:30 | Auditorium
Critical Factors in Osseous Defects 3D-SESSION

RECONSTRUCTIVE SURGERY AT TEETH AND IMPLANTS
Chair: J. Cosyn (Belgium)

Introduction
J. Cosyn (Belgium)

Periodontal defects
P. Cortellini (Italy)

Peri-implant defects
S. Renvert (Sweden)

09:00–10:30 | Forum
Understanding Perio-Cardiovascular Disease Associations: Current Base Knowledge
Chair: P. Bouchard (France)

Introduction
P. Bouchard (France)

Effects of perio treatment on clinical markers of cardiovascular health
Y. Jockel-Schneider (Germany)

Effects of perio treatment on biomarkers of cardiovascular health
F. Graziani (Italy)
<table>
<thead>
<tr>
<th>Time</th>
<th>Room</th>
<th>Session</th>
<th>Chair</th>
<th>Oral Presentation</th>
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<tr>
<td>09:00–10:30</td>
<td>G104-105</td>
<td>PERIODONTAL THERAPY</td>
<td>C. Tomasi (Sweden)</td>
<td>O080 - Oral hygiene instructions and methods: a European survey among dental professionals – the eSIP study&lt;br&gt;V. Garyga¹, L. Seidel², G. Gagnot³, M. Reners⁴, F. Lambert⁴; Lyon, France, ²Liège, Belgium, ³Vitré, France, ⁴Liege, Belgium&lt;br&gt;⁰83 - A study to evaluate gingival crevicular blood as a screening tool for blood glucose concentration&lt;br&gt;A. Alhamoudi, C. Bain, A. Milosevic, A. Hassan; Dubai, United Arab Emirates&lt;br&gt;O084 - Alveolar bone marrow mesenchymal stem cells (aBM-MSCs) as a cell source for the reconstruction of intrabony periodontal defects. A 12-month randomised controlled clinical trial&lt;br&gt;D. Apatzidou, A. Bakopoulou, K. Kouzi-Koliakou, V. Karagiannis, A. Konstantinidis; Thessaloniki, Greece&lt;br&gt;O085 - Improved Periodontal Healing After Nonsurgical Periodontal Therapy is Associated with Higher Protein Intake in Nonsmokers but not Smokers&lt;br&gt;W. Ward¹, D. Dodington¹, P. Fritz²; ¹St. Catharines, ON/Canada, ²Fonthill, Canada&lt;br&gt;O086 - Subjective evaluation of different piezo-electric ultrasonic devices in supportive periodontal treatment by patients and dental hygiene students&lt;br&gt;P. Hahner, H. Mayer, V. Faber, D. Graßhoff, O. Lemeschew, N. Mauermann, R. Rößler, G. Gaßmann; Köln, Germany&lt;br&gt;O087 - Adherence to SPT-intervals in groups with different periodontal risk profiles&lt;br&gt;S. Sonnenschein, J. Krisam, R. Kohnen, S. Rahim, C. Betzler, S. Karamustafa, T.S. Kim; Heidelberg, Germany</td>
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<td>09:00–10:30</td>
<td>G106-107</td>
<td>IMPLANT PLACEMENT II</td>
<td>J. Blanco (Spain)</td>
<td>O088 - Short (6 mm) vs standard-length (11 mm) implants in the fixed rehabilitation of total edentulous mandibles: 2-year ad-interim report from a multicenter randomized controlled trial&lt;br&gt;L. Guida¹, M. Annunziata¹, U. Esposito¹, M. Sirignano¹, P. Torrisi², D. Cecchinato³; ¹Naples, Italy, ²Catania, Italy, ³Padova, Italy&lt;br&gt;O089 - Clinical and radiographic assessment of circular versus V-shape implants: A Randomized Controlled Trial&lt;br&gt;L. Li Manni¹, G. Lecloux¹, E. Rompen¹, W. Aouini², L. Shapira³, F. Lambert¹; ¹Liege, Belgium, ²Liege, Belgium, ³Israel&lt;br&gt;O090 - Esthetic 1-Year Evaluation of Digital Copy Abutments - Copy the Tooth’s Emergence Profile using CadCam Technology&lt;br&gt;L. Fürhauser, G. Mailath-Pokorny, D. Busenlechner, R. Haas, V. Pohl, G. Mailath, B. Pommer, W. Millesi, N. Fürhauser, R. Fürhauser; Vienna, Austria&lt;br&gt;O091 - The effect of one time abutment placement on marginal bone levels and peri-implant soft tissues: 3 years results from a prospective randomized clinical trial&lt;br&gt;A. Molina¹, I. Sanz-Sánchez¹, C. Martín¹, J. Blanco², M. Sanz¹; ¹Madrid, Spain, ²Santiago De Compostela, Spain&lt;br&gt;O092 - Long-Term Comparison of Laser Decontamination vs. Implantoplasty Surgery for the Treatment of Peri-implantitis&lt;br&gt;C. Kloodt, R. Haas, G. Mailath-Pokorny, R. Fürhäuser, W. Millesi, D. Busenlechner, B. Pommer; Vienna, Austria</td>
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0093 - Antibiotic Prophylaxis at Dental Implant Placement: Which is the best Protocol? A systematic review and network meta-analysis
M. Romandini1, I. De Tullio1, Z. Kalemaj2, C. Quaranta1, F. Congedi1, M. D’Ambrosio1, J. Buti3, G. Perfetti1; 1Chieti, Italy, 2Milano, Italy, 3London, United Kingdom

11:00–11:45 | Plenary Hall
Keynote Lecture
50 YEARS IN PERIODONTOLOGY
N. Lang (Switzerland)

11:00–11:45 | Elicium
EFP Perio Contest
in cooperation with Zerodonto
Chair: M. Tonetti (Hongkong)
Jury: P. Cortellini (Italy), S. Jepsen (Germany), T. Ishikawa (Japan), R. Jung (Switzerland), D. Velasquez (United States), O. Zuhr (Germany)
Periodontists and dental professionals from all over the world were invited to take part in a competition for the best single-case report that covers any of the aspects of periodontology, including dental implants, esthetics and interdisciplinary cases with significant periodontal component. Case documentation had to include all relevant diagnostics, appropriate step-by-step illustration, and scientific/clinical rationale for the treatment plan and its execution, and a final assessment. A total of 136 clinical cases from 50 countries were submitted and are posted online to give the widest visibility to all participants.

The evaluation committee has selected the 10 best cases on the basis of the following parameters: initial situation, final result, grading of difficulty, operative sequence, documentation and scientific evidence. The best 10 cases will also be published on the EFP website. These cases are submitted to an online poll to choose the 3 finalists, who will present their case at EuroPerio9. The winner will be chosen after presentation of the 3 cases by a composite score obtained by a live poll and input from the evaluation committee.

11:00–12:00 | G102-103
Sponsor Session
Morita
See details on page 255

11:45–12:30 | Plenary Hall
Final Session

TOP SECRET
The prevention of peri-implantitis has become the top-priority in implantology. In order to address this priority, we need to highlight the importance of intelligent implant design to limit the infectious risk and to facilitate the management of complications.

In this workshop we will address three major design features: the connection, the transmucosal part and the possibility for screw-retained restorations, because:

- The connection has a role by ensuring good mechanical stability and by limiting the apparition of a “micro-gap”, thus to reduce the risk of contamination.
- The transmucosal part also plays a crucial role. Smooth titanium collars keep the implant-abutment connection away from the bone crest, allowing for the presence of stable soft tissue attachment.
- The possibility for screw-retained prosthetic restorations facilitates the management of complications and allows for conservative treatments of peri-implantitis.
THE THOMMEN WORKSHOP
AT EUROPERIO 2018
WITH OUR SPEAKERS:

HOW INTELLIGENT IMPLANT DESIGN LIMITS INFECTIOUS RISK?

EXECUTIVE SUMMARY
The prevention of peri-implantitis has become the top-priority in implantology. In order to address this priority, we need to highlight the importance of intelligent implant design to limit the infectious risk and to facilitate the management of complications.

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· The possibility for screw-retained prosthetic restorations facilitates the management of complications and allows for conservative treatments of peri-implantitis.

DR. K. MEYENBERG
DR. D. NISAND
DR. O. ZUHR

PROF. J.L. GIOVANNOLI
PROF. J. MEYLE
PROF. S. RENVERT
DR. S. SMEEKENS
POSTER INDEX

POSTER DISCUSSIONS

BIOMARKERS & INFLAMMATION
Wednesday, June 20, 2018
15:45 – 16:45 | Poster Discussion Area 1
Chair: J. Meyle (Germany)

Periodontology / Diagnosis and Risk Factors
PD001 | Periodontal impact of removable partial dentures made with polyether-ether-ketone or cobalt-chrome frameworks: a randomised clinical trial
Z. Ali, S. Baker, N. Sereno, N. Martin (United Kingdom)

Periodontology / Diagnosis and Risk Factors
PD002 | MicroRNA profiling in gingival crevicular fluid of periodontitis patients
M. Ohshima, A. Saito, M. Horie, K. Ejiri, A. Aoki, S. Katagiri, S. Maekawa, S. Suzuki, S. Kong, T. Yamauchi, Y. Yamaguchi, Y. Izumi (Japan)

Periodontology / Diagnosis and Risk Factors
PD003 | sTREM-1 is reduced in saliva of patients with chronic periodontitis after non-surgical periodontal therapy
B. Afacan, V. Oztürk, R. Lira-Junior, G. Emingil, E.A. Boström, N. Bostanci, G.N. Belibasakis (Turkey, Sweden)

Periodontology / Diagnosis and Risk Factors
PD004 | Micronutrients and Gut Microbiota contribute to Human Periodontitis
L. Mewes, C. Knappe, J. Schulz, K. Türk, S. Schreiber, C.E. Dörfer, M. Laudes, D.M. Schulte, C. Graetz (Germany)

Periodontology / Diagnosis and Risk Factors
PD005 | Is it possible to use saliva samples from generalized aggressive periodontitis patients instead of periodontal tissue samples in transcriptome analysis?

IMPLANT DENTISTRY
Wednesday, June 20, 2018
15:45 – 16:45 | Poster Discussion Area 2
Chair: J. Derks (Sweden)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD006 | Screening Newly Delivered Mothers for Periodontitis with a Novel Oral Rinse aMMP-8 Point-of-Care Test in a Rural Malawian Population

Implant Dentistry / Basic Implant Dentistry
PD007 | Computer guided immediate implant placement into fresh extracted socket and soft tissue augmentation using a three-dimensional collagen matrix and immediate provisional restoration in the esthetic zone: 6-month preliminary results
A. Azapiour, L.S.A. Stock, F. Kremer, B. Willershausen (Germany)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD008 | Infra-position of single implant supported restorations in anterior maxilla of adult patients over time; a retrospective radiographic analysis
A. Polymeri, Q. Li, H. Wang (Netherlands, China, United States Of America)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD009 | Dynamic Navigation learning curve in senior dental students: Comparison of speed and accuracy in relation to various sites and the number of attempts
M. Lukic, M. Hocevar, D. Hawkins, C. Carrico, G.R. Deeb, J. Golob Deeb (Slovenia, United States of America)
POSTER DISCUSSIONS

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD010 | A Survey to Assess Formal Training and Current Practice of Dental Implant Maintenance in the UK.
C.C.L. McCarthy (United States Of America)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD011 | Computer-aided zygomatic implants rehabilitation for oncologic patients: preliminary results at 3 years.
G. Pellegrino, D. Relics (Italy)

Implant Dentistry / Peri-implant Diseases
PD012 | Antimicrobial photodynamic therapy as substitute for systemic antibiotics in immediate implant placement following ligature-induce periodontitis
A.B. Novaes Jr, C.R. Mandetta, U.D. Ramos, V.A. Muglia (Brazil)

Implant Dentistry / Peri-implant Diseases
PD013 | Importance of keratinized mucosa on peri-implant tissue health
K. Kungsadalpipob, K. Supannimitkul, T. Tangsathian, N. Sophon, S.P. Arunyanak (Thailand)

Implant Dentistry / Diagnosis and risk factors in implant therapy
PD014 | An open, prospective, non-randomized, controlled, multicenter study to evaluate the clinical outcome of implant treatment in women over 60 years of age with osteoporosis/osteopenia: 5-year results.
A. Temmerman, L. Rasmusson, A. Kübler, A. Thor, J. Merheb, M. Quirynen (Belgium, Sweden, Germany)

ADJUNCTIVE PERIODONTAL THERAPIES
Wednesday, June 20, 2018
15:45 – 16:45 | Poster Discussion Area 3
Chair: M. Feres (Brazil)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD015 | Comparative Analysis of Systemic Antimicrobial Concentrations in Saliva
During Chronic Periodontitis Patients Treatment and Gingival Crevicular Fluid Levels of MMP-1 MMP-3 and MMP-9.
B. Ak (Turkey)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD016 | Effect of antimicrobial photothermic therapy with indocyanine green on periodontal disease – microbiological results
J. Gonzales, K. Kross (Germany)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD017 | Comparative study of hyperbaric oxygen and systemic antibiotic therapy as adjunctive measures to scaling and root planning in the initial approach to aggressive periodontitis
E. Simeoni, A. Pardo, A. Rovera, S. Spadafora, M. Pettinà, S. Varalta, L. Bosello, G. Lombardo (Italy)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD018 | Clinical Evaluation of Photodynamic Therapy as an Adjunct to Non-surgical Periodontal Treatment: A Clinical Trial.
M.R. Talebi Ardakani (Iran)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD019 | The effect of an oral health optimized diet on periodontal and serological parameters. A randomized controlled trial.
J.P. Woelber, M. Gärtner, D. König, E. Hellwig, A. Al-Ahmad, K. Vach, P. Ratka-Krüger, C. Tennert (Germany)

Periodontology / Periodontal Therapy
PD020 | Adjunctive photodynamic therapy improved non-surgical management of severe generalized chronic periodontitis: a 6-months split mouth randomized clinical trial.
L. Harmouche, A. Courval, A. Matthieu, C. Petit, F. Severac, O. Huck, J. Davideau (France)
CLINICAL INVESTIGATIONS
Wednesday, June 20, 2018
15:45 – 16:45 | Poster Discussion Area 4
Chair: P. Bouchard (France)

Periodontology / Diagnosis and Risk Factors
PD021 | New Periodontal Therapy Adherence Scale for Treatment Planning

Periodontology / Diagnosis and Risk Factors
PD022 | Interdental papilla and gingival biotype
S. Belák, M. Starosta (Czech Republic)

Periodontology / Diagnosis and Risk Factors
PD023 | Focus On Possible Associations Between Temporomandibular Disorders, Malocclusion And Gingival Recession
S. Gurbuz, H. Bakhisov, A. Isik, B. Balos Tuncer, B. Ozdemir (Turkey)

Periodontology / Diagnosis and Risk Factors
PD024 | The relationship between maxillary sinus lateral wall thickness, periodontal bone loss, and demographic variables. A retrospective cone beam computerized tomographic study
T. Talo Yildirim, G.N. Güncü, M. Colak, T. Tozum (Turkey)

Periodontology / Diagnosis and Risk Factors
PD025 | Digital color assessment of the gingiva: A novel approach to assess tissue changes following periodontal surgery
O. Ginesin, E.E. Machtei, Y. Mayer (Israel)

Periodontology / Diagnosis and Risk Factors
PD026 | Correlation between periodontitis and medical osteonecrosis of the jaw
M. Nisi, S. Gennai, M. Petrini, M. Tonelli, F. Graziani, M. Gabriele (Italy)

Periodontology / Diagnosis and Risk Factors
PD027 | Association between obstructive sleep apnoea syndrome and severity of chronic periodontitis: A pilot study.
E. Busoms, C. Vaamonte, M. Peña, C. Esquinas, C. Valles, A. Pascual, J. Nart (Spain)

INFLUENCING FACTORS OF PERIODONTAL TREATMENT
Wednesday, June 20, 2018
15:45 – 16:45 | Poster Discussion Area 5
Chair: P. Garmyn (Belgium)

Periodontology / Periodontal Therapy
PD028 | Patient-related factors contributing to tooth loss 20 years after active periodontal therapy
B. Pretzl, S. Elsayed, P. Eickholz, A. Baumer (Germany)

Periodontology / Periodontal Therapy
PD029 | Evaluation of efficiency of PRF in the treatment of infrabony defects
J. Milutinovikj, M. Popovska (Macedonia)

Periodontology / Periodontal Therapy
PD030 | Effects of Non-Surgical Periodontal Treatment on Reactive Oxygen Metabolites and Glycemic Control in Diabetic Patients with Chronic Periodontitis.
E. Giammarinaro, S. Marconcini, A. Genovesi, L. Lione, O. Giampietro, U. Covani (Italy)

Periodontology / Periodontal Therapy
PD031 | A split-mouth randomized clinical trial: standard therapy vs ultrasonic therapy and ozonetherapy
C. Maiorani, A. Butera (Italy)

Periodontology / Periodontal Therapy
PD032 | Toothbrush Wear in Relation to Tooth Brushing Effectiveness
M.P.C. Van Leeuwen, D.E. Slot, F. Van Der Weijden, M. Rosema (Netherlands)

Periodontology / Periodontal Therapy
PD033 | The efficacy of rubber bristle interdental cleaners compared to interdental brushes on parameters of gingival health.
N.L. Hennequin-Hoenderdos, A. Hage, S. Kusumawidjaja, E. Van Der Suijs, D.E. Slot, F. Van Der Weijden (Netherlands)
ORAL HEALTH CARE: PREVENTION
Wednesday, June 20, 2018
15:45 – 16:45 | Poster Discussion Area 6
Chair: C. Dörfer (Germany)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD034 | Title of abstract: The plaque and gingivitis inhibiting capacity of commercially available mouthwashes: A parallel randomised placebo controlled double-blind clinical study.
O.C. Nova, T. Resnik, A. Spahr (Australia)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD035 | First-time evaluation of octenidine mouth rinsing effects on the oral bacteria and biofilm ultrastructure in situ.
B. Reda, M. Martínez-Hernández, M. Hannig (Germany)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD036 | Chlorhexidine-Loaded Polymeric Nanoparticles in Prevention of Plaque and Gingivitis: A Clinical and Microbiological Study

Periodontology / Antimicrobial and anti-inflammatory therapies
PD037 | Effect of Virgin Coconut Oil Pulling in Comparison with Palm Oil Pulling on Gingival Health and Plaque Microorganisms
S.S. Srithanyarat, N. Siripaiboonpong, O. Matangkasombut, B. Boonchayapluk, H. Pengcharoen, P. Rujiraprasert (Thailand)

Implant Dentistry / Peri-implant Diseases
PD037A | Onset, progression and resolution of experimental peri-implant mucositis at different abutment surfaces. A randomized controlled two-center study
F. Schwarz, J. Becker, T. Iglhaut, G. Iglhaut, D. Hazar, C. Sara (Germany)

PD037B | Rationale of appropriate oral hygiene scheme selection among pregnant women with diabetes
E.V. Grinenko, L.Y. Orekhova, A.A. Aleksandrova, R. Musaeva (Russian Federation)

PERIODONTAL REGENERATION – PRECLINICAL STUDIES
Wednesday, June 20, 2018
15:45 – 16:45 | Poster Discussion Area 7
Chair: P. Windisch (Hungary)

Periodontology / Periodontal regeneration
PD038 | TLR3-Mediated Stemness Regulation in Gingival Stem Cells
M. Mekhemar, J. Tölle, M. Payneard-Stolz, C.E. Dörfer, K. Fawzy El-Sayed (Germany)

Periodontology / Periodontal regeneration
PD039 | Microcirculation of mucogingival defect after closing acellular amniotic membrane (AAM) with mesenchymal stem cells in an experiment on rats
G. Vyshnevska (Ukraine)

Periodontology / Periodontal regeneration
PD040 | Effect of Human Periodontal Ligament Stem Cells Transplantation on Periodontal Regeneration in Rats with Ligature-induced Periodontitis
M. Kim, J. Kim, S. Lee, S. Ko, M. Goh, J. Yun (Korea, Republic Of)

Periodontology / Periodontal regeneration
PD041 | Epidermal growth factor has additive effects on keratinization of regenerating gingival epithelium by 4-META/MMA-TBB resin application
D. Ekuni, T. Yoneda, M. Morita (Japan)

Periodontology / Periodontal regeneration
PD042 | Anti-inflammatory functionalized membrane for periodontal regeneration: in vivo evaluation in periodontitis-induced mouse model
**Periodontology / Periodontal regeneration**

**PD043** | In Vitro Evaluation of Graft Material Displacement with Different Membranes following Guided Tissue Regeneration on Grade II Furcation Defects.
Y. Hamada, T. Kishimoto, H. Alqallaf, H.O. Wilson, S. Blanchard
(United States Of America, Japan)

**PD049** | Effect of BMP-2 coprecipitated biomimetic calcium phosphate on periodontal regeneration in chronic experimental periodontitis model with supra-alveolar defect in dogs
L. Wei, F. Teng, L. Deng, S. Liu, Z. Liu, Y. Liu
(Netherlands, China)

**PERIODONTAL REGENERATION – PRECLINICAL STUDIES II**

**Wednesday, June 20, 2018**
15:45 – 16:45 | Poster Discussion Area 8
Chair: N. Buduneli (Turkey)

**PD044** | Hydroxyapatite Nanobelt/Polylactic Acid Janus Membrane with Osteoinduction/Barrier Dual Functions for Precise Bone Defect Repair
S. Ge, B. Ma, J. Han, H. Liu (China)

**PD045** | Regenerative periodontal treatment with bio materials: Bio Oss® and Emdogain®- comparative clinical study
A.S. Atanasovska – Stojanovska, S. Todoroska (Macedonia)

**PD046** | Healing of mandibular grade II furcation defects following treatment with PRG or GTR.
F. Dőri, B. Pilihaci, M. Eper, N. Tari, F. Németh, N. Arweiler, A. Sculean
(Hungary, Germany, Switzerland)

**PD047** | Epidermal growth factor administration to promote oral wound healing: a preclinical study
H. Ben Amara, K. Ki-Tae (Korea, Republic Of)

**PD048** | Combination of Biphasic Scaffold and PDGF-Loaded Membrane As a Treatment Strategy for Periodontal Regeneration
P. Chang (Taiwan)

**CLINICAL REPORTS IN IMPLANT DENTISTRY**

**Thursday, June 21, 2018**
12:30 – 14:00 | Poster Discussion Area 1
Chair: A. Guerrero (Spain)

**PD050** | Immediate Loading Prostheses by Using Locator Attachment: 2 Year Result

**PD051** | Orofacial angulation of immediately inserted and provisionalized implants in the anterior maxilla with and without soft tissue grafting - an evaluation of the facial hard and soft tissue thickness
R. Noelken, J. Geier, S. Jepsen, W. Wagner (Germany)

**PD052** | Miniaturized Electromagnetic Device Abutment Improves Stability of the Dental Implants: A Case Series Study
S. Barak, S. Matalon, B. Zavan, A. Piattelli (Israel, Italy)

**PD053** | Sinus Lift without Graft Material : Stability of the increased bone volume. (1 to 7 years follow up study)
S. Nicolas (France)
Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD054 | Application of digital planning and stereolithographic 3D printing technology for computer-assisted external sinus lift and guided bone regeneration
T.C. Sun, M. Chen (Taiwan)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD055 | Efficacy of hyaluronic acid dermal filler for soft tissue augmentation around peri-implant tissues
J.P. George (India)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
G. Machuca-Portillo, L. Castellanos Cosano, J.R. Corcuera-Flores, J.J. Cabrera-Dominguez (Spain)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD057 | Extra short implants in the prosthetic rehabilitation of atrophic maxilla: A prospective randomized clinical study.
O. Gurlek, N. Buduneli, M.E. Kaval, N. Nizam (Turkey)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD058 | A novel approach to implant-prosthetic rehabilitation of the aesthetic maxillary zone
D. Jelusic (Croatia)

Implant Dentistry / Peri-implant Diseases
PD059 | Patient comfort during supportive periodontal treatment of implants using air polish devices - a clinical study -
M. Rosema, H. Balata, A. Lugiman, S. Vassegh, M. Voll, M. Danser (Netherlands)

PERIODONTAL MEDICINE: RENAL AND CARDIOVASCULAR DISEASES
Thursday, June 21, 2018 12:30 – 14:00 | Poster Discussion Area 2
Chair: G. Wimmer (Austria)

Periodontology / Periodontal Medicine
PD060 | Association between periodontitis and chronic kidney disease: systematic review and meta-analysis
S. Deschamps-Lenhardt, R. Martin-Cabecas, T. Hannedouche, O. Huck (France)

Periodontology / Periodontal Medicine
PD062 | Comparison of oral and periodontal condition among patients with cardiovascular diseases
N. Aoyama, J. Suzuki, Y. Izumi, M. Minabe (Japan)

Periodontology / Periodontal Medicine

Periodontology / Periodontal Medicine
PD064 | Impact of periodontitis on rupture of intracranial aneurysm
A. Bonafé, V. Orti, A. Bonafé, B. Mertens (France)

Periodontology / Periodontal Medicine
PD065 | Acute phase response following non-surgical periodontal therapy with enamel matrix derivative. A randomized clinical trial.
S. Gennai, M. Petrini, M. Tonelli, A. Marianelli, M. Nisi, F. Graziani (Italy)

Periodontology / Periodontal Medicine
PD066 | Implementation of oral care in diabetes care at the family physician’s office
M.J.L. Verhulst, W.J. Teeuw, V.E.A. Gerdes, B.G. Loos (Netherlands)
Periodontology / Periodontal Medicine  
**PD067** | Periodontal disease as a possible predictor of renal status in pre-dialytic patients: a cross-sectional study  

Periodontology / Periodontal Medicine  
**PD068** | Towards a better understanding of biological relationships between periodontal diseases and human carotid atherothrombosis  
A. Brun, H. Rangé, O. Meilhac, P. Amarenco, G. Lesèche, M. Mazighi, J. Michel, P. Bouchard (France)

Periodontology / Periodontal Medicine  
**PD069** | Study regarding the influence of the periodontal disease on physical and psychological status in long-term haemodialysis patients  
S.M. Solomon, A.M. Martu, L. Pasarin, I.G. Sufaru, G. Veisa, S. Martu (Romania)

Periodontology / Periodontal Medicine  
**PD070** | Relationship between chronic periodontitis and erectile dysfunction: an observational study on Spanish population  
M.A. Martín-Amat, A. Magán-Fernández, M. Arrabal-Martin, M. Bravo, M. Rizzo, G. Castellino, F. Mesa (Spain, Italy)

Periodontology / Periodontal Medicine  
**PD071** | The Outcome of Short Dental Implants: A Retrospective Study  
A. Ahmed, S. Shah, S. Kim (United States Of America)

Implant Dentistry / Implant therapy  
**PD072** | Evaluation of the correlation between insertion torque, primary implant stability, CT Hounsfield unit values of dental implants  
A. Aydogdu, M. Toptas, T. Ünver (Turkey)

Implant Dentistry / Implant therapy  
**PD073** | The effects of different drilling speed protocols on the cortical bone temperature, primary and secondary stability  
M. Ozcan, S. Surmeli Baran, F. Salimov, C. Haytaç (Turkey)

Implant Dentistry / Implant therapy  
**PD074** | Dynamic Navigation: A Prospective Clinical Trial to Evaluate the Accuracy of Implant Placement  
A. Ferri, G. Pellegrino, V. Taraschi, A. Zacchino, C. Marchetti (Italy, Australia)

Implant Dentistry / Implant therapy  
**PD075** | Marginal bone loss around cement and screw-retained fixed implant prosthesis  
M.H. Hameed, F.R. Khan, R. Ghafoor (Pakistan)

Implant Dentistry / Implant therapy  
**PD076** | Soft Tissue Profile at Implant Site Augmented with Autogenous Connective Tissue Graft Compared to Mucograft. Randomized Controlled Trial.  
A. Ezz Elarab, N. Mattar, R. Farouk, A. Reda (Egypt)

Implant Dentistry / Implant therapy  
**PD077** | Comparison of soft tissue augmentation techniques around dental implants in the aesthetic zone: a Randomised clinical trial  
H.E. El Nahass, N. Shemais, N. Abdallah, Y. Mounir (Egypt)
Implant Dentistry / Peri-implant Diseases
PD078 Effectiveness of Powered vs Manual Toothbrushes in Implant Supported Fixed Restorations: Six months results
S.D. Ipci, D. Berber Noyun, G. Çakar (Turkey)

Implant Dentistry / Basic Implant Dentistry
PD079 Approaches for prevention of recolonization in the microgap at the implant-abutment junction, a randomized controlled trial
P. Jervøe-Storm, S. Jepsen, A.S. Hablützel, R. Birchmeier, N. Enkling (Germany, Switzerland)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD079A Post-operative morbidity following transcrestal and lateral sinus floor elevation
R. Farina, G. Franceschetti, D. Travaglini, U. Consolo, L. Minenna, G.P. Schincaglia, O. Riccardi, A. Bandieri, E. Maietti, L. Trombelli (Italy, United States Of America)

PERIODONTAL THERAPY II
Thursday, June 21, 2018
12:30 – 14:00 | Poster Discussion Area 4
Chair: S. Vassilopoulos (Greece)

Periodontology / Periodontal Therapy
PD080 3d Teca Hydrogel Modulates Cellular Senescence and Enhances Fibroblasts Migration in Wound Healing

Periodontology / Periodontal Therapy
PD081 The effect of quadrant versus one stage full-mouth scaling and root planing on C-reactive protein and proinflammatory biomarkers in the treatment of aggressive periodontitis: A randomized clinical trial
G. Isola, R.C. Williams, M. Nevins, L. Ramaglia, G. Matarrese (Italy, United States Of America)

Periodontology / Periodontal Therapy
PD082 How effective in plaque removal are powered toothbrushes as compared to manual brushes? A Systematic Review
T.A. Elkerbout, D.E. Slot, M. Rosema, F. Van Der Weijden (Netherlands)

Periodontology / Periodontal Therapy
PD083 Scaling and root planing per quadrant versus full-mouth disinfection: Clinical and microbiological evaluation in generalized aggressive periodontitis
D. Mamakloglu, M. Karched, S. Asikainen, B. Dogan (Turkey, Kuwait)

Periodontology / Periodontal Therapy
PD084 Does Sex Hormone Replacement Therapy Improve Clinical Periodontal Parameters and Dental Implant Osseointegration? – A systematic review and meta-analysis
J.P. Steffens, J.D.P. Chaves, T.F.F. Massignani, S.V.S.C. Warnavin, C.M. Pannuti (Brazil)

Periodontology / Periodontal Therapy
PD085 The efficacy of chlorhexidine mouthwash, with and without an anti-discoloration-system (ADS), on the parameters plaque, gingivitis and toothsurface discoloration: a systematic review.
B.W.M. Van Swaaij, D.E. Slot (Netherlands)

Periodontology / Periodontal Therapy
PD086 A qualitative feasibility study of diabetes risk assessment in primary dental care.
S.M. Bissett, T. Rapley, J. Presseau, P.M. Preshaw (United Kingdom, Canada)

Periodontology / Periodontal Therapy
PD087 The reduction in microbial content of aerosol during ultrasonic scaling following the addition of chlorhexidine/ herbal mouth wash in water source of an ultrasonic scaler- A double blind randomized placebo controlled interventional study
V. Lavu, L.A. Kumar, S. Rao (India)

Periodontology / Periodontal Therapy
PD088 A Clinical and Microbiological Comparison of Er:YAG Laser and Mechanical Debridement For The Nonsurgical Periodontal Therapy: A Randomized Controlled Clinical Study
T. Zengin Celik, C. Erca, F. Akbas, E. Saglam, K. Nazaroglu, M. Tunali (Turkey)
IMPLANT THERAPY II
Thursday, June 21, 2018
12:30 – 14:00 | Poster Discussion Area 5
Chair: A.-M. Jansaker (Sweden)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD089 | Aesthetics and Survival of Immediately Restored Implants in Partially Edentulous Anterior Maxillary Patients
R. Kolerman (Israel)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD090 | The effect of connective tissue donor site on peri-implant tissues in immediate implantation
S. Ercan, N. Nizam, A.T. Ilgenli (Turkey)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD091 | Mandibular sub-periosteal vs loco-regional anesthesia for implant placement - preliminary report from randomized clinical control trial.
M. Cavaco Pereira, A.A. Cebola, A. Chen, H. Francisco, J. Caramês (Portugal)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD092 | Platelet rich fibrin versus autogenous bone graft in closed sinus floor augmentation with immediate implantation: A Randomized control trial
A.A. Mattar, M.A. Shoeib (Egypt)

Implant Dentistry / Implant therapy (surgical and restorative protocols)
PD093 | Clinical and patient related outcomes of a tapered implant system with switched platform conical abutments- a private practice field trial
J. Horwitz, E.E. Machtei, E. Gabay, Y. Mayer, S. Frankental (Israel)

Implant Dentistry / Peri-implant Diseases
PD095 | Clinical effectiveness of probiotic therapy as an adjunct therapy in peri-implant mucositis.
C. Ahmedbeyli, S.D. Ipçi, G. Çakar, S. Yılmaz (Azerbaijan, Turkey)

Implant Dentistry / Peri-implant Diseases
PD096 | Antibacterial and cell-adhesive effects of bio-inspired nanоструктур materials

Implant Dentistry / Peri-implant Diseases
PD097 | Clinical outcomes following surgical treatment of peri-implantitis at grafted and non-grafted implant sites. A retrospective analysis.
A. Ramanauskaitė, F. Schwarz (Germany)

Implant Dentistry / Peri-implant Diseases
PD098 | Use of a new Er: YAG laser setting (Quantum Square Pulse) for managing peri-implantitis
M. Dorrí, R. Mannan, A. Nobbs, I. Madden (United Kingdom, Slovenia)

Implant Dentistry / Peri-implant Diseases
PD099 | Predicting peri-implant disease: chi-squared automatic interaction detection (CHAID) decision tree analysis of risk indicators
M. Atieh, J.K. Pang, K. Lian, S. Wong (New Zealand)

PERIODONTAL MICROBIOLOGY
Thursday, June 21, 2018
12:30 – 14:00 | Poster Discussion Area 6
Chair: M. Curtis (United Kingdom)

Periodontology / Aetiology and Pathogenesis
PD100 | Porphyromonas gingivalis induced PD-L1 (B7-H1) expression in prostate cancer cells
F. Wu, S. Groeger, J. Meyle (Germany)
**Periodontology / Aetiology and Pathogenesis**

**PD101** | Subgingival microbiota of diabetics and non-diabetics with different periodontal conditions: a metagenomic analysis
M. Severi, R. Farina, C. Scapoli, A. Carrieri, C. Bassi, E. Callegari, E. Miotto, S. Sabbioni, L. Trombelli (Italy)

**PD102** | The effect of smoking on the subgingival microbiota in periodontally healthy young adults
K. Bašić, K. Peroš, Z. Bošnjak, D. Vražić, I. Šutej (Croatia)

**PD103** | Fretibacterium oral taxon 360 is salivary biomarker for periodontitis
T. Khemwong, H. Kobayashi, T. Sudo, C. Kano, T. Matsuura, Y. Ikeda, Y. Izumi (Japan)

**PD104** | An investigation of the role of a gene encoding a DNA binding protein in Treponema denticola
K. Yamashita, Y. Kitamura, Y. Kikuchi, K. Ishihara, A. Saito (Japan)

**PD105** | Variable alveolar bone resorption and immune response triggered by the different serotypes of A. actinomycetemcomitans during experimental periodontitis

**PD106** | Treponema denticola-mediated epigenetic gene expression in the periodontium can be therapeutically attenuated/reversed
P. Suththiboonyapan, I.M. Ateia, H. Liu, V. Godovikova, J.C. Fenno, Y.L. Kapila (Thailand, Egypt, United States Of America)

**CLINICAL DIAGNOSIS & EPIDEMIOLOGY**

**Thursday, June 21, 2018**
12:30 – 14:00 | Poster Discussion Area 7
Chair: T. Kocher (Germany)

**PD111** | Genome-wide association study of periodontal infection in Finnish adults
P. Tegelberg, A. Ylöstalo, J. Kettunen, P. Ylöstalo, T. Tervonen (Finland)

**PD112** | Relationship of salivary microbiome and periodontal status as affected by age
T. Akase, L. Li, Y. Shimizu, Y. Okada, Y. Katsuragi, Y. Sun, K. Falkner, R. Genco (United States Of America, Japan)

**PD113** | Hemodynamic Abnormalities in Periodontal Tissues in Patients with Rapidly Progressing Periodontitis
A.V. Zelenova, N.V. Bulkina (Russian Federation)
PD114 | Association between physical activity assessed by IPAQ and periodontitis in Brazilian adults: a cross-sectional study  
A. Haas, J.A.P. Oliveira, F.S. Rios, R.S.A. Costa, T.P. Wagner, B. Christofoli, J. Goergen (Brazil)

PD115 | Self-reported Measures for Prediction of Severe Periodontitis in a Rural Population  

PD116 | Prevalence of periodontal bone loss in the Hungarian patient under age of 18.  
B. Marosi, P. Valyi (Hungary)

PD117 | Association analysis of apolipoproteinE, microRNA146a (rs2910164), Nod like receptor NLRP3(rs10802501, rs10754558) polymorphisms with chronic, aggressive periodontitis and healthy controls in south Indian population  
G. Kaarthikeyan (India)

PD118 | Use of capillaroscopy to assess the architecture of gingival microvessels in healthy subjects  
G. Pellegrini, G. Begnoni, E. Canciani, F. Ingegnoli, F. Musto, M. Toma, C. Dellavia (Italy)

PD119 | Awareness of periodontal health among pregnant females in local hospitals in UAE  
S.Y. Al Raeesi, C. Bain, A. Hassan, A. Milosevic (United Arab Emirates)

PD120 | Level of Awareness of Patients Attending Two Teaching Hospitals in South Western Nigeria About Ways of Retaining Mobile Teeth  
E.B. Dosumu, O.O. Onigbinde, J.A. Abanikannda (Nigeria)

PD121 | A New Treatment Approach for Patients with Oral Lichen Planus; I-PRF  
M. Tunali, Z.B. Ozsagir, T. Unver, E. Saglam, S. Bayer Alınca, A. Toprak (Turkey)

PD122 | Patients with inflammatory bowel disease have an increased risk of periodontitis correlated to disease activity  

PD123 | Evaluation of Periodontal Status in Acromegaly Patients  
Y. Ozdemir, H.G. Keceli, N. Helvaci, C. Tan, C. Gungor, E. Berker, T. Erbas, R.M. Nohutcu (Turkey)

PD124 | Periodontal impact of eating disorders: the PERIOED case-control study  
A. Karimova, A. Palier, A. Boillot, P. Colon, D. Ringuenet, P. Bouchard, H. Rangé (France)

PD125 | Periodontal health of UK elite athletes and impact on performance  
I. Needleman, J. Gallagher, P. Ashley (United Kingdom)

PD126 | Associations between cognitive impairment and number of teeth classified in small groups: a cross-sectional clinical study in Sado Island  
A. Kuroki, N. Sugita, T. Kobayashi, A. Yoshihara, K. Nakamura, H. Yoshie (Japan)
Poster Discussions

Periodontology / Periodontal Medicine

PD127 | Oral bacterial community of HIV-infected Brazilian children revealed by next-generation DNA sequencing

PD128 | Oral/periodontal conditions are closely associated with general health status and comorbidity profiles
D. Zhao, K.H. Yiu, Z. Zhen, G. Pelekos, T. Maurizio, L. Jin (Hong Kong PRC)

PD129 | Association of pre-transplantation periodontal inflamed surface area (PISA) and severity of mucositis after hematopoietic stem-cell transplantation, preliminary results
R.Z. Thomas, L. Eerdt Van, S. Leeuwen Van, C. Potting, I. Bultzingslöwen Von, N. Blijlevens, M.T. Brennan, M. Huysmans (Netherlands, Sweden, United States Of America)

PD129A | Chronic Periodontitis and reduced respiratory function
L. Winning, C.C. Patterson, K.M. Cullen, F. Kee, G.J. Linden (United Kingdom)

PATHOBIOLOGY

Friday, June 22, 2018 | 12:30 – 14:00 | Poster Discussion Area 1
Chair: H. Hasturk (United States)

Periodontology / Aetiology and Pathogenesis

PD130 | Alveolar bone level at deciduous molars: a retrospective, radiographic study
A. Wylleman, D. Van Der Veken, I. Laleman, M. Quirynen, W. Teughels (Belgium)

PD131 | Enamel proteins and the development of junctional epithelium.
Y.P. Chun, Y. Cui, M. Harris, S.E. Harris (United States Of America)

PD132 | Human periodontal ligament stem cells exhibit no endotoxin tolerance like state upon stimulation with Toll-like receptor 2 and 4 agonist
A. Blufstein, T. Salfinger, C. Behm, P.Q. Nguyen, A. Moritz, X. Rausch-Fan, O. Andrukhov (Austria)

PD133 | Resolvin E1 does not affect the mRNA levels of its receptors in whole blood of periodontitis patients
M.G. Balta, B.G. Loos, T. Schoenmaker, E.A. Nicu (Netherlands)

PD134 | Evaluation of ADAMTS-1, VEGF, and HIF-1α Levels In Generalized Aggressive and Chronic Periodontitis Patients
M.A. Tayman, Ş. Kurgan, C. Onder, Z. Güney, M. Serdar, M. Günhan (Turkey)

PD135 | The role of loricrin in aggressive periodontal disease (AgP)
D. Clark, L. Levin, M. Faveri, M. Feres, D. Fermiano, M. Febrroio (Canada, Brazil)

PD136 | Interferon-γ and toll-like receptors agonists lead to different immunomodulatory phenotypes of human periodontal ligament stem cells
O. Andrukhov, C. Behm, A. Blufstein, I. Naumovska, P.Q. Nguyen, A. Moritz, X. Rausch-Fan (Austria)

PD137 | Expression and function of macrophage erythroblast attacher in THP-1 cells and human periodontal ligament fibroblasts stimulated with Porphyromonas gingivalis derived lipopolysaccharide
Y. Che, N. Sugita, N. Takahashi, K. Takamisawa, H. Yoshie (Japan)

PD138 | Soluble forms of the receptor RAGE in periodontitis in humans
L. Detzen, B. Cheng, C.Y. Chen, P.N. Papapanou, E. Lalla (United States Of America)
Periodontology / Aetiology and Pathogenesis  
**PD139** | Vascular Alterations Play a Role in the Pathogenesis of Medication Related Osteonecrosis of Jaw (MRONJ)  

**PD140** | Two host types with distinct susceptibility to human experimental gingivitis  
M. Levine, Z. Lohinai  
(United States Of America, Hungary)  

**PATHOGENESIS**  
**Friday, June 22, 2018**  
12:30 – 14:00 | Poster Discussion Area 2  
**Chair:** M. Kebschull (Germany)  

**PD141** | MicroRNA expression in inflamed gingival tissues and effects of miR-200b on the expression of Interleukin-6 in human gingival fibroblasts  

**PD142** | Uncoupling protein 2 attenuates production of reactive oxygen species and interleukin-8 in THP-1 cells stimulated with Porphyromonas gingivalis-derived lipopolysaccharide  
N. Sugita, N. Takahashi, Y. Che, K. Takamisawa, H. Yoshie (Japan)  

**PD143** | Effect of smoking on epithelial apoptosis and cell proliferation in chronic periodontitis: A histological study using Ki-67 and p53 markers  
M. Faraji, N. Jalayer Naderi (Iran)  

**PD144** | Expression profile of macrophage migration inhibitory factor in serum, gingiva and gingival epithelial cells of periodontitis  
Q. Xu, Y. Pan, D. Zhang (China)  

Periodontology / Aetiology and Pathogenesis  
**PD145** | Targeting hepatocyte growth factor as novel therapeutic approach for periodontitis  
Y. Yamaguchi, M. Ohshima (Japan)  

Periodontology / Aetiology and Pathogenesis  
**PD146** | Role of resistin in periodontal cells and tissues - in vitro and in vivo studies  
A.V.B. Noqueira, M. Nokhbehaim, S. Tekin, R.S.D. Molon, S. Memmert, A. Damanaki, S. Eick, J. Deschner, J.A. Cirelli (Brazil, Germany, Switzerland)  

Periodontology / Aetiology and Pathogenesis  
**PD147** | Characterization of the newly identified periodontitis-associated gene Spag4 using a physiologically regulated reporter cell line generated by BAC Transgenesis  
A. Winkelmann, P.N. Papapanou, S. Jepsen, M. Kebschull (Germany, United States Of America)  

Periodontology / Aetiology and Pathogenesis  
**PD148** | Effect of vitamin K-dependent protein Gas6 in the process of the expression of biological factors of HUVECs induced by Porphyromonas gingivalis lipopolysaccharide  
L. Yingjun, A. Na, O. Xiangying (China)  

Periodontology / Aetiology and Pathogenesis  
**PD149** | A new 3D in vitro model of gingival tissue to assess host-pathogen interactions  
I.M. Bugueno, F. Batool, L. Keller, S. Bopp-Kuchler, N. Benkirane-Jessel, O. Huck (France)  

Periodontology / Aetiology and Pathogenesis  
**PD149A** | Identification of molecular signatures in gingiva of the patients with chronic periodontitis by genomic and proteomic analysis  
PERIODONTAL MEDICINE
Friday, June 22, 2018
12:30 – 14:00 | Poster Discussion Area 3
Chair: W. Teeuw (The Netherlands)

Periodontology / Periodontal Medicine
PD150 | The oral microbiome in rheumatoid arthritis and the effect of periodontal therapy

Periodontology / Periodontal Medicine
PD151 | Are Anti-Citrullinated Protein Antibody Levels Associated with Periodontitis in Rheumatoid Arthritis?
J. Gonzalez-Febles, B. Rodriguez-Lozano, F. Sanchez-Alonso, J. Garnier-Rodriguez, F. Diaz-Gonzalez, M. Sanz (Spain)

Periodontology / Periodontal Medicine
PD152 | "The Biggest Loser": Smoking, Obesity and the Subgingival Microbiome
P.S. Kumar (United States Of America)

Periodontology / Periodontal Medicine
PD153 | Efficacy of professional brushing regularly performed by dental nurses among nursing home residents – a randomized controlled clinical trial
A.G. Barbe, H. Kottmann, S.H.M. Derman, M. Noack (Germany)

Periodontology / Periodontal Medicine
PD154 | Association between periodontal disease and exercise-induced muscle damage
J.P.N.E.S. Pinto, A.N. Haas (Brazil)

Periodontology / Periodontal Medicine
PD155 | Screening for Undiagnosed Diabetes and Pre-Diabetes among Dental Patients in Singapore
H.K. Chee, M.M.F. Ho, L. Lin, C.G. Koh, A.J.V. Winkelhoff, F. Abbas (Singapore, Netherlands)

Periodontology / Periodontal Medicine
PD156 | A case-control study on periodontitis and left ventricular function in patients with diabetes
Y. Wang, Z. Zhen, H.N. Liu, I.A. Lai, G. Pelekos, H.F. Tse, K.H. Yiu, L. Jin (Hong Kong Prc)

Periodontology / Diagnosis and Risk Factors
PD157 | Evaluation of overall metabolic effect of non-surgical periodontal therapy in chronic periodontitis patients.
F. Citterio, F. Romano, V. Manavella, G. Meoni, L. Tenori, M. Aimetti (Italy)

Periodontology / Periodontal Medicine
PD158 | T2DM Disrupts DC Expansion in Response to Periodontal Treatment
M. Rabelo, A. El Awady, A. Foz, G. Hisse Gomes, M. Rajendran, G. Alexandre Romito, C. Cutler, C. Susin (Brazil, United States Of America)

Periodontology / Periodontal Medicine
PD159 | Relationship of Porphyromonas gingivalis FimA genotype II to glycemic control in type 2 diabetes patients with periodontitis after periodontal treatment
L. He (China)

ANTIMICROBIAL STRATEGIES AND VIRULENCE FACTORS IN PERIODONTAL DISEASES: BASIC SCIENCE II
Friday, June 22, 2018
12:30 – 14:00 | Poster Discussion Area 4
Chair: tba

Periodontology / Antimicrobial and anti-inflammatory therapies
Periodontology / Antimicrobial and anti-inflammatory therapies
PD162 | Antimicrobial effects of pulsed electromagnetic field: in-vitro polymicrobial periodontal subgingival biofilm model
S. Barak, O. Dolkart, M. Faveri, B. Bueno-Silva, G.M. Soares, M. Feres, J.A. Shibli (Israel, Brazil)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD163 | Histopathological and Biochemical Evaluation of Paeoniflorin’s Effect on Periodontium During and After Periodontitis Formation
S. Kurt, C.G. Gürkan, G. Çayır Tezal, A. Çiftçi, P.N. Gürgör, S. Güler, B. Özkan Çetinkaya (Turkey)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD164 | The Anti-inflammatory effect of a gut microbial metabolite (10-oxo-trans-11-octadecenoic acid) on macrophages stimulated with Porphyromonas gingivalis lipopolysaccharide

Periodontology / Antimicrobial and anti-inflammatory therapies
PD165 | The anti-inflammatory effect of Salvadora Persica L. on interleukin-1β stimulated gingival fibroblasts and oral keratinocytes
R. Albabtain (Sweden)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD166 | Topical administration of predatory bacteria of the genus Bdellovibrio reduces tissue destruction in experimental periodontitis in rats.

Periodontology / Antimicrobial and anti-inflammatory therapies
PD167 | Effect of local antimicrobial agents on excisional palatal wound healing: a quantitative histomorphometric study in rats
A. Kozlovsky, D. Frid-Kyzer, Z. Artzi, A. Hirshberg (Israel)

Periodontology / Antimicrobial and anti-inflammatory therapies
PD168 | Hyaluronan in the treatment of residual pockets in periodontitis patients - Short-term microbiological results from a randomized controlled clinical trial.
A. Stavropoulos, A. Sjöden, L. Gull, M. Szigeti Söderberg, K. Bertl, A. Zampelis (Sweden)

PERIO PLASTIC SURGERY II
Friday, June 22, 2018
12:30 – 14:00 | Poster Discussion Area 5
Chair: K. Jepsen (Germany)

Periodontology / Periodontal plastic surgery
PD169 | A combined restorative and periodontal plastic surgical approach for root coverage of multiple gingival recessions associated with non-caries cervical lesions – Clinical report presentation
K. Orban, F. Bartha, K. Mikulas, P. Windisch, B. Molnár (Hungary)

Periodontology / Periodontal plastic surgery
L. Savran, B. Yaşa, S. Köseoğlu (Turkey)

Periodontology / Periodontal plastic surgery
PD171 | Laterally stretched flap with connective tissue graft: A novel approach to treat deep/narrow gingival recessions in lower incisors
N. Carranza, C. Pontarolo, J. Alberichi, M.A. Rojas, J. Estrugo (Argentina)
**CLINICAL RISK FACTORS**
Friday, June 22, 2018
12:30 – 14:00 | Poster Discussion Area 6
Chair: M. Danser (The Netherlands)

Periodontology / Diagnosis and Risk Factors
PD179 | Inter-familial transmission of periodontal pathogens: a systematic review and meta-analysis
M. Bennani, F. Mora, P. Bouchard, M.C. Carra (France)

Periodontology / Diagnosis and Risk Factors
PD180 | Snus use among young Norwegian students: predicting factors and impact on health perceptions.
D.F. Bunæs, A. Røsland, F. Eikås, S.A. Lie, A.N. Åstrøm, K.N. Leknes (Norway)

Periodontology / Diagnosis and Risk Factors
PD181 | study of the stress oxidizing parameters in patients having periodontal diseases
A. Gharbi (Tunisia)

Periodontology / Diagnosis and Risk Factors
PD182 | Estimation of Cystatin - C Levels in Gingival Crevicular Fluid (GCF) from Healthy and Diseased Periodontium.
A. Yadav (India)

Periodontology / Diagnosis and Risk Factors
PD183 | Association of IL-1B(3954)-SNP with IL-1β levels in gingival crevicular fluid (GCF) and bacterial profile in patients with periodontitis.
P. Pani, C.E. Hawley, T.C. Theoharides, E. Papathanasiou (United States Of America)

Periodontology / Diagnosis and Risk Factors
PD184 | Analysis of five biomarkers in saliva, oral rinse and gingival crevicular fluid in periodontitis
P. Katsiki, K. Nazmi, E. Hepdenizli, E. Veerman, B.G. Loos, E. Nicu (Netherlands)

Periodontology / Diagnosis and Risk Factors
PD185 | Impact of Rheumatoid Arthritis Functional Status and Disease Activity on Periodontal Health: A Malaysian Study
N.M. Nik Azis, F. Mohd Fadzilah, M.S. Mohamed Said, B. Baharin, N. Mohd (Malaysia)
**Periodontology / Aetiology and Pathogenesis**

**PD186** | Up-regulation of PD-L1 in various carcinoma cells by P. gingivalis membrane molecules  
J. Meyle, F. Jarzina, E. Domann, S. Groeger (Germany)

**Periodontology / Periodontal Medicine**

**PD187** | Bacterial-induced tumorigenesis and anoikis resistance of oral keratinocytes by Porphyromonas gingivalis  
J. Winter, T. Hoppe, D. Kraus, R. Probstmeier, S. Jepsen (Germany)

**Periodontology / Diagnosis and Risk Factors**

**PD187A** | Effect of nicotine on human gingival and periodontal cells. A systematic review of the literature  
R. Holliday, J. Campbell, P.M. Preshaw (United Kingdom)

**Implant Dentistry / Diagnosis and risk factors in implant therapy**

**PD187B** | Risk factors for bone loss and peri-implantitis, and a survey on patients satisfaction. A cross sectional study  
P. Tsaousoglou, L. Tsalikis, T. Lazaridou, G. Mikrogeorgis, G. Menexes, V. Ioannis (Greece)

**PERIODONTAL THERAPY III**

*Friday, June 22, 2018*  
12:30 – 14:00 | Poster Discussion Area 7  
Chair: V. Monnet-Corti (France)

**Periodontology / Periodontal Therapy**

**PD188** | Surgical-restorative management of Invasive Cervical Resorption after mucogingival surgery  
I. Moussisif, V. Bentivogli, C. Mazzotti, M. Mele, M. Marzadori, G. Zucchelli (Italy)

**Periodontology / Periodontal plastic surgery**

**PD189** | The Laterally Moved Tunnel for the Treatment of Deep Isolated Mandibular Recessions  
A. Sculean, E.P. Allen (Switzerland, United States Of America)

**Periodontology / Periodontal regeneration**

**PD190** | Combination of MIST approach and L-PRF with and without bone grafts substitutes in the treatment of infrabony defects  

**Periodontology / Periodontal Medicine**

**PD191** | One year outcomes of a piscine soft tissue alternative used in mucogingival procedures: a clinical report  
I.F. Dragan, A. Garcia, R. Malik, N.Y. Karimnux (United States Of America, Mexico)

**Periodontology / Aetiology and Pathogenesis**

**PD192** | Diet and aging influence on the alveolar bone resorption depending on the activation of the NLRP3 inflammasome complex.  
R. De La Torre Torres, M.D. Cordero Morales, P. Bullón Fernández (Spain)

**Periodontology / Periodontal Therapy**

**PD193** | Periodontal disease in soldiers with posttraumatic stress disorders after war-stress and the association with bruxism: a case control study  
T. Eger, F. Woerner, J. Gohr, R. Braas, A. Wolowski (Germany)

**Periodontology / Periodontal regeneration**

**PD194** | The use of Free Running Pulsed Lasers: A necessity in long term periodontal care  
B. Deruyter, B. Deruyter (Belgium)

**Periodontology / Periodontal plastic surgery**

**PD195** | Clinical outcomes of soft tissue augmentation in combination with periodontal-regenerative surgery of infrabony defects – a retrospective cohort study with a mean follow up of 24 months.  
T. Waller, G. Wagner, A. Winkelmann, P. Skora, S. Jepsen, K. Jepsen (Germany)
**Periodontology / Periodontal regeneration**

**PD196** | Clinical performance of surgical periodontal therapy in the treatment of class II furcation defects. A systematic review and Bayesian network meta-analysis of randomized clinical trials.  
S. Jepsen, S. Gennai, J. Hirschfeld, Z. Kalemaj, J. Buti, F. Graziani  
(Germany, Italy, United Kingdom)

**PD197** | Blue light as an adjunct to the treatment of chronic periodontitis (ChP). Preliminary results  
J. Kamma, S. Vichos, S. Mantalenakis (Greece)

**PD198** | Photodynamic therapy as part of complex treatment of chronic generalized periodontitis  
A.A. Lukavenko, E.S. Loboda, A.V. Lukavenko, S.A. Parshina  
(Russian Federation)

**Implant Dentistry / Peri-implant Diseases**

**PD201** | The effects of chemical surface modification used following air-abrasive debridement on the cytocompatibility of experimentally contaminated titanium surface.  
Y. Ichikawa, T. Kado, I. Mashima, F. Nakazawa, K. Endo, Y. Furuichi (Japan)

**Implant Dentistry / Bone regeneration therapies**

**PD202** | The influence of leukocyte and platelet-rich fibrin on bone regeneration in combination with deproteinized bovine bone mineral in maxillary sinus augmentation: a randomized clinical study  
D.L. Zandim-Barcelos, E.C. Pichotano, L.G.F. Da Paula, R.S.D. Molon, R.V. De Souza, E. Marcantonio Júnior (Brazil)

**Implant Dentistry / Bone regeneration therapies**

**PD203** | Revolutionary Bone Regeneration by Endothelial Progenitor Cells that Recruit Endogenous Mesenchymal and Endothelial Cells  
H. Zigdon Giladi, R. Kawar Jaraisy, U. Rudich, R. Elimelech, T. Tamari (Israel)

**PD204** | Effect of aPDT on the decontamination of infected alveoli during post-extraction socket healing. Histimorphometric study  
M.L. Reis, A.B. Novaes, C.R. Mandetta (Brazil)

**Implant Dentistry / Basic Implant Dentistry**

**PD205** | In Vitro Comparison of Microbial Leakage of the Implant-Healing Abutment Interface in Four Connection Systems  
M.R. Talebi, R. Amid, A.D. Pourahmadie, S. Shidfar (Iran)

**Implant Dentistry / Bone regeneration therapies**

**PD206** | Porcine bone graft mixed with collagen regenerates bone in rabbit calvaria critical size Defects.  
E. Salamanca, C.C. Hsu, H. Huang, N. Teng, C. Lin, W. Chang (Taiwan)
Implant Dentistry / Bone regeneration therapies

**PD207** | Factors that influence the content and functional properties of platelets in plasma-rich in growth factors (PRGF)
T. Pavlychuk, A. Kopchak, V. Rybak, L. Natrus (Ukraine)

Periodontology / Periodontal regeneration

**PD208** | Effects of combined use of recombinant human Fibroblast growth factor-2 and β-Tricalcium phosphate on ridge preservation in dehiscence bone defects after tooth extraction: A split-mouth study in dogs.
S. Fukuba, T. Akizuki, T. Matsuura, S. Hoshi, A. Shujaa Addin, M. Okada, Y. Izumi (Japan)
**E-POSTERS | RESEARCH**

Periodontology / Aetiology and Pathogenesis  
**PR001** | A sialidase-deficient Porphyromonas gingivalis mutant strain induces less IL-12 in macrophages through up-regulation of IncRNA GAS5 and down-regulation of miR-21  
X. Yang, Y. Pan, J. Liu, C. Li (China)

Periodontology / Aetiology and Pathogenesis  
**PR002** | AGEs trigger autophagy in human periodontal ligament cells through intracellular reactive oxygen species  
Y. Xu (China)

Periodontology / Aetiology and Pathogenesis  
**PR003** | Altered passive eruption: histological evaluation of gingival margin  
R. Aghazada, A. Ferlosio, M.A. Cassini, L. Marini, A. Pilloni (Italy)

Periodontology / Aetiology and Pathogenesis  
**PR004** | An RNA-seq screen of P. gingivalis LPS treated human gingival fibroblasts  
Y. Xie, M. Sun, Y. Xia, R. Shu (China)

Periodontology / Aetiology and Pathogenesis  
**PR005** | Analysis of IL-8 secretion in THP-1 cells stimulated by lipopolysaccharide and capsular polysaccharide extracted from Porphyromonas gingivitis  
Y. Wang (China)

Periodontology / Aetiology and Pathogenesis  
**PR006** | Analysis of nano-structures of cementum and salivary statherin in patients with chronic periodontitis  
H.M. Parlak, D. Karaarslan, S. Ide, A.A. Ertan, F.A. Akalin (Turkey)

Periodontology / Aetiology and Pathogenesis  
**PR007** | Animal experiments in periodontal research – are there any changes?  
N. Staubli, J.C. Schmidt, S.L. Buset, F.R. Rodriguez, C. Walter (Switzerland)

Periodontology / Aetiology and Pathogenesis  
**PR008** | Assessment of Microbial Association Role in Development and Course of Generalized Periodontitis  
V. Atrushkevich, E. Tikhomirova (Russian Federation)

Periodontology / Aetiology and Pathogenesis  
**PR009** | Association between acute phase of chronic periodontitis and meteorological factors: five-year study  
H. Saho, N. Takeuchi, D. Ekuni, M. Morita (Japan)

Periodontology / Aetiology and Pathogenesis  
**PR010** | Association Between Diet and Periodontal Disease Development  
L. Jauhiainen, P. Ylöstalo, M. Knuuttila, N. Kanerva, S. Männistö, A.L. Suominen (Finland)

Periodontology / Aetiology and Pathogenesis  
**PR011** | Association of NOD2 mutations with aggressive periodontitis  
T. Sudo, Y. Okada, K. Ozaki, K. Urayama, M. Kanai, H. Kobayashi, G. Misa, T. Tanaka, Y. Izumi (Japan, United States Of America)

Periodontology / Aetiology and Pathogenesis  
**PR012** | Association of NOD-like receptor (NLRP3) gene variability with chronic periodontitis and type 2 diabetes mellitus  
P. Borilova Linhartova, L. Masopustova, H. Poskerova, L. Izakovicova Holla (Czech Republic)

Periodontology / Aetiology and Pathogenesis  
**PR013** | Attachment of a gingival epithelial cell-line in the presence of Fully or partially cured resin composites  
E. Boloori, T. Schoenmaker, C.J. Kleverlaan, B.G. Loos, T.J. De Vries (Netherlands)

Periodontology / Aetiology and Pathogenesis  
**PR014** | Awareness of pregnant women regarding oral health and its impact on fetal development during this period  
N. Stefanik, M. Kubicka-Musiat, H.M. Hüpsch-Marzec, R. Wiencz, B. Wierucka-Młynarczyk, D. Skaba, L. Gilowski (Poland)

Periodontology / Aetiology and Pathogenesis  
**PR015** | Behcet disease and periodontal condition; is there a possible link between a rare and a common disorder?  
F. Orduyilmaz, N. Ozmeric, S. Elgun, S. Gurbuz, H. Kucuk, B. Bitik, A. Tufan, B. Göker (Turkey)
Periodontology / Aetiology and Pathogenesis
**PR016** | Cav1.2 regulates osteogenic differentiation of aging bone marrow derived mesenchymal stem cells through Wnt/β-catenin pathway
D. Fei, Q. Wang (China)

Periodontology / Aetiology and Pathogenesis
**PR017** | Chronic versus Aggressive Periodontitis: the Subgingival Microbial Profiles
A.C. Teodorescu, L. Zetu, S.M. Solomon, S. Teslaru, I.G. Sufaru, I.A. Sioustis, M. Silvia (Romania)

Periodontology / Aetiology and Pathogenesis
**PR018** | Co-aggregation partners of Filifactor alocis in oral biofilms
L. Hemeryck, R. Romero, G. Alvarez Juste, W. Teughels, V. Blanc, R.A. León (Belgium, Spain)

Periodontology / Aetiology and Pathogenesis
**PR019** | Comparative analysis of subgingival microbiota between individuals with chronic periodontitis affected or not by type 2 diabetes mellitus.
M. Montevecchi, L. Valeriani, G. D’Alessandro, G. Piana, L. Checchi (Italy)

Periodontology / Aetiology and Pathogenesis
**PR020** | Correlation of IL-1β, IL-6, TNF-α, MMP-9, uPA, uPAR gene polymorphism with occurrence of gingival recession.
V. Volkova, G. Runova, L. Samokhodskaya, A. Balatsky (Russian Federation)

Periodontology / Aetiology and Pathogenesis
**PR021** | Correlation between coaggregation and biofilm formation in pathogenic oral bacteria
R. Romero, J. Ferré, R.A. León, V. Blanc (Spain)

Periodontology / Aetiology and Pathogenesis
**PR022** | Cytomegalovirus and Epstein Barr Virus role in etiology and development of periodontal disease
D. Vražić, Z. Mlovs, M. Strozzi, D. Plančak, D. Božić, I. Puhar, A. Badovinac, L. Musić, N. Beader (Croatia)

Periodontology / Aetiology and Pathogenesis
**PR023** | Effect of Protease activated receptor type 2 activation in cell proliferation and osteoclastic activity

Periodontology / Aetiology and Pathogenesis
**PR024** | Effect on Gingival and Serum Glutathione Levels of Ellagic Acid on Ligature-Induced Periodontitis in Rats
F. Öngöz Dede, S. Bozkurt Doğan, U. Balli, M.C. Durmuşlar, B. Avcı (Turkey)

Periodontology / Aetiology and Pathogenesis
**PR025** | Effects of low molecular weight heparin on alveolar bone loss in Wistar rats: morphometric and histological analyses

Periodontology / Aetiology and Pathogenesis
**PR026** | Evaluation of gingival blood flow in rats with ligature-induced experimental periodontitis
R. Kuraji, W. Ya-Hsin, S. Mishiro, H. Ito, S. Hashimoto, Y. Numabe (Japan)

Periodontology / Aetiology and Pathogenesis
**PR027** | Evaluation of relationship between IL-6, TNF-α, CRP levels and clinical parameters and serum vitamin D levels in patients with chronic gingivitis and chronic periodontitis in East Black Sea Region of Turkey
H. Yemenoğlu, M. Zihni Korkmaz (Turkey)

Periodontology / Aetiology and Pathogenesis
**PR028** | Evaluation of the influence of different culture media and atmosphere conditions on the density and bacterial diversity of ex vivo biofilms of individuals with chronic periodontitis
G.M. Soares, F. Teles, R. Teles, C.J. Tanaka, P. Trovisco, T. Lisboa, L.C. Figueiredo, M. Feres (Brazil, United States Of America)
**Periodontology / Aetiology and Pathogenesis**

**PR029** | Evaluation of the malondialdehyde, protein carbonyl and total antioxidant capacity in patients with hyperlipidemia and different periodontal status.
M. Lütfioğlu, A. Aydogdu, V.E. Atabay, E.E. Sakallioğlu, E. Oğuz, B. Avcı (Turkey)

**PR030** | Exosome mediated communications between PDLSCs-derived single-cell clones with osteogenic heterogeneity
Q. Wang, D. Fei (China)

**PR031** | Experimental gingivitis in patients with altered passive eruption: A case control study.
R. Aghazada, L. Marini, E. Pacifici, C. Trezza, L. Cerroni, A. Pilloni (Italy)

**PR032** | Functional variants of carnitine transporter genes are associated with periodontitis and edentulism related to cholesterol and obesity
P. Meisel, S. Pagels, M. Grube, T. Kocher, G. Jedlitschky (Germany)

**PR033** | Histologic Evaluation of Zoledronic Acid On Oral Mucosa With Experimentally Induced Periodontitis.
M. Ayaz, H. Sarican, K. Demirel (Turkey)

**PR034** | Imbalance of Multiple Cytokine Ratios in the Chronic Periodontitis
I. Tomás, N. Arias-Bujanda, A. Regueira-Iglesias, M. Alonso-Sampedro, M. González-Peeteiro, M. Relvas, C. Balsa-Castro (Spain, Portugal)

**PR035** | Immune and molecular basics of pathogenesis of periodontitis associated with cardiovascular pathology
G. Biloklytska, O. Kopchak (Ukraine)

**PR036** | Immunohistochemical Analysis of the Effects of Zoledronic Acid on Oral Mucosa with Experimentally Induced Periodontal Destruction.
G. Yılmaz, H. Sarican, K. Demirel (Turkey)

**PR037** | Immunoreactivity of teenager sera against peptide 19 from Porphyromonas gingivalis HSP60
E. Kwon (Korea, Republic Of)

**PR038** | Incidence of root caries in periodontally treated patients under maintenance therapy
M.S. Callejas, L.A. Callejas, L.E. Villalobos (Guatemala)

**PR039** | Inflammatory and epigenetics features after systemic and local microbial challenge in periodontitis mouse models
D. Palioto, L.S. Finoti, C. Danesi, D. Kinane, M. Benakanakere (United States Of America, Italy)

**PR040** | Influence of Non-Surgical periodontal treatment on the levels of glucosilated hemoglobin in patients with diabetes mellitus type 2.

**PR041** | Influence of induced infection in MRONJ development after tooth extraction: a study in rats
A. Bolette, F. Lambert, E. Rompen, G. Lecloux, G. Kerckhofs, A. Albert (Belgium)

**PR042** | Influence of pH on the growth and activity of osteoclasts treated with zoledronate
F.J. Manzano-Moreno, J. Ramos-Torrecillas, R. Illescas-Montes, O. Garcia-Martínez, E. De Luna-Bertos, T. Arnett, C. Ruiz (Spain, United Kingdom)
**Periodontology / Aetiology and Pathogenesis**

**PR043** | Investigation Of Candida Species In Subgingival Area Of The Smoker And Non-smoker Chronic Periodontitis Patients: A Pilot Study
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S.E. Meseli, H.S. Yıldırım, S. Pelit, G. Erkose Genc, L. Kuru (Turkey)

**Periodontology / Aetiology and Pathogenesis**

**PR044** | Is neutrophil/lymphocyte ratio a possible indicator for periodontal disease?
---
E.S. Kemer Dogan, B. Dogan, Ö. Fentoglu, F.Y. Kırzıoğlu (Turkey)

**Periodontology / Aetiology and Pathogenesis**

**PR045** | JAK2/STAT3 signal pathway could not completely abrogate the progression of cell cycle in the gingival epithelial cells internalized with Porphyromonas gingivalis
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C. Pan, H. Zhao, H. Wang, L. Tan, C. Chang, S. Sun, Y. Pan (China)

**Periodontology / Aetiology and Pathogenesis**

**PR046** | Long-term testosterone depletion attenuates inflammatory bone resorption in the ligature-induced periodontal disease model
---
L.C. Spolidorio, V. Paiva Gonçalves, A.A. Ortega, J.P. Steffens, D.P. Spolidorio, C. Rossa Jr (Brazil)

**Periodontology / Aetiology and Pathogenesis**

**PR047** | Lymphocytes in Periodontitis
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S. Culshaw, L. Campbell (United Kingdom)

**Periodontology / Aetiology and Pathogenesis**

**PR048** | Nitric oxide balances osteoblast and adipocyte lineage differentiation via the JNK/MAPK signaling pathway in periodontal ligament stem cells
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Y. Liu, S. Yang (China)

**Periodontology / Aetiology and Pathogenesis**

**PR049** | Periodontal health in psoriasis – a question of dental anxiety and psychological attachment?
---
C. Graetz, S. Woeste, U. Mrowietz, J.C. Ehrenthal (Germany, Austria)

**Periodontology / Aetiology and Pathogenesis**

**PR050** | Periodontal infection in relation to glycemic control in a 46-47 year old population based cohort in Finland
---
T. Tervonen, P. Tegelberg, M. Knuuttila, P. Ylöstalo (Finland)

**Periodontology / Aetiology and Pathogenesis**

**PR051** | Periodontal pathogens early colonization in Down Syndrome pediatric subjects without periodontal breakdown.
---
G. D’Alessandro, L. Lo Bianco, M. Montecuccini, G. Piana (Italy)

**Periodontology / Aetiology and Pathogenesis**

**PR052** | Periodontitis, muscle strength and body fat mass, where is the link?
---
M. Eremenko (Germany)

**Periodontology / Aetiology and Pathogenesis**

**PR053** | Photobiomodulation Regulates Human Osteoblast Function
---
F. Pamuk, D. Stephens, J. Zou, A. Kantarci (United States Of America)

**Periodontology / Aetiology and Pathogenesis**

**PR054** | Porphyromonas gingivalis increased the expression of cyclinD1 to promote the proliferation of OSCC cells by up regulating AP-1
---
C. Chang, F. Geng, J. Liu, H. Zhao, Y. Pan (China)

**Periodontology / Aetiology and Pathogenesis**

**PR055** | Porphyromonas gingivalis Modulates Cell Proliferation of Human Gingival Epithelial Cells by skp2/p21
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J. Liu, Y. Pan, H. Zhao, C. Chang (China)

**Periodontology / Aetiology and Pathogenesis**

**PR056** | Potential Regulatory Role of IL-17F positive Th17 Cells in Pathogenesis of Chronic Periodontitis
---
Z. Luo, Y. Wu, Y. Liu (China)

**Periodontology / Aetiology and Pathogenesis**

**PR057** | Prevalence and etiology of xerostomia in patients referred to a periodontist in Ljubljana, Slovenia
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E. Skaleri, U. Skaleric (Slovenia)
Periodontology / Aetiology and Pathogenesis

**PR058** | Prevalence and quantification of putative periodontal pathogens in Spanish and Peruvian patients
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S. Isabal Pueyo, G. Alvarez Juste, C. Mor, J. Nart, C.E. Huapaya, G. Mendoza, R.A. León, V. Blanc (Spain, Peru)

**PR059** | Prevalence of Gram-negative bacilli in the subgingival biofilm associated to periodontitis
---
L.C.P. Espíndola, A.P.V. Colombo, R.M. Do Souto, F.A.R.R. Hartenbach (Brazil)

**PR060** | Prevalence of putative periodontopathic bacteria in Ivorian patients with aggressive or chronic periodontitis in West-Africa.
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**PR061** | Prevalence of selected periodontopathic microbes in chronic periodontitis using salivary analysis
---
B.D. Myneni, C. Cobb, R. Mc Glennen, R. Babu, K. Babu (United States Of America)

**PR062** | Protective effects of puerarin on the periodontium in an experimental rat model of periodontitis with and without diabetes mellitus: a stereological and immunohistochemical study
---
C.C. Türer, D. Durmus, U. Balli, G. Altun (Turkey)

**PR063** | Quantification of LtxA-production by JP2- and non-JP2 genotype strains of A. actinomycetemcomitans
---
A.B. Jensen, D. Haubek, A. Johansson, N. Nerskov-Lauritsen, R. Claesson, J. Reinholdt (Denmark, Sweden)

**PR064** | Rat ligature model for inducing periodontal inflammation – technique and results
---
D.C. Tomina, S.A. Petrutiu, C.M. Dinu, C. Dinu, H. Rotar, C.C. Daniela, A. Roman (Romania)

**PR065** | Relationship between periodontal pathogens and acetaldehyde concentration in mouth air.
---
A. Yokoi, D. Ekuni, M. Morita (Japan)

**PR066** | Respective role of membrane and nuclear estrogen receptor (ER) α in the bone sparing effects of estrogen in the mandible: implications for ERα modulation.
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A. Vinel, C. Amélie, M. Buscato, M.C. Valera, J. Katzenellenbogen, B. Katzenellenbogen, A. Berdal, S. Babajko, J. Arnal, C. Fontaine (France, United States Of America)

**PR067** | Role of periodontal-derived mesenchymal stem cells in Porphyromonas gingivalis infection
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**PR068** | Salivary levels of IL-1β and IL-6 in periodontitis patients using Multiplex Cytokine Assays
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F.B. Ismail (Romania)

**PR069** | Serum and local values of adipokines in obese patients with chronic periodontitis and its impact on periodontal therapy. Literature review
---
J. Medina Chambilla, A.S. Echevarría Goche (Peru)

**PR070** | The discrepant effects of the characteristic secretory cytokines (IL-17/IFN-γ) of different Th17 cells phenotypes in rats with experimental periodontitis
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J. Tan, L. Lei, P. Ding, W. Sun, Y. Wu, L. Chen (China)

**PR071** | The effect of nonsurgical periodontal therapy on salivary visfatin in diabetic patients with chronic periodontitis
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S. Golmohammadi, N. Ziaei, K. Mesgari, F. Ardalan (Iran)
Periodontology / Aetiology and Pathogenesis

PR072 | The effect of recombinant outer membrane protein H on the macrophage secretion of IL-6 and TNF-α stimulated by Porphyromonas gingivalis
W. Peng, G. Zhang, H. Wang, J. Zhao, X. Zhao, Y. Pan, L. Lin (China)

Periodontology / Aetiology and Pathogenesis

PR073 | The Effect of Sequential Sampling and Two Different Sampling Methods on Gingival Crevicular Fluid Volume and Elastase Enzyme Levels in Patients with Chronic Periodontitis
N.A. Kayar, B.F. Oduncuoğlu, S. Haliloğlu, B. Serpek, T. Ataoğlu, N.O. Alptekin (Turkey)

Periodontology / Aetiology and Pathogenesis

PR074 | The Effects of Folic Acid Supplementation on Novel Biomarkers of the Endothelial Function in Rats with Experimental Periodontitis
E. Olgun, O. Kul, N. Ercan, T. Sumer (Turkey)

Periodontology / Aetiology and Pathogenesis

PR075 | The evaluation of serum creatinine and blood urea nitrogen levels in patients with periodontal disease
E.S. Kemer Dogan, B. Dogan, F.Y. Kirzioglu, O. Fentoglu (Turkey)

Periodontology / Aetiology and Pathogenesis

PR076 | The evaluation of the concentration of MMP-8 in GCF of patients with chronic advanced periodontitis. The comparison of two different methods.
M. Nedzi-Góra, R. Górski, M. Borakowska-Sienicka (Poland)

Periodontology / Aetiology and Pathogenesis

PR077 | The impact of serum vitamin D levels on GCF 25(OH)D and 1,25(OH)2D3 levels in chronic periodontitis patients diagnosed with well-controlled type-2 diabetes mellitus
G. Eren, H.O. Turkoglu Cakal, S. Cetinkalp, H. Atmaca, F.G. Atilla (Turkey)

Periodontology / Aetiology and Pathogenesis

PR078 | The impact of vitamin D deficiency in pathogenesis of generalized periodontitis
K. Kuletskaya, V. Atrashkevich (Russian Federation)

Periodontology / Aetiology and Pathogenesis

PR079 | The Influence of Solobacterium moorei on VOC Production in a Multispecies Biofilm
M. González, A. Soler-Ollé, R. Gómez, R.A. León, V. Blanc (Spain)

Periodontology / Aetiology and Pathogenesis

PR080 | Thr399Ile polymorphism in chronic and aggressive periodontitis
D. Chrzeszczyk, D. Baczyńska, T. Konopka (Poland)

Periodontology / Aetiology and Pathogenesis

PR081 | Upregulation of artemin and presence of PGP 9.5 in buccal keratinocytes of oral lichen planus patients may play a role in pathogenesis
A. Ban, J. Jedrzejczyk-Zalecka, J. Kneif, T. Tornoczki, E. Pinter, J. Kun (Hungary, Poland)

Periodontology / Aetiology and Pathogenesis

PR082 | Vitamin D serum levels and clinical status of chronic periodontitis and rheumatoid arthritis
A. Rovas, A. Pūrienė, E. Puncevičienė, I. Butrimienė, D. Vitkus (Lithuania)

Periodontology / Aetiology and Pathogenesis

PR083 | When Endotoxin Tolerance meets BET
E. Gaio, C. Garaicoa-Pazmino, L. Webber, C. Squarize, W. Giannobile, R. Castilho (Brazil, United States Of America)

Periodontology / Antimicrobial and anti-inflammatory therapies

PR084 | A role for Nd:YAG laser in the treatment of aggressive periodontitis
G.Z. Adem Siyli, E. Al-Titi, P. Gokalp Kalabay, A.Y. Gokbuget (Turkey)
Periodontology / Antimicrobial and anti-inflammatory therapies

**PR085** | A systematic review of the efficacy of sodium bicarbonate dentifrices for the treatment of gingivitis
C.R. Parkinson (United Kingdom)

**PR086** | Analysis of clinical results of systemic spiramycin therapy combined with nonsurgical periodontal treatment for generalized aggressive periodontitis
S. Gunseren, E. Baltacioglu, O. Kaya, G. Omeroglu, E. Sukuroglu (Turkey)

**PR087** | Anti-bacteria and Anti-inflammation Effects of Psoralen and Angelicin on Periodontitis in vitro
Z. Song (China)

**PR088** | Antimicrobial Effect Of Ozonized Water In Periodontopathogen Microorganisms

**PR089** | Antimicrobial effectiveness of bacteriophages in dentistry
K. Isadzhanyan, A. Grudyanov, O. Frolova, G. Pashkova, V. Nikitin, V. Popova, L. Zhilenkov (Russian Federation)

**PR090** | Antimicrobial properties of Chios Mastic Gum Aqueous solution against Periodontal Pathogens in Vitro
A. Doupkari, P. Madianos, S. Papageorgiou, S. Vassilopoulos, Y. Bobetsis, I. Vrotsos (Greece, Switzerland)

**PR091** | Antimicrobial Prophylaxis in Intraoral Bone Grafting Procedures - A Review
R.B. Sanchez, F. Pisani, N. Seoudi (United Kingdom)

**PR092** | Antivital activity of polyhexanide containing mouthrinses on periodontal and saliva-associated biofilms
C. Von Ohle, H. Ehses, V. Bartha, D. Wolff, E. Decker (Germany)

**PR093** | Azithromycine as adjunct to nonsurgical treatment of chronic periodontitis in smokers: Effect on sites with different pocket depth categories
N. Bagis, N. Yeta, E. Ünsal (Turkey)

**PR094** | Clinical and microbiological evaluation of using mass spectrometry MALDI-TOF MS supporting photodynamic therapy in the treatment of periodontitis – preliminary study.
A. Maj, A. Kusiak, K. Garbcz, M. Ziółkowska-Klinkosz (Poland)

**PR095** | Clinical effects of medicinal clay in supportive therapy of patients with chronic periodontitis
G. Beresescu, M. Szekely, R. Ion (Romania)

**PR096** | Clinical efficacy of a chlorhexidine-based mouthrinse containing hyaluronic acid and an anti-discoloration system in patients undergoing flap surgery: a triple blind, parallel-arm, randomized controlled trial.
M.E. Guarnelli, R. Farina, A. Simonelli, M. Pramstraller, E. Maietti, L. Trombelli (Italy)
Periodontology / Antimicrobial and anti-inflammatory therapies

PR097 | Clinical evaluation of effects of local application of hydrogen peroxide gel (1.7%) as an adjunct to scaling and root planing in patients with chronic periodontitis: a split-mouth single-blind randomized controlled clinical trial
E. Vedlugaitė, I.M. Pacauskienė, N. Basevičienė (Lithuania)

PR098 | Core-multi shell Nanocarrier (CMS) exhibit fast adherence to the oral mucosa
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PR475 | Quality evaluation of record keeping and patient satisfaction on periodontal surgery
H. Mohd Ali, A. Tawse-Smith, J. Broadbent, W. Duncan (New Zealand)
Periodontology / Periodontal Therapy
**PR476** Quality of life and oral hygiene improvement following oral-hygiene intervention for post-stroke patients in the primary health care clinic

Periodontology / Periodontal Therapy
**PR477** Reason for Complex Therapy of Patients with Catarrhal Gingivitis
N. Bagdasaryan, T. Aksyonova, V. Erichev, P. Bagdasaryan (Russian Federation)

Periodontology / Periodontal Therapy
**PR478** Regularly use of dentinal-hypersensitivity reducing mouth-rinses as pretreatment in patients with pain caused by professional tooth cleaning
S. H. M. Derman, E. M. Pahlke, T. Rott, A. G. Barbe, K. Hoefer, M. J. Noack (Germany)

Periodontology / Periodontal Therapy
**PR479** Regulation of enzymes and cytokines profile of cementoblasts with diode laser biostimulation
S. S. Hakki, S. B. Bozkurt (Turkey)

Periodontology / Periodontal Therapy
**PR480** Relevance of the Parameter “Distance” for Air Polishing During UPT.
J. C. Kröger, P. Schmage, I. Nergiz (Germany)

Periodontology / Periodontal Therapy
**PR481** Root-resection and Hemisection Revisited. A Retrospective Analysis of 195 Treated Patient Up to 40 Years Follow-up
J. Megarbane, A. Kassir, N. Mokbel, S. Ghoubril, N. B. Naaman (Lebanon)

Periodontology / Periodontal Therapy
**PR482** Shall we replace all molars affected with severe periodontitis by implants? An up to 27-year retrospective study
F. De Beule, G. Alsadi, M. Perić, M. C. Brecx (Belgium)

Periodontology / Periodontal Therapy
**PR483** Site-Specific Effect of Periodontal Treatment with Ultrasonics Instrumentation Alone or in Combination with Hand Instrumentation on Periodontal Outcomes in Generalized Advanced Periodontitis
D. Lavoie, C. Hamm, L. Dakin, A. B. Longo, P. Fritz, W. E. Ward (Canada)

Periodontology / Periodontal Therapy
**PR484** Sodium hypochlorite as an adjunct to non-surgical treatment in chronic periodontitis: A systematic review
E. Ramanauskaite, V. Machiulskiene, M. Eliezer-Shatz, A. Sculean (Lithuania, Switzerland)

Periodontology / Periodontal Therapy
**PR485** Soft tissue volumetric analysis after biological orientated preparation technique (BOPT)
E. Ribnishka, D. Filtchev (Bulgaria)

Periodontology / Periodontal Therapy
**PR486** Splinting of periodontal compromised teeth – results of long-term conservative periodontal treatment in a university setting
F. Ostermann, S. Woeste, S. Salzer, C. Springer, J. Rabe, K. Fawzy El-Sayed, C. E. Dorfer, C. Graetz (Germany)

Periodontology / Periodontal Therapy
**PR487** Statistical approaches to evaluate and present plaque index in clinical studies
K. Lorenz, D. Adolf, R. Jünemann, T. Keller, B. Noack (Germany)

Periodontology / Periodontal Therapy
**PR488** Storage time effect on the sealability of four tooth desensitizing agents in vitro
A. Al-Jadaa, T. Attin, D. De Abreu, C. Heumann, P. R. Schmidlin, A. Solderer (Switzerland, Germany)
Periodontology / Periodontal Therapy
**PR489** | Students’ periodontology-related competencies in Northern Germany: A pilot-study
J. Conrad, C. Graetz, C.E. Dörfer (Germany)

**PR490** | The adjunctive effect of systemic antibiotics on periodontal surgeries outcomes: a systematic review.
M.J. Koemeester, D.E. Slot, G.E. Tjakkes, M. Feres, F. Van Der Weijden (Netherlands, Brazil)

**PR491** | The Effect of Atmospheric Pressure Plasma on Wound Healing Following Gingivectomy Operation: Case series
H. Özdemir, B. Kuşakçı Seker, M. Demirayak, E. Seker (Turkey)

**PR492** | The effect of electric-powered ionic toothbrushing on plaque removal – randomized clinical trial –
C. Kano, K. Mizutani, T. Ikawa, T. Sudo, H. Kobayashi, Y. Izumi (Japan)

**PR493** | The effect of local and systemic statin use as an adjunct to non-surgical and surgical periodontal therapy: A systematic review and meta-analysis.
A. Parllaku, K. Bertl, N. Pandis, K. Buhlin, B. Klinge, A. Stavropoulos (Austria, Switzerland, Sweden)

**PR494** | The Effect of Peridontal Treatment on Taste Perception in Periodontally Involved Patients
F. Karacaoglu, S. Alkan, M. Akkaya, K.G. Gezer (Turkey)

**PR495** | The effect of periodontal treatment on quality of life of individuals with metabolic syndrome.
F.C. Milanesi, G.O. Dos Santos, B.F. Greggianin, R.K. Celeste, F. Gerchmann, P. Weidlich, R.V. Oppermann (Brazil)

**PR496** | The Effect of Preoperative Informing Period on the Anxiety and Pain Perception Levels of Chronic Periodontitis Patients
N. Tezci, B. Karaduman (Turkey)

**PR497** | The effectiveness of using a perioscope as an adjunct to non-surgical therapy: Clinical and microbiological results: 3 months post-therapy
M. Naicker, A.J. Rosenberg, L.H. Ngo, I.B. Darby (Australia)

**PR498** | The efficacy of using a perioscope as an adjunct to non-surgical therapy – a systematic review and meta-analysis
E. Ng, R. Byun, A. Spahr, T. Divnic-Resnik (Australia)

**PR499** | The efficacy of different surgical modalities in the treatment of chronic periodontitis. A randomised clinical trial.
M. Vavalekas, V. Sousa Moreno, D. Spratt, N. Leow, N. Mardas, N. Donos (United Kingdom)

**PR500** | The Evaluation of the 980nm and 650nm Laser Diode Role in the Etiological Periodontal Therapy
S. Teslaru, L. Zetu, A.C. Teodorescu, C. Ciurescu, I.A. Sioustis, E.O. Luca, S. Martu (Romania)

**PR501** | The impact of endodontic treatment on periodontal healing in perio endo lesions – a case series.
N. El Sayed, M. Ruetters, J. Krisam, T.S. Kim (Germany)

**PR502** | The impact of non-surgical periodontal therapy (Full mouth disinfection protocol) on oral health related quality of life
E. Elhassan, E. Kruger, M. Tennant, A. Quaranta (Australia)
Periodontology / Periodontal Therapy
PR503 | The influence of glycyrrhetinic acid toothpaste on periodontal treatment and salivary levels of IL-8, TNF-a, IL-17, MCP-1 and VEGF in patients with chronic periodontitis.
T. Kaczyński, R. Górska, A. Miskiewicz (Poland)

Periodontology / Periodontal Therapy
PR504 | The influence of age on the outcome of supportive periodontal therapy (SPT) – a ten-years retrospective clinical study
A. Ciardo, S.K. Sonnenschein, T.S. Kim (Germany)

Periodontology / Periodontal Therapy
PR505 | The influence of smoking on the Periodontal Inflamed Surface Area (PISA) in periodontitis patients: a retrospective cross-sectional study
J. Hakkers, G.E. Tjakkes, W. Nesse (Netherlands)

Periodontology / Periodontal Therapy
PR506 | The influence of the mandibular flexure on the periodontal support of 5-unit FPD
N. Ioanid, S.M. Solomon, I. Martu, I. Luchian, T. Oana, I. Gabriela (Romania)

Periodontology / Periodontal Therapy
PR507 | The short term effect of one-stage full mouth or quadrant-wise scaling and root planing on saliva levels of TNF-alpha
S. Bilir, K. Nazaroğlu, A. Cekici, U. Baser, A.G. Isik (Turkey)

Periodontology / Periodontal Therapy
PR508 | The Use of a Novel Bioactive Glass in Air Polishing for Root Debridement: A Pilot Study
D. Sultan, R. Hill, D. Gillam (United Kingdom)

Periodontology / Periodontal Therapy
PR509 | Timing of Instrumentation Use for Non-Surgical Debridement Using Ultrasonics Alone versus Ultrasonics and Hand Instrumentation in Generalized Advanced Periodontitis
C. Hamm, L. Dakin, D. Lavoie, A.B. Longo, P. Fritz, W.E. Ward (Canada)

Periodontology / Periodontal Therapy
PR510 | Tooth Loss during Periodontal Maintenance in Patients with Rheumatoid Arthritis
A. Plachokova, I. Van Dorp, S. Oerlemans, R. Thurlings, A. Den Broeder, J. Jansen (Netherlands)

Periodontology / Periodontal Therapy
PR511 | Treatment success of combined periodontic-endodontic lesions by endodontic treatment
M. Ruetters, N. El Sayed, T.S. Kim (Germany)

Periodontology / Periodontal Therapy
PR512 | Trehalose powder for subgingival air-polishing during periodontal maintenance therapy: a randomized-controlled trial
A.B. Kruse, D. Akakpo, R. Maamar, J.P. Woelber, A. Al-Ahmad, K. Vach, P. Ratka-Krueger (Germany)

Periodontology / Periodontal Therapy
PR513 | Use of the essential oil of Melaleuca Alternifolia in non-surgical periodontal treatment
M. Granata, A. Butera, F. Vezzoni, L. Politi (Italy)

Implant Dentistry / Basic Implant Dentistry
PR514 | 3D vision and students' performance with haptic simulation in implantology
D. Joseph, N. Paoli, M. Vincent, P. Ambrosini, N. Tran (France)

Implant Dentistry / Basic Implant Dentistry
PR515 | A Global Perspective On The First Implant Placement Experience: A Cross-Sectional Study
M. Piric, C.D. Rizea, C. Jie Yao, J. Von Hoyningen-Huene, I.F. Dragan, N. Mattheos (Slovenia, Romania, Hong Kong Prc, Germany, United States Of America)

Implant Dentistry / Basic Implant Dentistry
PR516 | A randomized controlled trail to assess the influence of implant surface on initial crestal bone loss
M. Gilibert, C. Matthys, R. Maat, H. De Bruyn, S. Vervaeke (Belgium, Netherlands)
Implant Dentistry / Basic Implant Dentistry
PR517 | Comparison of the osseointegration of implants with two kinds of surfaces in smokers and non-smokers
D. Filtchev, E. Yoncheva (Bulgaria)

Implant Dentistry / Basic Implant Dentistry
PR518 | Comparison of three different bone harvesting methods: an istomorphometric, phonometric and chronometric evaluation.
L. Cosma, N.A. Valente, C. Lajolo, A. D’Addona (Italy, Switzerland)

Implant Dentistry / Basic Implant Dentistry
PR519 | Development of new implant surface with pH buffering agent
J.H. Kang, H.C. Pae, J.Y. Park, J.K. Cha, S.H. Choi (Korea, Republic Of)

Implant Dentistry / Basic Implant Dentistry
PR520 | Dimensional Changes in Peri-implant Buccal Bone in Augmented and Native Bone: a Literature Review
M. Li, Y. Hur, Y. Ogata (United States Of America)

Implant Dentistry / Basic Implant Dentistry
PR521 | Discomfort/pain due to periodontal and peri-implant probing according to platform switch
M. Saminsky, P. Eickholz, P. Parvini, J. Stanner, M. Klum, O. Zuhr, K. Nickles (Israel, Germany)

Implant Dentistry / Basic Implant Dentistry
PR522 | Effect of a toothbrush with a light-emitting diodes on Porphyromonas gingivalis biofilm on a sandblasted and acid-etched surface of titanium
S. Shim, H. Lee, J. Lee, B. Chang, S. Lee, H. Um (Korea, Republic Of)

Implant Dentistry / Basic Implant Dentistry
PR523 | Effect of ibuprofen-loaded nanotube implant in the diabetic rabbit model
E. Choi, W. Choi, J. Lee, Y. Kim (Korea, Republic Of)

Implant Dentistry / Basic Implant Dentistry
PR524 | Effect of subcrestal vs supracrestal angle correction on implant stresses under loading
L. Cumming, T. Cracknell (South Africa)

Implant Dentistry / Basic Implant Dentistry
PR525 | Effect of the physico-chemical modifications caused by decontamination of titanium surfaces with Carvacrol and Terpinen-4-ol
P.M. Maquera Huacho, C.C. Tonello, E.A. Ferreira Bordini, R.S. Francisconi, M. Jafellicci, E. Marcantonio Júnior, D.P. Spolidorio (Brazil)

Implant Dentistry / Basic Implant Dentistry
PR526 | Evaluation in the location and position of the maxillary artery by cone beam computed tomography
M. De La Garza, M.F.B. Navarrete, G.M. Sandoval, M.D.L.L.A. Carvajal Montes De Oca, M.G.C. Arizpe, G.I. Martínez González (Mexico)

Implant Dentistry / Basic Implant Dentistry
PR527 | Histological and nanomechanical properties of a new nanometric hydroxiapatite implant surface in a diabetic model

Implant Dentistry / Basic Implant Dentistry
PR528 | Human gingival fibroblasts proliferation and attachment to different novel implant-abutment materials: an in vitro study
A.S. Rozeik, S. Chaar, M. Kern, S. El-Kholy, C.E. Dorfer, K. Fawzy El-Sayed (Egypt, Germany)

Implant Dentistry / Basic Implant Dentistry
PR529 | Immediate or Delayed Loading in Dental Implants – A 3D Finite Element Analysis
S. Shahrbaf, B. Bahrami, B. Mirakouchaki, F. Ghalichi (United Kingdom, Iran)
Implant Dentistry / Basic Implant Dentistry
PR530 | Impurities on Sterile Packaged Implants: Is the rise of cheap copy-cat products a danger for our patients?
D.U. Duddeck (Germany)

Implant Dentistry / Basic Implant Dentistry
PR531 | In vitro and In Vivo Study of Titanium grade IV and Titanium grade V implants with differently treated surfaces.
R.M. Díaz-Sánchez, A. De Paz-Carrión, M.A. Serrera Figallo, D. Torres Lagares, A. Barranco-Quero, J.R. León-Ramos, A. Gutierrez-Corrales, J.L. Gutierrez-Perez (Spain)

Implant Dentistry / Basic Implant Dentistry
PR532 | Influence of Implant Number, Length and Crown Height on Bone Stress around Three-Unit Bridges in the posterior Mandible: a 3D Finite Element Analysis
N. Cavalli, C. Gloria, P. Morandi, F. Galbusera, S. Corbella, S. Taschieri, T. Villa, L. Francetti (Italy)

Implant Dentistry / Basic Implant Dentistry
X. Dereka, E. Calciolari, N. Donos, N. Mardas (Greece, United Kingdom)

Implant Dentistry / Basic Implant Dentistry
PR534 | Polymer coatings based on sulfonated-poly-ether-ether-ketone films for Implant Dentistry Applications
R.S. Brum, G.L. Magrin, M.E. Escobar, R.D.S. Magini, C.A.M. Benfatti (Brazil, Ecuador)

Implant Dentistry / Basic Implant Dentistry
PR535 | Ridge dimensions at dentate and contralateral edentulous mandibular posterior sites
M. Pramstraller, G.P. Schincaglia, R. Vecchiati, G. Franceschetti, R. Farina, L. Trombelli (Italy)

Implant Dentistry / Basic Implant Dentistry
PR536 | Roughness evaluation of the surface of titanium implants treated with different instruments of hygiene.

Implant Dentistry / Basic Implant Dentistry
PR537 | Stability measurement of Implants with different neck design: A clinical resonance-frequency analysis study
I. Eshkol YogeY, M. Tandlich, L. Shapira (Israel)

Implant Dentistry / Basic Implant Dentistry
PR538 | The Impact of Gender and Level of Education on the Demand for Dental Implants
O. Duruel, N. Yakar, G.N. Guncu, E. Karabulut, N. Yamalı́k (United States Of America, Turkey)

Implant Dentistry / Basic Implant Dentistry
PR539 | The perception of recessions in the maxillary esthetic zone
N. Furhäuser (Austria)

Implant Dentistry / Basic Implant Dentistry
PR540 | The Reasons of the Demand of Patients for Dental Implant Treatment
N. Yakar, O. Duruel, G.N. Guncu, E. Karabulut, N. Yamalı́k (Turkey)

Implant Dentistry / Basic Implant Dentistry
PR541 | Three-dimensional analysis of soft tissue on digital data using Trios intraoral scanner and Geomagic software: Measurement of keratinized tissue width in clinical trial
Implant Dentistry / Basic Implant Dentistry
PR542 | Variations in peri-implant soft tissue thickness during the healing process in the posterior areas: a prospective clinical study.
M. Nerzic, P. Tavitian, P. Tramini, P. Bousquet (France)

Implant Dentistry / Basic Implant Dentistry
PR542A | Osseointegration of newly developed ceramic implants in a Sheep Model
W. Grimm, T. Fritsch, N. Didenko, F. Witte, E. Benlidayi (Germany, Switzerland, Russian Federation, Turkey)

Implant Dentistry / Basic Implant Dentistry
H. Aldana, A. Civantos, J.V. Sanz Casado (Spain)

Implant Dentistry / Bone regeneration therapies
PR544 | A double blind randomized clinical trial to examine changes in vestibular depth, keratinized mucosa dimensions and alveolar ridge volume following extraction with socket preservation
H. Hong, J. Chen, D. Kim, E.E. Machtei (United States Of America)

Implant Dentistry / Bone regeneration therapies
PR545 | A glance into the alveola. ARP with a collagen material.
R.G. Luthardt, I. Doering, J. Dreyhaupt, H. Rudolph, S. Schnutenhaus (Germany)

Implant Dentistry / Bone regeneration therapies
PR546 | A multicenter clinical investigation demonstrates bone regeneration in severe horizontal defects in the posterior mandible using creos xenoprotect: Interim results
Z. Aleksic, I. Milinkovic, Z. Lazic, M. Magic, B. Wessing, R. Sader, J. Lorenz, S. Ghanaati, M. Merli, G. Mariotti, E. Bressan (Serbia, Germany, Italy)

Implant Dentistry / Bone regeneration therapies
PR547 | Additive effects of osteoporotic medications on osseointegration of titanium implants: A systematic review and metal-analysis
A.M. Basudan, M.Y. Shaheen, R. Vries, J. Van Den Beucken, J. Jansen, H.S. Alghamdi (Saudi Arabia, Netherlands)

Implant Dentistry / Bone regeneration therapies
PR548 | Allogenic graft ridge augmentation
P. Nathalie, D. Joseph, A. Rhein, P. Ambrosini (France)

Implant Dentistry / Bone regeneration therapies
PR549 | Alveolar ridge dimensional changes after two socket sealing techniques. A randomized clinical trial
M. Debel, S. Toma, B. Vandenberghe, M.C. Brex, J. Lasserre (Belgium)

Implant Dentistry / Bone regeneration therapies
PR550 | Antimicrobial Prophylaxis in Bone Augmented Dental Implant Surgeries- A Review
A.F. Alba, F. Pisani, N. Seoudi (United Kingdom)

Implant Dentistry / Bone regeneration therapies
PR551 | ARP using a collagen material. Histomorphometric and immunohistochemic results.
S. Schnutenhaus, R.G. Luthardt, J. Dreyhaupt, H. Rudolph, W. Götz (Germany)

Implant Dentistry / Bone regeneration therapies
PR552 | Assessment of cortico-cancellous bone in symphysis and mandibular body: A Cone BeamComputed Tomography study in a Latin American population
A.M. Miranda Zarate, J. Alania, M. Alarcón-Palacios (Peru)
Implant Dentistry / Bone regeneration therapies

PR553 | Autogenous Bone Ring with and without Simultaneous Implant Placement for Localized Alveolar Ridge Augmentation (Clinical Study)
D. Adel-Khattab, M. El-Mofty, K. Abdel-Ghaffar, C. Knabe, A.Y. Gamal (Egypt, Germany)

PR554 | Biological evaluation of carbonated apatite granules for use as bone graft substitutes
K. Yamanaka, Y. Shigemitsu, H. Masuda, Y. Ishihara, T. Kumagai (Japan)

PR555 | Blood Absorption capacity of different Xenograft Bone Substitutes
A.A. Simões, O.P. Ortiz, S.A. Hosn, J.A. Gargallo, F.H. Alfaro (Spain)

PR556 | Changes in volume and density of autologous bone grafts after alveolar bone reconstruction.
A. Kopchak, V. Rybak, T. Pavlychuk (Ukraine)

PR557 | Clinical Comparison between Double Flap Incision, Modified Periosteal Releasing Incision and Periosteal Releasing Incision for Flap Advancement in Partially Edentulous Patients Undergoing GBR: An RCT
N. Zazou, S. Bahaa, H.E. El Nahass, A. Ezz Elarab, M. Darhous (Egypt)

PR558 | Clinical, Radiographic, and Histologic Evaluation of Tutoplast-derived Allograft for Alveolar Ridge Preservation.
F. Silva, D. Lipton, B. Tanello, W. Duarte, L. Witek, P.G. Coelho, R. Neiva (United States Of America)

PR559 | Comparison and Analysis Of The Clinical and Radiological Success Of “FLEXBONE®” and “MONO CORTICAL®” Graft Materials Applied by Using The Tunnel Technique In Implant Planned Atrophic Mandibular Crests.
D. Yilmaz, H. Imamoglu, H. Koca (Turkey)

PR560 | Comparison of autogenous and allograft bone rings in surgically created vertical bone defects around implants
E. Benlidayi, U. Tatli, F. Salimov, C. Tukel, O. Yuksel, B. Giesenhagen, W. Grimm (Turkey, Germany)

PR561 | Comparison of monophasic / biphasic bovine hydroxyapatites on bone regeneration in a rabbit calvarial defect model.
R. Lilet, D. Van Hede, E. Rompen, G. Lecloux, M. Bacevic, F. Lambert (Belgium)

PR562 | Comparison of monophasic / biphasic bovine hydroxyapatites on gene expression profiles in a rabbit calvarial defect model
D. Van Hede, R. Lilet, E. Rompen, G. Lecloux, S. Jepsen, J. Winter, F. Lambert (Belgium, Germany)

PR563 | Comparison of New Bone Formation between rhBMP-2 Hydroxyapatite and Bovine Bone in Socket Preservation
Y. Kim, J. Shim (Korea, Republic Of)
Implant Dentistry / Bone regeneration therapies

**PR564** | Comparison of stability measurements of implants placed simultaneously with sinus augmentation with or without platelet-rich fibrin application: A retrospective study
T. Mutlu, E. Sukuroglu, E. Baltacioglu, B. Gokdeniz (Turkey)

**PR565** | Crestal ridge width changes when placing immediate implants: socket shield technique versus soft tissue augmentation
P. Manzano Romero (Spain)

**PR567** | Dental pulp stem cells- new vision in dentistry
B. Osepashvili (Georgia)

**PR568** | Effect of alveolar ridge preservation on implant-related outcomes: a retrospective clinical study
S.H. Park, J.K. Cha, J.S. Lee, S.H. Choi, U.W. Jung (Korea, Republic Of)

**PR569** | Effect of enamel matrix derivative and dentin matrix protein on osteoblastic proliferation and adhesion over SLA titanium surface
L.L. Ramenzoni, T. Attin, P.R. Schmidlin (Switzerland)

**PR570** | Effect of gaseous ozone on regeneration of periimplantal defects in rabbits
A. Yildirim, H. Toker (Turkey)

**PR571** | Effect of human neural crest-related stem cell homing (hNCSCs homing) on vertical alveolar bone augmentation and immediate implant placement
W. Grimm, B. Giesenhagen, M. Vukovic, T. Fritsch, N. Didenko, F. Witte, O. Andrukhov (Germany, Russian Federation, Austria)

**PR572** | Effect of sintering on physicochemical characteristics and biological performance of bovine HA
B. De Carvalho, E. Rompen, G. Lecloux, P. Schüpbach, E. Dory, F. Lambert (Belgium, Switzerland)

**PR573** | Effects of biomaterials and leukocyte- and platelet-rich fibrin (L-PRF) on bone regeneration in healthy versus controlled diabetic conditions
M. Bacevic, G. Kerckhofs, B. Brkovic, E. Rompen, F. Lambert (Belgium, Serbia)

**PR574** | Evaluation of autologous bone grafts for reconstruction of alveolar ridge
F. Claire, G. Julien, B. Zahi (France)

**PR575** | Evaluation of platelet rich plasma (PRP) with Freeze-dried Bone Allograft (FDBA) for Site preservation of extracted dental sockets for Dental Implantation
S.A. Banihashemrad (Iran)

**PR576** | Fresh-freeze bone graft alrorreactivity used in human ridge augmentation.
Implant Dentistry / Bone regeneration therapies

PR577 | Histologic and radiographic bone density changes in alveolar socket preservation using autogenous bone graft and hyaluronic acid.
R.A. Taman (Egypt)

Implant Dentistry / Bone regeneration therapies

PR578 | Histomorphometric comparison of the cortical bone micro-architecture of the anterior and posterior maxilla and the maxillary sinus floor based on micro-CT scans
D. Domic, K. Bertl, L. Hirtler, P. Heimel, A. Stavropoulos, C. Ulm (Austria, Sweden)

Implant Dentistry / Bone regeneration therapies

PR579 | Hydraulic device and nanohydroxylapatite paste for minimally invasive transcrestal sinus floor elevation: 3 years results
R.G. Dricot, D.V. Blase (Belgium)

Implant Dentistry / Bone regeneration therapies

PR580 | Implant Site Development by Orthodontic Extrusion for Flapless Immediate Implant Placement: 7 years results
D.V. Blase, J. Lasserre, S. Toma, M.C. Brecx (Belgium)

Implant Dentistry / Bone regeneration therapies

PR581 | In vitro comparative study of Poly(Lactic–co–Glycolic) (PLGA) membranes treated with oxygen plasma and different nanostructured particles for guided bone regeneration processes.
L. Castellanos Cosano, J.R. Corcuera-Flores, G. Machuca-Portillo, D. Torres-Lagares, M.A. Serrera Figallo (Spain)

Implant Dentistry / Bone regeneration therapies

PR582 | Investigate the different behavior of different xenogenic bone substitutes use for socket preservation – An In Vitro and In Vivo Study

Implant Dentistry / Bone regeneration therapies

PR583 | Long-term follow-up of extraction socket management: clinical outcomes and hard tissue changes.
G. Botilde, P.-E. Colin, G. Lecloux, E. Rompen, F. Lambert (Belgium)

Implant Dentistry / Bone regeneration therapies

PR584 | Long-term radiographic outcomes of transcrestal sinus floor elevation performed with different graft materials
G. Franceschetti, R. Farina, L. Minenna, O. Riccardi, C. Stacchi, R. Di Raimondo, L. Trombelli (Italy)

Implant Dentistry / Bone regeneration therapies

PR585 | L-PRF block as a living tissue: analysis of its bioactive nature and structure
A.B. Castro, S. Cortellini, X. Li, A. Temmerman, N. Pinto, W. Teughels, M. Quirynen (Belgium, Chile)

Implant Dentistry / Bone regeneration therapies

PR586 | Molecular events in bone and soft tissue at different non-resorbable PTFE membranes during GBR
O. Omar, M. Trobos, A. Johansson, L. Emanuelsson, H. Sahlin, C. Dahlin (Sweden)

Implant Dentistry / Bone regeneration therapies

PR587 | Numerical model of bone stimulation by electrical device
Implant Dentistry / Bone regeneration therapies

**PR588** | Osteogenic Potential of Gingival Mesenchymal Stem Cells Over Failed Implants


**PR590** | Preliminary data upon µCT analysis indicate benefits in placing RiboseCrossLinkedCollagen materials across extraction socket compared to native collagen membranes in beagles.

A. Friedmann, K. Fischer, M. Dalloul, M.S. Yildiz, F. Kauffmann, S. Fickl (Germany)

**PR591** | Pro-osteogenic properties of hydrophilic and hydrophobic titanium surfaces. Crosstalk between signalling pathways in in vivo models

E. Calciolari, S. Hamlet, S. Ivanovski, N. Donos (United Kingdom, Australia)

**PR592** | Pulsed electromagnetic fields increase osteogenetic commitment of Mesenchimal stem cells via the mTOR pathway: an in-vitro study

L. Ferroni, O. Dolkart, S. Barak, C. Gardin, A. Piattelli, B. Zavan (Italy, Israel)

**PR593** | Pulsed Electromagnetic Fields Increase Osteogenetic Commitment of Mesenchymal Stem Cells in Inflammatory Conditions: an in-vitro study

A. Piattelli, O. Dolkart, L. Ferroni, C. Gardin, S. Barak, B. Zavan (Italy, Israel)

**PR594** | Role of bone window repositioning in lateral sinus floor elevation: comparative evaluation based on the preliminary results of an ongoing randomized, controlled trial

Z. Papp, A. Martin, K. Heinrich, P. Windisch, B. Molnár (Hungary)

**PR595** | Sinus augmentation analysis revised: the gradient of graft consolidation - A split mouth histomorphometric study

R. Kolerman, H. Tal (Israel)

**PR596** | Soft Tissue Dimensional Alterations Following Ridge Preservation with Collagen Matrix Seal or Collagen Sponge in Combination with Bone Allograft: A Randomized Volumetric Study

Y.N. Jeong, A. Parashis, Z. Natto (United States Of America)

**PR597** | Surgical reconstruction of periimplant bone loss adjacent to acute alveolar ridge defects /A retrospective case series/

D. Palkovics, F. Bartha, B. Molnár, Z. Radóczy-Drajkó, P. Windisch (Hungary)

**PR598** | Survival rates of implants installed in maxillary sinuses grafted with demineralized bovine bone matrix (Bio-Oss®) in patients with treated chronic periodontitis. A retrospective study with 10 years of follow-up.

B. Rescala, F. Vidal, W. Rosalem (Brazil)
Implant Dentistry / Bone regeneration therapies

**PR599** | The “Sandwich” Bone Augmentation Technique
T. Vagdouti, I. Vagdouts (Greece)

**Implant Dentistry / Bone regeneration therapies**

**PR600** | The Effect of Leukocyte and Platelet-Rich Fibrin on the Preservation of the Buccal Bone Plate following Immediate Implant placement
M. McLaughlin (Ireland)

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**PR601** | The effect of membrane coverage on the resorption of autogenous intra-oral block grafts: a systematic review of literature and meta-analysis Inevitability or an iatrogenic vulnerability?
J.N. Zaki, M. Al-Nawawy, N. Yussif, A. El-Khadem (Egypt)

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**PR602** | The effect of Strontium Ranelate on osseous healing of osteoporotic & healthy rats.
N. Mardas, X. Dereka, A. Stavropoulos, M. Patel, N. Donos (United Kingdom, Greece, Sweden)

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**PR603** | The Effect of use of Platelet-Rich Fibrin (PRF) mixed with bone graft (sticky bone) on Implant Stability in lateral approach sinus lift procedure and simultaneous implantation: a double blinded randomized clinical trial
M. Sadighi Shamami, S. Safaralizadeh, R. Safaralizadeh, B. Talebzadeh Gargar, S. Parviz (Iran)

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**PR604** | The horizontal ridge augmentation using the cortical lamina: a clinical and radiographic prospective study
S.F. Khalil, C. Chakar, L. Abrahamian (Lebanon)

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**PR605** | Three-dimensional Radiographic Analyses of Post-surgery Buccal Bone Changes
B. Leblebicioglu, V. Kofina, M. Demirer, L. Alssum, B.S. Erdal, V. Yildiz, D. Tatakis (United States Of America)

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**PR606** | Title: Bone Regeneration in Implant Dentistry: A Critical Assessment of Systematic Reviews.
G.A. Mestas, J. Ceccarelli, D. Soto, M. Alarcón (Peru)

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**PR607** | Two-stage sinus lift with two different graft: histomorphometric and radiological outcomes – split mouth RCT
F. Correia, S. Gouveia, D.H. Pozza, A.C. Felino, R. Faria Almeida (Portugal)

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**PR608** | Vertical bone gain with different augmentation methods. A systematic review and meta-analysis
M.H. Hameed, R. Ghafoor, M. Gul, F.R. Khan, B. Badar (Pakistan)

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**PR608A** | One Stage vertical ridge Augmentation and Dental Implantation with Allograft Bone Rings: Results One Year after Surgery
W.-D. Grimm, B. Giesenhagen, H. Schaaf, T. Nord (Germany)

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**PR608B** | Isolation and Characterisation of Adult Ovine Neural Crest-Derived Stem Cells (ovine NCSCS) from Palatal Tissue for comparative implant research and alveolar regeneration
W. Grimm, N. Didenko, A. Dolgalev, D. Bobryshev (Russian Federation)
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PR609 | “Association Of The Keratinized Tissue, Gingival Biotype, And Osseous Thickness Around Implants: Clinical And Radiographical Examination”
J.R.G. Escobedo, F.P. Orozco Aranda, H.T. Martinez, G.M. Sandoval, M.G.C. Arizpe, N.R. Franco (Mexico)

PR610 | A descriptive radiographic study using cone beam computed tomography (cbct).
P.L. Jarana, C.M. Díaz-Castro, A. Falcão, C. Falcão, V. Rios Santos, M. Herrero-Climent (Spain, Portugal)

PR611 | Analysis of behavior and other disease associations of dental implant and denture subjects in elderly population: Nationwide Cohort Study in Korea
B. Lee, H.H. Kweon, B. Kim, H. Lim, Y. Kim (Korea, Republic Of)

PR612 | Analysis of implant survival rates and implant-failure predictors: a retrospective study in a university setting.
G.S. Chatzopoulos, L.F. Wolff (United States Of America)

PR613 | Artificial intelligence modelling delivers actionable insights about personalized implant Dentistry.
G. Papantonopoulos, K. Takahashi, B.G. Loos (Greece, Japan, Netherlands)

PR614 | Benefits of volumetric assessment of peri-implant bone remodeling: A 1 year follow up of 2 implants with different neck configurations
W. Aouini, B. Vandenberghhe, L. Seidel, G. Lecloux, E. Rompen, F. Lambert (Belgium)

PR615 | Bone augmentation and dental implants in HIV patients: a prospective study with up to 13 years follow-up
F. Vidal, L.S. Gonçalves (Brazil)

PR616 | Buccal Plate Thickness in the maxillary esthetic zone for immediate implant placement: a systematic review
M. Alarcón, J. Ceccarelli, J. Alania, B. Elhayef, D.E. Slot (Peru, Spain, Netherlands)

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N. Bagis, C. Boz, E. Hincal, Y.H. Bagis, K. Orhan (Turkey, Cyprus)

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T. Cracknell, A. Meltzer, H.S. Baumgarten (South Africa, United States Of America)

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M. Yilmaz, E. Baltacioglu, G. Omeroglu, E. Sukuroglu (Turkey)

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L. Praça, R.C. Teixeira, V.R.S.D. Silveira, L.F.D. Brito, Z.A. Taboza, R.O. Rego (Brazil)

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C. Leverd, O. Leclercq, G. Penel, F. Boschin (France)

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T. Shaymardanov, T. Chemikosova, M. Kabirova, L. Gerasimova (Russian Federation)

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F. Beck, N. Lauterbrunner, S. Lettner, A. Stavropoulos, C. Ulm, K. Bertl (Austria, Sweden)

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G. Tuter, A.N. Duman, Z. Yıldırım Bicer, B. Aliyev, B. Kurtis (Turkey)

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H. Rangé, M. Gadeau, F. Renouard, P. Bouchard, I. Ben Mohamed, M.C. Carra (France, Tunisia)

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O. Etoz, K. Bertl, M. Ebner, E. Kukla, C. Ulm, N. Ozmeric, A. Stavropoulos (Sweden, Austria, Turkey)

PR628 | Long-term outcome of dental implants placed in revascularized fibula free flaps: clinical and radiologic assessment of soft and hard tissues
G. Lombardo, A. Mascellaro, M. Albanese, L. Trevisiol, A. D’Agostino, V. Favero, P. Nocini (Italy)

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C. Giannopoulou, S. Meyer, D. Courvoisier, F. Müller, A. Mombelli (Switzerland)

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N. Samee, L. Detzen, S. Toupenay, B. Fournier, R. Felizardo, S. Kerner (France)

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D. Neyzberg, L. Orechova, A.I. Erokhin (Russian Federation)

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M.E. Escobar, M.E. Galarraga, M.A. Bianchini, A.C. Cabral Da Cruz (Brazil)
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L.E. Adler, L. Jansson, K. Buhlin (Sweden)

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J.R. Corcuera-Flores, A. Carrasco-García, J. Silvestre-Rangil, M. Pérez-Fierro, D. Torres-Lagares, G. Machuca-Portillo (Spain)

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D. Yaman, B.G. Rohlig, K. Demirel (Turkey)

PR636 | The Evaluation of Clinical and Radiographic Parameters Around Implants
E. Elemek, Ö.B. Ağralı, B. Kuru, L. Kuru (Turkey)

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M.C. Cavalcanti, T.E. Guirado, V.M. Sapata, C. Costa, C.M. Pannuti, R.E. Jung, J.B. César Neto (Brazil, Switzerland)

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J.J. Cabrera-Domínguez, L. Castellanos Cosano, D. Torres-Lagares, G. Machuca-Portillo (Spain)

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G.A. Aliyeva, E. Aliyev (Azerbaijan)

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A.M. Serag (Egypt)

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J.C. Morales, A. Vargas-Corral, G. Gomez-Moreno, G. Moreu, M. González-Jaranay, I. Bascón-Aguilar (Spain)

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A. Signoriello, G. Lombardo, M. Simancas Pallares, M. Marincola, P.F. Nocini (Italy, Colombia)

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A. Ferri, G. Pellegrino, V. Taraschi, A. Zacchino, C. Marchetti (Italy, Australia)

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N.A. Kocak, G. Kasnak, C. Dayan, B. Gencel (Turkey)
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A. Boillot, S. Itani, E. Hauchard, O. Samtmann, L. Benichou (France)

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R. Matthes (Germany)

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R.R.M.D. Barros, A.B. Novaes (Brazil)

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B. De Carvalho, M. Alexopoulou, E. Rompen, G. Lecloux, M. Lamy, F. Lambert (Belgium)

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E. Gabay, T. Asbi, E.E. Machtei (Israel)

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A. Akcali, O. Gurlek, N. Nizam (Germany, Turkey)

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S. Rubnikovich, I. Khomich (Belarus)

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H. Özdemir, M. Bulbül, G. Erdinç, I.S. Bayraktar (Turkey)

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I. Benkhadra (Morocco)

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S. Azorin, P. Bousquet (France)

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K. Fischer, A. Friedmann, S. Mühlemann, R.E. Jung, T. Testori, A. Happe, H. Wachtel, M. Del Fabbro (Germany, Switzerland, Italy)

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L. Poskevicius, G. Juodzbalys, V. Eidukynas (Lithuania)

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A. Horváth, X. Li, M. Hegedűs, P. Windisch (Hungary)

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F.J. Oliveira, I.P.F. Oliveira, M. Placido, F.F. Oliveira, T. Dos Santos (Brazil)

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S. Bianconi, P. Trisi, M. Del Fabbro (Italy)

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H.M. Alharbi, A. Aldoss, R. Alsaawi (Saudi Arabia)

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S. Francis, K. Shearston, A. Tawse-Smith, A. Quaranta (Australia, New Zealand)

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J. Qian, R. Shu (China)

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E.D. De Avila, A.G. Castro, O. Tagit, B. Krom, D. Löwik, A. Van Well, L. Bannenberg, C.E. Vergani, J. Van Den Beucken (Brazil, Netherlands)
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L. Jablonowski, T. Kocher, M. Müller, F. Dombrowski, A. Schindler, T. Von Woedtke, T. Arnold, S. Rupf, A. Schubert, M. Evert, K. Evert (Germany)

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M. Suzuki, K. Takahashi, G. Papantonopoulos (Japan, Greece)

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M. Bertolini, A. Butera (Italy)

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M.W. Hagner, L. Jung, N. Bernard, S. Jepsen (Germany)

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A.V. Signorio Duque, A. Treviño Santos (Mexico)

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N. Garcia Madueño, M. Tarazona, M.E. Guerrero (Peru)

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C. Okur, H.O. Turkoglu Cakal (Turkey)
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T. Diamantatou, E. Tsetsenekou, M. Paraskevopoulou, M. Leventis, S. Kourtis (Greece, United Kingdom)

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M. Ong (Singapore)

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C. Bruckmann, M. Müller (Austria)

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D. Andreadis, I. Lazaridi, E. Anagnostou, A. Poulopoulos (Greece)

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M. Chalupova, B. Valentova, M. Budínová (Czech Republic)

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A. Pjano, E. Pašić (Bosnia And Herzegovina)

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R. Higgins, G. Calvert (United Kingdom)

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S. Via (Israel)

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S. Husejnagic (Austria)

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P. Hoyle, C.A. Field (United Kingdom)

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M. Ogawa (Japan)

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T. Cakir, E. Baca, A. Cekici (Turkey)

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R. Malek, B. El Houari, J. Kissa (Morocco)

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R. Rossi, M. Balli (Italy)

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Y. Arbel, M. Coval, S. Via, E. Shperberg-Krumer (Israel)

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V. Sousa Moreno, L. E. Quintanilla Rodriguez, R. G. Lozano Belaunzarra, G. Martinez Sandoval (United Kingdom, Mexico)

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O. N. Risovannaya, Z. Lalieva (Russian Federation)

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J. E. Martin Bascary, M. V. Gómez (Argentina)

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Y. Takeuchi, M. Tachikawa (Japan)

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W. Elkhourani, A. Elyamani (Morocco)

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E.D. Unal, O. Gurlek (Turkey)

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Y. Takeuchi, M. Tachikawa, N. Inoue (Japan)

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D. Jurlina, D. Vražić (Croatia)

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Y. Arbel, A. Lvovsky, S. Via, M. Solomonov, R.A. Lev, A. Tadir (Israel)

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N. Yüksek, E. Açıklgöz, N. Onur, Y. Tekin, B. İnanç (Turkey)

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P. Pérez Lanza, P. Almiñana, A. Fuenmayor, P. Micó-Martínez, M. Faus-Damiá, A. LÓpez, F. Gil, F. Alpíste (Spain)

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H. Ozturk Ozener, E. Taskin, L. Kuru (Turkey)

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F. Dóri, B. Piliháci, F. Németh, T. Huszár (Hungary)

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F. Woerner, T. Eger (Germany)

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H. Yoo, J. Choi, G. Min, K. Yang, W. Lee, S. Yu, B. Kim (Korea, Republic Of)

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S. Rubnikovich, A. Maizet, Y. Denisova (Belarus)

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Y. Park, C. Cho, S. Jeong, J. Lee (Korea, Republic Of)

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A.F. Irmes, P. Tóth (Hungary)
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C. Tao, I.F. Dragan  
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**PC319** | Biological approach for a compromised tooth in the aesthetic zone  
D. Filtchev, E. Ruseva (Bulgaria)

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**PC320** | Digital protocol to achieve predictable emergence profile of implants in the aesthetic zone  
E. Ribnishka, D. Filtchev, E. Ruseva, G. Iliev, K. Kotsilkov (Bulgaria)

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J.H. Martín, J.G. Esteban, F. Tortosa, L. Dios, J.M.V. Martín (Spain)

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C. Chakar, A. Kassir, N. Mokbel, M. Haddad, S. Jbeily (Lebanon)

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H.G. Steveling, J. De San José González, C. Mertens (Germany)

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E. Rodríguez-Fernández (Spain)

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L. Mascheri, J.M. Ferrandiz, J.H. Martín, J.G. Esteban, J.M.V. Martín (Spain)

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**PC326** | Placement of a Single Implant in the esthetic zone with immediate Provisionalisation  
E. Idrovo Alvarado (Mexico)

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I. Papadimitriou, P. Almagout, E.T. Merholz, R.A. Burgmann (Germany, Greece)

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**PC328** | A Novel Staged Ridge Splitting Technique with Lateral Windows for Implant Placement in the Severely Resorbed Mandible: A case report  
K.N. Köse, M. Çalık (Turkey)

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PC332 | Clinical and Histological Results of Allogeneic Cellular Bone Graft with Titanium-reinforced Nonresorbable Membrane for Ridge Augmentation: A Case Report
C. Ji, A. Sindler, H. Shiau, T. Oates (United States Of America)

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PC333 | Clinical management of a complex case in the esthetic zone, involving the replacement of an ankylosed upper central incisor. A case report.
J.M. Abarca, M.J. Bernedo, J. Aguilera (Chile)

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A. Rizzi, L. De Stavola, S. Ghassemzadeh, E. Bressan, L. Trombelli (Italy)

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PC335 | Dehiscence Defects of Alveolar Ridge Case Report: Block or Particle Graft?
S. Güler, M.C. Sengun, U. Ogutucu, H. Kilınç (Turkey)

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T. Aliyev, K. Kuru, M. Ulu, B.F. Efeoglu, N. Unal, N. Yılmaz (Turkey)

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PC337 | Enucleation and bone augmentation of the incisive canal prior to implant placement in atrophic maxilla
A. Al-Sharrad, S. Alqahtani (Kuwait, Saudi Arabia)

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PC338 | Evaluation Of Polylactic And Polyglycolic Acids As Augmentation Material In The Treatment Of Fenestration And Dehiscence Of Bone Defect Around Dental Implant; Prospective Study
A. Ismail, M. Ismail, M. Ismail (Egypt)

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L.H.L. Foo, C.G. Koh (Singapore)

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PC341 | Guided Bone Regeneration in the atrophic posterior mandible previous to implant placement.
C. Bustamante, M. Noriega (Mexico)

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PC342 | Guided bone regeneration procedure for delayed implant placement in the esthetic zone: a 5 year case report
Z. Hamdi, H. Antoun (France)

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PC343 | Guided bone regeneration versus alveolar ridge splitting as means to horizontally augment the alveolar bone ridge. A review of the literature and case report.
A. Iskas, M. Rallis (Greece)
Implant Dentistry / Bone regeneration therapies

PC344 | Guided bone regeneration with bone harvested on the same surgical site (Column Technique)
R. Smirani, F. Vigouroux, Y. Lauverjat (France)

Implant Dentistry / Bone regeneration therapies

PC345 | Horizontal and vertical bone regeneration for implants placement on an esthetic zone. Case report
J.A. D’Ittria (Argentina)

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PC346 | Horizontal ridge augmentation in the anterior mandible using a titanium mesh and xenograft prior to implant placement. A case report.
M.S. Franco, O.R. Breniss (Mexico)

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PC347 | Horizontal Ridge Augmentation Using Autogenous Onlay Block Graft in Combination with Anorganic Bovine Bone Mineral and A-PRF. A Case Report
B. Kurtis, H. Bakhishov, A. Kurun, S. Sahin (Turkey)

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PC348 | Horizonto-vertical bone augmentation, with notable attachment gain at the periodontally compromised neighboring dentition; a clinical case report with 8 months follow up
R. Kemper, T. Szamody, T. Chikany (Hungary)

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PC349 | Implant site development by orthodontic extrusion and buccal root torque at a site exhibiting severe gingival recession with periodontitis: a case report
J. Hayashi, K. Yosikawa, J. Ueda, K. Hayashi, T. Suzuki, K. Shin (Japan)

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PC350 | Improvement of Implant placement after horizontal ridge augmentation with Tent pole technique: two case reports
T. Aliyev, B.F. Efeoglu, K. Kuru, M. Ulu, N. Yılmaz, H. Akcay (Turkey)

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PC351 | Lateral Bone Augmentation in Narrow Posterior Mandibles, Description of a Novel Approach and Analysis of Results.
I. Beitlitum, A. Sebaoun, C.E. Nemcovsky, S. Slutzkey (Israel)

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PC352 | Localized ridge augmentation with bone block before implant therapy
M.D.S. Guerrero Obregón (Mexico)

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PC353 | Management of Early Failure of Guided Bone Regeneration Utilising a Non-Resorbable, e-PTFE Membrane - A Clinical Case Report
A. Macinnes (United Kingdom)

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PC354 | Management of post-extractional alveolar socket with mineralized plasmatic matrix before implant placement: a case report
S. Erraji, H. Soualhi, O. Ennibi, Z. Ismaili (Morocco)

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A. Yazici, E.C. Genç, E. Ercan (Turkey)
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I. El-Sioufi, A. Zappi, I. Bourouni, E. Papazoglou, S. Vassilopoulos, P. Madianos, I. Vrotsos (Greece)

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M. Mueller, A. Blufstein (Austria)

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M. Alvarado, D. Alvarado, A. Alvarado, E. Rodriguez, P. Colino, L.D. Pellicer, A.M. Alvarado (Spain)

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E. Aliyev (Azerbaijan)

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PC360 | Open Healing Technique - a Minimally Invasive Ridge Augmentation Procedure: a case series
A. Ionescu, V. Panagopoulos, M.I. Nicolescu, G.R. Taffet (Romania, Germany)

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PC361 | Regenerative treatment of the peri-implantitis using the titanium granules.
V. Abolimov, D. Neyzberg (Russian Federation)

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PC362 | Rehabilitation of a patient with horizontal bone deficiency with dental implants
E. Aşık, O. Gurlek (Turkey)

Implant Dentistry / Bone regeneration therapies
PC363 | Rehabilitation of a patient with vertical and horizontal bone deficiency with dental implants in the aesthetic region of a patient who has had a traffic accident
F. Öngöz Dede, D.O. Dede, E. Sarıylımaız, K. Günaydın, E.T. Deveci (Turkey)

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J. Segura Ramos, R. Neria Maguey (Mexico)

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F. Kauffmann, A. Müller-Busch, S. Fickl (Germany)

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R.A. Yukna (United States Of America)

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K. Amine, S. Saloui, J. Kissa (Morocco)

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S.O. Akarken, T. Arabacı, M. Şimşekyılmaz, A. Günay (Turkey)
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O. Eroğlu, Ö.B. Ağralı, L. Kuru (Turkey)

**PC370** | Stem Cell based Alveolar Ridge Regeneration Technique
B. Simoncic (Slovenia)

**PC371** | Surgical treatment of infrabony bone defect before implant placement: A case report
F. Soysal, F.B. Unsal, T. Ceyhanlı (Turkey)

**PC372** | The “sandwich” technique: a case series introducing the use of a dense PTFE membrane in immediate post-extraction GBR.
V.P. Koidou, G.S. Chatzopoulos, D.K. Johnson (United States Of America)

**PC373** | The Cortical Lamina technique, a new device for horizontal and vertical ridge augmentation
R. Rossi, A. Piattelli, G. Iezzi, E. Foce (Italy)

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H. Ulutürk, K. Öztürk, D. Yılmaz, G. Eberlikose (Turkey)

**PC375** | The rehabilitation of the bilateral congenital lateral deficiency with a multidisciplinary approach: A case report
E. Türkmen, C. Gökmenoğlu, F. Öngöz Dede, A. Tulga, C. Kara (Turkey)

**PC376** | Three-step surgical procedure combined with orthodontic treatment to achieve complex rehabilitation of the anterior maxilla: a case report
P. Stiedl, B. Molnár, B. Nemes, P. Windisch (Hungary)

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D.Y. Huang (United States Of America)

**PC378** | Tridimensional Reconstruction of the Bone and Soft Tissue in Challenging Cases of the Esthetic Zone.
C. Dima (Romania)

**PC379** | Two Staged Implant Procedure For Resorbed Maxilla: A Case Report
S. Güler, M.C. Sengun, U. Ogutucu, K.C. Gumus (Turkey)

**PC380** | Use Of T-PRF + Autogeneus Bone Graft In The Increasing Of Incompleted Alveolar Bone Volume
H. Özdemir, B.G. Yıldırım (Turkey)

**PC381** | Use of xenograft blocks to augment the deficient alveolar ridge prior to implant placement in trauma patients: A retrospective case series.
J. Chesterman, M. Chan, K. Durey (United Kingdom)
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PC385 | Dental implant three-dimensional position affected by late facial bone growth 21 years after implant placement – a case report D.V. Blase (Belgium)

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PC386 | Fracture of a Narrow-Diameter Roxolid Implant: A Case Report B. Okur, O. Etoz, S. Bozkaya (Turkey, Sweden)

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PC387 | Genetic polymorphisms can explain peri-implant tissue behaviour? M. Sampaio-Fernandes, P.C. Vaz, J.C. Reis-Campos, J.S. Fernandes, M.H. Figueiral (Portugal)

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PC389 | Medication related osteonecrosis of the jaw around dental implants: Implant presence-triggered osteonecrosis and mandibular fractures M.F. Escobedo Martinez, S. Junquera Olay, S. Olay Garcia, J.D. Muriel, G. Ascani (Spain, Italy)

Implant Dentistry / Diagnosis and risk factors in implant therapy
PC390 | Surgical managment of iatrogenic injuries to the trigeminal nerve D. Rosen (Israel)

Implant Dentistry / Diagnosis and risk factors in implant therapy
PC391 | The incidence of fractured implants according to clinical factors D.W. Lee, N.H. Kim, Y.A. Oh (Korea, Republic Of)

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PC392 | The study on the association between periodontal status and membrane thickness of maxillary sinus using cone-beam CT H. Park, Y. Oh, S. Kim, M. Park, E. Na, S. Yoon, H. Chung (Korea, Republic Of)

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PC394 | 10 year follow-up of tissue level implants supporting single crowns: case series
A.T. Gür, A.C. Akman, H.G. Keceli, M. Muhtaroğulları, B. Demiralp (Turkey)

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PC395 | A biomimetic and aesthetic approach using natural teeth as provisional after extraction and implantation with immediate loading.
G. Millot, M. Jalladaud (France)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC396 | A modified socket-shield technique to preserve inter-implants papilla: an 8 years case report.
S. Moreaux (France)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC397 | A periodontal plastic surgical approach to mimic the alveolar contour in immediate implant placement and immediate provisionalisation procedure: a case report.
J. Mourlaas, A.S. Dagba (France)

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PC398 | Achieving Aesthetics in Anterior Maxilla with Insufficient Alveolar Bone
F. Cömert, O. Özgünler, U. Başer, F. Yalçın (Turkey)

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PC399 | Achieving fixed/attached keratinized tissue around implants in fully edentulous cases – case series
A.R. Syed, Z.A. Khan, K. Ataullah (Pakistan)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC400 | Aesthetic outcomes of immediate single dental implant replacing maxillary central incisor: About 5 patients with one year follow-up
Q. Halouani, M.M.H. Elyounsi, S. Ben Abdallah (Tunisia)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC401 | Avoid Implant Overload. A digital Study to Design and Perform Individualized Occlusions of Implant-supported prosthesis
R. Cimma, I. Anglesio Farina (Italy)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC402 | clinical outcome of two implants placed flapless in fully edentulous mandibles and immediately restored with metal-resin screw-retained cross-arch prostheses: protocols and scientific validation
M. Lazzarini, G. Cannizzaro, P. Viola, V. Ferri, M. Leone, M. Esposito (Italy)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC403 | Complete digital approach for implant-supported one-piece all-ceramic crown in the esthetic zone with one-step supra-implant soft tissue conditioning by individualized CAD/CAM hybrid provisional restoration: a clinical report
K. Mikulas, J. Borbely, K. Kőrmöcsi, A. Joó-Fancsaly, P. Hermann (Hungary)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC404 | Complex periodontal, orthodontic and implant-prostodontic rehabilitation of a patient with generalized aggressive periodontitis /A case report/
A. Martin, Z. Papp, B. Nemes, P. Nagy, P. Windisch, B. Molnár (Hungary)
Implant Dentistry / Implant therapy (surgical and restorative protocols)

**PC405** | Compression Technique to Create Emergence Profile in Anterior Implant
M. Louisa (Indonesia)

**PC406** | Computer-assisted and navigated implantological rehabilitation of tumor patients after irradiation and patients with extreme alveolar ridge atrophy after iliac crest bone grafting
J. Papadimitriou, P. Almagout, E.T. Merholz (Germany, Greece)

**PC407** | Connective tissue graft and prosthetic manipulation to correct soft tissue deficiency around a single implant
A. Malik, N. Mardas, I. Papadopoulos (United Kingdom)

**PC408** | Digital and orthodontically driven implant planning. A multidisciplinary treatment approach.
S. Pieralli, B.C. Spies, R. Kohal, A. Gintaute (Germany, Switzerland)

**PC409** | Digital planning and 3D printing in Implantology: Case series using a novel in-office workflow
F. Vidal, R. Vidal (Brazil)

**PC410** | Evaluation of Short Implants with 3 different Designs
B. Demiralp, B. Çakın, T. Çavuş, D.I. Tepe, M. Muhtaroğulları (Turkey)

**PC411** | Extracted tooth block as a non-resorbable barrier membrane for pre-implant site augmentation: A case report
M. Ozcan, G. Unal, O. Ucak, C. Haytaç (Turkey)

**PC412** | Favorable hard and soft tissue environment around 3 adjacent immediate implants in the front dentition; a case presentation with 1 year follow up
T. Chikany, A. Mohos, R. Kemper (Hungary)

**PC413** | Favorable hard and soft tissue environment around 3 adjacent immediate implants in the front dentition; a case presentation with 1 year follow up
T. Chikany, A. Mohos, R. Kemper (Hungary)

**PC414** | Computer-assisted and navigated implantological rehabilitation of tumor patients after irradiation and patients with extreme alveolar ridge atrophy after iliac crest bone grafting
J. Papadimitriou, P. Almagout, E.T. Merholz (Germany, Greece)

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**PC417** | Computer-assisted and navigated implantological rehabilitation of tumor patients after irradiation and patients with extreme alveolar ridge atrophy after iliac crest bone grafting
J. Papadimitriou, P. Almagout, E.T. Merholz (Germany, Greece)
PC418 | Immediate Implant Placement in the Esthetic Zone Using a Flapless Approach: A Case Report with 12 Months Follow Up
B. Meraci, G. Ustaoglu (Turkey)

PC419 | Immediate implant placement in the esthetic zone using a minimal flap design and Poncho technique with a collagen membrane – A case report
A.R. Syed, M. Ahmed, Z.A. Khan, K. Ataullah (Pakistan)

PC420 | Immediate implant placement into fresh maxillary and mandibular molar extraction sockets, a clinical predictable procedure.
A.A. Cebola, M.R. Silva, M. Mourato, V.V. Osório, A.M. Rodrigues, G.S. Dias (Portugal)

PC421 | Immediate implant placement with management of combined gingival and alveolar fenestration in a maxillary central incisor
M.A. Rendón-Medina, B.R. Garza-Salinas (Mexico)

PC422 | Immediate loading of heavy resorbed maxillae through zygoma implants
P. Bochlogyros (Greece)

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PC424 | Immediate Loading with PICDental® system: Biological benefits
E. Rodríguez-Fernández, M. Alvarado-Lorenzo, J. Ballesteros Martinez, A. Sanchez-Gil (Spain)

PC425 | Immediate placement and restoration of single tooth implant in aesthetic zone: A case report
L. Kochiašvili (Georgia)

PC426 | Implant therapy for a severe generalized aggressive periodontitis, minimizing the risk of peri-implant diseases: a case report
R. Yamaguchi, M. Maeyama, K. Ogawa, K. Gomi, E. Ichimaru (Japan)

PC427 | Implant-prosthetic rehabilitation of an upper central incisor
R. Larovere, C. Coraini (Italy)

PC428 | Implants in the Aesthetic Zone Surgical and Prosthetic aspects
A. Partiyan (Lebanon)

PC429 | Is alveolar ridge can be completely preserved by Socket Shield Technique (SST)? A case Report.
H.H. Koshak, A.M. Alsayed (Saudi Arabia)

PC430 | Keratinized mucosa and peri-implant health: interests and therapeutic indications
D. Romain (France)
Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC431 | Late implant placement following a socket preservation procedure
N. Markou, S. Tsantila, P. Ravanis (Greece)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC432 | Lateralization of the inferior alveolar nerve and simultaneous dental implant placement
L.H. Rau, P.C. Vaz, I.C. Real, C.A. Volpato, C.F. Silva (Portugal, Brazil)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC433 | Management of Invasive Cervical Resorption with Complete Implant-Supported Prosthesis: A Clinical Case Report
P. Pani, C. Defuria, K. Kang (United States Of America)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC434 | Natural crown tooth as a temporary to preserve the original emergence profile during implant therapy: series of cases
R. Neria Maguey (Mexico)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC435 | One abutment One time in an upper central incisor with extreme bone loss. A case report with a 3-year follow-up
D.O. Cuitillo (Chile)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC436 | Peri-implant soft tissue implication in esthetic outcomes
S. Saloui, K. Amine, J. Kissa (Morocco)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC437 | Peri-implant soft tissue management: A case report of a two-staged surgery around a dental implant
M.S. Evginer, H.G. Keceli (Turkey)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC438 | Post-extraction immediate implants with use of surgical guide: Case Report
E.F. Gomez Herrera (Mexico)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC439 | Predictable Immediate Aesthetic Implants for Hopeless Anterior Teeth: 1 Year Follow-up Case Report
K. Aksoy, S. Koseoglu (Turkey)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC440 | Pre-Extractive Interradicular Implant Bed Preparation: A Case Report
E. Mota Gonzalez, L. Solé Rodriguez, P. Barenblit Scheinin, C. Mendieta Fiter (Spain)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC441 | Preservation of the initial tissue volume during protocols of extraction/immediate implantation unitary in the maxillary anterior sector. Case Report.
S. Piscitello, M. Giusti (France)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC442 | Primary stability of 4 mm long dental implants in posterior maxilla: a case series
R. Gaspersic, C. Oblak, P. Goncalves, S. Cok, M. Dard (Slovenia, Liechtenstein, Switzerland, United States Of America)

Implant Dentistry / Implant therapy (surgical and restorative protocols)

PC443 | Protocol for computered guided surgery in the anterior region
M.D.M. Hernandez-Arredondo, P. Pavon Fraile, A. Gomez Menchero, V. Rios Santos, P. BullOn Fernandez (Spain)
Implant Dentistry / Implant therapy  
**PC444** | Pure ceramic implant in a compromised medical patient – case report  
T.M. Marques, F.M. Araújo, Z. Kovacs, A. Correia (Portugal)

Implant Dentistry / Implant therapy  
C. Giota (Greece)

Implant Dentistry / Implant therapy  
**PC446** | Restoration of an anterior deep traumatic bite with dental implants – A case report  
F. Qureshi, M. Ahmed, Z.A. Khan, K. Ataullah (Pakistan)

Implant Dentistry / Implant therapy  
**PC447** | Retrospective Analysis of Implant Success Rates and Bone Volumetric Changes After Lateral Window Sinus Augmentation with β-Tricalcium Phosphate  
T. Kishimoto, M. Kishimoto, K. Yamauchi, D. Shin, Y. Hamada, A. Ghoneima, S. Blanchard (Japan, United States Of America)

Implant Dentistry / Implant therapy  
**PC448** | Ridge preservation and implant rehabilitation in the aesthetic zone: peri-implant tissue stability five years after treatment  
M. Corana, F. Vezzoni (Italy)

Implant Dentistry / Implant therapy  
**PC449** | Serial dental extractions and post-extraction implant placement with immediate loading to avoid crestal bone loss in the esthetic zone. A case report.  
D. Gonzalez, R. Neria Maguey (Mexico)

Implant Dentistry / Implant therapy  
**PC450** | Socket Shield Technique for Ridge Preservation versus Conventional Tooth Extraction: A Case Report  
I.A. Alhawiti (Saudi Arabia)

Implant Dentistry / Implant therapy  
**PC451** | Socket shield, a super tool to preserve aesthetics with immediate implantation  
A.A. Mattar (Egypt)

Implant Dentistry / Implant therapy  
**PC452** | Socket-Shield Technique for Immediate Implant Placement - from Animal Studies to Patient Application  
D. Bäumer, O. Zuhr, M. Hürzeler (Germany)

Implant Dentistry / Implant therapy  
**PC453** | Soft tissue augmentation via the use of a novel collagen matrix  
M. Brennand-Roper, M. Paterson, C. Maran (United Kingdom)

Implant Dentistry / Implant therapy  
**PC454** | Soft tissue conditioning after iatrogenic provisionalization.  
B. Castillo, B.R. Garza-Salinas, J.A. Garza (Mexico)

Implant Dentistry / Implant therapy  
**PC455** | The one-time connect abutment for single implants. Introduction of a new concept.  
E. Palantza, E. Andrikopoulou, M. Diomataris, S. Pelekanos, N. Bichacho (Greece, Israel)

Implant Dentistry / Implant therapy  
**PC456** | Treatment of a single tooth loss region with guided bone regeneration, implant and papilla reconstruction. A case report  
M. Özgür, A.A. Ertan, S. Özcan Bulut (Turkey)
Implant Dentistry / Implant therapy (surgical and restorative protocols)
**PC457** | Widening of keratinized mucosa in posterior sites at implant placement with soft tissue substitutes
L. Parkanyi (Hungary)

**Implant Dentistry / Peri-implant Diseases**
**PC458** | "Hyaluronic acid and Laser in the therapy concept of periimplant inflammation – a three-year clinical observation Study"
F. Liebaug, G. Yildirim (Germany)

**Implant Dentistry / Peri-implant Diseases**
**PC459** | A new method of extraoral sealing of implant-supported crowns to prevent the risk of peri-implantitis
A. Brincat (France)

**Implant Dentistry / Peri-implant Diseases**
**PC460** | A novel conservative treatment approach to periimplant disease – a report on two cases
J. Prpic, D. Kuis, I. Miskovic, F.M. Vukovic (Croatia)

**Implant Dentistry / Peri-implant Diseases**
**PC461** | Air-abrasive cleaning and widening the keratinized gingiva with e-ctg during surgical peri-implantitis treatment: case reports.
J. Gángó, F. Simon, O. Németh, M. Kivovics (Hungary)

**Implant Dentistry / Peri-implant Diseases**
**PC462** | Etiology, diagnosis and treatment of periimplantitis: clinical case evolution at 18 months.
M. Rodríguez, A. López, R. Izquierdo, F. Gil, M. Segarra, F. Alpiste (Spain)

**Implant Dentistry / Peri-implant Diseases**
**PC463** | Free gingival grafts for implants with lack of keratinized mucosa: a retrospective long-term case series
N.B. Naaman, M. Bouchaaya, S. Abirached (Lebanon)

**Implant Dentistry / Peri-implant Diseases**
**PC464** | How the periodontal findings may confute the falsely normal prices of glycosylated haemoglobin and contribute to the diagnosis of diabetes mellitus. Case report
S. Tsialiki, A. Korakovouni (Greece)

**Implant Dentistry / Peri-implant Diseases**
**PC465** | Long term controls of evaluation of acellular dermal matrix graft
M. Turkmen, M. Soyturk, S. Kargi, G. Kasnak, E. Fıratlı (Turkey)

**Implant Dentistry / Peri-implant Diseases**
**PC466** | Long-term results after placing dental implants in patients with Papillon-Lefèvre syndrome – incalculable risk or real treatment option?
K. Nickles, M. Krebs, B. Schacher, P. Eickholz (Germany)

**Implant Dentistry / Peri-implant Diseases**
**PC467** | Management of peri-implantitis resulting from retention of frayed dental floss.
ZYJ. Phua, C. Hu (Singapore)

**Implant Dentistry / Peri-implant Diseases**
**PC468** | Peri implantitis in 2018: a big challenge.
M. Giusti, S. Piscitello (France)

**Implant Dentistry / Peri-implant Diseases**
**PC469** | Peri-Implant Free Gingival Graft: A Case Report
M. Bicer, R.B. Koca, Y. Fıratlı, M. Soyturk, E. Fıratlı (Turkey)

**Implant Dentistry / Peri-implant Diseases**
**PC470** | Peri-implant pathology caused by endo-perio lesion of an adjacent tooth: A Case Report
I. Oikonomou, C. Papadopoulou, S. Vasilopoulos, P. Koromantzos, M. Georgopoulos, P. Madianos, I. Vrotsos (Greece)

**Implant Dentistry / Peri-implant Diseases**
**PC471** | Peri-Implant Videoscope Surgery
S.K. Harrel, T.G. Wilson (United States Of America)
Implant Dentistry / Peri-implant Diseases
PC472 | Periimplantitis may trigger the development of Medication Related Osteonecrosis of the Jaw in Oncological Patients
T. Asbi, E. Gabay, O. Emodi, E.E. Machtei, H. Zigdon Giladi (Israel)

Implant Dentistry / Peri-implant Diseases
PC473 | Peri-implantitis treatment approach with L-PRF: case series report.

Implant Dentistry / Peri-implant Diseases
PC474 | Photodynamic therapy to treat periimplantitis

Implant Dentistry / Peri-implant Diseases
PC475 | Regenerative treatment of peri-implantitis
F. Saleh (United Kingdom)

Implant Dentistry / Peri-implant Diseases
PC476 | retrograde peri-implantitis
W. Soudani (Tunisia)

Implant Dentistry / Peri-implant Diseases
PC477 | Soft tissue dehiscence management around a buccally positioned implant in aesthetic zone: A clinical report
N. Janbakhsh, M.R. Talebi (Iran)

Implant Dentistry / Peri-implant Diseases
PC478 | Surgical Management of Periimplantitis using Guided Bone Regeneration and Implantoplasty
J. Yang, M. Ong (Singapore)

Implant Dentistry / Peri-implant Diseases
PC479 | Surgical regenerative treatment of peri-implantitis lesions: series of clinical cases
M. Royón Gálvez, B. Bullón De La Fuente, J.V. Ríos Santos, P. Bullón Fernández, A. Gómez Menchero (Spain)

Implant Dentistry / Peri-implant Diseases
PC480 | Surgical Regenerative Treatments for Peri-Implantitis Using a a Desiccant with Air Powder Abrasion Followed by Biphasic Calcium Sulfate Grafting: A Case series presentation

Implant Dentistry / Peri-implant Diseases
PC481 | The clinical application of a novel diagnosis and treatment flowchart for peri-implantitis: Part 1 clinical application on mild case

Implant Dentistry / Peri-implant Diseases
PC482 | The clinical application of a novel diagnosis and treatment flowchart for peri-implantitis: Part 2 - application to moderate cases
T. Koyanagi, Y. Taniguchi, T. Shiba, T. Takagi, K. Sawada, Y. Takeuchi, A. Aoki, Y. Izumi (Japan)

Implant Dentistry / Peri-implant Diseases
PC483 | The clinical application of the novel diagnosis and treatment flowchart for peri-implantitis: Part 3 clinical application on severe case

Implant Dentistry / Peri-implant Diseases
PC484 | The granulation tissue preservation technique (GTPT) for the treatment of intrabony peri-implantitis lesions
H. Günay, I. Staufenbiel, K. Adam (Germany)

Implant Dentistry / Peri-implant Diseases
PC485 | The Promising Clinical and Radiographical Results of Titanium-Prepared Platelet-Rich Fibrin (T-PRF) as a Sole Graft Material for Management of Periimplantitis
E.C. Genç, E. Ercan, S. Kayıpmaz (Turkey)
Implant Dentistry / Peri-implant Diseases

**PC486** | The regenerative therapy of Periimplantitis – a clinical and radiological documentation of 19 consecutively treated patients in a private practice setting.
O. Solakoğlu, A. Filippi (Germany, Switzerland)

**Implant Dentistry / Peri-implant Diseases**

**PC487** | The result of noncompliance over 10 years.
M. Eremenko, T. Kocher (Germany)

**Implant Dentistry / Peri-implant Diseases**

**PC488** | Treatment of Periimplantitis Caused By Periapical Adjacent Tooth Pathology: A case report.
E. Inönü, E. Beyler, C. Koseoğlu Secgin (Turkey)

**Implant Dentistry / Peri-implant Diseases**

**PC489** | Treatment of Retrograde Peri-implantitis using regenerative approach; long-term and short-term follow-up study

**Implant Dentistry / Peri-implant Diseases**

**PC490** | Treatment of severe peri-implantitis with open flap procedures using GBR techniques associated with the biofilm decontamination approach
E.A. Mancini, C.G. Elizaga (Argentina)

**Implant Dentistry / Peri-implant Diseases**

**PC491** | Two-years follow-up of severe peri-implantitis: a case-report
R. Martin-Cabezas, S. Deschamps-Lenhardt, J. Davideau, H. Tenenbaum, O. Huck (France)

**Implant Dentistry / Peri-implant Diseases**

**PC492** | Utilization of Concentrated Growth Factors (CGF) Following Explantation of a Failed Dental Implant: A Case Report
N.A. Mohamed Yusof, E. Noor, M.S. Masri (Malaysia)
The purpose of this book is to set out a simple yet rigorous protocol that can routinely be used to achieve satisfactory results for composite partial restorations. Inlays and onlays allow significant conservation of sound tooth structure without undermining the tooth’s mechanical and physical properties. Composite inlays offer two crucial properties: the opportunity for correction before cementation and, above all, long-term reparability.

A multidisciplinary approach is of fundamental importance in a process that involves restorative, periodontal, and endodontic dentistry, which is an essential characteristic of indirect adhesive techniques in posterior sectors.

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FACULTY ABSTRACTS

By speaker name in alphabetical order as per printing date.

ALBOUY, JEAN-PIERRE
Centre Dentaire des Arceaux, Montpellier, France
Friday, June 22, 2018
14:30 - 16:00 | Elicium
Innovations in implant therapy

SINUS ELEVATION WITHOUT GRAFTS: 100 PLUS CASES
Abstract: Various techniques have been proposed to place implants in the challenging areas of the posterior maxilla when bone height is insufficient. We are proposing, based on experimental and clinical background, a technique of elevation of the sinus membrane and simultaneous implants placements without the utilization of grafting materials or membranes. This technique relies on the abilities of the host to heal without addition of any materials. It will provide a quicker and simplified approach and will suppress all biomaterials related risks. We will report retrospectively, on the systematic utilization of this approach on more than 100 patients at a minimum of 1 year after implant placement. All patients were selected without regards for the remaining crestal bone quantity available. We will focus on background, technique and bone levels at implanted sites. The audience will have a clear idea on the protocol and technique used and on the overall success and bone level gains achievable with this technique.

AOKI, AKIRA
Tokyo Medical and Dental University, Tokyo, Japan
Wednesday, June 20, 2018
13:30 - 15:00 | Elicium
Biofilm and Antiinfective Therapy

PERIODONTAL LASER THERAPY
Abstract: Recently, lasers are increasingly being used in periodontal therapy because of various advantageous therapeutic effects such as ablation, hemostasis, bactericidal effect as well as biostimulation. Among various lasers, the Er:YAG laser is the most suitable for periodontal treatment because it exhibits effective ablation of periodontal hard and soft tissues, with minimal thermal side effects, and thereby does not impair wound healing. Root and bone surfaces can be treated with this laser. In particular, enhancement of bone regeneration following Er:YAG laser debridement has been suggested in an animal study. To date, a number of clinical studies for periodontal pocket treatment using Er:YAG laser have been published and some reported positive results; however, a consensus has not yet been reached regarding its effects due to differences in methods and parameters of irradiation for pocket therapy. This presentation reviews the basic effects of Er:YAG laser on bacteria and periodontal tissues as well as the findings of previous clinical studies for pocket treatment. In addition, a novel procedure, using Er:YAG laser combined with conventional mechanical treatment (Er:YAG laser-assisted comprehensive periodontal pocket therapy: Er-LCPT), is introduced. Er-LCPT is a minimally invasive flapless surgery and enables safe, effective, and comprehensive debridement of periodontal pockets. In the treatment of residual pockets, the effectiveness and safety of this procedure have been confirmed by case series. Also,
significantly improved outcomes of clinical parameters have been detected by RCT study of Er-LCPT when compared to SRP alone. Furthermore, Er-LCPT may also be used as a regenerative therapy in limited cases.

BARENDREGT, DICK S.  
Proclin Rotterdam, Rotterdam, Netherlands  
Thursday, June 21, 2018  
10:30 - 12:00 | Elicium  
Saving Teeth

SAVING TEETH BY AUTOTRANSPLANTATION  
Abstract: Autotransplants are a widely used treatment option in the Scandinavian countries. The treatment indication originally started in young patients transplanting premolars with open apices to areas with agenesis of teeth. The principle supporting the success of autotransplants as published the last 30 years, is a vital periodontal ligament. This provides a normal development of the surrounding tissues and adaptation to the natural growth/remodelling of the patient. In the past 15 years, within the collaboration in Proclin Rotterdam, comparable healing is achieved with autotransplants having closed apices. Both on the short and long term, closed apices turn out to be as successful as the open apices when the proper guidelines are applied. Factors as an optimal endodontic treatment, preferably before transplanting, early functional loading and infection control are the main parameters for success. One of the distinct differences with the literature on autotransplants with closed apices, is the treatment indication. For in the literature the molar region is the donor site of choice, within Proclin Rotterdam also the (upper) front, in for example trauma cases, is an important indication area. Compared to dental implants, the results in the front are better both for the transplants with open and closed apices. Based on the success, autotransplants have become an indication at all ages and if possible a more predictable treatment option than dental implants.

BERGLUNDH, TORD  
Institute of Odontology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden  
Friday, June 22, 2018  
08:30 - 12:00 | Elicium  
Critical Factors in Periodontology: News from the World Workshop on Classification

NEWS FROM THE WORLD WORKSHOP ON CLASSIFICATION: GROUP 4  
Abstract: A new classification on peri-implant diseases and conditions was presented at the World Workshop in Chicago, November 2017. Five position papers were produced and specific questions on the characteristics of peri-implant health, peri-implant mucositis, peri-implantitis, soft and hard tissue deficiencies were addressed in a consensus report. New case definitions in day-to-day clinical practice and in epidemiological or disease-surveillance studies for peri-implant health, peri-implant mucositis and peri-implantitis were introduced. This presentation will provide a summary of the consensus report on peri-implant diseases and conditions. The new case definitions and their application will be discussed. The importance of obtaining baseline radiographic and probing measurements
to detect longitudinal changes will be addressed. Criteria for the diagnosis of peri-implantitis in the absence of previous examination data will also be presented.

BERTL, KRISTINA
Faculty of Odontology, University of Malmö, Sweden, Malmö, Sweden
Wednesday, June 20, 2018
13:30 - 15:00 | Forum
Advances in Diagnostics

ASSESSING SOFT TISSUE AT TEETH AND IMPLANTS
Abstract: The assessment of soft tissue conditions and pink aesthetics at teeth and implants is common routine in daily clinical practice and research projects, as part of diagnostics and treatment planning, and of follow-ups of various procedures (i.e., periodontal, prosthodontic, orthodontic, or surgical). It is thus relevant, that the method used for this, allows an objective evaluation and judgement of the treatment outcome. Clinical inspection (judgement), periodontal probes, dental photography, ultrasonography, optical scanners, and spectrophotometers are amongst the tools used to assess soft tissue at teeth and implants. For instance, optical scans can be used to record non-invasively long-term changes of the soft tissue volume and contour, while spectrophotometry can be used to objectively assess color match or mismatch, e.g., between the peri-implant mucosa and neighboring gingival tissue. On the other hand, dental photography can be considered as the everyday standard for documentation and judgement of the aesthetic outcome of treatment but might be questionable in terms of standardization and reproducibility for long-term assessments. The presentation will give an overview on different methods to assess the soft tissue conditions at teeth and implants, regarding their indications, reliability, advantages and disadvantages.

BIZZARRO, SERGIO
Academic Centre for Dentistry Amsterdam, Amsterdam, The Netherlands
Thursday, June 21, 2018
16:30 - 18:00 | Auditorium
Update in Basic Periodontal Therapy

NON-SURGICAL PERIODONTAL THERAPY: 21ST VS. 20TH CENTURY
Abstract: In the second half of the 20th century, scientific evidence demonstrated the efficacy of the basic periodontal therapy (or non-surgical therapy) in the treatment of periodontitis. In particular the studies of the group of Badersten, Claffey and Egelberg showed that the basic periodontal therapy was not only meant as a “preparation” for the subsequent periodontal surgical phase, but in many situations it was able to stabilize the periodontal conditions of patients affected by periodontitis. Since the beginning of the 21st century, new and more sophisticated diagnostic tools have broaden our understanding of the biological interaction between bacteria-host-environment, responsible of the onset and progression of periodontitis. Nowadays, the aim of the basic periodontal therapy is shifting from a mere removal of bacteria to an attempt to modulate the interaction bacteria-host-environment. However, in the last 50 years, from a practical point of view, the basic periodontal therapy has remained practically unchanged. Regardless the different kinds of adjunctive therapies investigated, the basic periodontal therapy is often applied in the same way
to all patients, with a customization of the treatment mostly based on the subjective experience of the therapist. The aim of this lecture is to give an overview of how the basic periodontal therapy has been evolved and to give a hint about the future. In the era of the –omics and personalized medicine, there will be potential to give the therapist the tools to be able to objectively customize his therapy and maximize the clinical outcome.

BLANCO, JUAN
University of Santiago de Compostela, Santiago de Compostela, Spain
Friday, June 22, 2018
14:30 - 16:00 | Elicium
Innovations in implant therapy

INNOVATIONS IN IMPLANT THERAPY
Abstract: Dental implants are the preferred treatment to restore partially and completely edentulous patients due to their reported long-term success. Current research in implant dentistry is probably based on, reduced invasiveness, prevention and treatment of complications, advent of digital technology and management of soft tissue seal. In this session we will deal with some of these topics. First lecture will be about advances in 3D-imaging/printing prior to implant therapy (3D diagnostic, printing of mandibles, printing of defects, grafts, etc). This improves diagnosis of the state of health or disease of the patient, and on the other hand, working with these digital data supports planning and execution of the different steps of treatment. Taken together, this renders implementation of the planned treatment more precise and predictable. Second lecture about implant surgery in the posterior maxilla trying to analyse and compare several surgical possibilities (e.g. short implants versus sinus lift, trans-alveolar sinus lift versus lateral approach, etc.). Last lecture will be about soft tissue management at implants, pointing out the quantity and quality of these tissues. Although connective tissue grafting is still considered as the gold standard, in this lecture special focus will be given to soft tissue substitutes.

BOUCHARD, PHILIPPE
Rothschild Hospital, AP-HP and University Paris Diderot, Paris, France
Saturday, June 23, 2018
09:00 - 10:30 | Forum
Understanding Perio-Cardiovascular Disease Associations: Current Base Knowledge

UNDERSTANDING PERIO-CARDIOVASCULAR DISEASE ASSOCIATIONS: CURRENT BASE KNOWLEDGE
Abstract: Thirty years after the seminal study of Mattila et al. showing for the first time the relationship between oral health and cardiovascular health, the association between periodontal diseases and cardiovascular diseases has been extensively investigated on an epidemiological standpoint. Nowadays, the periodontitis-cardiovascular link is a well-established component of the periodontal disciplinary field. However, unknowns still exist. First, the underlying biological mechanisms supporting this link remain to be elucidate. Then, the clinical contribution of the periodontal treatment to the reduction of cardiovascular events needs to be further explored. Current data have provided insights regarding the role of periodontal health in secondary prevention; whereas,
the implication of periodontal therapies in primary prevention is unknown. New data emphasize the role of oral health in promoting ideal cardiovascular health. Periodontal parameters could be a new secondary metrics for monitoring cardiovascular health, playing a role in primordial cardiovascular prevention. The economic issues are of importance because it is well known that poor oral health directly increases healthcare expenditure. Further, periodontal therapy may decrease medical costs associated with stroke, and those due to coronary artery disease. Questions therefore arise as to (1) the role of periodontal health to prevent cardiovascular risk factors; (2) whether or not a periodontal treatments are able to prevent the first occurrence of clinical CV event; (3) whether or not a periodontal treatments are able to prevent the recurrence of clinical CV. In other words, what are the clinical consequences of the periodontal-cardiovascular link?

**BUDUNELI, NURCAN**

*Ege University, Izmir, Turkey*

Friday, June 22, 2018 08:30 - 10:00 | Auditorium

Challenges in Practice

**DEALING WITH SMOKERS**

**Abstract:** Tobacco is the only legal drug that kills many of its users when used exactly as intended by the manufacturers. Moreover, environmental tobacco smoke is now considered to be related with various systemic as well as oral diseases. Although the prevalence of tobacco use has declined in some parts of the world, it remains as a persistent or even growing problem and a challenge for the dental practitioners. The use of tobacco products is the major preventable risk factor in the initiation and progression of periodontal diseases that is independent from patient’s home care and local etiological factors. Furthermore, tobacco use adversely affects the outcomes of non-surgical as well as surgical periodontal treatment modalities including regenerative and plastic periodontal procedures in a dose-dependent manner. Exact mechanisms of these adverse effects remain obscure, but tobacco smoke itself seems to impair the protective host response, stimulate the activity and secretion of destructive inflammatory cytokines and hamper the reparative capacity of the blast cells in periodontal tissues. Adjunctive use of local or systemic antimicrobials, host-modulating agents and photodynamic therapy may help to deal with the limitations of scaling and root planing in smokers and improve the outcomes of mechanical periodontal treatment. On the other hand, dental practitioners can play an active role in smoking cessation programs and counsel their patients to quit smoking. Tobacco cessation is significantly associated with better periodontal health outcomes. Good communication skills and maintenance with regular follow-up sessions are important for dental practitioners while dealing with smokers.

**CAIRO, FRANCESCO**

*University of Florence, Florence, Italy*

Friday, June 22, 2018 10:30 - 12:00 | Plenary Hall

Root coverage in demanding sites
treating multiple gingival recessions, including number of treated defects, residual amount of keratinized tissue, interdental loss of clinical attachment and root/enamel abrasions. The aim of the present lecture is to highlight efficacy of surgical procedures and factors influencing decisions making-process in patients requiring root coverage procedures with high aesthetic request.

CARDAROPOLI, DANIELE
PROED, Institute for Professional Education in Dentistry, Torino, Italy
Thursday, June 21, 2018
16:30 - 18:00 | Elicium
The Perio-Ortho interface

THE TIMING OF ORTHO-REGENERATIVE PERIO IN ADVANCED CASES
Abstract: Advanced periodontitis may be characterized by the formation of infrabony defects adjacent to pathologically migrated teeth. In such cases, the ortho-perio interdisciplinary approach is an option. Literature supports tooth movement into infrabony defects aiming to defect closure, bone fill and possibly new attachment formation. Augmentation procedures also can be added. During the lecture, implications and timing for orthodontic movement into infrabony defects will be addressed.

CARRA, MARIA CLOTILDE
Rothschild Hospital, AP-HP and University Paris Diderot, Paris, France
Friday, June 22, 2018
14:30 - 16:00 | Auditorium
Problems in Practice: Hypersensitivity, Halitosis, Sleep Disorders

DEALING WITH SLEEP DISORDERS
Abstract: Almost a third of the general adult population in western countries complains of poor sleep quality or suffers from sleep disorders (SDs), like insomnia and obstructive sleep apnea (OSA). Chronic and untreated SDs are associated with a pro-inflammatory status, and an increased risk of cardio-metabolic diseases and mortality. Due to the high prevalence and potentially severe clinical consequences, SDs represent a public health concern. Recent epidemiological data support a bidirectional relationship between SDs and periodontal diseases (periodontitis or gingivitis). Individuals suffering from SDs are 1.3 times more at risk for periodontal diseases than individuals without SDs; and, patients with OSA have a 1.7 times increased risk of periodontitis. Moreover, periodontitis and tooth loss were found to be independent risk factors for OSA or OSA consequences. As suggested by clinical and animal studies, the biological mechanisms underlying such a relationship involve immune and inflammatory pathway alterations and oxidative stress mediation. Furthermore, mouth breathing and snoring during sleep in SDs and OSA patients may induce shifts in the oral microbiota and disrupt the oral eubiosis. Therefore, SDs may represent a previously unrecognized predisposing factor for periodontal diseases. On a clinical point of view, when looking for potential individual risk factors, it is nowadays relevant to list this prevalent medical disorder in clinical records of periodontal patients.

CERIELLO, ANTONIO
IRCCS MultiMedica, Milan, Italy
Friday, June 22, 2018
16:30 - 18:00 | Forum
1st Joint EFP/IDF Workshop
THE MEDICAL PERSPECTIVE
Abstract: The data form the International Diabetes Federation 2017 Atlas indicate that more than 500 million
suffer from diabetes worldwide and that the perspective is to raise this number to 700 million in the 2045. Diabetes is accompanied by serious complications, particularly cardiovascular complications. To avoid these complications a good glycemic control is mandatory. On the other hand, the cardiovascular complications development is strongly correlated to the presence of subclinical inflammation and oxidative stress. Both these factors are also influenced by hyperglycemia. The presence of a periodontal disease, producing cytokines and free radicals that reach the bloodstream, can deteriorate the glycemic control and can impact on cardiovascular complications development. To pay attention to the periodontal disease in people with diabetes is a new mandatory strategy to avoid the appearance of diabetic complications.

CHAPPLE, IAIN
University of Birmingham, Birmingham, United Kingdom
Friday, June 22, 2018
08:30 - 12:00 | Elicium
Critical Factors in Periodontology: News from the World Workshop on Classification

NEWS FROM THE WORLD WORKSHOP ON CLASSIFICATION: GROUP 1
Abstract: Aim: The 1999 international classification of periodontal diseases has served the dental community well. However, advances in biological and clinical knowledge have provided an impetus for change. This presentation aims to share the deliberations, consensus findings and case definitions of working group one for periodontal health and gingival diseases on an intact and a reduced periodontium. Material & Methods: Three technical papers addressing critical questions around the nature of periodontal health, dental plaque biofilm-induced gingivitis and non-plaque-induced gingival diseases formed the basis of a fourth case definition paper. The case definition paper addressed challenges surrounding the existence of pristine gingival health versus clinical gingival health and definitions of gingivitis on an intact and a reduced periodontium, and emphasised the difference between periodontal health at a site versus a case. Results: Histological and clinical studies reveal that pristine gingival health is a theoretical concept and extremely rare, and that there is a level of physiological immune surveillance compatible with health. Plaque-induced gingivitis is best defined objectively by the presence of bleeding on gentle probing to the sulcus base, and whilst the extent of disease can be defined as localised or generalised, a limited number of bleeding sites may still be consistent with a case definition of clinical gingival health. A successfully treated periodontitis patient remains a periodontitis patient for life, but may present with gingival health or gingival inflammation. Conclusions: Agreed thresholds for defining gingival health/disease differ subtly for epidemiological and clinical care purposes and will be discussed.

Friday, June 22, 2018
10:30 - 12:00 | Auditorium
The Role of Nutrition
ROLE OF NUTRITION (BOOST OR DAMAGE OF IMMUNE DEFENSE?)
This abstract is part of the EuroPerio9 press programme. A special embargo applies. The full abstract will be made available in the app on Friday, June 22, after 14:00.
CORTELLINI, PIERPAOLO
Firenze, Italy
Saturday, June 23, 2018
09:00 - 10:30 | Auditorium
Reconstructive surgery at teeth and implants

PERIODONTAL DEFECTS
Abstract: The presentation aims at clinicians wishing to upgrade their skills in the application of “biologically driven regenerative surgery” to intrabony defects. The lecture will discuss the optimal preparation of the patient and the pre-surgical management of the site for regenerative surgery. The three main surgical approaches (Papilla Preservation Flap, Minimally Invasive Surgical Technique, and Modified Minimally Invasive Surgical Technique) will be presented with schematic drawings and 3-D video. Clinical outcomes will be discussed.
Learning objectives are:
1. Learn the relevant tips for soft tissue management
2. Discuss the ideal debridement of the defect
3. Learn how to stabilize the blood clot and the soft tissues with and without biomaterials
4. Learn the multilayer and monolayer suturing approaches to obtain primary closure of the wound

COSYN, JAN
Vrije University, Brussels, Belgium
Saturday, June 23, 2018
09:00 - 10:30 | Auditorium
Reconstructive surgery at teeth and implants

RECONSTRUCTIVE SURGERY AT TEETH AND IMPLANTS
Abstract: Periodontitis and peri-implantitis are common pathologies. The hygienic treatment phase is based on oral hygiene instructions and non-surgical debridement and desinfection in order to reduce inflammation. Even though this has been shown to be effective in case of periodontal disease, regeneration of lost tissues is a rare finding. ‘Restitutio ad integrum’ is the ultimate goal of reconstructive therapy and improves the prognosis of teeth and implants that have become affected. In this introduction the scientific evidence behind minimally-invasive periodontal surgery and peri-implant surgery will be highlighted. The relative importance of the surgical techniques and the biomaterials will also be discussed.
CURRENT CONCEPTS ON INFECTION

Abstract: The last decade has witnessed a complete transformation in our ability to determine the composition of our resident microbial populations. High-throughput sequence analysis of variable regions of 16S ribosomal RNA facilitates identification of virtually all the bacterial cells in a given sample, including those of very low abundance. Studies of the oral microbiome have revealed both a previously unrecognised level of diversity and very significant differences between individuals in health. Furthermore, longitudinal studies in health reveal a high level of stability of the oral microbiome within an individual over time suggesting that the bacterial community structures in the mouth have a high degree of resilience. However, whole scale shifts in the microbial community composition occur when comparing periodontal health versus disease. These alterations appear to be largely due to changes in the relative proportions of different bacterial species within an individual’s microbiome rather than acquisition of newly colonising bacteria. The change from health to disease can be viewed as a disturbance to the normally well tolerated microbial plaque composition in symbiosis with the host to a dysbiotic community structure where potentially pathogenic organisms or complexes of organisms normally present at low abundance become predominant. These include bacterial species identified in earlier cultural investigations in addition to previously unrecognised organisms including Filofacter alocis, Peptostreptococcus stomatis and species drawn from the Desulfolobus, Dialister and Synergistetes. This presentation will address the consequences of these new findings to our understanding of the susceptibility of an individual to disease and more broadly to the overall pathogenesis.

SAVING TEETH BY ORTHODONTICS

Abstract: Reduced alveolar bone support may result in pathologic tooth migration (PTM), which usually negatively affect the occlusion, smile aesthetics and phonetics. Treatment of severe PTM includes tooth extraction and prosthodontic replacements, usually with dental implants. Orthodontic correction may also be required to achieve proper tooth alignment and restore the occlusion. The prognosis of dental implants in patients with periodontitis however, is unpredictable and peri-implantitis and peri-mucositis were commonly reported in the latest clinical trials. Severe loss of alveolar bone in the course of periodontitis is a serious concern when planning orthodontic treatment, because application of orthodontic forces may result in further bone loss and subsequently tooth loss during treatment. Careful diagnosis, elimination of periodontal inflammation and monitoring of the periodontal status is mandatory when considering orthodontic treatment in patients with periodontitis. Different clinical examples will be presented during
the lecture to describe the possibilities and limitations of orthodontic treatment in patients with severe periodontitis and the long-term outcomes. Important aspects related to the treatment planning and execution, retention protocol and patients’ cooperation will be discussed. The results of own clinical trials on the orthodontic treatment in patients with periodontitis will strengthen the clinical evidence.

D’AIUTO, FRANCESCO
UCL Eastman Dental Institute, London, United Kingdom
Friday, June 22, 2018
16:30 - 18:00 | Forum
1st Joint EFP/IDF Workshop

THE PERIODONTAL PERSPECTIVE
Abstract: The periodontal perspective
Diabetes mellitus (DM) and periodontitis (PD) both affect millions of people worldwide, many of whom have both diseases concurrently. Epidemiologic data on DM and PD suggest that patients with poor glycaemic control are at a greater risk for the development of infections than patients without diabetes. Hyperglycaemia and subsequent insulin resistance are the main mechanisms behind this association. PD is also a source of chronic systemic inflammation. Insulin resistance might also be exacerbated by a state of chronic inflammation as that secondary to chronic infections such as PD. Our group has shown that successful treatment of periodontitis results in a substantial reduction of systemic inflammatory markers and improved vascular function especially in patients with type2 diabetes. This presentation will review the historical clinical evidence on the association of PD and DM, the latest results from intervention studies and critically discuss the possible mechanisms focusing on the role of systemic inflammation. Understanding these associations will enable dental and health care providers to gain further insight into the common features that DM and PD share and improve management of patients affected by both disorders.

DANNEWITZ, BETTINA
Private Practice, Weilburg, Germany
Wednesday, June 20, 2018
15:15 - 16:45 | Forum
Critical Factors for Long-Term Success

IMPACT OF FURCATION INVOLVEMENT
Abstract: When it comes to survival in dentistry, molars seem to be the failing teeth, due to other reasons besides periodontal. However, furcation involvement is one of the strongest risk factors for tooth loss even after successful periodontal therapy. Substantial evidence reveals that furcated molars have a higher risk of tooth loss whereas prognosis worsens with an increased degree of furcation involvement. Besides the horizontal extent of the defect, the vertical component might also be an important predictor of tooth loss in molars with advanced furcation involvement. Despite the deteriorated prognosis due to furcation involvement, longterm tooth retention still remains possible even for molars with through-and-through defects. Prevalence of furcation involvement is more pronounced in the maxilla than in the mandible. Even in patients suffering from severe forms of periodontal disease, the majority of molars display no furcation involvement or only incipient defects. Therefore, special attention should be given to early and careful furcation diagnosis, consequent treatment and monitoring of the affected teeth. Diagnosis of furcation...
remains challenging and its accuracy is influenced by the experience of the examiner. Thus, the combined use of clinical and radiographic methods is probably the most practical way for furcation diagnosis in daily practice routine. As furcated molars seem to respond well to periodontal treatment, any effort to maintain them shall be considered.

DANSER, MONIQUE
ACTA, Amsterdam, The Netherlands
Thursday, June 21, 2018 16:30 - 18:00 | Elicium
The Perio-Ortho interface

THE PERIO-ORTHO INTERFACE
Abstract: Periodontitis can lead to reduced periodontal support which can cause among others flaring of teeth, spacing, overeruption, traumatic occlusion and eventually loss of teeth. Pathological migration of the front teeth and worsened smile esthetics are often the reason for patients to seek treatment. Periodontal treatment can establish periodontal health, but not re-establish a satisfactory esthetic end result in some cases. Orthodontic treatment may contribute significantly to the esthetic and functional re-establishment of the dentition. Clinical studies have shown that with a good oral hygiene, patients with a reduced, healthy periodontium can be treated orthodontically without compromising the periodontal stable situation. In patients with a reduced periodontium, the center of resistance is placed more apically, therefore greater moments of force are experienced during orthodontic treatment. Orthodontic therapy may cause adverse effects, when not properly applied, such as root resorption, dehiscence and recession. It is essential to know how much movement the periodontium can tolerate. In addition there is a change in the amount of acidic plaque, increasing the risk of gingivitis and caries. Thus treatment should be performed with appliances that favour the least dental plaque accumulation. Orthodontic closure of diastema is performed frequently. Also root coverage and (regenerative) periodontal surgery is performed regularly. However the optimal timing of implementing orthodontics and periodontal treatment in an overall treatment plan still needs further investigation. New techniques and orthodontic appliances are developed to facilitate orthodontic treatment in periodontal patients. The interdisciplinary approach is important for the treatment of complex orthodontic-periodontal clinical problems.
DE SANCTIS, MASSIMO
STEFANINI, MARTINA
ZUCCHIELLI, GIOVANNI

Dental School Vita-Salute San Raffaele
University, Milan, Italy
University of Bologna, Bologna, Italy
Friday, June 22, 2018
14:30 - 16:00 | Plenary Hall

Periodontal/Periimplant Plastic Surgery

Abstract: A young patient who complained about an aesthetic problem due to a soft tissue dehiscence at the buccal aspect of an implant 21 placed two years before, was referred to our Department.

The clinical and the 2 and 3 D radiographic examinations showed a severe misalignment between the soft tissue margin of the two central incisors, which was caused partly by the excessive buccal and apical malposition of the fixture and partially by the altered passive eruption affecting the adjacent teeth that makes even more evident the esthetic failure.

A pre-surgical prosthetic phase, consisting of the removal of the crown, the reduction of the underline abutment and the rebuilt of a new short temporary crown allowed increasing the interdental soft tissue that represents the vascular bed for the coronally advanced flap.

Since the position of the connective tissue graft for the dehiscence coverage is determined by the position of the gingival margins of the adjacent teeth, the treatment of the altered passive eruption through apically positioned flap and bone remodeling has been previously performed.

Nine months after healing, when the gingival margins are stable in their final position, the surgical treatment of the residual buccal soft tissue dehiscence by means of a coronally advanced flap with the adjunctive use of a connective tissue graft will be performed during the live surgery in Europerio.

DEMIREL, KORKUD

University of Istanbul, Istanbul, Turkey
Thursday, June 21, 2018
16:30 - 18:00 | Plenary Hall

Managing Intrabony Periodontal Defects

Abstract: Treatment decisions of intrabony periodontal defects must be based on the defect, tooth and patient-related factors. In selected cases a non-surgical approach may serve as the definitive treatment, in others may be the preperation for surgical intervention. Although defect characteristics play a major role for decision making other factors also take effect in selecting and performing treatments. Long-term follow ups tell us the most effective outcomes.

In this session following the introduction of basic fundamentals of intrabony defects non-surgical and surgical treatment approaches with special emphasis on limitations, long term success and esthetic outcomes will be discussed by two distinguished clinicians.

DERKS, JAN

Sahlgrenska Academy at University of Gothenburg, Gothenburg, Sweden
Thursday, June 21, 2018
10:30 - 12:00 | Forum

Global Burden of Disease

THE PREVALENCE OF PERI-IMPLANTITIS

Abstract: Research on dental implants has traditionally focused on implant survival. More recently, however, other parameters, including peri-implantitis...
were introduced. The condition and its clinical relevance have received particular attention. Epidemiological studies on peri-implantitis have applied a variety of case definitions resulting in a wide range of disease prevalence. The lecture will focus on (i) diagnostic principles of peri-implant diseases, (ii) their prevalence and (iii) associated risk factors. Results from the largest (to date) observational study performed on the topic will be presented. Conclusions from the World Workshop held in Chicago in November 2017 will also be discussed. The information presented is relevant to clinicians dealing with implant-supported restorative therapy and useful in clinical practice.

DESNCHER, JAMES  
*University of Mainz, Germany*  
Friday, June 22, 2018  
16:30 - 18:00 | Auditorium  
Peri and obesity

PERIO AND OBESITY: WHAT IS THE LINK?  
Abstract: see abstract of Preshaw, Philip on p. 209

DOMMISCH, HENRIK  
*Charité - Universitätsmedizin Berlin, Berlin, Germany*  
Thursday, June 21, 2018  
10:30 - 12:00 | Elicium  
Saving Teeth

SAVING TEETH WITH PERIO-ENDO LESIONS  
Abstract: Saving teeth with advanced attachment loss is always a major challenge. Besides the periodontal ligament, cementum, and alveolar bone, the inflammatory process may also affect the dental pulp tissue. An additional endodontic infection eventually leads to an extended bony lesion around the periapical region, which makes it even more difficult to save those teeth. At specific sites, an endodontic infection may spread along the root surface leading to periodontal pocketing. In those cases, the perio-endo-lesion occurs at isolated sites. Nonetheless, sometimes it is difficult to distinguish whether a perio-endo-lesion originated from the inflamed periodontal pocket or from the infected pulp tissue. This is especially the case when multiple areas are involved. Advances in regenerative periodontal procedures as well as modern techniques in the treatment of endodontic and periapical infections have opened new avenues for treatment strategies that help saving those highly compromised teeth. Here, the use of microscopes during endodontic treatment allows precise visualization of the endodontic anatomy which, in turn, leads to a more predictable root canal disinfection, obturation, and eventually, a better endodontic outcome. In this presentation, perio-endo-lesions will be defined and illustrated by multiple clinical cases. Treatment strategies for advanced perio-endo-lesions will be discussed, and the combination of endodontic procedures with resective as well as regenerative periodontal surgery will be visualized.

DONOS, NIKOS  
*Barts & The London School of Medicine & Dentistry, Queen Mary, University of London, London, United Kingdom*  
Wednesday, June 20, 2018  
15:15 - 16:45 | Elicium  
Regenerative Periodontal and Implant Therapy

SAVING THE TOOTH OR PLACING AN IMPLANT?  
Abstract: Chronic periodontitis affects a significant number of individuals who
present with a number of challenges in terms of therapeutic decision making, especially when dental implants are needed for the replacement of missing teeth. With the increasing use of implants, it may be advocated that well documented treatments of periodontitis may not always be used to their full potential. The use of dental implants in patients treated for periodontitis is a topic that frequently leads to discussions related to the association between periodontitis and peri-implantitis. At the same time, in the every-day clinical practice, there may be a tendency to extract periodontally compromised teeth and replace them with implants. In a recent systematic review from our group, we have shown that implants placed in patients treated for periodontitis present with higher incidence of peri-implantitis and lower success and survival rates. At the same time, in a number of long-term follow-up studies, it has been demonstrated that treatment of periodontitis is successful in arresting disease progression and reducing tooth loss. Therefore, the decision of saving a periodontitis involved tooth should be taken following appropriate periodontal treatment or re-treatment to control the condition. Furthermore, the decision whether implant treatment is performed should be based on an assessment of the patient's risk profile at the subject and site level. In this lecture, the risks involved with implants in patients treated for periodontitis, as well as, the decision-making challenges in extracting a tooth and replacing it with an implant will be discussed.

DÖRFER, CHRISTOF
Christian Albrechts University of Kiel, Kiel, Germany
Thursday, June 21, 2018
10:30 - 12:00 | Auditorium
Effective prevention of periodontitis

EFFECTIVE PREVENTION OF PERIODONTITIS

Abstract: Almost no area of dentistry has developed that fast and with such a dynamic as the knowledge about molecular biology of the oral cavity. The picture, which is drawn by increasing knowledge, however, shows such a high complexity that up to date and most likely in near future it rarely seems possible to develop any individually targeted molecular based strategy to prevent the highly prevalent chronic inflammatory diseases of the oral cavity. On this background, the traditional approach is targeting known risk factors such as smoking, inadequate stress smoking and biofilm management. The reality in practice, which is mirrored in this symposium, shows that biofilm management remains the key preventive approach. On this background, dental care professionals have choices and make decisions everyday as they advise their patients. An evidence-based clinical decision integrates and concisely summarizes all relevant and important research evidence of acceptable quality that examines the same therapeutic question.
EBERHARD, JOERG
The University of Sydney, Sydney, Australia
Thursday, June 21, 2018
14:30 - 16:00 | Forum
Physical Activity:
Protective or harmful to periodontitis?

PHYSICAL ACTIVITY AND PERIODONTITIS

Abstract: Physical activity is fundamental to good health, and is widely utilised by health practitioners as a lifestyle intervention for the prevention and therapy of cardiovascular and metabolic disease, including diabetes mellitus and obesity, or conditions linked to aging, like frailty. Importantly, we and others have shown that poor oral health attenuates the positive outcomes of physical activity, with respect to cardiovascular health, biological aging or diabetes control. In this regard, we showed that moderate and severe periodontitis were independently associated with low levels of cardiorespiratory fitness and demonstrated that in patients with severe periodontitis exercise training did not exert its effects on telomere length as compared to subjects without periodontitis. In a cohort of patients with non-insulin-dependent diabetes mellitus under physical exercise training we found that HbA1c levels were positively associated with high probing pocket depth. It is imperative to substantiate these pilot studies by additional clinical trials and experimental studies to better understand the implications and biological mechanisms. However, biological plausible mechanisms that link poor oral health, physical activity and chronic disease are available, including e.g. the production and elimination of reactive oxygen species or the up- and downregulation of inflammatory pathways by periodontal disease on one hand and opposed by physical activity. Besides improving the scientific evidence for the link between physical activity and poor oral health it is of uttermost significance that general health practitioners become aware of the current knowledge base and get easy screening methods to refer patients at risk to oral health practitioners.

EICKHOLZ, PETER
Center for Dentistry and Oral Medicine, Frankfurt, Germany
Wednesday, June 20, 2018
15:15 - 16:45 | Forum
Critical Factors for Long-Term Success

CRITICAL FACTORS FOR LONG-TERM SUCCESS

Abstract: What means long-term with regard to periodontal therapy? To distinguish the prognosis of different conditions (e.g. furcation involvement) in many cases we have to wait at least 5 years. After 5 years long-term starts. What means success? The ultimate goal of dental care is long-term retention of natural teeth in a healthy, functional, aesthetically acceptable, and painless state. Hopefully we are able to achieve this definitely for more than 5 years. Natural teeth shall be retained in function. Thus, tooth loss is the ultimate failure of dental care and success of treatment may be measured as prevention of tooth loss. The earlier treatment starts, the less periodontal destruction is allowed to take place the easier teeth may be retained. Patients’ behavior makes a difference. Patients complying with regular supportive periodontal therapy lose fewer teeth. What makes patients adhering to SPT intervals? Furcation involvement makes
a difference. The more severe furcation involvement is, the worse prognosis may be expected. How can we provide optimal conditions for long-term retention of natural teeth?

FERES, MAGDA
University of Guarulhos, Guarulhos, Brazil
Friday, June 22, 2018
08:30 - 10:00 | Auditorium
Challenges in Practice
TREATING YOUNG PATIENTS WITH SEVERE PERIODONTITIS
Abstract: The treatment of young patients with periodontitis is a challenge for the clinician. These patients often present low levels of biofilm accumulation with little or no calculus, but a strikingly dysbiotic biofilm heavily colonized by virulent periodontal pathogens and with reduced proportions of host-compatible species. At least one pathogen strikingly implicated in the etiology of periodontitis in young adults, Aggregatibacter Actinomycetemcomitans, is not effectively affected by mechanical treatment. In light of the knowledge that effective periodontal treatment would require a complete ecological shift in the oral environment, from a microbial profile related to disease to a profile compatible with health, the above-mentioned factors help to explain why young patients with severe periodontitis are often not successfully treated by scaling and root planing alone. Thus, other forms of therapies, such as different antimicrobials, including systemic antibiotics have been suggested as adjuncts to scaling and root planing in order to potentiate the effects of this treatment. This presentation endeavors to present and discuss the current literature on this topic in an attempt to determine the weight of evidence for the use of these adjuncts and to provide clinicians with guidance to make decisions on the treatment of young subjects with periodontitis in daily clinical practice.

FIGUERO, ELENA
University Complutense of Madrid, Madrid, Spain
Thursday, June 21, 2018
14:30 - 16:00 | Auditorium
Effective prevention of periimplantitis
EFFECTIVE PREVENTION OF PERIIMPLANTITIS
Abstract: Peri-implant diseases (peri-implant mucositis and peri-implantitis) have been recently incorporated into the World Workshop Classification of Periodontal and Peri-implant Diseases in a joint Workshop from the American Academy on Periodontology (AAP) and the European Federation of Periodontology (EFP). From a preventive perspective, it is considered that there is a continuum from healthy peri-implant mucosa to peri-implant mucositis and to peri-implantitis. Therefore, in order to prevent the conversion from peri-implant mucositis to peri-implantitis, the treatment of the existent peri-implant mucositis would be required. In addition, the treatment of incipient peri-implantitis would prevent further marginal bone loss, and would also been considered as a preventive strategy for peri-implantitis. In this way, the management of peri-implant mucositis is both considered a primary prevention strategy to peri-implantitis and a secondary prevention strategy for the recurrence of the disease. This preventive approach would require diagnoses, education, motivation towards behavioural changes and
professional individualized measures. All of them would be further explained by the speakers of the session Prof. Nicola Zitzmann and Prof. Giovanni Salvi.

FOUQUE, CAROLINE
Dr Fouque, Marseille, France
Saturday, June 23, 2018
11:00 - 11:45 | Plenary Hall
Nightmare Session

NIGHTMARES IN PERIODONTAL PLASTIC SURGERY
Abstract: Only a surgeon who does not work can be completely sure not to have problems and/or poor results. All of us have experienced, from time to time, severe complications that are really nightmares. Nevertheless, the more we know about them, the more we are prepared to deal with them. It is important to understand why they happen, how to prevent them and most important, how to repair them. Complications can be peri-operative, like excessive bleeding, or post-operative like delayed healing, infection or delayed bleeding. Among all, the worst condition is probably the paraesthesia as a consequence of surgery in the mandibular zone near the mental nerve. Failures come when one of the two main goals are not achieved: root coverage and natural aesthetic result. It must be said, however, that patient and practitioner have often different points of view regarding the final results. To be able to sleep well again, we have to know how to manage such failures. Prevention and patient’s information are important keys to limit possible misunderstandings. If a complication occurs, very often it is not recommended to retreat too early. Nature helps us, even sometimes with creeping. Otherwise, a few months later we can retreat, using tissue we have obtained with the first surgery. Surgery is not a pure science, but it’s a risky art. Every time, we must keep in mind that we have to do as well as we can, which means also to be prepared to meet complications and failures.

GENCO, ROBERT
University at Buffalo, State University of New York, Buffalo, United States Of America
Saturday, June 23, 2018
09:00 - 10:30 | Elicium
Reconsidering the role of the oral health care team

RECONSIDERING THE ROLE OF THE ORAL HEALTH CARE TEAM
Abstract: New evidence in several important areas of oral health has stimulated initiatives to change the roles of the oral health care team. Two of these areas will be discussed here: (a) maintenance of a healthy biofilm in the management of caries and periodontal disease, (b) measures to advance good health through better oral health based on the knowledge of periodontal disease association with major systemic diseases of man. Studies of the ecology of oral biofilms using metagenomic approaches has led to the concept that many chronic mucosal diseases, including periodontal disease are associated with an altered microbiome including shifts towards a pathogenic flora termed dysbiosis. Management of such conditions is optimally achieved by restoring the microbiome to a healthy state, by targeting the more virulent organisms while sparing the commensal organisms associated with health. This will lead to a radically different approach to managing periodontal disease and possibly caries in man. Illustrations of such interventions will be discussed. The
evidence for association of periodontal disease with systemic diseases such as diabetes, atherosclerotic diseases and some cancers will likely lead to new clinical procedures in dental practice. Examples of such procedures include early diagnosis and monitoring of these systemic diseases, reduction of common risk factors, and co-management of these diseases with other health professions. Evidence for the feasibility of screening for diabetes and prediabetes from a field trial, and the effect of successful periodontal therapy on diabetic glycemic control will be discussed to illustrate such an initiative.

GIANNobile, William
University of Michigan, Ann Arbor, United States Of America
Friday, June 22, 2018
16:30 - 18:00 | Elicium
Critical Factors in Regeneration – New Perspectives

CRITICAL FACTORS IN REGENERATION – NEW PERSPECTIVES
Abstract: The reconstruction of periodontal and peri-implant structures is a challenge in the rehabilitation of patients. This session will highlight innovative strategies involved in tissue engineering and regenerative medicine using current and emerging technologies for regeneration. There will be an overview on the state of the field as well as focused talks on tissue engineering (including the role of scaffolding matrices and biological factors) as well as the current clinical use of leucocyte- and platelet-rich fibrin (L-PRF) for the treatment of periodontal defects as well as for sinus floor augmentation, alveolar ridge preservation, guided bone regeneration, initial osseointegration, soft tissue grafting and other indications. The presenters will give both the biological basis of the technologies and early stage human clinical evidence.

GIovannoli, Jean-Louis
University of Corsica, Corte, France
Saturday, June 23, 2018
09:00 - 10:30 | Plenary Hall
Nightmare session

NIGHTMARES IN THE USE OF IMPLANTS IN PERIODONTAL PATIENTS
Abstract: Nightmares after the use of implants in periodontal patients After 30 years of experience in the use of implants in periodontal patients, it is time to look in the mirror and to analyze all the complications and failures which became source of nightmare. The most impressive failures which may lead to pathetic situations find their origin in the weak control of factors which can be classed in different categories.

1. Biological factors linked to the severity of periodontal disease. In spite of proper treatment, we may be faced with severe situations in refractory cases and some general risk factors should be considered as contraindication to any implant therapy.

2. Technical factors linked to the complexity of the cases. In advanced cases, implant placement is just a single step of a multidisciplinary treatment requiring a good coordination with other disciplines. When you practice as a specialist working with referral dentists, you may be faced with some catastrophes due to suprastructure design.

3. Subjective factors linked to the patient profile. The psychological profile of the patient may influence directly the quality of the outcomes. In the same way, the socioeconomic environment, and the financial cost of treatments can provoke nightmares for both the patient and the practitioner.
GOLDSTEIN, MOSHE  
Hadassah Hebrew University Medical Center, Faculty of Dental Medicine, Jerusalem, Israel  
Friday, June 22, 2018  
08:30 - 10:00 | Plenary Hall  
Bone Reconstruction after Implant Loss

BONE RECONSTRUCTION AFTER IMPLANT LOSS
Abstract: Complications and failures of implants lead often to severe changes in the anatomy and shape of the soft tissues, to significant bone resorption and sometimes even damage to the attachment of adjacent teeth or implants. The restoration of these sites may require a relatively complicated treatment plan that involve restoration of the damaged soft tissue, regeneration of the missing bone and placing of new implants (or finding alternative restorative options). The challenge is especially high when dealing with failures in the esthetic zone. In the introductory part of this session, the detrimental outcome of failures will be presented as well as the decisions making process in order to solve some of them. Following that, two master clinicians will present highly sophisticated yet predictable procedures for the treatment of post implant extraction sites with emphasis on challenging and difficult clinical situations. The session will end with an interactive discussion and analysis of different clinical cases, together with the participating audience.

GRAZIANI, FILIPPO  
University of Pisa, Pisa, Italy  
Saturday, June 23, 2018  
09:00 - 10:30 | Forum  
Understanding Perio-Cardiovascular Disease Associations: Current Base Knowledge

EFFECTS OF PERIO TREATMENT ON BIO-MARKERS OF CARDIOVASCULAR HEALTH
Abstract: Treatment of Periodontitis determines significant reduction of indicators of progression of the diseases. Nevertheless, beneficial effect of therapy are extended far beyond the boundaries of the oral cavity. In particular, literature has identified important changes, both short and medium to long-term, of bio-markers of cardio-vascular health such as inflammatory bio-markers, endothelial function, glycaemic and lipids levels. Immediately after periodontal instrumentation a relevant perturbation of the systemic inflammation and endothelial dysfunction has been observed through a sharp and abrupt increase of inflammatory markers. Nevertheless, when periodontal inflammation subsides beneficial systemic effects are seldom noted. Systemic inflammation decreases as observed by reduction of the circulatory level inflammatory markers. Metabolic markers also show improvements as witnessed by small yet significant changes in lipid markers and, in subjects affected by diabetes, by a significant reduction on the level of glycated haemoglobin. Moreover, study on the endothelial function also indicates a beneficial effect of periodontal treatment. Thus, on the basis of the available evidence, periodontal treatment appears to determine beneficial effects on bio-markers of cardio-vascular health. Nevertheless, the impact on the overall well-being of such effects is yet to be determined.
GURSOY, MERVI
Institute of Dentistry, University of Turku, Turku, Finland
Wednesday, June 20, 2018
13:30 - 15:00 | Forum
Advances in Diagnostics

SALIVARY DIAGNOSTICS
Abstract: In periodontics, non-invasive and individually tailored methods to screen periodontal health status, diagnose disease onset and/or progression, as well as to monitor treatment outcome are still warranted. To reach this target, salivary diagnostics has been launched. Saliva is a medium that can be easily collected and evaluated for both health and disease surveillance. Moreover, besides the clinical examination and patient anamnesis, use of salivary diagnostics, which reflects both the status of oral cavity and whole body, provides a cost-effective, accurate, and non-invasive method to gain subject-based complimentary diagnostic information. Based on the current evidence, this presentation focuses on the most robust biomarkers and their combinations in saliva, which are improving the decision-making in the field of clinical periodontology. Additionally, ongoing efforts to develop point-of-care devices for the identification of patients’ risk together with disease detection, monitoring, and prognosis are reviewed. The individually tailored personalized medicine approach strengthening the power of the clinical oral examination and medical history assessments, as well as the translational applications and opportunities seem to be enormous. In the future, developments in Omic-analyses and personalized medicine may provide us precise diagnostic tools.

HAKKI, SEMA
Selcuk University, Faculty of Dentistry, KONYA, Turkey
Thursday, June 21, 2018
16:30 - 18:00 | Auditorium
Update in Basic Periodontal Therapy

UPDATE IN BASIC PERIODONTAL THERAPY: ADJUNCTS TO MECHANICAL INSTRUMENTATION
Abstract: To achieve periodontal health, non-invasive and cost-effective therapies which are based on the requirements of the patient should be used. Mechanical instrumentation alone is often enough for arresting disease progression and restoring health, and provides comfort and function of the patient. Adjuncts to mechanical instrumentation in periodontal treatment include i. systemic or local antimicrobials, ii. anti-inflammatory agents, iii. lasers (photodynamic therapy, pocket decontamination, biostimulation), iv. nutrients (probiotics, antioxidants/vitamins, elements), v. others (ozone, local phytotherapy, statins, etc.). In a meta-analysis, it has been reported that scaling root planning (SRP) alone gives a moderate effect (~0.49 mm), while adjuncts contribute an additional small effect (~0.32 mm). Recently, a network meta-analysis, comparing of clinical attachment-level (CAL) gains among nine adjuncts in 74 studies, demonstrated that the adjuncts were not statistically significantly superior to another. Among the adjuncts, local doxycycline hyclate and photodynamic therapy with a diode laser seem to have highest contribution to the SRP alone. Adjuncts provide a 0.25-0.33 mm CAL gain of chronic periodontitis patients during 6-12 months. However, individual’s differences (genetic/environmental),
habits of the patients, patient compliance for regular periodontal maintenance program have definitely effects on the results for SRP therapy alone or adjunct to SRP. Well-designed and randomized clinical studies with no/low bias should be performed to yield trust information on the effectiveness of adjuncts for the clinical decision-making.

HASTURK, HATICE
The Forsyth Institute, Cambridge, United States Of America
Friday, June 22, 2018
14:30 - 16:00 | Forum
Inflammation - Infection

CURRENT CONCEPTS ON INFLAMMATION AND HOMEOSTASIS

Abstract: Inflammatory response is host protective to contain foreign invaders. Excessive inflammation is now considered pathophysiologic in many chronic diseases including vascular and neurodegenerative diseases, metabolic syndrome, rheumatoid arthritis and periodontal diseases and thus a significant public health concern. Since the acute inflammatory response is protective, it is ideally self-limited and leads to complete resolution enabling return to homeostasis. Homeostasis is a fundamental characteristic of living things. It is the maintenance of the internal environment within tolerable limits and is often described as a process of balance. The physiologic resolution of a well-orchestrated inflammatory response is essential to maintain homeostasis at the cellular and tissue level generating specific mediators that can dampen the magnitude of inflammation and promote resolution. With identification of pro-resolving mediators, there is an increasing amount of evidence that resolution of self-limited inflammation is an active programmed response that is “turned on” and not simply a process of diluting chemoattractant gradients. Specialized pro-resolving mediators are endogenous mediators that include the n-3-derived families, resolvins, protectins, and maresins, as well as arachidonic acid-derived lipoxins, which promote resolution of inflammation and tissue regeneration and clearance of microbes via novel mechanisms. In this presentation, evidence from recent human and preclinical studies will be reviewed indicating that pro-resolving mediators are physiologic and pharmacologic agonists that stimulate resolution of inflammation and infection in periodontal disease and other chronic inflammatory diseases. The findings suggest that it is time to challenge current treatment practices using inhibitors and antagonists and develop immunoresolvents as agonists for their therapeutic potential.

HEITZ-MAYFIELD, LISA
University of Western Australia, Perth, Australia
Friday, June 22, 2018
10:30 - 12:00 | Forum
Etiopathogenesis

ETIOPATHOGENESIS
Abstract: Peri-implant diseases include the clinical conditions (1) peri-implant mucositis (inflammation of the peri-implant mucosa without bone loss) and (2) peri-implantitis (inflammation of the peri-implant mucosa with bone loss). Peri-implantitis is considered difficult to treat and may progress rapidly, leading to complete loss of osseointegration. Therefore, an understanding of the etiology and pathogenesis of the disease is important for the development of
effective peri-implantitis treatment and preventive strategies. While numerous patient-, site- and implant-related factors have been found to be associated with peri-implant mucositis and peri-implantitis, the evidence for the bacterial etiology of both disease entities is well documented in animal and human experimental studies. It is assumed that peri-implant mucositis precedes peri-implantitis. Both conditions are initiated by the accumulation of bacteria within the peri-implant sulcus. An inflammatory host response to the bacterial challenge results in dysbiosis and peri-implant tissue destruction. Experimental animal studies have provided information regarding the histopathology, size and extent of the peri-implantitis lesion. Human biopsy material has been evaluated to describe similarities and differences between the peri-implantitis and periodontitis lesion. This material showed the peri-implantitis inflammatory lesion appeared almost twice as large as the periodontitis lesion, extending close to the bone marrow spaces with the absence of a zone of healthy connective tissue between the inflammatory cell infiltrate and the alveolar bone. While the onset and progression of peri-implantitis is incompletely understood recent developments relating to the identification of various clinical stages of disease via detection of genes (genomics), mRNA (transcriptomics), proteins (proteomics) and metabolites from biological samples are promising. This session will explore novel animal models for the study of the pathobiology of peri-implantitis, presented by Dr Lior Shapira and Dr Asaf Wilensky. Dr Moritz Kebschull will present the findings of his exciting research evaluating the molecular signatures of the peri-implant tissues.

HERRERA, DAVID
University Complutense of Madrid, Madrid, Spain
Thursday, June 21, 2018
10:30 - 12:00 | Plenary Hall
Critical Factors in Periodontology: Treatment Decisions

ADJUNCTIVE SYSTEMIC ANTIMICROBIALS - ANTAGONIST

Abstract: Periodontitis are inflammatory diseases of infectious nature, associated with the presence of specific bacterial species in the subgingival area, organized as bacterial biofilms. The dysbiosis between the bacterial species present in the subgingival pocket and the host finally leads to the progressive destruction of the periodontal tissues. In order to stop disease progression, periodontal therapy is directed to control the infectious process and re-establish homeostasis. Supra- and sub-gingival biofilm debridement represents the basic component of initial periodontal therapy. However, some limitations influence the clinical outcomes, including a limited microbiological effect, especially on some periodontal pathogens. In order to overcome some of these limitations, different approaches have been proposed, including the use of adjunctive therapies. Among them, the use of local and/or systemic antimicrobials is the most frequently used. Specifically, the use of systemic antimicrobials have been frequently evaluated, and many randomized clinical trials and systematic reviews have been published dealing with that adjunctive therapy, suggesting significant benefits for some drugs or drug combinations. However, the use of systemic antimicrobials is not free
of problems and two relevant aspects should be highlighted: at the individual levels, adverse effects are frequent and significant alterations of the microbiome can be expected; at the public health level, the increase in bacterial resistance represents an enormous problem, which is a major challenge in health in the 21st century. Therefore, a very responsible and cautious use of systemic antimicrobial must be recommended, limiting their use to very specific situations and under the most optimal conditions.

HOURI HADDAD, YAEL
Hebrew University Hadassah Medical Center, Jerusalem, Israel
Friday, June 22, 2018
08:30 - 10:00 | Forum Genetics

LESSONS LEARNT FROM MOUSE MODELS
Abstract: A cornerstone of modern biomedical research is the wide use of mouse models to explore basic pathophysiological mechanisms, including the dissection of host genetic contribution involved in human complex diseases. Periodontitis is one of the most common inflammatory human diseases with a strong genetic component. Due to the limited sample size of available periodontitis cohorts and the underlying trait heterogeneity, genome-wide association studies (GWASs) of chronic periodontitis have largely been unsuccessful in identifying common susceptibility genes. Here we present a unique and novel methodology in system genetics. We performed an integrated analysis of Quantitative Trait Loci (QTL) mapping results, obtained in Collaborative Cross (CC) mice population, in conjunction with genetic analysis of the human orthologous chromosomal regions, using imputed genotype data of 2 large case-control samples of aggressive periodontitis (AgP) and chronic periodontitis (CP). This combination of confined QTL from CC mice with association studies in humans has the potential to identify new genetic variants associated with complex inflammatory diseases such as periodontal disease in humans, suggesting well-powered comprehensive genomic data for further genes association disease related studies.

HUGHES, FRANCIS
Kings College London, London, United Kingdom
Friday, June 22, 2018
08:30 - 10:00 | Forum Genetics

GENETICS
Abstract: Genetic factors have long been recognised as being a major determinant of susceptibility to periodontitis although the precise nature of these effects have remained elusive. In the past 20 years, an explosion in technology has driven a much greater understanding of the genetics of common complex diseases. Some of the most striking findings of these studies overall has been the realisation of the complexicity of the genetics of these diseases, the relatively small contribution to overall susceptibility that a single genetic variant may have and the challenge of translating the findings from genetic studies to some sort of clinical utility. Application of a range of technologies described in this session will give the latest insights into our further understanding of the genetics of periodontitis. An overarching aim of the discussion will be to explore
the significance and utility of these findings, including the consideration of whether identification of susceptibility loci illuminates our understanding of pathogenesis, help explain some of the associations between periodontitis and other systemic conditions, and to explore the possibility of clinical exploitation in the future.

**HÄMMERLE, CHRISTOPH**
Clinic of Fixed and Removable Prosthodontics and Dental Material Science, Zurich, Switzerland
Friday, June 22, 2018
16:30 - 18:00 | Plenary Hall

**TREATMENT PLANNING – INTERACTIVE SESSION**

**Abstract:** Observe how the clinical experts are challenged, when they see a clinical patient situation for the first time and are asked to provide a treatment plan. Witness animated discussions between experts from different backgrounds and observe how they defend their solution of choice. Be part of these exciting discussions by asking questions and by voting for your favorite treatment plan. At several time points during the session, the audience will have the chance to actively participate in interesting and clinically relevant treatment planning discussions. The audience will be invited to vote for possible treatment options. In addition, the audience will be able to ask questions to the panel of experts or to the moderators using the EuroPerio congress app. Finally, see how the patient was treated in real life, see what the experts think about the treatment chosen and provide your opinion or questions through the app.

**IVANOVSKI, SASO**
University of Queensland, Brisbane, Australia
Friday, June 22, 2018
16:30 - 18:00 | Elicium

**TISSUE ENGINEERING**

**Abstract:** Tissue engineering harnesses cutting edge cell and molecular biology and biomaterial science in order to regenerate lost or damaged parts of the body. A variety of tissue engineering approaches have been proposed for promoting alveolar bone and periodontal regeneration, involving a combination of different cell types, bio-scaffolds and biologically active molecules. This presentation will discuss novel bone and periodontal tissue engineering approaches using 3D printing and biofunctionalization of multiphasic scaffolds with growth factors and drugs. These approaches aim to enhance the control over the critical temporo-spatial wound healing events that are essential for achieving regeneration. This lecture also elaborates on the future of bone and periodontal tissue engineering, including construct customization for individual periodontal defects, periodontal ligament fiber guidance, the incorporation of extracellular matrix components and various chair-side regenerative methods that could facilitate clinical translation. The feasibility of combining these approaches with established surgical techniques will be explored, and their potential for clinical utilisation will be critically evaluated.

**JACOBS, REINHILDE**
KULeuven, Leuven, Belgium
Friday, June 22, 2018
14:30 - 16:00 | Elicium

**Innovations in implant therapy**
ADVANCES IN 3D-IMAGING/PRINTING PRIOR TO IMPLANT THERAPY
Abstract: Since the introduction of the first dental CBCT in the nineties, the market has been exponentially growing. This growth went hand in hand with the increasing use of oral implants and related surgical planning. Yet, indications are not solely limited to the diagnostic aspects of CBCT. Indeed, the inherent 3D datasets may further allow surgical planning and transfer to surgery via 3D printing or navigation. Integrated digital patient information may allow virtual treatment planning treatment in 3 or even 4 dimensions. This currently finds applications not only in implant surgery, yet also in maxillofacial surgery, tooth autotransplantation, orthodontics and endodontics. CBCT-based imaging and printing may further revolutionize any surgery. It may eventually result in the printing of viable tissues, allowing to open up an entirely new era.

JEPSEN, KARIN
University of Bonn, Bonn, Germany
Thursday, June 21, 2018
16:30 - 18:00 | Elicium
The Perio-Ortho interface
THE PERIO-ORTHO INTERFACE: RECESSION AND PATHOLOGIC TOOTH MIGRATION
Abstract: Orthodontics and periodontics have many close and important interrelationships. An example are prevention of gingival recessions or their minimally invasive therapy. Are orthodontic patients more prone to gingival recession in long-term and are the risks influenced by the tissue phenotype and thickness of the gingiva? The lecture will explain if and how the periodontist can contribute to the prevention of gingival recessions or treat them with plastic periodontal surgery. In adult patients, advanced periodontitis not only leads to severe bone loss but also to pathological tooth migration with severe functional and aesthetic impairments. With modern periodontal therapy it is possible to perform infection control and regenerate parts of the destroyed periodontium, but this cannot solve the functional and aesthetic problems, which is usually the main concern of the patients. Interdisciplinary therapy requires close cooperation regarding the coordination of regenerative periodontal therapy and orthodontic tooth movement. Here are great opportunities for significant synergistic effects in an integrative therapy between orthodontics and periodontics.

JEPSEN, SØREN
University of Bonn, Bonn, Germany
Friday, June 22, 2018
08:30 - 12:00 | Elicium
Critical Factors in Periodontology: News from the World Workshop on Classification
NEWS FROM THE WORLD WORKSHOP ON CLASSIFICATION: GROUP 3
Abstract: A variety of systemic diseases and conditions can affect the course of periodontitis or have a negative impact on the periodontal attachment apparatus. Gingival recessions are highly prevalent and often associated with hypersensitivity, the development of caries and non-caries cervical lesions on the exposed root surface and impaired esthetics. Occlusal forces can result in injury of teeth and periodontal attachment apparatus. Several developmental or acquired conditions associated with teeth or prostheses may predispose to diseases
of the periodontium. The aim of this working group was to review and update the 1999 classification with regard to these diseases and conditions, and to develop case definitions and diagnostic considerations.

Some of the key findings included the following: (i) there are mainly rare systemic conditions with a major effect on the course of periodontitis and more common conditions (such as diabetes mellitus) with variable effects, as well as conditions affecting the periodontal apparatus independently of dental plaque biofilm-induced inflammation (such as neoplastic diseases); (ii) diabetes-associated periodontitis should not be regarded as a distinct diagnosis, but diabetes should be recognized as an important modifying factor and included in a clinical diagnosis of periodontitis as a descriptor; iii) the importance of the gingival phenotype and the root surface condition in the context of mucogingival conditions is recognized and a novel classification for gingival recessions is introduced; (iv) there is no evidence that traumatic occlusal forces lead to periodontal attachment loss, non-carious cervical lesions, or gingival recessions; (v) the term biologic width is replaced by supracrestal tissue attachment; (vi) infringement of restorative margins within the supracrestal connective tissue attachment is associated with inflammation and/or loss of periodontal supporting tissue; (vii) tooth anatomical factors are related to dental biofilm-induced gingival inflammation and loss of periodontal supporting tissues.

The presentation will include clinical situations demonstrating the application of the new classification for different scenarios.
differences between individual strains which may explain inconsistent findings regarding the impact of periodontal pathogens on vascular function. In the light of the widespread prevalence of periodontitis and cardiovascular diseases and the preliminary evidence for a beneficial impact of periodontal therapy on surrogate parameters of vascular health the initiation of larger-scale controlled intervention trials with major cardiovascular events or mortality as primary endpoints may be advisable.

**JÖNSSON, BIRGITTA**
Institute of Odontology at the University of Gothenburg, Gothenburg, Sweden
Wednesday, June 20, 2018
15:15 - 16:45 | Forum
Critical Factors for Long-Term Success

**BEHAVIOURAL ASPECTS**

**Abstract:** Optimal daily plaque control is an important determinant for long-term success in periodontal therapy. Despite knowledge of the importance of proper self-care some patients have difficulties to establish daily oral hygiene habits. **Aim:** To explore factors that influence behavioural changes and to give examples on behaviour change techniques that can facilitate changes related to oral hygiene and maintenance care. **Objectives:** To give an overview of different psychological and social factors known to influence individuals’ health behaviours. To examine the evidence supporting current behavioural interventions directed to patients with periodontal disease. To discuss how oral health professionals can identify and adopt effective techniques in order to support individual’s to beneficial oral health behaviours.

**KANTARCI, ALPDOGAN**
Forsyth Institute, 245 First Street, Cambridge, United States Of America
Thursday, June 21, 2018
14:30 - 16:00 | Forum
Physical Activity: Protective or harmful to periodontitis?

**PHYSICAL ACTIVITY MODULATES INFLAMMATION**

**Abstract:** Inflammation is a highly regulated process where the balance between the activation and resolution of the inflammatory process determines physiological and pathological events as well as repair and regeneration. Physical activity is perceived as a critical factor for a healthy life style. Prevention of pathological events including severe inflammatory diseases such as obesity, diabetes, and cardiovascular disorders has been attributed to physical exercise. Restoring the inflammatory balance by physical activity along with diet and lifestyle changes are considered as key for well-being. As a result of physical activity, tissue damage may be necessary for adaptation to occur. On the other hand, extensive activity may lead to excessive damage or inadequate recovery from exercise-induced tissue damage due to unresolved and chronic inflammation. Aging, lifestyle, and inter-individual variation are key factors and inflammaging and immunosenescence are emerging critical pathological processes that determine the impact of physical activity-induced inflammation. The impact of physical activity on periodontal health and disease is not fully understood. Limited data suggests that physical activity may improve salivary antioxidant activity and inflammatory biomarkers. As periodontal health is
closely associated with systemic health and inflammation, periodontal diseases may impact the body’s response to physical activity. This presentation will focus on the two-way interactions between periodontal health and systemic well-being and the impact of the physical activity on the cellular and molecular inflammation.

KEBSCHULL, MORITZ
University of Bonn, Bonn, Germany
Friday, June 22, 2018
10:30 - 12:00 | Forum
Etiopathogenesis

OMICS RESEARCH IN PERI-IMPLANTITIS
Abstract: Peri-implantitis is a highly prevalent disease affecting dental implants. Despite a clinical phenotype with many similarities to periodontitis, and an increased risk for developing peri-implantitis in subjects with a history of periodontitis suggesting shared disease mechanisms, peri-implantitis tends to progress more rapidly than periodontitis, and poses a significantly bigger clinical challenge. A crucial first step to improve clinical prevention and treatment protocols is to understand the mechanisms that distinguish periodontitis and peri-implantitis. Work from other groups using histological analyses of human biopsy material suggested that peri-implant lesions were characterized by significantly larger inflammatory infiltrates than comparable periodontal lesions. The biological mechanisms underlying this phenomenon cannot, however, be deciphered using a two-dimensional technique utilizing a small set of pre-conceived candidate markers. To gain a deeper understanding of the specifics of the peri-implantitis pathobiology, our work has therefore focused on unbiased high-throughput, next generation sequencing-based methodology to interrogate the molecular signatures of tissues. In this presentation, work from the Implant-omics study is presented. It stems from a cohort of untreated, non-smoking, systemically healthy subjects contributing peri-implant and/or periodontal samples matched for clinical disease severity. Using massively parallel sequencing, we could identify substantial molecular differences between human peri-implantitis and periodontal lesions. Using these molecular markers, we could differentiate samples with virtually identical clinical severity with excellent sensitivity and specificity.

KLINGE, BJÖRN
Faculty of Odontology, University of Malmö, Sweden, Malmö, Sweden
Thursday, June 21, 2018
10:30 - 12:00 | Plenary Hall
Critical Factors in Periodontology: Treatment Decisions

ANTIBIOTICS AS AN ADJUNCT TO MECHANICAL PERIODONTAL THERAPY
Abstract: Global threat of antibacterial resistance: adjunctive systemic antibiotics in periodontal treatment
This debate session will include four presentations introducing the topic for discussion. Professor Constance Schultz will initiate the session with a brief overview: “The global threat of antibacterial resistance”. Björn Klinge will introduce the theme “use of antibiotics as an adjunct to mechanical periodontal therapy” and thereafter Professor David Herrera will speak as an antagonist to the use of adjunctive use of antibiotics, whereas Professor Andrea Mombelli will speak as a protagonist of the same subject. A debate follows in direct
WHO has stated that antimicrobial resistance is one of the most important public health threats worldwide. Over the past two decades the susceptibility of bacterial pathogens to antimicrobial drugs has significantly decreased globally. It is calculated that dentists prescribe a significant proportion (7-12%) of all oral antimicrobials. This calls for a very selective use of antibiotics in dentistry at large, including periodontics. However, in select cases it may indeed be beneficial with the use of adjunctive antibiotics in periodontal treatment. In a busy clinical situation, it is finally up to the clinician to carefully consider the pros and cons of the use of antibiotics in the individual case. Different perspectives on the use adjunctive use of systemic antibiotics in periodontal will be shared. The aim of this session is to help the clinician to ensure better, well informed, evidence based decision-making, the safe patient management and to avoid the undesirable overuse of antibiotics.

KOCHER, THOMAS
University Medicine Greifswald, Greifswald, Germany
Thursday, June 21, 2018
10:30 - 12:00 | Forum
Global Burden of Disease

IS THE PREVALENCE OF PERIODONTITIS DECLINING?
Abstract: Is the prevalence of periodontitis declining or not? Trend studies are necessary for health planners to monitor what is going on in a given population. In a landmark paper Kassebaum et al. (2014) reported an unchanged prevalence of severe periodontitis of 11% during a 20-year period from 1990 to 2010. Their conclusion is in part in contrast to recently published reports based on repeated cross-sectional studies. In the US the prevalence of moderate or severe periodontitis according to CDC/ AAP criteria did not show a consistent trend during the last 20 years (Rozier et al., 2017). In Germany the prevalence of severe periodontitis decreased markedly from 17% to 8% in adults and from 44% to 20% in seniors between 2007 and 2014. The regional Study of Health in Pomerania confirmed these trends. In the Jönköping studies the % subjects with no marginal bone loss increased from 8% in 1973 to 45% in 2013, whereas % subjects with advanced periodontitis was unchanged (Norderyd et al., 2015). In a narrative review based on ten repeated cross-sectional studies in the US or Europe, Holtfreter et al. (2014) concluded, that the prevalence of periodontitis decreased and the number of retained teeth increased in industrialized countries. I will give an overview of these studies and try to explain, why Kassebaum (2014) came to somewhat different conclusion than Holtfreter et al. (2014) and what in my view drives theses observed trend changes and its impact on periodontology.

KÖNÖNEN, EIJA
Univ. of Turku, Inst. of Dentistry, Turku, Finland
Wednesday, June 20, 2018
13:30 - 15:00 | Elicium
Biofilm and Antiinfective Therapy

CURRENT VIEW ON BIOFILMS IN PERIODONTAL DISEASES
Abstract: Bacterial accumulation located at gingival sites is known to cause harm to periodontal tissues in a form of gingival inflammation. In certain cases, this inflammatory process with increasing proportions of inflammophilic
bacteria can eventually lead to loss of alveolar bone. Microbial interactions in subgingival biofilms determine their pathogenicity; whether periodontal health can be maintained or whether they result in dysbiotic conditions when the beneficial relationship with a susceptible host is lost, exposing to disease progression. Especially susceptible are smokers and poorly controlled diabetics but still limited data exist on the impact of diabetes and smoking on the composition of subgingival biofilms. Periodontal pathogens are frequent recoveries from deepened pockets, and they are able to invade periodontal tissues. For a long time, mainly gram-negative anaerobic species have been linked to periodontal destruction but also some gram-positive organisms and not-yet-cultivated phylotypes have an impact on the disease process. Notably, inter-individual variation and geography/ethnicity influence what are found. However, not only their identification but also knowledge about their actions within subgingival communities is essential. From a preventive point of view, clinicians need to pay attention to signs of inflammation surrounding teeth and implants. Adequate oral hygiene, in general, and commitment to regular supportive care after implant placement, and recognition of major risk factors (poor glycemic status, smoking) are important to avoid favorable conditions for the formation of pathogenic biofilms. Novel approaches of interest include promoting health-associated communities in biofilms and targeting bacterial signaling systems to inhibit biofilm formation.

**KORNMAN, KENNETH**

*Interleukin Genetics, Inc., Waltham, United States Of America*

Friday, June 22, 2018
08:30 - 12:00 | Elicium

**CRITICAL FACTORS IN PERIODONTOLOGY: NEWS FROM THE WORLD WORKSHOP ON CLASSIFICATION**

*Abstract*: Evidence emerged in the 1980’s and 1990’s that some clinical patterns of periodontitis were often associated with different microbial patterns and different host conditions and habits. Based on the knowledge at the time, the 1999 World Workshop on Classification of Periodontal Diseases described the rationale and criteria for classifying common and uncommon forms of periodontitis. In the almost two decades since the 1999 Workshop, substantial new evidence and new understandings of these diseases have emerged that indicate that some of the population develops more severe clinical expression of periodontitis. Evidence supports an interaction of multiple risk factors that translates periodontitis in some of our patients into severe disease with greater complexity of clinical management. The new periodontitis classification acknowledges the importance of more than disease severity to best guide prevention and treatment of periodontal disease in our patients. At the same time there has been a successful and expansive clinical use of dental implants. We now recognize that some implants result in clinically observable loss of supporting bone, the new case definitions should provide guidance in monitoring peri-implant health and managing early signs.
of peri-implant disease. In this program, we briefly discuss the rationale for a classification change, and provide the vision of how such changes can be incorporated into clinical practice to favorably impact the care of our patients. We will emphasize key learnings from the Workshop, and Chairs of the four workgroups will describe key classification changes and approaches to implement the classification changes. We believe these changes will rapidly translate into important new approaches to prevention and management of periodontitis and peri-implant diseases and conditions.

LAINE, MARJA
Academic Centre for Dentistry Amsterdam (ACTA), Amsterdam, The Netherlands
Friday, June 22, 2018
14:30 - 16:00 | Auditorium
Problems in Practice: Hypersensitivity, Halitosis, Sleep Disorders

DEALING WITH HALITOSIS
Abstract: Halitosis is a general term used to describe unpleasant breath odor. Origin of genuine halitosis can be found either in the oral cavity (intra-oral) or outside the oral cavity (extra-oral). In addition, temporary halitosis (caused e.g. by lifestyle factors) but also pseudo-halitosis and halitophobia are recognized. In general population, the estimated prevalence of halitosis is about 30%. But the patients with tongue coating, gingivitis and periodontitis show increased prevalence of halitosis. Bacteria in oral biofilms produce, as a result of sulfur-containing amino acid degradation, malodorous compounds such as volatile sulfur compounds (VSCs) mainly hydrogen sulfide (H2S) and methyl mercaptan (CH3SH) and in lesser extent dimethyl sulfide ((CH3)2S). These VSCs may have detrimental biological effects e.g. on periodontal tissues. Furthermore, halitosis may have influence on a person's social contacts and psychological effects. Treatment of intra-oral halitosis aims to reduce numbers of halitogenic bacteria and their nutrients, and to reduce and neutralize the produced VSCs, in general, by the treatment of possible oral pathologies, by using mechanical oral care devices and/or by chemical substances with lifestyle adjustments. Mouth rinses are the most common chemical intervention but also other means are used to apply antibacterial agents. Further, because of the social and psychological impact of halitosis, patients need to be carefully informed about their breath odor and treatment response. The aim of this presentation is to discuss different intra-oral halitosis management options.

LALLA, EVANTHIA
College of Dental Medicine, Columbia University, New York, United States Of America
Saturday, June 23, 2018
09:00 - 10:30 | Elicium
Reconsidering the role of the oral health care team

SCREENING FOR DIABETES RISK
Abstract: Inter-professional approaches to chronic disease prevention, early recognition and proper management are a major aspect of contemporary health care. Dental professionals are well-positioned to play a role in this setting and contribute to the overall well-being of their patients. Reconsidering the role of dentists, and especially periodontists, in the prevention and management of diabetes mellitus among their at-risk patients fits right into this paradigm.
Diabetes is one of the most serious chronic conditions of our time and its prevalence has reached epidemic proportions worldwide. Type 2 diabetes can remain undiagnosed for years in a large percentage of those affected and the management of diagnosed patients is often challenging, leading to multiple complications. Prediabetes is even more prevalent and - along with aging, overweight/obesity and physical inactivity - a major risk factor for type 2 diabetes. This presentation will focus on how dental professionals can contribute to the early identification of patients with unrecognized diabetes or prediabetes. The rationale and key components of proper risk assessment and identification approaches by the dental team will be discussed. Moreover, data on post-identification strategies and on efforts to understand the type of follow-up that will impact patient behavior, ensure that at-risk individuals comply with recommendations and receive medical consultation and care so that eventually health outcomes are improved will be reviewed. Ultimately, the goal of this session is to help dental professionals deliver well-informed holistic patient care, as true members of a patient-centered healthcare team.

LAMBERT, FRANCE
Department of Periodontology and Oral Surgery, Dental Biomaterials research Unit (d-BRU), Faculty of Medicine, University of Liege, Liege, Belgium
Thursday, June 21, 2018
16:30 - 18:00 | Ellicium
The Perio-Ortho interface

INNOVATIVE SURGICAL PROCEDURES TO THE SERVICE OF ORTHODONTICS
Abstract: This lecture aims at highlighting several innovative surgical approaches that offer solutions related to orthodontic treatments. It will address the interest of temporary implants in teenager patients, the benefits of piezocision, a minimally invasive approach for corticotomies and finally the relevance of buccal alveolar bone thickening before orthodontic treatments. These topics will be discussed through clinical research data and illustrated by case presentations.

LOOS, BRUNO
ACTA, Amsterdam, The Netherlands
Thursday, June 21, 2018
16:30 - 18:00 | Forum
The Cause of Periodontitis

THE CAUSE OF PERIODONTITIS
Abstract: The aim of this presentation is to summarize our current knowledge on key factors in the aetiology of periodontitis. Periodontitis is a complex disease, meaning that in the onset and progression of periodontitis (i) various (co)factors play a role simultaneously and they interact with each other; (ii) the disease is episodic in nature, bursts of disease activity can be recognized, i.e. the disease develops and cycles in a nonlinear fashion. We recognize that the causative factors determine immune fitness of a subject. Normally the host lives in a clear homeostasis (tolerance) with the biofilm on the teeth, however a disbalance can occur, due to a hyper- or hypo-reactive host response, or lack of sufficient resolution of inflammatory reactions. The factors that determine immune fitness, in fact that determine the response to the resident biofilm, are clustered as follows: (i) genetic and epigenetic factors, (ii) life style factors, such as smoking, diet, (iii) co-morbidities that affect immune fitness, such as diabetes, (iv) local and dental factors. Interestingly, consequent inflammatory
reactions illicit changes in the ecology of the subgingival environment providing optimal conditions for the outgrowth of gram-negative, anaerobic species which can propagate the periodontal inflammation and negatively affect immune fitness.

LOPEZ, RODRIGO
Aarhus University, Aarhus, Denmark
Thursday, June 21, 2018
16:30 - 18:00 | Forum
The Cause of Periodontitis

FROM PYORRHEA TO PERIODONTITIS. HOW DO WE UNDERSTAND CAUSATION?
Abstract: Access to oral hygiene devices, education on oral hygiene procedures, and the levels of oral cleanliness in Western populations have improved significantly during the last five decades. Nevertheless, only relatively small changes in the distribution of periodontitis can be attributed to these improvements. What have we overlooked? This talk confronts current understanding of periodontitis with contemporary concepts of causal inference.

MADIANOS, PHOEBUS
Dental school-National and Kapodistrian University of Athens, Athens, Greece
Friday, June 22, 2018
16:30 - 18:00 | Forum
1st Joint EFP/IDF Workshop

1ST JOINT EFP/IDF WORKSHOP
Abstract: Both Diabetes mellitus (DM) and Periodontal Disease (PD) are chronic and life lasting conditions that affect a large and constantly increasing part of the global population. Estimates produced by the International Diabetes Federation suggest that the number of patients with DM worldwide is expected to reach 592 million by 2035 (387 million were affected in 2014). PD on the other hand, an inflammatory condition that leads to the destruction of the tooth supporting structure affecting approximately 50% of the adult population, has been shown to have an effect exceeding the boundaries of the oral cavity, triggering a systemic inflammatory response and having a significant and independent association with other chronic non-communicable diseases. Evidence from the last 40 years has proven that PD is negatively affected by the presence of DM. Furthermore, the level of glycaemic control has been proven to be the key factor in the severity of the effect that DM has on periodontal inflammation. More recently (last 20 years) scientific evidence has emerged showing that resolution or even reduction of periodontal inflammation as a result of periodontal treatment has a beneficial effect on the glycaemic status (levels of fasting plasma glucose or glycylated hemoglobin) of patients with DM and periodontitis. Updating the evidence base on the bidirectional association between PD and type 2 DM was the objective of a recent joint international workshop between the European Federation of Periodontology (EFP) and the International Diabetes Federation (IDF). Furthermore, recommendations and guidelines for the global multidisciplinary team caring for people with diabetes were established.

MARSH, PHIL
University of Leeds, Leeds, United Kingdom
Thursday, June 21, 2018
14:30 - 16:00 | Elicium
The human microbiome: role in health and disease
THE HUMAN MICROBIOME

Abstract: Humans are composed of equal numbers of eukaryotic and microbial cells. These micro-organisms are not mere passengers on our body, but play an essential and active role in human health, and are termed the human microbiome. Among the benefits provided by these indigenous microbes are: the normal development of our host defences and the differentiation of the mucosa, food digestion and energy generation, regulation of the cardiovascular system, and prevention of colonisation by exogenous micro-organisms [pathogen exclusion]. The composition of the microbiome varies at, but is characteristic of, each anatomical site due to the prevailing physical and biological factors. Once established, the microbiome at a site can remain relatively stable over time. However, this symbiotic relationship is dynamic and susceptible to perturbation. A dynamic balance exists between the host environment and the human microbiome such that a change in a key parameter can result in a rearrangement of the structure or activity of the microbiome. Such a disruption to the microbiome can predispose a site to disease [dysbiosis], including many forms of inflammatory disease; dysbiosis has also been linked with malnutrition, obesity, cancer and even neurological problems ranging from anxiety to autism. A deeper understanding of this intimate relationship provides new opportunities to manage or manipulate our human microbiome to maintain or promote health, such as by the use of prebiotics or probiotics. New developments in our knowledge of the human microbiome will be presented in the session, with particular emphasis on events in the mouth and the gut.

MERLI, MAURO
Clinica Merli, Rimini, Italy
Friday, June 22, 2018
08:30 - 10:00 | Plenary Hall
Bone Reconstruction after Implant Loss

RECONSTRUCTION OF HARD TISSUE DEFECTS AFTER IMPLANT REMOVAL

Abstract: The objective of this presentation is to evaluate the alternative surgical techniques in severely atrophic areas where implant placement has been planned again after implant removal. Over the recent decades we have witnessed a profound transformation in the way of conceiving and implementing the treatment plan, especially with regards to complex cases, taking into consideration the invaseness of the procedure. During the session, novel techniques for three-dimensional bone reconstruction, such as the "Fence Technique" and the "Wafer Technique", will be illustrated. The advantages and limits of these procedures based on the biological principles of GBR will be described. A critical analysis of the most recent scientific literature regarding the various surgical procedures available will be presented along with the results of clinical research compiled by a team of multidisciplinary professionals with the aim of guiding the clinician to make the most rational choice for the specific case.

MEYLE, JOERG
Dental School, Justus-Liebig-University
Giessen, Giessen, Germany
Friday, June 22, 2018
14:30 - 16:00 | Forum
Inflammation - Infection

INFLAMMATION - INFECTION

Abstract: Periodontitis is the clinical manifestation of a complex interaction between the oral microbiota and the immune system of a susceptible host. The healthy state is characterized by a
state of homeostasis between the host and the oral microbiota. This equilibrium may be disrupted by external or internal trigger factors and “keystone pathogens” present in low numbers may overgrow and shift the system to dysbiosis, where the immune response of the susceptible host initiates pathogenic reactions leading to the clinical signs of periodontitis and tissue destruction. The different aspects of the interactions between the oral microbiome and the importance of the susceptible host will be addressed and discussed in their relationship to disease pathogenesis and progression.

MOMBELLI, ANDREA
University Clinics of Dental Medicine, Geneva, Switzerland
Thursday, June 21, 2018
10:30 - 12:00 | Plenary Hall
Critical Factors in Periodontology: Treatment Decisions

ADJUNCTIVE SYSTEMIC ANTIMICROBIALS - PROTAGONIST
Abstract: Too many periodontally compromised teeth are extracted because of lack of trust in non-surgical cause-related periodontal therapy. Most of these teeth could be saved with a very efficient and efficacious treatment: Thorough scaling and root planing plus amoxicillin and metronidazole. In fact, for the therapy of any form of periodontal disease, in terms of efficiency and effectiveness, there is no protocol superior to SRP plus systemic amoxicillin and metronidazole. Systemic antibiotics in the non-surgical treatment phase reduce the need and extent of surgery. Surgical procedures carried out in tissues free of infection have better outcomes. While there is widespread reluctance to use antibiotics for therapeutic purposes, paradoxically, these drugs are frequently prescribed for prophylactic reasons in the context of procedures to repair the damage that the disease has caused. Instead of using systemic antimicrobials to stop a destructive microbial process, antibiotics are given when attempts of tissue regeneration are made and implants are placed, hoping that they reduce the risk of infection. Yet the evidence for a prophylactic benefit in surgical procedures is sparse, while the evidence for a benefit in non-surgical therapy is overwhelming. Discussing the use of antibiotics in periodontal therapy, three points need to be emphasized: First, antibiotics are not meant to replace meticulous mechanical debridement. Second, antibiotics are not indicated in situations that can be resolved predictably with non-surgical mechanical debridement alone, like uncomplicated, moderately advanced periodontitis. Third, long-term success of any treatment modality depends foremost on good oral hygiene and continuous maintenance.

MURAKAMI, SHINYA
Osaka University, Graduate School of Dentistry, Suita, Osaka, Japan
Wednesday, June 20, 2018
15:15 - 16:45 | Ellicium
Regenerative Periodontal and Implant Therapy

PERIODONTAL REGENERATION USING FGF-2 GROWTH FACTOR
Abstract: It has been demonstrated that mesenchymal stem cells and progenitor cells of osteoblasts or cementoblasts can be identified within periodontal ligament. Thus, enhancing the biological potential of these cells and stimulating the periodontal regeneration are recognized as being clinically possible. One of the most physiologically efficient methods to
stimulate the cells is the use of cytokines. Basic Fibroblast Growth Factor (FGF-2) is known to stimulate the proliferation, migration and differentiation of a variety of cell types and to strongly induce angiogenesis. In randomized controlled double-blinded clinical trials conducted in Japan, a significant difference in % increase in alveolar bone height at 2- or 3-walled intrabony defects of the periodontitis patients was demonstrated by standardized radiographs between Placebo Group and 0.3%-human recombinant FGF-2 (hrFGF-2) Group at 9 months after the treatment. This suggests that topical application of hrFGF-2 can be efficacious in regeneration of periodontal tissue of periodontitis patients. Furthermore, its efficacy was superior in hrFGF-2 compared to enamel matrix derivative treatments. This hrFGF-2 drug has finally become commercially available (Regroth®) in Japan. In my presentation, I would like to demonstrate the data of mode of actions, efficacy and safety of cytokine therapy using FGF-2 and discuss the new era of regenerative therapy in dentistry with the audience.

NEEDLEMAN, IAN
UCL Eastman Dental Institute, London, United Kingdom
Thursday, June 21, 2018
13:30 - 16:00 | Forum
Physical Activity: Protective or harmful to periodontitis?

IMPACT OF ELITE SPORT ON ORAL HEALTH
Abstract: Elite athletes are considered to be at the peak of physical performance and health. However, oral health and its impact on performance has largely been forgotten. Our group has conducted studies at the London 2012 Olympic Games, English Premier League football and Team GB pre-Rio2016 including more than 840 athletes. Our data show consistent findings. Oral diseases are common at levels requiring intervention (percentage athletes affected): caries and erosive toothwear (35-55%), chronic inflammatory periodontal conditions, gingivitis (75%) and periodontitis (15-20%). Self-reported impacts on performance were common affecting 20% of athletes with additional physical and psychosocial effects. The causes of poor oral health are complex and include nutrition, modulation of host response, health behaviours and health literacy both of the athlete and their ecological network of support team. Performance might be affected by the systemic inflammatory burden from periodontal diseases, pain and sensitivity and psychosocial impacts. Whilst physical activity provides overall protection from chronic diseases, this may not be true for all levels of intensity. Furthermore, the relationship is likely to be bi-directional.

NIBALI, LUIGI
Queen Mary University of London, AD, United Kingdom
Thursday, June 21, 2018
16:30 - 18:00 | Plenary Hall
Managing Intrabony Periodontal Defects

INTRABONY DEFECTS: MINIMALLY INVASIVE NON-SURGICAL APPROACHES
Abstract: Untreated periodontal vertical bony defects (‘intrabony’ or ‘angular’ defects) are thought to have a high risk of further progression and eventually tooth loss. Traditionally, it was believed that only very limited improvements could be achieved by non-surgical therapy in intrabony defects, making these defects ideal candidates for periodontal regenerative surgery. Recent evidence from our group and others suggest
that minimally invasive non-surgical periodontal therapy (MINST) could lead to favourable clinical and radiographic outcomes in intrabony defects. MINST is based on the principles of thorough debridement of the root surface with specific piezoelectric thin and delicate tips using magnification loupes. The aim is to avoid any trauma to the soft tissues and to stimulate the formation of a stable blood clot by natural filling of the intrabony defect with blood. The focus of this presentation is on non-surgical treatment options for intrabony defects and specifically on which defects in which individuals could heal without the need for surgical therapy. Specific example cases will be shown, along with a comprehensive review of the literature in this topic. New data on long-term clinical and radiographic outcomes in intrabony defects treated only with MINST will be presented, suggesting stability over a 3- to 5-year period.

NIEUWDORP, MAX
AMC-VUMc, Amsterdam, The Netherlands
Thursday, June 21, 2018
14:30 - 16:00 | Elicium
The human microbiome: role in health and disease

THE GUT MICROBIOME
Abstract: Alterations in (small) intestinal microbiota are associated with human disease including overweight and diabetes mellitus, however causality is not proven yet. Recent studies showed that subjects with diabetes mellitus with type 1 and type 2 have different oral and fecal microbiota (de Groot, PLOS 2017; Karlsson, Nature 2013). Moreover, recent intervention studies showed that specific bacterial species in fecal samples are altered upon treatment with metformin in type 2 diabetes mellitus patients (Forslund, Nature 2015). We previously showed that fecal transplantation (infusing intestinal microbiota from lean donors) in male recipients with metabolic syndrome has beneficial effects on the recipients’ microbiota composition and glucose metabolism via altering fecal SCFA producers levels (Vrieze, Gastroenterology 2012). Follow-up studies suggest that this beneficial effect can be divided in responders and non-responders based on SCFA producing microbiota engraftment and beneficial metabolites (Kootte, Cell Metabolism 2017). Combined our data suggest that specific intestinal bacterial strains might be developed as therapeutic for cardiometabolic diseases such as insulin resistance, NASH and obesity and these novel probiotics can be used in conjunction with dietary advice to produce beneficial metabolites.

NISAND, DAVID
Paris, France
Friday, June 22, 2018
16:30 - 18:00 | Plenary Hall
Treatment Planning – Interactive Session
TREATMENT PLANNING – INTERACTIVE SESSION
Abstract: Observe how the clinical experts are challenged, when they see a clinical patient situation for the first time and are asked to provide a treatment plan. Witness animated discussions between experts from different backgrounds and observe how they defend their solution of choice. Be part of these exciting discussions by asking questions and by voting for your favorite treatment plan. At several time points during the session, the audience will have the chance to actively participate in interesting and clinically relevant treatment planning discussions. The audience will be invited to vote for
possible treatment options. In addition, the audience will be able to ask questions to the panel of experts or to the moderators using the EuroPerio congress app. Finally, see how the patient was treated in real life, see what the experts think about the treatment chosen and provide your opinion or questions through the app.

NORDERYD, OLÅ
Faculty of Odontology, Malmö University, Malmö, Sweden
Thursday, June 21, 2018
10:30 - 12:00 | Forum
Global Burden of Disease

GLOBAL BURDEN OF DISEASE
Abstract: Poor oral health has a major impact on public health and wellbeing worldwide. Oral diseases cause suffering and may be lethal. In addition, they are among the most prevalent chronic diseases. Altogether, this leads to high costs for both individuals and society. Over time, a majority of available resources have been used for restorative treatment instead of prevention of caries and periodontitis. In the last decades, however, great and continuous oral health improvement along with a decrease of dental treatment needs have been seen in some countries. This is the result of the introduction of systematic preventive measures, which then have been implemented over time. In the future, there will be increasing dental treatment needs in older cohorts with more remaining teeth and fewer edentulous individuals. Also, many will have dental implants. A specific challenge today is early detection and early treatment of those with periodontitis and multiple risk factors, i.e. genetics, smoking, general health, and psychosocial circumstances. In addition, many in this group are treated with dental implants. It has been estimated that on an annual basis, more than 12 million implants are placed, globally (Albrektsson et al., 2014). Peri-implantitis, an infectious condition with loss of supporting bone, is a well-known complication to osseointegrated implants. The most important questions that this seminar will answer are: ‘How prevalent will periodontitis and peri-implantitis be in the future?’ and ‘What consequences will this have for us dental professionals?’.

OFFENBACHER, STEVEN
General and Oral Health Center, Chapel Hill, United States Of America
Thursday, June 21, 2018
16:30 - 18:00 | Forum
The Cause of Periodontitis

INFECTOGENOMICS
Abstract: The genetic susceptibility to infectious diseases likely includes genes which alter the innate and/or adaptive immune response to infectious challenge that results in clinical disease. However, it is also possible that there are genetic traits which alter the acquisition of specific organisms and/or creates a dysbiotic microbial community that contributes to an inflammatory signature that elicits disease. The term, infectogenomics, has been used to describe specific genetic variants that favor the presence or emergence of specific organisms. Previous investigations have selected candidate genes that modulated the inflammatory response in periodontal disease, but have failed to demonstrate a significant effect on the composition of the biofilm in periodontal disease. However, recently genome-wide association studies (GWAS) have been applied to agnostically identify genes to ascertain potential effects on complex infectious diseases or traits and even on the presence of specific pathogens or dysbiotic states of the subgingival plaque. Importantly, proof-of-concept experiments
in genetically-defined animal models have now unequivocally demonstrated in that certain specific SNP variants, especially those associated with the innate immune response, can be sufficient to elicit a shift in the gut microbiome to a dysbiotic state and induce inflammatory disease. In this presentation, the evidence that supports the genetic underpinning of dysbiosis and periodontal disease will be discussed. Specific SNP variants, such as missense variants of MORN2 that are associated with P. gingivalis dominated dysbiosis, will be illustrated. In this example, MORN2 variants are associated with severe periodontal disease and 10-year tooth loss, when a certain level of P. gingivalis is also present. This represents a gene X environment interaction whereby the genetic trait acquired at conception does not a priori result in disease without an adequate microbial challenge. It is clear that the role of genetics is not only in driving dysbiosis, but also driving an altered inflammatory signature, which in the presence of a dysbiotic community, can result in clinical disease. Other general thematic principles emerge as specific genes are identified that impair the innate immune response, the epithelial boundary function, or modulate the neuroinflammatory processes associated with dysbiotic and diseased states. Work supported by NIDCR grant RO-1 DE023863 and NCATS UL1-TR001111.

PAPAPANOU, PANOS
College of Dental Medicine, Columbia University, New York, United States Of America
Friday, June 22, 2018
08:30 - 12:00 | Elicium
Critical Factors in Periodontology:
News from the World Workshop on Classification

NEWS FROM THE WORLD WORKSHOP ON CLASSIFICATION: GROUP 2
Abstract: In November 2017, two major scientific organizations in Periodontology, the American Academy of Periodontology and the European Federation of Periodontology joined forces to co-organize a Global Workshop on the Classification of Periodontal and Peri-implant Diseases and Conditions, which updated the '999 Classification system. This symposium will present and discuss the principal outcomes of this workshop and will focus on the classification and case presentations of periodontitis. The approved framework for a new periodontitis classification is based on a multi-dimensional periodontitis staging and grading system, in which staging is largely dependent upon the severity or extent of disease at presentation as well as on the complexity of disease management, while grading provides supplemental information about biological features of the disease including rate of actual periodontitis progression, risk for further progression or impaired treatment outcomes, and risk for negatively affecting the general health of the patient. Additional approved categories of periodontitis include Necrotizing Periodontal Diseases, Endodontic-Periodontal Lesions and Periodontal Abscesses. In this presentation, the rationale for the development of the new classification system will be discussed in detail and the utility of the new case definitions for periodontitis will be exemplified.
PERIO AND OBESITY

Abstract: The global prevalence of overweight and obesity is increasing rapidly, which increases the risk for multiple morbidities, including diabetes and cardiovascular diseases. The increasing prevalence of overweight/obesity is also of concern to the periodontal team, with emerging studies indicating that obesity may increase the risk for periodontitis. Obesity can be regarded as a pro-inflammatory condition, and inflammation is likely to contribute to the underpinning links between periodontitis and obesity. In this session, the potential mechanisms by which obesity may contribute to periodontitis will be reviewed. Furthermore, the relationship in the other direction will also be addressed, with discussion of the potential mechanisms by which periodontitis may contribute to obesity, as well as consideration of shared risk factors. The data regarding the association between periodontitis and overweight/obesity will be reviewed in terms of disease onset, progression and response to therapy, together with consideration of the potential pathways of the association in the context of the clinical situation. Finally, the challenges and clinical considerations, and the role of the dental team, in the periodontal management of overweight/obese patients will be addressed.

THE USE OF PLATELET RICH FIBRIN (PRF)

Abstract: The use of platelet rich fibrin (PRF) Leucocyte- and platelet-rich fibrin (L-PRF), a second generation platelet concentrate, is a 100% autologous blood derived product, which can be obtained, quickly and at low cost. L-PRF is produced from peripheral blood, which is immediately centrifuged without anticoagulants. L-PRF is rich in fibrin, platelets (± 95% of initial blood) and leucocytes (± 70% of initial blood), and can be transformed into strong membranes circa 1 mm in thickness. These membranes release large amounts of growth factors for a long period (up to 7 days). They remain intact for more than 7 days due to a specific polymerization and architecture of the fibrin matrix, and they possess antibacterial effects. L-PRF membranes offer “significant” and “clinically relevant” advantages in case of: sinus augmentation, ridge preservation, guided bone regeneration, initial osseointegration, soft tissue grafting, etc. This presentation will summarize the clinical benefits of L-PRF in bone regeneration.
Abstract: Peri-implant diseases were recently qualified important pathological entities due to increasing prevalence and lack of standard treatment protocol while peri-implant lesions display aggressive behavior and asymptomatic course. Therefore, the timely and accurate diagnosis of peri-implantitis remains of essential importance. Peri-implant bone loss represents the pathognomonic sign of peri-implantitis and principal parameter in implant monitoring. Bone loss is routinely measured using combination of clinical and radiological parameters while their diagnostic value on implants is being challenged by expressed peri-implant bone remodeling and many host and implant-related factors. Hence, the bone markers were introduced in implant dentistry to compensate limitations of the standard clinical parameters for diagnosis of disease onset, its activity and evaluation of the treatment outcome. Biochemical bone loss markers represent objectively measurable parameters of the bone metabolism able to reflect the ongoing peri-implant processes in the real time. Within implant monitoring, bone markers are evaluated using highly sensitive molecular methods in the specimen of peri-implant crevicular fluid that is easily accessible and corresponds to the liquid biopsy. Personalized approach using bone markers provides highly accurate diagnosis and comprehensive information on disease biology thus enabling appropriate treatment planing tailored to meet the needs of the individual patient. The present lecture will focus on bone loss profile between peri-implant mucositis, peri-implantitis and healthy peri-implant tissues; on evaluation of the standard treatment of peri-implant mucositis and peri-implantitis using biomarkers and on the extent of readiness of RANK, RANKL and OPG for diagnostic use in clinical practice.

RAMSEIER, CHRISTOPH
University of Bern, Bern, Switzerland
Friday, June 22, 2018
08:30 - 10:00 | Plenary Hall
Bone Reconstruction after Implant Loss

CHALLENGES IN PRACTICE

Abstract: Even though in most cases, evidence based concepts for both prevention and therapy of periodontal diseases will provide guidance for the clinician to be followed, a number of challenges remain. Likely, these challenges lack scientific evidence thus leaving the practitioner without concepts for various complex situations. Some challenges in practice may seem to be too complicated for the clinician to be addressed. Some other challenges may rise from the patient’s socioeconomic or psychological background. Even some other challenges may arise from the treatment of handicapped patients or patients suffering from dental anxiety. These challenges may be rare and consequently, clinicians may be confronted with a lack of training and experience to appropriately tackle the task at hand. Consequently, in the worst case, these challenges may be even ignored or inadequately treated without consideration of referral to a specialist. A selection of challenges in clinical practice will be discussed in this session. Clinical concepts which may be considered and followed by the practitioner will be presented for smokers, patients with dental implants and the maintenance of peri-implant health, and young patients suffering from severe periodontitis.
RASPERINI, GIULIO
Università degli Studi di Milano, Milano, Italy
Saturday, June 23, 2018
09:00 - 10:30 | Plenary Hall
Nightmare session
NIGHTMARES IN REGENERATIVE SURGERY
Abstract: In the last 25 years, periodontal regeneration have seen the development of different biomaterials and surgical techniques with the aim to make predictable the outcomes of regenerative therapy and to reduce as much as possible surgical complications including material exposure, tissue necrosis and loss of interdental tissue. These complications occur during healing phases and leads to an obvious compromised biologic, functional and aesthetic result. This presentation will show some clinical complications in periodontal regeneration, giving the possibility to the audience to discuss the reason of the failures, and elaborating the possible solutions.

RENVERT, STEFAN
Kristianstad University, Kristianstad, Sweden
Saturday, June 23, 2018
09:00 - 10:30 | Auditorium
Reconstructive surgery at teeth and implants
PERI-IMPLANT DEFECTS
Abstract: The aim of the lecture is to present treatment options in patients with peri-implantitis. A decision tree will be presented and illustrated with different patient cases. The presentation will primarily illustrate clinical management of osseous defects adjacent to dental implants. The focus will be on regenerative therapy of such defects. The lecture be illustrated with schematic drawings/ an animated video and 3-D videos. Clinical outcomes and long term results will be presented and discussed.

Learning objectives are:
1. Discuss different treatment options for intra-bony defects at implants.
2. Learn how to remove an implant.
3. Learn how to use bone augmentation materials in the management of peri-implantitis defects.

ROCCUZZO, MARIO
University of Torino, Torino, Italy
Saturday, June 23, 2018
09:00 - 10:30 | Plenary Hall
Nightmare session
NIGHTMARE SESSION
Abstract: From time to time, all clinicians have treated patients and have later found themselves in situations of helplessness, extreme anxiety, and sorrow, i.e. in a nightmare. Everyday, reality is often not what we see during Congresses, where only the best treated cases are presented. Furthermore, there’s the common perception that scientific publications include pictures of the successful cases, while complications are only described in the text and/or in the tables. Indeed, failure is part of the human experience and it cannot be excluded from dentistry in general and periodontology in particular. Therefore, every treatment plan should take into consideration possible complications. Three expert clinicians will be willing to share not only their good days, but also their bad ones for a session devoted to the analysis of the risks associated to our profession.
SAITO, ATSUSHI
Tokyo Dental College, Tokyo, Japan
Wednesday, June 20, 2018
13:30 - 15:00 | Elicium
Biofilm and Antiinfective Therapy

BIOFILM AND ANTIINFECTIVE THERAPY
Abstract: In this first memorable EFP session with the Japanese Society of Periodontology (JSP), two distinguished scientists, Dr. Eija Könönen (Finland) and Dr. Akira Aoki (Japan) will present their current research on “Biofilm and Antiinfective Therapy”. Dr. Könönen will review current concepts on pathogenicity of subgingival biofilms, identify risk groups from microbiological point of view, and present novel ideas for inhibition of biofilm formation. Dr. Aoki will give an overview of the use of Er:YAG laser in periodontal treatment, focusing on its effects on periodontal bacteria and host tissues. He will also introduce a novel procedure, Er:YAG laser combined with conventional mechanical treatment (Er-LCPT). Join us as we learn and discuss novel strategies for the control of periodontal biofilm through this exciting EFP-JSP joint session.

SALVI, GIOVANNI
University of Bern, Bern, Switzerland
Thursday, June 21, 2018
14:30 - 16:00 | Auditorium
Effective prevention of periimplantitis

TREATMENT OF MUCOSITIS/INCIPIENT PERIIMPLANTITIS
Abstract: Peri-implant diseases represent a collective term for chronic inflammatory processes in the soft tissues surrounding an oral implant in function. Peri-implant mucositis is defined as an inflammatory process in the soft tissues without marginal bone loss whereas peri-implantitis is characterized by additional loss of supporting bone. If left untreated, progression of peri-implantitis will lead to implant loss. Formation of a microbial biofilm plays a central role in the initiation and progression of peri-implant inflammation. Consequently, the goal in the management of peri-implant diseases must be the resolution of peri-implant soft tissue inflammation and stabilization of the level of osseointegration. In addition to optimal self-performed plaque control, this goal can only be achieved under the condition that most of the bacterial biofilms and hard deposits are eliminated on the implant surface. Mechanical decontamination alone of the implant surface, however, is much more challenging when compared to that of natural root surfaces. Adjunctive measures and, if necessary, open flap procedures are often required to arrest peri-implant disease progression. Furthermore, peri-implant diseases are a common finding among patients not adhering to regular supportive periodontal therapy (SPT). Pre-existing peri-implant mucositis in conjunction with lack of adherence to SPT is associated with a higher incidence of peri-implantitis. Moreover, periodontitis is significantly associated with the occurrence of peri-implantitis, particularly in patients without SPT. Therefore, the aim of the present lecture is to summarize current knowledge on the effects of anti-infective measures on the management of peri-implant mucositis and incipient peri-implantitis.
SANZ, MARIANO  
*Faculty of Odontology, University Complutense of Madrid, Madrid, Spain*  
Friday, June 22, 2018  
08:30 - 12:00 | Elicium  
Critical Factors in Periodontology: News from the World Workshop on Classification

**NEWS FROM THE WORLD WORKSHOP ON CLASSIFICATION: GROUP 2**  
*Abstract:* In November 2017, two major scientific organizations in Periodontology, the American Academy of Periodontology and the European Federation of Periodontology joined forces to co-organize a Global Workshop on the Classification of Periodontal and Peri-implant Diseases and Conditions, which updated the 1999 Classification system. This symposium will present and discuss the principal outcomes of this workshop and will focus on the classification and case presentations of periodontitis. The approved framework for a new periodontitis classification is based on a multi-dimensional periodontitis staging and grading system, in which staging is largely dependent upon the severity or extent of disease at presentation as well as on the complexity of disease management, while grading provides supplemental information about biological features of the disease including rate of actual periodontitis progression, risk for further progression or impaired treatment outcomes, and risk for negatively affecting the general health of the patient. Additional approved categories of periodontitis include Necrotizing Periodontal Diseases, Endodontic-Periodontal Lesions and Periodontal Abscesses. In this presentation, the rationale for the development of the new classification system will be discussed in detail and the utility of the new case definitions for periodontitis will be exemplified.

Thursday, June 21, 2018  
14:30 - 16:00 | Plenary Hall  
Saving bone

**SAVING BONE**  
*Abstract:* It is well established that after a tooth extraction there will be marked dimensional changes in the residual alveolar bone and these changes may affect the outcomes of dental implants when used to rehabilitate the edentulous space. There are multiple risk factors involved in this physiological process and their knowledge is fundamental in the clinical decision making in respect to implant placement. Different protocols have been proposed to limit these dimensional changes mainly through the use of biomaterials and other regenerative approaches before or concomitant with the implant placement. In this session the efficacy of these approaches will be presented and discussed, mainly through the outcome of randomised clinical trials evaluating the impact on the residual bone crest of these regenerative surgical approaches, as well as on the feasibility of implant placement and on the aesthetic and restorative outcomes.

SCHAEFER, ARNE  
*Charité - University Medicine Berlin, Berlin, Germany*  
Friday, June 22, 2018  
08:30 - 10:00 | Forum Genetics  
**LESSONS LEARNT FROM GENOMEWIDE ASSOCIATION STUDIES**  
*Abstract:* Periodontitis is a complex disease that is caused by a combination of genetic, environmental and lifestyle
factors but detailed knowledge of the precise molecular factors that drive the pathogenesis is missing. The identification of these factors is a prerequisite to understand why individuals who live in the same environmental context and with a comparable lifestyle develop periodontitis or remain healthy. Genomewide association studies (GWAS) emerged a decade ago and provide an unbiased approach to identify common genetic susceptibility factors by simultaneously testing millions of DNA sequence variants spread across the genomes of large numbers of patients. To date, SNPs at SIGLEC-5 (sialic acid binding Ig-like lectin-5) and at DEFA1A3 (defensin alpha 1-3) were found to be associated with chronic and aggressive periodontitis at a genomewide significance level. SIGLEC-5 is an inhibitory receptor broadly expressed in cells of the innate immune system and could be important in maintaining leukocytes in the quiescent state. Alpha defensins are antimicrobial peptides with a role in phagocyte-mediated host defense and are expressed in neutrophils and mucosal surfaces. Another approach to identify disease associated DNA variants is to combine genome-wide genotype data from different populations or from related diseases. Results of current large cross-disease meta-analyses of chronic and aggressive periodontitis and of periodontitis and coronary artery disease will be described. Because the most significant associated DNA variants often do not correspond to the causative variants, a major challenge of future research will be firmly establishing the causality and effects of the nominated variants.
obesity, stress) have been identified as major triggers for the development of bacterial dysbioses, the efficacy of PMPR may be significantly enhanced by smoking cessation, dietary counseling, probiotics and the administration of antiinflammatory medications.

SCHWARZ, FRANK
Carolinum, Johann Wolfgang Goethe-University Frankfurt, Frankfurt, Germany
Thursday, June 21, 2018
14:30 - 16:00 | Plenary Hall
Saving bone

AUTOGENOUS TOOTH ROOTS FOR ALVEOLAR RIDGE AUGMENTATION

Abstract: Preclinical and clinical data provide evidence, that tooth roots reveal a structural and biological potential to serve as alternative autografts for localized ridge augmentation. In fact, dentin reveals a similar anorganic and organic composition as bone, features osteoconductive as well as osteoinductive properties and also gets involved in the bone remodeling process. This presentation will elucidate this new biological concept and focus on associated surgical procedures for current and future applications.

SCULEAN, ANTON
Bern University, Bern, Switzerland
Friday, June 22, 2018
10:30 - 12:00 | Plenary Hall
Root coverage in demanding sites

SURGICAL COVERAGE OF SINGLE AND MULTIPLE MANDIBULAR RECESSIONS

Abstract: Predictable coverage of mandibular single and multiple recessions is still a challenge for the clinician. In many clinical situations, due to the difficulties in performing adequate oral hygiene, deep mandibular recessions are associated with inflammation of the soft tissues, pocket formation or root caries. Consequently, when left untreated, deep mandibular recessions may show further attachment and bone loss or even endodontic complications, ultimately affecting long-term tooth prognosis. Recent evidence indicates that the use of innovative flap designs such as the modified coronally advanced tunnel (MCAT) or the recently proposed laterally closed tunnel (LCT) in conjunction with biologic factors such as enamel matrix proteins, connective tissue grafts, certain collagen based soft tissue grafts or combinations thereof may result in predictable root coverage, increase in tissue thickness and stability and improved possibility for oral hygiene. The lecture will provide the biologic rationale for the use of MCAT and LCT in the treatment of mandibular single and multiple recessions and demonstrate these through clinical cases and surgical videos. Long-term results (up to 5 years) illustrate the predictability of the presented concept and underline its clinical relevance.

Wednesday, June 20, 2018
15:15 - 16:45 | Elicium
Regenerative Periodontal and Implant Therapy

REGENERATIVE PERIODONTAL AND IMPLANT THERAPY

Abstract: The aim of this joint session between the European Federation of Periodontology (EFP) and the Japanese Society of Periodontology (JSP) is to provide the audience with a compilation of the most recent findings in regenerative periodontal and implant therapy. Dr. Shinya Murakami will summarize the
biological background and the pivotal studies leading to the clinical use of Basic Fibroblast Growth Factor (FGF-2) in regenerative periodontal therapy. Dr. Nikolaos Donos will address the clinically extremely challenging issue on when to save and when to extract a tooth and replace it with an osseointegrated implant. The presentation will provide the clinician with an evidence based decision making process helping to identify the most important factors that need to be considered when deciding between tooth preservation or extraction and subsequent implant placement.

**SEERANGAIYAN, KAVITHA**  
*University Medical Center Groningen, Groningen, The Netherlands*  
Wednesday, June 20, 2018  
13:30 - 15:00 | E105-108  
Halitosis - the last taboo

**THE IMPACT OF TONGUE MICROBIOME AND METABOLITES IN INTRA-ORAL HALITOSIS**  
*Abstract:* Halitosis, an unpleasant odor has become a serious issue in a day-to-day life of an individual. Halitosis can be subdivided into Intra- and Extra-oral halitosis. Nearly 90% of halitosis issue is Intra-oral halitosis (IOH). IOH has its sole cause from the oral cavity of which tongue coating is the main cause. The presence and the amount of tongue coating is believed to play a vital role in IOH, in particular, bacteria of the tongue coat. At present, the advanced technologies such as OMICS approach are very promising in the field of microbiome research. The microbial composition of IOH was unclear and the 16S amplicon sequencing study revealed high degree of similarity in bacterial composition of subjects with and without IOH with the exception that few Operational Taxonomic Unit (species) were significantly abundant in patient and control group. Based on this observation, it was hypothesized that the bacterial metabolism may play a role in the cause of IOH. Bacteria produces various metabolites and these can alter conditions in the oral environment, thereby increasing the pathogenicity of bacteria to create more potential pathogenic environment. The profiling of metabolites called the metabolomics gives a clear picture on the real dynamic changes of the cell, which is visible through quantification of small molecules such as lipids and amino acids. It is of interest to study the bacterial metabolome of the tongue biofilm in IOH and compare this with the bacterial metabolome of the biofilm of healthy subjects.

**SHAPIRA, LIOR**  
*Hebrew-University- Hadassah, Jerusalem, Israel*  
Friday, June 22, 2018  
10:30 - 12:00 | Forum  
Etiopathogenesis

**ANIMAL MODELS OF PERIIMPLANTITIS**  
*Abstract:* Peri-implantitis is a new global health concern affecting millions of people worldwide. Although the histological characteristics of peri-implantitis has been described, little is known regarding the biology and pathogenesis of this disease. Modern science requires the use of animal models to study disease pathogenesis. The use of such models enable us to understand the pathobiology and may lead to novel treatment options. Peri-implantitis has mostly been studied using large animal models, such as dogs and monkeys. These models primarily used histological tools to understand the disease pathogenicity. However, lack of accessibility, high cost, lack of a wide range of scientific tools and ethical restrictions also limit the use of large animals. Mouse models are widely
accepted in medical sciences, and many disease processes were explored using mice to dissect the path-biological pathways. Recently, we established a mouse model of peri-implantitis enabling us to overcome many of these obstacles. This model provides the added benefits of the availability of genetic manipulated strains, molecular and cellular tools and allows the comparison to a vast amount of knowledge derived from the use of mice in periodontal research. Using the mouse peri-implantitis model, we examined the unique homeostasis existing between the immune response and microbiome around implants and teeth. Our results demonstrate breakdown of tissue homeostasis around implants compared to teeth leading to high susceptibility of the implant to inflammation and bone loss. These findings are the first step toward understanding the pathogenesis of peri-implantitis and the development of new treatment modalities.

**SLOT, DAGMAR**

*Academic Center For Dentistry Amsterdam (ACTA), Amsterdam, The Netherlands*

Thursday, June 21, 2018
10:30 - 12:00 | Auditorium
Effective prevention of periodontitis

**CHEMICAL PLAQUE CONTROL**

*Abstract:* In order to maintain or improve oral health, removal of plaque and the prevention of its accumulation on the teeth and adjacent gingival tissues is needed. For regular personal oral hygiene toothbrushing is the most widespread means. An essential universal recommendation by dental care professionals is to brush twice daily for at least 2 minutes with a fluoride dentifrice. Dentifrice is a general term used to describe preparations that are used together with a toothbrush to clean and/or polish the teeth. Fluoride toothpastes have been widely used for decades and remain a benchmark intervention for the prevention of dental caries. However, studies of tooth cleaning suggest that despite technological innovations the levels of mechanical oral hygiene practice is inadequate.

The effect of dentifrices on gingival health has long only been seen as a commercial marketing strategy. While a chemical adjunctive effect of a dentifrice seems idyllic. Another method is the use of a mouthwash, this has been in use by humans for well over 2000 years. Mouthwashes and dentifrice are both an ideal vehicle in which to incorporate chemicals. In addition they are appreciated by the public because of their ease of use. Several formulations with various and specific chemical agents in dentifrices and mouthwashes are marketed. The question remains which is effective in the reduction of dental plaque, controlling gingivitis and has breath freshening effect in order to be a contribution as an oral health preventive measure?

**STEFANINI, MARTINA**

*University of Bologna, Bologna, Italy*

Friday, June 22, 2018
14:30 - 16:00 | Plenary Hall
Periodontal/Periimplant Plastic Surgery

*Abstract:* see abstract of De Sanctis, Massimo on p. 182

**SUVAN, JEAN**

*UCL Eastman Dental Institute, London, United Kingdom*

Friday, June 22, 2018
16:30 - 18:00 | Auditorium
Perio and obesity

**PERIODONTAL CONSEQUENCES OF OVERWEIGHT/OBESITY**

*Abstract:* see abstract of Preshaw, Philip on p. 209
REEUW, WIJNAND
ACTA, Amsterdam, The Netherlands
Saturday, June 23, 2018
09:00 - 10:30 | Elicium
Reconsidering the role of the oral health care team

SCREENING FOR CARDIOVASCULAR RISK
Abstract: Atherosclerotic Cardiovascular Disease (ASCVD) is a collective name for vascular pathologies in which the process of atherogenesis is the underlying etiologic mechanism. ASCVD is a major health problem and the leading cause of death globally. However, due to absence of symptoms and/or lack of knowledge, people are often unaware of having ASCVD while early diagnosis and treatment could prevent or stop the progression of this disease and concomitant complications. Therefore, risk indicators for early detection of ASCVD are needed and proposed. Many studies demonstrate an association between oral diseases, such as periodontitis, and ASCVD. Periodontitis is a common chronic multifactorial inflammatory disease of the supporting structures of the teeth. Today, ASCVD is clearly recognized as an inflammatory disease of the total cardiovascular system. This chronic process is often unnoticed by patients, but causes a pro-inflammatory state. The pro-inflammatory state of chronic ASCVD could subsequently trigger the onset and affect the severity of periodontitis. Therefore periodontitis could be considered as an early sign of an underlying cardiovascular pathology and thus periodontitis may be a useful risk indicator for ASCVD screening. It has been suggested that dentists could help to screen for ASCVD risk. Since new chair-side tests have been developed, the difficulty of measuring essential plasma markers for ASCVD can be overcome in the dental practice. The aim of this presentation is to discuss how dentists can contribute to the screening for ASCVD.

TEUGHELS, WIM
KU Leuven, Leuven, Belgium
Friday, June 22, 2018
10:30 - 12:00 | Auditorium
The Role of Nutrition

THE CONCEPT OF PRE- AND PROBIOTICS
Abstract: Many periodontal conditions are characterized by a dysbiotic oral microbiota and an ineffective inflammatory response. Today, treatment is still primarily focused on removing this dysbiotic microbiota. It is well accepted that certain antimicrobial adjuncts can improve the outcome of treatment. However, the indiscriminate use of antibiotics over the past decades has resulted in an ever-increasing antibiotic resistance development compromising the treatment of certain life threatening diseases. Recent evidence shows that bacteria can develop also resistance towards antiseptics and by this develop cross-resistance towards antibiotics. In order to face these treats, adjunct therapies need to be developed that improve treatment outcomes without increasing the risk of antimicrobial resistance development and allowing long-term use. One recent avenue is to interfere with the dysbiotic microbiota or the ineffective inflammatory response by adding or promoting beneficial commensal bacteria. It is shown that certain commensal bacteria are important to suppress pathobionts or regulate the inflammatory response. Probiotic therapies, in which such commensal
bacteria are added to the oral cavity, have shown promising results both in vitro as well as clinically. However, since most probiotic bacteria are not endogenous to the oral cavity and since every oral cavity contains beneficial commensal species with antimicrobial and anti-inflammatory properties, specific stimulation of such species might be a valid treatment approach. Recent in vitro data show that stimulating the commensal oral microbiota by prebiotics is feasible and suppresses pathobionts. This lecture will focus on the clinical effectiveness of probiotic therapies and the development of the prebiotic concept.

TINOCO, EDUARDO
State University of Rio de Janeiro, Rio de Janeiro, Brazil
Thursday, June 21, 2018
14:30 - 16:00 | Forum
Physical Activity: Protective or harmful to periodontitis?

ORAL HEALTH AT THE RIO OLYMPIC GAMES 2016
Abstract: Background & Aim: Every four years athletes from all over the world take part in a major international multi-sport event called Summer Olympic Games. In 2016, the XXXI Olympic Games were celebrated in Rio de Janeiro, Brazil, where 11,238 athletes from 207 countries competed in 306 events. For most athletes this is the highest peak of their sport’s life, and they endure years of hard training in order to be in their best mental and physical health for this competition. However, little is known about the oral health of these athletes. The aim of this study was to assess the oral health status in a population of athletes competing at the Rio2016 Olympic Games. Methods: Electronic invitations were sent by cell phone to all participating athletes and all the National Medical Committees were informed about the study before the beginning of the Games. The athletes who agreed to participate were clinically examined in a dental room at the Polyclinic in the Olympic Village and Digital Panoramic Radiographs (DPR) were taken. A trained practitioner assessed all DPRs, and oral examinations were carried out by experienced dentists. Results: Several athletes from different kinds of sports showed poor oral health conditions such as extensive carious lesions, periapical lesions, root fractures, periodontal bone loss, gingival bleeding and absent teeth. Some of these conditions may have impacted their sport performance. Conclusions: Oral health preventive programmes should be encouraged among elite athletes.

TOMASI, CRISTIANO
The Sahlgrenska Academy at University of Gothenburg, Göteborg, Sweden
Friday, June 22, 2018
08:30 - 10:00 | Auditorium
Challenges in Practice
MAINTAINING PERI-IMPLANT HEALTH
Abstract: It is well documented that, in subjects treated for periodontal disease, a positive prognosis is highly dependent from the set up of a maintenance program, which includes regular checks, reinforcement of patient’s motivation and supportive therapy when needed. A risk evaluation can help to design a correct frequency of recall visits. In the last decades, implants have become a standard treatment option to rehabilitate partial or fully edentulous patients, introducing a new player in the prognostic evaluation of the patient. As recent prospective data have enlightened the risk for biological complication for implant rehabilitation, particularly for subjects with a history of periodontal disease, the importance of maintenance
of peri-implant health is today viewed in a different perspective from the past. There are analogies and differences between teeth and implants, and these have to be taken into consideration when setting up a maintenance program and when supportive treatment procedures are needed. The parameters used to monitor periodontal tissues health have to be evaluated for appropriateness when applied to peri-implant tissues. A specific risk assessment has to be designed and applied, while specific tools are needed to maximize the efficiency of bio-film disruption.

TONETTI, MAURIZIO
University of Hong Kong, Hong Kong, China
Thursday, June 21, 2018
14:30 - 16:00 | Plenary Hall

Saving bone

**BENEFITS AND LIMITS OF SITE PRESERVATION AND IMMEDIATE IMPLANT PLACEMENT**

*Abstract:* The transition from a failed natural tooth to a dental implant requires a series of critical decisions that may impact the clinical outcome, the treatment complexity and the costs. A primary determinant is the reason of tooth loss. It is important to recognize that several reasons for tooth loss also involve substantial damage to the dental alveolus. Periodontitis, presence of an endodontic infection or a long standing vertical root fracture are key. While understanding of wound healing biology has been rightly emphasized, the above conditions modify significantly the wound healing process and the predictability of either immediate implant placement or ridge preservation. The presentation will describe in details the results of two multicenter multinational randomized controlled clinical trials designed to assess the benefits and risks of immediate implant or site preservation surgery compared to spontaneous healing and implant placement after completion of soft and hard tissue healing. Focus will be on a careful cost:benefit analysis. Clinical implications for clinical decision making will be discussed and current, evidence based approaches presented for the various clinical indications.

Friday, June 22, 2018
08:30 - 12:00 | Elicium

**CRITICAL FACTORS IN PERIODONTOLOGY: NEWS FROM THE WORLD WORKSHOP ON CLASSIFICATION**

*Abstract:* Evidence emerged in the 1980’s and 1990’s that some clinical patterns of periodontitis were often associated with different microbial patterns and different host conditions and habits. Based on the knowledge at the time, the 1999 World Workshop on Classification of Periodontal Diseases described the rationale and criteria for classifying common and uncommon forms of periodontitis. In the almost two decades since the 1999 Workshop, substantial new evidence and new understandings of these diseases have emerged that indicate that some of the population develops more severe clinical expression of periodontitis. Evidence supports an interaction of multiple risk factors that translates periodontitis in some of our patients into severe disease with greater complexity of clinical management. The new periodontitis classification acknowledges the importance of more than disease severity to best guide prevention and treatment of periodontal disease in
our patients. At the same time there has been a successful and expansive clinical use of dental implants. We now recognize that some implants result in clinically observable loss of supporting bone, the new case definitions should provide guidance in monitoring periimplant health and managing early signs of peri-implant disease. In this program, we briefly discuss the rationale for a classification change, and provide the vision of how such changes can be incorporated into clinical practice to favorably impact the care of our patients. We will emphasize key learnings from the Workshop, and Chairs of the four workgroups will describe key classification changes and approaches to implement the classification changes. We believe these changes will rapidly translate into important new approaches to prevention and management of periodontitis and peri-implant diseases and conditions.

**TROMBELLI, LEONARDO**
*University of Ferrara, Ferrara, Italy*

Thursday, June 21, 2018
16:30 - 18:00 | Plenary Hall
Managing Intrabony Periodontal Defects

**INTRABONY DEFECTS: MINIMALLY INVASIVE SURGICAL APPROACHES**

**Abstract:** The presentation will focus on surgical procedures aimed at regenerating the periodontal tissues lost due to periodontal disease. In particular, novel surgical techniques to approach the intraosseous lesions which have been shown to optimize the clinical outcome while minimizing the adverse effects, will be described. Emphasis will be given on matching the surgical procedure with the regenerative technology in order to maximize the enhanced tooth support and reduce the post surgery recession and pain.

**URBAN, ISTVAN**
*Urban Regeneration Institute, Budapest, Hungary*

Friday, June 22, 2018
08:30 - 10:00 | Plenary Hall
Bone Reconstruction after Implant Loss

**ADVANCES IN VERTICAL AND HORIZONTAL BONE AUGMENTATION**

**Abstract:** Vertical and horizontal ridge augmentation after implant loss presents one of the greatest challenges of bone regeneration in implant dentistry. This is primarily due to the difficulty of the surgical procedure and its potential complications. These defects have become more frequent on patients who lost implants due to peri-implant disease. This presentation will reveal the surgical steps, timing and expected clinical outcome of the required reconstructive hard and soft tissue surgeries. The detailed surgical anatomy of the floor of the mouth, the Modified Lingual Flap as well as the technique for protecting the mental nerve will be presented in details. Vertical ridge augmentation, the Sausage Technique® as well as the Strip soft tissue reconstructive technique will be presented. Utilizing these procedures may lessen the need of harvested autogenous bone and soft tissue and may generally lead to decreased morbidity and therefore increased patient comfort and satisfaction associated with these regenerative procedures.

Learning objectives: Understand the surgical anatomy of the floor of the mouth. Review the surgical principles of ridge augmentation surgery. Review the surgical principles of the reconstruction of the vestibule and keratinized tissue after ridge augmentation.
WHAT IS ESSENTIAL FROM A NUTRITIONAL POINT OF VIEW?

Abstract: At present, periodontitis is regarded as a complex disease which is the result of a combination of factors, among which are lifestyle related risk factors, such as smoking, stress and poor diet. During the last decade increasing evidence has emerged that nutritional aspects may play an important role in the onset, progression and treatment of periodontal diseases. Traditional therapies of periodontal diseases aims at the removal bacterial deposits and improving host response by smoking abstention. An additional way to improve the host response could be to analyze the diet of periodontal patients. In case of inadequateness of the diet, dietary advices could be given. In this respect, it is important to provide the patient with the relevant information about what is essential in his/her case from a nutritional point of view. In this presentation, the adequate intake of food components in relation to periodontal diseases will be discussed, in particular vitamin D and vitamin C.

Effective prevention of periodontitis

MECHANICAL PLAQUE CONTROL

Abstract: There is increasing public awareness of the value of personal oral hygiene. People brush their teeth for a number of reasons: to feel fresh and confident, to have a nice smile, and to avoid bad breath and disease. Oral cleanliness is important for the preservation of oral health as it removes microbial plaque, preventing it from accumulating on teeth and gingivae. Maintenance of effective plaque control is the cornerstone of any attempt to prevent and control periodontal disease. The most widespread means of actively removing plaque at home is toothbrushing. A variety of manual and electric toothbrushes have been developed to improve the efficiency of plaque removal. The use of a toothbrush is usually recommended to combined with a dentifrice. In populations that use toothbrushes, the interproximal surfaces of the molars and premolars are the predominant sites of residual plaque. Removal of plaque from these surfaces remains a valid objective with another device because, in patients susceptible to periodontal disease, gingivitis and periodontitis are usually more pronounced in this interdental area than on oral or facial aspects. This lecture will address the history of various mechanical oral hygiene products and discuss the currently available scientific support. This will help the dental care professional to give an evidence based advice to their patients.

Innovations in implant therapy

SOFT TISSUE MANAGEMENT AT IMPLANTS

Abstract: Clinical experience and research has evidenced the relevance of an adequate peri-implant mucosa to provide health and aesthetics. Hence, quality and quantity of soft
tissues around implants are of outmost importance in nowadays-clinical practice. Several surgical techniques have been introduced to manage the soft tissues around implants, but when it comes to soft tissue augmentation, the use of connective tissue harvested from the palate has been always a must. Although connective tissue grafting is still considered as the gold standard of therapy, the use of soft tissue substitutes has been recently introduced with promising results. Thus, the objective of this presentation is to describe the clinical indications and the available surgical techniques to improve the quality and quantity of soft tissues. A special focus will be given to the use of soft tissue substitutes, analyzing the available data in the literature and our clinical experience.

WALTER, CLEMENS
UZB, Basel, Switzerland
Wednesday, June 20, 2018
13:30 - 15:00 | Forum Advances in Diagnostics

IMAGING OF FURCATION LESIONS
Abstract: Periodontal treatment of maxillary molars represents several challenges to the clinician, including facing the limits of conventional clinical or two-dimensional radiographic diagnostic accuracy and subsequent treatment planning. In contrast evidence from systematic reviews from human clinical trials shows the potential of cone beam computed tomography (CBCT). Particularly, in maxillary molars, CBCT provides high accuracy for detecting furcation involvement and morphology of surrounding periodontal tissues of each maxillary molar root. CBCT has demonstrated advantages, when more invasive surgical treatment approaches (Graduation of Invasiveness Go>2) were considered in terms of decision making and cost benefit. However, the increased radiation needs to be justified in individual cases. Recent research aims, therefore in a careful adaption of CBCT scanning modalities, including images/scan, voxel sizes and/or rotation.

WEST, NICOLA
Bristol Dental School, BRISTOL, United Kingdom
Friday, June 22, 2018
14:30 - 16:00 | Auditorium
Problems in Practice: Hypersensitivity, Halitosis, Sleep Disorders

DEALING WITH HYPERSENSITIVITY
Abstract: As clinicians we characterise dentine hypersensitivity (DH) as a short, sharp, pain arising from exposed dentine in response to stimuli, typically thermal, evaporative, tactile, osmotic or chemical, which cannot be ascribed to any other form of dental defect or pathology (Holland et al 1997). This definition suggests the diagnosis of DH is objective, determined by the clinician following measurement or observation of an indicator of the condition. However, since the indication of DH is pain, a large component of DH diagnosis is subjective as the clinician cannot measure this, relying on the patient to convey the nature of their pain. It is important to consider the patient’s perception of DH pain and what the pain is like to live with, when managing the condition and developing potential solutions. How can we help DH sufferers? The evidence presented suggests that the impact of DH on everyday life is under-estimated. This appears to be due to patients not recognizing that this is a condition that can be treated and not reporting their sensitivity to their dentist because they...
don’t perceive it will be viewed as a problem, or are afraid to mention it in case there is an underlying issue. As dentists, therefore we need to adopt a person-centered approach. We need to inform patients that DH treatments are available and recommend those with good evidence of efficacy. Ultimately the desired outcome is immediate, long lasting pain relief.

WEVERS, RON A.
Radboud University, Nijmegen, The Netherlands
Wednesday, June 20, 2018 13:30 - 15:00 | E105-108
Halitosis - the last taboo

A NEWLY DISCOVERED CAUSE OF EXTRA-ORAL HALITOSIS
Abstract: Volatile sulfur-containing compounds hydrogen sulfide (H$_2$S), methanethiol (CH$_3$-SH) and dimethylsulfide (DMS, CH$_3$-S-CH$_3$) have been identified as the main contributors to halitosis or bad breath. The origin of halitosis can be intra- or extraoral. Intraoral halitosis, the most common form, is usually caused by methanethiol and H$_2$S produced by Gramnegative bacteria located on the dorsum of the tongue or in gingival and periodontal crevices. Extraoral halitosis has an estimated prevalence of 0.5–3% in the general population, and its origin is not completely understood. Extraoral bad breath can be caused by conditions affecting the nose, sinuses, tonsils, and esophagus, but in some individuals, the extraoral halitosis is bloodborne. In bloodborne halitosis, malodorant compounds, most commonly DMS, are carried to the lungs, where they enter the breath. The DMS concentrations in oral and nasal breath have been found to be sixfold higher in people with extraoral halitosis than in controls. The cause of elevated DMS levels in these individuals is unknown. DMS is produced from methanethiol through methylation. Both DMS and methanethiol result from the complex microbiome and mammalian co-metabolism of volatile sulfur compounds. Through studying five patients with extraoral halitosis caused by elevated levels of DMS in the blood, we identified a gene encoding a protein that oxidises methanethiol. Mutations in this gene cause extraoral halitosis and define a novel inborn error of metabolism. The diagnosis can be made by Sanger sequencing of the gene and by measuring the relevant accumulating metabolites in body fluids. This is the first genetic cause underlying extraoral halitosis. Further work will address therapeutic options for patients with this defect.

WILENSKY, ASAF
Hadassah Medical Center, Israel
Friday, June 22, 2018 10:30 - 12:00 | Forum
Etiopathogenesis

ANIMAL MODELS OF PERIIMPLANTITIS
Abstract: Peri-implantitis is a new global health concern affecting millions of people worldwide. Although the histological characteristics of periimplantitis has been described, little is known regarding the biology and pathogenesis of this disease. Modern science requires the use of animal models to study disease pathogenesis. The use of such models enable us to understand the pathobiology and may lead to novel treatment options. Peri-implantitis has mostly been studied using large animal models, such as dogs and monkeys. These models primarily used histological tools to understand the disease pathogenicity. However, lack of accessibility, high cost, lack of...
a wide range of scientific tools and ethical restrictions also limit the use of large animals. Mouse models are widely accepted in medical sciences, and many disease processes were explored using mice to dissect the path-biological pathways. Recently, we established a mouse model of peri-implantitis enabling us to overcome many of these obstacles. This model provides the added benefits of the availability of genetic manipulated strains, molecular and cellular tools and allows the comparison to a vast amount of knowledge derived from the use of mice in periodontal research. Using the mouse peri-implantitis model, we examined the unique homeostasis existing between the immune response and microbiome around implants and teeth. Our results demonstrate breakdown of tissue homeostasis around implants compared to teeth leading to high susceptibility of the implant to inflammation and bone loss. These findings are the first step toward understanding the pathogenesis of periimplantitis and the development of new treatment modalities.

WINKEL, EDWIN G.
Clinic for Periodontology Amsterdam, Amsterdam, The Netherlands
Wednesday, June 20, 2018
13:30 - 15:00 | E105-108
Halitosis - the last taboo

HALITOSIS - THE LAST TABOO
Abstract: Halitosis is a general term used to describe an unpleasant odour emanating from the oral cavity. Several non-oral pathological conditions have been related to oral malodour, including infection of the upper and lower respiratory tracts, the gastrointestinal tract, and some metabolic diseases, so called extra-oral halitosis (EOH). EOH can be subdivided in halitosis from the upper respiratory tract including the nose, from the lower respiratory tract, and in blood-borne halitosis. In nearly all cases, patients with EOH have bad breath from both mouth and nose, except for extra-oral halitosis due to nose infection where patients may have bad breath only from the nose. New developments in EOH will be discussed by Prof. Wevers. Most reports now agree that the most frequent sources of halitosis (80 to 90%) exist within the oral cavity, intra-oral halitosis (IOH) and include bacterial reservoirs such as the dorsum of the tongue, saliva and periodontal pockets, where anaerobic bacteria degrade sulphur containing aminoacids to produce the foul smelling Volatile Sulphur Compounds. In the session Dr. Seerangaiyan new findings will be discussed about IOH. IOH can be treated effectively, especially by the use of a tongue scraper and certain mouth-rinses. It is of utmost importance to differentiate between extra-oral and intra-oral halitosis. Comparing nose breath with mouth breath can do this. In this presentation the focus will be, how to handle patients with halitosis in the dental office. Practical information will be given to support the halitosis therapy and treat this “last taboo”.

ZAURA, EGJA
Academic Centre for Dentistry Amsterdam, Amsterdam, The Netherlands
Thursday, June 21, 2018
14:30 - 16:00 | Elicium
The human microbiome: role in health and disease

THE ORAL MICROBIOME
Abstract: Oral microbial ecosystem is exposed to numerous daily perturbations such as toothbrushing and mastication,
antimicrobial substances in saliva, in oral care products and foods, fluctuations in pH, oxygen and temperature. Nevertheless, it is incredibly stable. Our previous research has shown that oral microbiome is far more resistant to a single dose of antibiotics than microbiome of the gut. At health, oral microbial communities are in balance and in beneficial symbiosis with the host. If the balance is lost, a dysbiotic microbial community evolves, which enters an antagonistic symbiosis with the host. This may lead to oral diseases or can even have an impact on the general health of the host. To date, immense effort has been made to understand and battle oral diseases, while relatively little is known about how to maintain good oral health. Do we even know what is oral health? Is it possible to enhance the stability and resilience of the oral ecosystem towards stress? Since the oral microbiome is so stress-resilient and stable, is it then possible to reboot it and steer towards a healthier ecosystem, after the balance is being lost? These and other questions will be addressed and discussed during this presentation.

ZITZMANN, NICOLA

University Center for Dental Medicine Basel UZB, Basel, Switzerland
Thursday, June 21, 2018
14:30 - 16:00 | Auditorium
Effective prevention of periimplantitis

PROSTHETIC CONSIDERATIONS

Abstract: In implant treatment planning, prosthetic considerations should precede the surgical procedure, since implant number, position and distribution, and selection of the implant design (bone- or tissue-level) are determined by reconstructive considerations. What are risk factors for peri-implant disease related to prosthetic aspects of dental implants? - cleanability inhibited (implants too close together, closed interproximal regions, missing keratinized mucosa) - transmucosal portion – implant system for submerged (bone-level) or non-submerged (tissue level) healing, form and design of the implant abutment connection (platform switching, rough surfaces - biofilm adherence at the mucosal margin) - unaccessible cement remnants in submucosal position What are the key preventive measures to be made regarding the suprastructure to maximize the longevity of dental implants and to minimize the risks for peri-implant disease? - prefer tissue-level implants, prefer screw-retained restorations - if cemented, then individualized abutments with accessible margin for cement removal - cementation after soft-tissue maturation - open interproximal regions for cleansibility - cleansability according to patient’s individual skills Ideally, fixed dental prostheses in edentulous spaces or edentulous jaws are designed with interconnected pontics for sufficient bone around the individual implants (no longer one implant per tooth unit), tissue level implant designs, and screw-retention of the superstructure.

ZUCCHELLI, GIOVANNI

University of Bologna, Bologna, Italy
Friday, June 22, 2018
14:30 - 16:00 | Plenary Hall
Periodontal/Periimplant Plastic Surgery

Abstract: see abstract of De Sanctis, Massimo on p. 182

ZUHR, OTTO

Johann-Wolfgang-Goethe University, Frankfurt, Germany
Friday, June 22, 2018
10:30 - 12:00 | Plenary Hall
Root coverage in demanding sites
Abstract: The application of soft tissue autografts has characterized the last 50 years of clinical periodontology, and till today – more than ever – a variety of soft tissue grafting interventions is carried out with two different targets being pursued: increasing the width of keratinized tissue and increasing soft tissue volume. A solid body of scientific evidence points out that amongst others, also the predictability and long-term stability of root coverage procedures can be improved by combining coronally advanced flap procedures with subepithelial connective tissue grafts. It needs to be mentioned though, that the true nature of the positive connective tissue graft effect in gingival recession therapy is not quite clear to this day. The matter of fact that different donor sites at the human palate can be selected and different harvesting techniques be applied by clinicians has hardly been brought up in the past. Based on clinical observations and initial research datas, it is the aim of this presentation to discuss the resultant differences in the histological composition of corresponding soft tissue autografts and their possible impact in matters of clinical characteristics like re-vascularization, epithelial differentiation and volume stability in connection with root coverage procedures.
EFP RESEARCH PRIZE FINALISTS’ ABSTRACTS

By speaker name in alphabetical order as per printing date.

DOMMISCH, HENRIK

Department of Periodontology and Synoptic Dentistry, Charité – Universitätsmedizin Berlin, Germany

Friday, June 22, 2018
12:30 - 14:00 | G106-107

EFP Research Prize

THE GUARDIANS OF THE PERIODONTIUM – SEQUENTIAL AND DIFFERENTIAL EXPRESSION OF ANTIMICROBIAL PEPTIDES DURING GINGIVAL INFLAMMATION. RESULTS FROM IN VIVO AND IN VITRO STUDIES.

Dommisch H1,2,*, Skora P3, Hirschfeld J3,4, Olg G.3, Hildebrandt L3, Jepsen S3
1Department of Periodontology and Synoptic Dentistry, Charité – Universitätsmedizin Berlin, Berlin, Germany
2Department of Oral Health Sciences, University of Washington, Seattle, WA, USA
3Department of Periodontology, Operative and Preventive Dentistry, University Hospital Bonn, Bonn, Germany
4Department of Periodontology, University of Birmingham, Birmingham, UK

Aim: To evaluate the sequential and differential expression of antimicrobial peptides (AMPs), human beta-defensin-2 and -3 (hBD-2, -3), CC chemokine ligand 20 (CCL20), S100A7/psoriasin (S100A7), and calgranulin A/B (S100A8, S100A9), during the development of an experimentally induced gingivitis in humans.

Material and Methods: In twenty healthy volunteers, gingival inflammation was induced by abstention from oral hygiene at 6 teeth. Bleeding on probing (BOP) and plaque index (PI) were assessed, and gingival biopsies as well as gingival crevicular fluid (GCF) were collected at 8 different time points (t0-t35). Additionally, gingival epithelial cells (GECs) were stimulated with receptor agonists to study cell recognition in vitro. In biopsies and GECs, AMPs mRNA expression was evaluated using real-time PCR, protein profiles of hBD-2 and CCL20 were measured by ELISA. Statistical analysis was performed using the Friedman test followed by the Kruskal Wallis test (P<0.05).

Results: The clinical parameters BOP, PI, and GCF increased over time (P<0.0001). Tissue AMP mRNA expression was significantly elevated, but at different and AMP-specific time points (P<0.05). Protein analysis revealed a similar expression pattern for hBD-2 and CCL20 in GCF (P<0.05). In GECs, activation of multiple receptors is required to induced AMP gene expression (P<0.0001).

Conclusions: For the first time, this study shows the sequential and differential expression of AMPs during a developing inflammation in vivo providing further evidence for their role as guardians of a healthy periodontium.
PREDICTING CHRONIC PERIODONTITIS USING CARDIOMETABOLIC RISK MEASURES

Eduardo Montero¹, David Herrera¹, Mariano Sanz¹, Sangeeta Dhir², Thomas Van Dyke³, Corneliu Sima⁴

¹ ETEP (Etiology and Therapy of Periodontal Diseases) Research Group, University Complutense, Madrid, Spain.
² Department of Periodontology, Dr B.R. Ambedkar Institute of Dental Sciences, Patna, 801503, India
³ Center for Clinical and Translational Research, Forsyth Institute, Cambridge, USA
⁴ Department of Oral Medicine, Infection and Immunity, Harvard School of Dental Medicine, Boston, USA

Aim: This study investigated associations between measures of cardiometabolic risk and moderate-to-severe periodontitis in the adult U.S.A. population, with data from the 2011-2012 National Health and Nutrition Examination Survey (NHANES) cycle.

Material and Methods: Estimates of association in the NHANES population were derived from a subset of 3017 subjects aged >30 years, with >14 teeth present and having received a periodontal examination in addition to data collected on cardiometabolic risk measures including smoking, body mass index (BMI), blood pressure, total cholesterol and glycated haemoglobin (HbA1c).

Results: The prevalence of moderate and severe periodontitis was 37.06% and 13.19%, respectively. A multivariable logistic regression model revealed that HbA1c ≥5.7% was significantly associated with suffering moderate-to-severe periodontitis (odds ratio, OR=1.29; p<0.01), with this association being higher in subjects with <50 years (OR=1.42; p<0.05). A predictive model including age, gender, ethnicity, HbA1c and smoking habit as variables had 70% sensitivity and 67.6% specificity in detecting moderate-to-severe periodontitis in US adults.

Conclusions: Periodontitis is a common disease in North-American adults, and its prevalence is significantly higher in individuals with prediabetes or diabetes. The present study demonstrates that a model including age, gender, ethnicity, HbA1c and smoking habit is reliable for predicting periodontitis and can be used as a screening tool in primary care settings.
TIME BETWEEN RECALL VISITS AND RESIDUAL PROBING DEPTHS PREDICT LONG-TERM STABILITY IN PATIENTS ENROLLED IN SUPPORTIVE PERIODONTAL THERAPY

Christoph A. Ramseier¹*, Martina Nydegger¹, Clemens Walter², Gabriel Fischer³, Anton Sculean¹, Niklaus P. Lang¹, Giovanni E. Salvi¹

¹ Department of Periodontology, School of Dental Medicine, University of Bern, Switzerland
² Department of Periodontology, Endodontontology and Cariology, School of Dental Medicine, University of Basel, Switzerland
³ Significantis GmbH, Bern, Switzerland

Aim: To relate the time between recall visits and residual periodontal probing depths (PPD) to periodontal stability in patients enrolled in supportive periodontal therapy (SPT).

Materials and Methods: Retrospective data on residual PPDs from 11,842 SPT visits were related to time between SPT visits and PPD stability thresholds in patients enrolled in SPT at the Medi School of Dental Hygiene (MSDH), Bern, Switzerland 1985-2011. Suggested times between consecutive SPT visits with no change of residual PPD were computed.

Results: A total of 883 patients aged 43.9 (±13.0) years and 55.4% (n=489) being females were identified. Linear mixed model analysis yielded highest statistically significant impact on PPD change with time between SPT visits, presence of residual PPD ≥4mm, and bleeding on probing (p<0.0001). Patients returning for SPT five times consecutively earlier than computed presented mean % PPDs ≥4mm of 5.8% (±3.9) compared with patients returning later (19.2%, ±7.6) (p<0.0001). Additionally, patients attending >50% of their SPT visits earlier versus later demonstrated reduced frequency of tooth loss (0.60, ±0.93 versus 1.45, ±2.07) after 20 years (p<0.0001).

Conclusions: To reach and maintain periodontal stability during SPT, individual quantitative data from residual PPDs may be utilized to compute the time between consecutive SPT visits.
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WEDNESDAY, JUNE 20, 2018

13:45 – 16:45 | G102-103
Sponsor Workshop
ORAL-B
By invitation only

13:45 – 16:45 | G104-105
Sponsor Workshop
Geistlich Biomaterials

INSIGHTS FROM THE EXPERTS: HOW TO MASTER YOUR SOFT-TISSUE PROCEDURES

Geistlich Fibro-Gide® – a real alternative for soft tissue grafting.
M. Beschnidt (Germany)
The workshop focuses on the use of a new collagen matrix in soft tissue enhancement in pontic areas and around dental implants. Surgical techniques are trained step by step and the special handling of the new collagen matrix is shown. The aim is to provide knowledge and handling recommendations about the use of the new collagen matrix from Geistlich Biomaterials.

Treatment of single gingival recession with coronally advanced flap and a new collagen matrix
G. Zucchelli (Italy)
Treatment of gingival recession is an important therapeutic issue due to the increasing patient's aesthetic demand. Complete root coverage is the goal to be achieved. Coronally advanced flap with connective tissue graft is the gold standard. Donor site harvesting takes time, can lead to postoperative pain and discomfort. A new collagen matrix can be successfully used in combination with a coronally advanced flap.

Learning objectives – Describe step by step:
1. Root coverage surgical procedure for the treatment of single gingival recession: flap design, elevation and mobilization
2. How to handle the matrix: from shaping to fixation.
3. Suturing techniques

More information and registration please refer to
PERIODONTAL REGENERATIVE PROCEDURE: MATCHING TECHNIQUE AND TECHNOLOGY

Prof. Leonardo Trombelli

Deep intrabony defects represent a challenge for the clinician since, if not properly treated, they can lead to tooth loss. Over the past years, various approaches aimed at a substantial improvement of the clinical conditions of the tooth affected by the lesion associated with the regeneration of the lost attachment apparatus have been developed. The ideal clinical outcome can be achieved when the surgical technique is perfectly matched to the regenerative technology in a specific patient showing a specific lesion.

The objectives of this workshop are the following:

- Gain knowledge in the diagnostic and therapeutic procedures for the treatment of intraosseous defects in a regenerative sense
- Learn the indications and surgical protocol of the single flap approach (SFA)
- Learn to select the most appropriate yet simple regenerative technology based on the characteristics of a given defect in combination with either a double flap approach or SFA
- Practice on pig jaws the fundamental steps of the SFA in combination with the use of Straumann® Emdogain® and cerabone®
- For the hands-on exercises, we recommend that you bring magnifying glasses with light.

PERI-IMPLANTITIS: COULD A CHANGE IN THE IMPLANT SURFACE BE PART OF THE SOLUTION?

Ph. Khayat

Peri-implantitis is a puzzling and frustrating pathology. Like periodontitis, several risk factors have been described and analysed. But some factors may be more specific to the implant treatment. Could rough implant surfaces be one of them?

Anecdotal reports by surgeons placing higher numbers of implants in the years before 2000 when smoother machined surfaces were the standard of care, finding that cases peri-implantitis were way lower than today. The debate is currently very active and current published scientific studies do not indicate a consensus. In the workshop we will explore this controversy through a critical review of the published literature.

We also will address this issue from an own clinical perspective and present several interesting cases treated in our clinic with long term follow-up, trying to develop a hypothesis what is peri-implantitis and how it potentially be influenced by surface characteristics.

A perspective on our own clinical treatment protocol will be given and a new hybrid implant design will be proposed.
Sponsor Session

PerioChip

THE INDICATIONS AND THE ADDITIVE EFFECT OF INTRA-POCKET MEDICATION IN DIFFERENT STAGES OF PERIODONTAL TREATMENT
Chair: O. N. Shapira (Israel)

Combining PerioChip in Periodontal treatment - an interactive quiz and a review
O. N. Shapira (Israel)

Adjunctive periodontal therapy: the use of local antimicrobials
D. Herrera (Spain)

Multiple application of CHX loaded chips (PerioChip)® as a minimally invasive treatment modality for periimplantitis
E. Machtei (Israel)

Session Abstract:
David Herrera¹, Eli Machtei², Orly Nir Shapira³
¹University Complutense, Madrid, ²Rambam HHC & Faculty of medicine, Technion (IIT), Haifa, ³Periodontist, Private Practice, Petach Tikva, Israel

Aim: To survey and compare the knowledge of the dental professionals regarding the use of intra-pocket medication and to present the available evidences of the indications and the added value of PerioChip in different stages of periodontal treatment.

Objectives: The knowledge of the audience regarding the evidences of the indications and the added value of intra-pocket medication with PerioChip will be surveyed using interactive online questioner.

An overview of the scientific evidences regarding the advantage of the use of PerioChip in different treatment options and stages, as well as clinical case reports, will be presented.
An overview of the added value of intra-pocket medication as a concept will be presented.
An overview of the specific use of PerioChip in cases of periimplantitis will be presented.
Finally, an open panel discussion with the opinion leaders who will interact with the audience to clarify any questions that may arise.
THURSDAY, JUNE 21, 2018

10:30–12:00 | Emerald Room

Sponsor Session

*Mis Implants Technologies Ltd.*

**ANTErior ESTHETIC IMPLANT CASES: DIGITAL INTEGRATION**

*Speakers: E. van Dooren (Belgium), G. Gurel (Turkey)*

**Session Abstract:**
Whatever restoration a dentist provides, the final esthetic outcome is a critical aspect for almost all of our patients in our daily practices. When it comes to implant restorations, so many details are summed up for the ideal esthetic result. Case selection, indications, implant selection and the surgeon’s technical skills are some of the key factors in the long term success of the treatments. However, when it comes to deciding on the size of the implant, positioning, correct placing, designing the guides for the surgery and provisionals, and choosing the right abutments, all these should always be prosthetically driven.

This brings the importance of pre-designing the esthetic part of the cases (prosthetics) way before the treatment begins. This will have a significant influence on the treatment planning. To obtain such results, we need interdisciplinary team work. Every member of the team (including the specialists, lab technicians and the patient) should be aware of the treatment planning and the expected end result, right from the beginning. Considering all of the above is done correctly, a major condition for success is still “communication”. The key to esthetic excellence requires patient communication as well as the communication with the laboratory and the specialists from the beginning of the case right up till the end.

This becomes even more challenging if the team do not physically work together in the same place.

The protocol that will be presented will improve the esthetic diagnosis, the interdisciplinary communication and the predictability of anterior esthetic implant restorations.

12:30–14:00 | Plenary Hall

Sponsor Session

*Acteon*

**NEW TREND IN PIEZO SURGERY: PIEZO EXTRACTION TO FAVOR BONE PRESERVATION WITH IMMEDIATE IMPLANT PLACEMENT / PIEZOCISION™ TO SHORTEN ORTHODONTIC TREATMENT**

*Chair: F. Lambert (Belgium)*

Piezotome Surgery: Same-day Procedure for Extractions and Implant Placement

*S. Nares (USA), D. Abdah (UK)*

Atraumatic extraction and implant placement is becoming the norm in today’s implant surgery. Using predictable and safe technology is a must to achieve superior results for today’s patients. Advances in piezo surgery is helping to achieve this, and the Piezotome Cube by ACTEON is at the pinnacle of this technology. The aim of the talk is to share practical information on the use of such technology for the safe, easy and predictable extraction of hopeless teeth regardless of their difficulty. Diagnosis of the bone surrounding the teeth will also be covered and how to separate the most difficult roots from even the thinnest bone by gently cutting the periodontal fibers, thus keeping the bone structure intact for implant placement. Learning this method will reduce time considerably and the amount of grafting material, making every procedure predictable and more profitable, but most importantly easier and more acceptable for the patient. Practical cases will demonstrate the easy use of this method.
Piezocision™: The New Surgical Technique to Accelerate Orthodontic Treatment
F. Lambert (Belgium), C. Charavet (France)

An increasing number of adult patients are seeking shorter orthodontic treatments. Several surgical techniques such as corticotomies have been developed to accelerate teeth movements. However, these procedures involve large flap release and are rather invasive. More recently, Piezocision, a flapless technique for localized decortication demonstrated interesting results in several clinical studies. This technique can also be combined with tissue augmentation such as bone regeneration. The aim of this lecture is to describe the surgical techniques and to highlight the efficacy of Piezocision through research data and clinical cases.

12:30–14:00 | Elicium

Sponsor Session
Nobel Biocare

MAINTAINING LONG-TERM HARD AND SOFT TISSUE HEALTH
Chair: N. Donos (UK)

On long-term survival and peri-implantitis with moderately rough implant surfaces
T. Albrektsson (Sweden)

Aim: Moderately rough implant surfaces are one of the key factors ensuring successful osseointegration and long-term outcomes. Dental implants with these modern surfaces demonstrate very high survival rates of 95-100%. These surfaces can be created either by subtractive or by additive processes. A typical example of a subtractive surface is the SLA surface which is created by sandblasting and acid etching. Alternatively, TiUnite is an additive surface that is created by an anodization process. Both procedures result in a similar surface roughness, but because these technical approaches differ fundamentally, the characteristics and morphology also differ.

Educational objective: A fundamental question in dental implantology is whether these morphological differences result in different implant success outcomes over a long period of time. This presentation will focus on the following questions: How do moderately rough surfaces perform compared to machined surfaces? Is there evidence suggesting that one surface type is more susceptible to peri-implant disease than others? What are the long-term success and survival rates of additive vs subtractive surface implants?

Clinically induced peri-implantitis – a wider understanding of triggering factors and etiology
L. Canullo (Italy)

Aim: Traditionally, plaque accumulation is believed to be the primary etiological factor in peri-implantitis. A more modern approach, looking beyond symptomology to stratify cases of peri-implantitis into risk groups, has shown that in most of cases, bacterial superinfection seems to be secondary. More important triggers of peri-implant disease seem to be deficiencies in implant placement or prosthetic restoration. Knowledge of these contributing factors will substantially change not only the treatment plan, but also the prognosis of peri-implant disease. The aim of this presentation is to demonstrate the “dos and don’ts” of good clinical practice to avoid peri-implant pathology and obtain a longitudinal stable clinical response of the peri-implant tissues.

Educational objective: Following this presentation, participants will be able to: 1) describe different etiology and risk groups of peri-implant pathology, 2) develop an individualized treatment plan addressing specific risks for peri-implantitis, and 3) understand the role and efficacy of surgical approaches to peri-implantitis.

Importance of undisturbed soft tissue healing for good esthetic outcomes and clinical success
G. Fabbri (Germany)

Aim: The prosthetic treatment plan must allow an ideal integration of esthetic, biologic and functional requirements whether on natural teeth or on implants. Restoring dental implants
is usually more challenging due to the inevitable soft tissues changes after tooth extraction. Therefore, soft-tissue healing and management around implants is an important aspect of the treatment plan which must also be considered from a prosthetic point of view. Prosthetic components play an essential role in achieving ideal results and good esthetics. Each clinical situation requires careful evaluation and selection of the right implant system and prosthetic components, as well as restorative materials and the right clinical approach. It is well known today that the biological integration and stability of soft tissues around implants can be significantly influenced by the prosthetic approach. The use of prosthetic components that are not removed during treatment allows undisturbed soft tissue healing. This has significant advantages from biological, biomechanical and clinical points of view. The On1 concept (Nobel Biocare) ensures an undisturbed mucosal integration during the healing process with many advantages for both surgeons and restorative clinicians. It provides not only surgical flexibility along with soft tissue seal at the prosthetic component base, but also a simplified restorative workflow.

Educational objective: At the end of this session, participants will be able to discuss treatment approaches and component selection to promote good soft tissue healing and biological outcomes.

Therapy of peri-implantitis – an innovative approach to implant surface decontamination
M. Schlee (Germany)

Aim: Controversy surrounds the definition, diagnosis and prevalence of peri-implant pathology in the dental community. However, it is evident that the incidence of peri-implantitis increases relative to the increasing number of patients treated with implants and the increased cumulative exposure related to longer follow-up times. Systematic reviews, as well as the clinical experience of practitioners in daily dental practice, have shown that no currently available treatment modality achieves an adequate long-term result. With the methods that are available today, neither complete removal of the biofilm nor an acceptable amount of re-osseointegration are achievable.

In this presentation, a new and innovative method of in-situ cleaning of the implant surface will be shown. Pre-clinical and clinical data have demonstrated its effectiveness by complete removal of the biofilm and decontamination of infected dental implant surfaces. This method has demonstrated its effectiveness on implants with different grades of titanium, surfaces characteristics and macro designs. Moreover, the hydrophilic character of the implant surface will recover after this treatment and this will effectively support the re-osseointegration process. The aim of this lecture is to discuss the effectiveness of current peri-implantitis treatment options and to present a novel and innovative approach for cleaning and decontamination of implant surfaces during peri-implantitis therapy.

Educational objective: In this session, participants will review the effectiveness and efficacy of current treatment modalities of peri-implantitis, and discuss pre-clinical and clinical evidence of a new innovative approach.

12:30–14:00 | Auditorium
Sponsor Session

INNOVATIVE STRATEGIES IN REGENERATIVE DENTISTRY

Dental repair and regeneration: bringing discovery science into the dental clinic.
P. Sharpe (UK)

Clinical potential of enamel matrix derivative when combined with non-surgical periodontal therapy.
A. Kasaj (Germany)

Soft tissue management and wound healing using Emdogain®
G. Zucchelli (Italy)
Session Abstract:
Regenerative therapy is one of the most dominant objectives of today’s rehabilitation medicine. Many innovative methods have been developed to date, in order to restore hard and soft tissues lost due to the damage caused by periodontal disease, caries or trauma. Current trends and the future of regenerative dentistry are progressing towards biological and minimally invasive approaches. Accordingly, biologics, such as Emdogain®, are becoming more popular. As confirmed by vast body of clinical evidence, treatment with Emdogain® promotes periodontal regeneration and enhances wound healing.

In this corporate forum, world-renowned speakers will present new and innovative ways to treat patients biologically and “minimally invasively” today. These will include wound healing properties of Emdogain® as well as its application as an adjunct to non-surgical periodontal treatment protocols. Innovative approaches in dental repair and regeneration aspects will also be addressed.

12:30–14:00 | Forum
Sponsor Session

THE IMPORTANCE OF ORAL HEALTH FOR A HEALTHY PREGNANCY
Chair: Ph. Madianos (Greece)

The impact of pregnancy on oral Physiology
N. Vlahos (Greece)

Pregnancy is associated with a plethora of changes and alterations in all functional systems of the human body in order to accommodate the development and growth of a new life. Changes in the respiratory system such as: dyspnoea, hyperventilation, snoring, an upper ribcage breathing pattern and chest widening. Changes in the circulatory system such as tachycardia, decreased blood pressure increased stroke volume etc, increased concentration of coagulation factors V, VII, VIII, X and XII, and reduction of the factors XI and XIII, with increased fibrinolytic activity; renal changes such as increased renal perfusion, particularly during the second half of the pregnancy, which gives rise to an increased drug excretion in the urine. Endocrine alterations are also observed in pregnant women: gestational diabetes is observed in 15% of all the pregnant women. Gastrointestinal alterations: an increased intragastric pressure and a reduction in the lower oesophageal sphincter tone, secondary to inhibition of the production of the motilin peptide hormone, which give rise to heartburn in 30-70% of all the pregnant women and an almost two-fold prolongation of the gastric emptying time as compared to those in non-pregnant women [3,4]. Nausea and vomiting are experienced by 66% of all the pregnant women. In addition, pregnancy represents a state of immunosupression which can also effect a variety of tissue responses to bacterial invasion. In this context, we will try to describe the effects of pregnancy on oral physiology and the potential impact on the occurrence and clinical presentation of several pathologic conditions.

Periodontitis and Adverse Pregnancy Outcomes: a real connection?
F. Graziani (Italy)

Pregnancy does significantly influence periodontal health and gingivitis during pregnancy is almost always present due to the temporary fluctuations of sex hormones. In some susceptible patients this may determine the onset of periodontitis. It has been claimed that its presence may exert important alterations in the natural course of pregnancy, favoring adverse pregnancy outcomes (APOs). APOs consist of pre-eclampsia, pre term birth, low term birth, spontaneous miscarriage and/or stillbirth. APOs are among the leading causes of maternal and perinatal morbidity and mortality. Possible mechanisms linking periodontitis to APOs suggest that perio-pathogens and their products as well as the inflammatory mediators may, through the blood stream, reach the foeto-placental unit. This hypothesis may be corroborated by some epidemiological evidence supporting such associations. However, the evidence is not robust and findings are conflicting. Importantly, intervention trials do also show contradictory findings and often no effect of treatment of periodontitis is seen on APOs incidence.
Overall, despite a possible and sound rationale, the evidence supporting such correlation is not robust and intervention trials are not supporting a causative effect, advocating further research. Nevertheless, oral health during pregnancy is of uttermost importance for the benefit of the Mother and possibly of the newly born child.

Is gingivitis during pregnancy inevitable?

N. Geurs (United States of America)

Gingivitis is one of the most prevalent oral diseases, affecting a majority of dentate adults. There is a reported increase in the extent and severity of gingival inflammation during pregnancy. Inadequate oral hygiene contributes to plaque accumulation, and subsequent gingival inflammation. Pregnancy results in physiologic and hormonal changes that alter the response to the bacterial biofilm increasing gingival inflammation. The increase in severity and extent is self-limiting and transient. Post-partum following the reversal of hormonal changes, the gingival inflammatory patterns return to a similar state as prior to pregnancy. Reports about the timing of severity of pregnancy gingivitis are not uniform. Data from a multicenter randomized controlled trial to evaluate oral hygiene regimens on oral health during pregnancy will be presented. The discussion will address the prevalence and gingival inflammation in relation to gestational age and the efficacy of oral hygiene regimens on the resolution of inflammation during pregnancy.

Treatment of single gingival recession with coronally advanced flap and a new collagen matrix

G. Zucchelli (Italy)

Treatment of gingival recession is an important therapeutic issue due to the increasing number of cosmetic requests from patients. Patients aesthetic demand, due to the exposure, during smiling or function, of the root surface, is the main indication for root coverage surgical procedures, thus complete root coverage, up to the cemento-enamel junction, is the goal. The gold standard procedure is the coronally advanced flap with connective tissue graft. Harvesting graft procedure is related to longer surgical chair time, postoperative pain and discomfort. A new collagen matrix can be successfully used in combination with a coronally advanced flap to increase soft tissue thickness.

Shifting paradigm - soft tissue volume augmentation using Geistlich Fibro-Gide®

D. Thoma (Switzerland)

Autogenous connective tissue grafts were for a long time considered to be the gold standard for soft tissue volume augmentation. These transplants are, however, associated with an increased patient morbidity. Geistlich Fibro-Gide®, an innovative soft tissue substitute, demonstrated to be non-inferior at implant sites, reduces patient morbidity compared to autogenous grafts and maintains the augmented volume up to 1 year post crown insertion.

Efficacy of piezoelectric preparation and bony wall repositioning in lateral sinus floor elevation: a comparative prospective, randomized, controlled trial

B. Molnar (Hungary)
Abstract:
Dr. DMD PhD Balint Molnar, Dr. Zsuzsanna Papp, Dr. Anna Martin, Dr. Kristof Orban, Professor Dr. Peter Windisch

Department of Periodontology Semmelweis University, Budapest, Hungary, 2Department of Periodontology Semmelweis University, Budapest, Hungary, 3Department of Periodontology Semmelweis University, Budapest, Hungary, 4Department of Periodontology Semmelweis University, Budapest, Hungary, 5Department of Periodontology Semmelweis University, Budapest, Hungary

Background & Aim: The piezoelectric approach allows repositioning of the sinus bony wall as opposed to collagen membrane coverage following rotary preparation. Our aim was to present the results of a prospective, randomized, controlled trial on the efficacy of sinus bony wall repositioning.

Method: 40 patients with a missing maxillary premolar/molar were treated by lateral maxillary sinus floor augmentation. Patients were randomized to Test (20 patients): piezoelectric window preparation (NSK Variosurg3), bony wall repositioning; Control (20 patients) rotary window preparation, resorbable collagen membrane coverage (botiss collprotect). A particulate xenograft (botiss cerabone) was utilized in both groups. ConeBeam CT scans were taken prior to surgery and after 6 months. Core biopsies were taken followed by guided implant placement (SMARTGuide) of Straumann Tissue Level SLA fixtures. Duration of surgery, bony window-, sinus mucosa preparation; percentage of sinus perforations; postoperative patient complaints were registered. Comparative radiographic analysis and histomorphometric assessment was performed.

Results: Piezoelectric preparation and bony wall repositioning yielded more favorable results in terms of duration of surgery, bony window-, sinus mucosa preparation; percentage of sinus perforations; postoperative patient complaints compared to control. At re-entry, favorable incorporation of xenograft particles was observed in both groups, as well as reintegration of the repositioned bony wall in Test. This was confirmed by radiographic assessment and histomorphometric analysis. Implants were placed and successfully loaded after 3 months of healing in both groups.

Conclusions: Piezoelectric preparation and bony wall repositioning represents a valid treatment alternative to rotary preparation and membrane coverage with lower costs and reduced patient morbidity.

12:30–14:00 | E105-108
Sponsor Session
SUNSTAR

THE PLACE OF GUIDED TISSUE REGENERATION TODAY
Chairs: P. Cortellini (Italy), M. Tonetti (Italy)

GTR and SAC in intrabony defects
J. Gonzales (Germany)

GTR and SAC in furcations
A. Friedmann (Germany)

GTR and SAC in gingival recessions
S. Aroca (France)

3D videos:
Regenerative surgery in intrabony defects
Regenerative surgery in furcations
Regenerative surgery in gingival recessions
P. Cortellini (Italy)

Session Abstract:
The aim of this lecture is to see how GTR can be positioned in the surgical treatment options in today’s periodontology,

GTR had all but disappeared in the 90’s from everyday practice, at the same time as GUIDOR®
bioresorbable matrix barrier. With its re-introduction, a group of clinicians, the Florence Task Force™, has been working for the past 2 years on the dissemination of education in periodontology with a focus on the repositioning of GTR within the various treatment options in the current days. This session is to share the work of the Task Force with the presentation of 3D clinical videos of GTR with GUIDOR matrix barrier and of their three articles about the three main indications of GTR: furcation class II, intrabony defect and recession. And because regenerative therapies go hand in hand with pre and post-operative care, consensual post-operative protocols have also been developed by the group and spread alongside the GTR treatments to move prevention and maintenance to a higher level of awareness among clinicians in order to save more teeth.

12:30–14:00 | G102-G103
Sponsor Session

Philips

THE INTRICATE CONNECTIONS OF CARDIOVASCULAR DISEASES AND PERIODONTAL DISEASES FROM TWO PERSPECTIVES

Chair: U. van der Velden (The Netherlands)
Speakers: A. van’t Hoff (The Netherlands), B. G. Loos (The Netherlands)

Session Description:
Lecture 1: Cardiovascular disease (CVD) accounts for approximately 25% of the mortality in the United States and 30% globally. In addition to the traditional risk factors (eg, hypertension, smoking, diabetes mellitus, obesity, abnormal serum lipid levels), various infective agents are involved in the development and progression of atherosclerosis. Recently, the Canakinumab Anti-inflammatory Thrombosis Outcome Study (CANTOS) showed that canakinumab, a monoklonal antibody to interleukin 1beta, reduced cardiovascular events in patients with elevated hsCRP and previous myocardial infarction, independent of lipid level lowering. A proof of concept: reducing the inflammatory status in CVD patients is beneficial. Yet, inhibition of interleukin1beta is a narrowly focused intervention that represents only one of many potential anti-inflammatory pathways that might serve as targets for atheroprotection. Statins shown effectiveness, especially in patients with elevated hsCRP levels, and suggesting its potential anti-inflammatory effect in association with regression of atherosclerosis.

Lecture 2: The relationships between periodontitis and CVD appear to be increasingly evident. The associations have been studied over the last two decades and continue to be present. This lecture shows how various forms of CVD phenotypes are linked with periodontal disease. And in addition a review of how treatment of periodontitis gives positive effects on the cardiovascular system: periodontal therapy not only results in improvement of the periodontal situation, but also results in significant improvements of important and relevant clinical parameters of the cardiovascular system. Especially in patients who already have health problems and in addition periodontitis, periodontal treatment is an added value for the general condition.

12:30–13:30 | E102
Sponsor Session

Anthogyr

ANTHOGYR LUNCH SESSION

Optimizing the pink interface in modern Implantology.

E. Euwe (France)

Invisible Single Tooth Replacement” in the Esthetic zone has been considered for decades one of the pinnacles of Implantology. This procedure embraces surgical aspects of both hard and soft tissue preservation, reconstruction versus the volume reducing remodeling processes triggered off by the extraction and/or previous dental pathology. Implant designs therefore have been optimized mechanically, biologically and volume wise. The reduced bone volume in an edentulous arch area still allows placement of lingually positioned implants which feature
a much smaller diameter than the lost roots. Bone Level implants with platform shift and stable conical connections help to preserve the crestal bone. The prosthetic end results often look “unnatural” because of buccally inclined emergence profiles and undersized teeth “squeezed” in the smaller arch shape positioned on the atrophic ridge lacking the natural root profiles. This problem exposed by the lecturer gave birth to the Rootmimetic approach in which the goal is to use the ridge of an intact natural dentition as a Reference creating the illusion of the presence of the roots (convexities). Innovative emergence profiles going from the narrow conical connection to the anatomical perimeter of the coronal part of the replaced tooth in a 3-4mm trans mucosal “tunnel” play an important role in preservation of the bone, stability of the soft tissue, ease of maintenance (cleaning) and the creation of a natural looking restoration. Soft Tissue management is of key importance in the clinical procedures helping the clinician to recapture and reshape the necessary volume.

**14:30–15:30 | G102-103**

**Sponsor Session**

**Kulzer**

**LOCAL ANTIMICROBIALS IN PERI-IMPLANT THERAPY – TAKING A LOOK BEYOND THE PERIODONTAL POCKET**

*Chair: P. Eickholz (Germany)*

**Update on local antimicrobials in periodontal and peri-implant therapy**

*D. Herrera (Spain)*

**Aim:** Periodontal/peri-implant therapy is directed to control periodontal/peri-implant biofilms, and mechanical debridement represents the basic component of initial therapy. However, some limitations influence the clinical outcomes, including a limited microbiological effect, especially on some periodontal pathogens. In order to overcome some of these limitations, different approaches have been proposed, including the use of adjunctive therapies, such as the use of local antimicrobials. The main objective of the presentation will be to understand the rationale and the available scientific evidence that supports the use of local antimicrobials in periodontal/peri-implant therapy.

**Objectives:**

• To explore the different adjunctive therapies available for periodontal/peri-implant therapy.
• To evaluate the scientific evidence that supports the use of local antimicrobials in the treatment of periodontitis.
• To evaluate the scientific evidence that supports the use of local antimicrobials in the treatment of peri-implant diseases.
• To understand in which clinical scenarios local antimicrobials are indicated.
• To discuss the cost/benefit ratio when using local antimicrobials.

**What is the evidence of Ligosan/Adjusan?**

*P. Eickholz (Germany)*

**Aim:** Local antibiotics have 3 major applications: i) as an adjunct to non-surgical mechanical therapy of untreated periodontitis, ii) as an adjunct to re-instrumentation during supportive periodontal therapy, and iii) as an alternative to subgingival instrumentation during SPT if only subgingival biofilm management is concerned. A 14% doxycycline gel (Ligosan/Adjusan) has been evaluated for all 3 applications. For application i and ii substantial additional benefits have been reported.

**Objectives:**

1. What effect may we expect after exclusively mechanically subgingival debridement?
2. What are the effects of topical subgingival application of Slow Release Doxycycline additional to or instead of mechanical debridement?
3. What are the main indications for subgingival application of Slow Release Doxycycline?
Sponsor Session

REGEDENT

HYALURONIC ACID – NATURAL REGENERATION

Chair: S. Aroca (France)

Biological effect of hyaluronic acid on tissue regeneration
R. Miron (United States of America)

Biologic background and clinical applications of hyaluronic acid in reconstructive periodontal surgery
A. Sculean (Switzerland)

Predictable and successful use of the coronally advanced flap technique for recession defects supported by hyaluronic acid
A. Pilloni (Italy)

Session Description:
Hyaluronic acid (HA) has been utilized for a variety of regenerative procedures in various disciplines of medicine due to its widespread presence in connective tissue and perceived biocompatibility. More recently, it has shown positive effects on nonsurgical and surgical periodontal therapy. This session will provide an overview of the biological effect of hyaluronic acid on different cells and its potential to support tissue regeneration. The mechanism of action of hyaluronic acid alone or in combination with other materials will be illustrated based on the available study data. In addition, moving from biology to clinical practice, the regenerative potential of hyaluronic acid will be discussed and clinical cases will provide a step-by-step overview on how and when this innovative biomaterial can be applied to support natural regeneration.

Sponsor Session

Johnson & Johnson Consumer Services EAME Ltd.

ADJUNCTIVE USE OF ANTIBACTERIAL MOUTHRINSES – BASED ON EVIDENCE OR WASTE OF MONEY?
N. Arweiler (Germany)

Caries and inflammatory periodontal diseases have a high prevalence worldwide. Though there are improvements in oral health status in our patients there is still an increased demand for preventive measurements. Since mechanical measurements (e.g. toothbrushing and interdental cleaning) are often insufficient, they can be supported by antibacterial agents which are able to inhibit or kill oral micro-organisms. Besides a good substantivity in the oral cavity, they should have shown a high effectivity during their clinical use.

The workshop aims to present common agents, to show sensible indications and to evaluate the scientific evidence on their additional effect over toothbrushing alone.
Sponsor Session

W&H Dentalwerk Bürmoos GmbH

NO IMPLANTOLOGY WITHOUT PERIODONTOLOGY – NIWOP
K.-L. Ackermann (Germany)

Aim: To evaluate the influence of periodontal diseases on implant success, it's very important to understand the forms of periodontal diseases and its adequate therapeutical concepts. Continuous oral healthcare, biofilm control and management as well as periodontal treatment will not only guarantee periodontal health but also will improve implant success and survival rate.

Objectives: Many factors, such as critical anatomical outcomes, internal diseases, various medications, co-factors such as smoking and/or biological complications and especially untreated periodontally compromised teeth, will negatively influence implant success and survival rate.

The NIWOP concept is related to evidence based literature and clinical experience with the topics of implants in periodontally compromised dentition and patients history on periodondial diseases. The NIWOP ideas will strategically bring together all available knowledge in different diagnostics, starting with support for a modern full mouth initial treatment of plaque-control and non-surgical interventions, and finally it will focus on integrating a perio-treatment-workflow (non-surgical and/or surgical) and supportive therapy either for natural teeth or implant(s).

This lecture will cover the aforementioned major aspects of the NIWOP-Concept by demonstrating a large selection of implant restorations in periodontally compromised patients.

Sponsor Session

MIS Implants Technologies Ltd.

ANTERIOR ESTHETIC IMPLANT CASES: DIGITAL INTEGRATION

Speakers: E. van Dooren (Belgium), G. Gurel (Turkey)

Session Abstract:

Whatever restoration a dentist provides, the final esthetic outcome is a critical aspect for almost all of our patients in our daily practices. When it comes to implant restorations, so many details are summed up for the ideal esthetic result. Case selection, indications, implant selection and the surgeon's technical skills are some of the key factors in the long term success of the treatments. However, when it comes to deciding on the size of the implant, positioning, correct placing, designing the guides for the surgery and provisional, and choosing the right abutments, all these should always be prosthetically driven.

This brings the importance of pre-designing the esthetic part of the cases (prosthetics) way before the treatment begins. This will have a significant influence on the treatment planning. To obtain such results, we need interdisciplinary team work. Every member of the team (including the specialists, lab technicians and the patient) should be aware of the treatment planning and the expected end result, right from the beginning. Considering all of the above is done correctly, a major condition for success is still “communication”. The key to esthetic excellence requires patient communication as well as the communication with the laboratory and the specialists from the beginning of the case right up till the end.

This becomes even more challenging if the team do not physically work together in the same place. The protocol that will be presented will improve the esthetic diagnosis, the interdisciplinary communication and the predictability of anterior esthetic implant restorations.
INSPIRATION TALKS WITH DENTSPLY SIRONA IMPLANTS – SUPERHEROES, SOLUTIONS AND SCIENCE

Chair: M. R. Norton (United Kingdom)
Speakers: T. Hanser (Germany), M. Krebs (Germany), C. Gjerde (Norway), V. Christiaens (Belgium), S. Vervaeke (Belgium)

Session Abstract:
What does a superhero and a dental professional have in common? They both help people where and when they need it the most, finding the best solution for each individual. While the traditional superhero fights villains, the superheroes in dentistry fight bone resorption and edentulism, but more importantly, help and support dental patients on the journey to improved function, esthetics and quality of life.
Let’s meet some of our superheroes, from scientists and stem cell researchers to periodontists and surgeons, and they’ll tell you about their superpowers and how they make a difference.

GUIDED BONE REGENERATION – STATE OF THE ART

Chair: S. Jovanovic (United States of America)

Extraction site management using GBR and soft tissue grafts
S. Jovanovic (United States of America)

Aim: This presentation will focus on current and new modalities for socket management, including soft tissue grafting, and its indications, results and complications in patients with alveolar bone resorption, and esthetic expectations. Evidence-based procedures with more than years of research supporting bone grafting using GBR, autografts and bone fillers will be presented with an outlook to new procedures using cell mediators. In addition, soft tissue mucogingival procedures with palatal grafts and substitutes to improve vestibular problems, keratinization, and thin gingival biotype in the anterior esthetic zone will be discussed, alongside patient selection, grafting protocol, and temporization options.

Educational objective: Following this presentations, participants will be able to:
1) understand the optimal clinical treatment protocol for grafting with bone and soft tissue,
2) recognize limitations of cell mediator grafting procedures, and 3) diagnose and treat mucogingival problems in grafting cases.

Labial and interproximal tissue reconstruction of severe anterior maxillary implant defects
I. Urban (Hungary)

Aim: Patients who present with anterior maxillary single missing tooth have the shortest possible span of edentulous ridge, which exhibits a high potential for bone regeneration due to support from neighboring bony walls. The difficulty in treating these patients is the limited space available to accommodate the bone graft and the regenerative membrane. Frequently the pathology that resulted in the single tooth defect has also caused some interdental bone loss, making the procedure even more complicated both surgically and in terms of the final esthetic outcome. This presentation will focus on the treatment and long-term outcomes of patients who presented with a single tooth horizontal and vertical bone defects in combination of a loss of the papilla and the interproximal bone support.

Educational objective: Following this session, participants will be able to discuss clinical approaches to treating complex defects around single implants and neighboring teeth.
Xenogeneic bone filling materials: the next generation
E. Rompen (Belgium)

Aim: Various natural bone minerals have been used for intra-oral bone regeneration, however, their clinical efficacy can vary widely. The wish to obtain a dense composite mineralized tissue in which the biomaterial particles are completely osteointegrated into newly formed bone is uncommonly fulfilled. It largely depends on the osteoconductive potential of the material which, similar to dental implants, is determined by the micro-topography of the surface of the material's particles. The manufacturing process can have a significant effect on this topography and the bio-efficiency of xenogeneic hydroxyapatites. Numerous existing bone mineral substitutes are sintered at high temperatures, which significantly melts them, thus altering their natural architecture and reducing their osteoconductivity. They ultimately resemble synthetic materials. This lecture will focus on the key features that can make a biomaterial clinically more efficient. An innovative patented process for deproteinization of bovine bone that preserves the architecture of natural bone and creates a structured topography for improved osteoconductivity will be presented. This tailored biomaterial is highly hydrophilic and reaches higher levels of bone-to-material contact osteointegrating at a faster rate than reference materials on the market.

Educational objective: At the end of this presentation, participants will understand the impact of manufacturing and how to evaluate xenogenic graft material properties to obtain improved osteointegration and better clinical outcomes with guided bone regeneration procedures.

Recent developments in Ceramic Implants – overcoming the limitations of one piece implants
D. Hashim (Switzerland)

Aim: Ceramic implants, and zirconia implants in particular, have sparked the interest of patients and professionals alike due to the increasing demand for non-metallic and highly esthetic restorations. Manufacturing of ceramic implants is a technical challenge. The different systems developed have a wide variety of implant compositions, surface characteristics, designs and prosthetic connections. The majority of zirconia implants currently produced are one-piece implants. Yet such systems have several limitations which have pointed research and development in the direction of two-piece solutions. Although technically challenging due to both material and design limitations, screw-retained abutments offer the advantage of restorative versatility. Our group’s five-year experience with two-piece zirconia implants will shed light on the current clinical evidence relating to ceramic implants, highlighting their strengths and limitations. Case discussions will reveal early clinical insights into a novel two-piece screw-retained implant system with a carbon fiber reinforced polymer screw for a completely metal-free ceramic implant solution.

Educational objective: At the end of this presentation, participants will understand the strengths and limitations of ceramic implants, discuss the body of evidence supporting their clinical use and explain the clinical rationale for introduction of a completely metal free two-piece implant system.

12:30–14:00 | Auditorium
Sponsor Session

**IMMEDIATE IMPLANT TREATMENT PROTOCOLS. RELIABILITY, PREDICTABILITY, SUCCESS!**

Patient driven implant treatment – scientific highlights
E. Salvesen (Norway)

Decision making for immediate implant in the esthetic zone
F. Lambert (Belgium)

Immediate full arch restoration using the Straumann ProArch treatment approach
W. Polido (United States of America)
Session description:
Dental implant treatment has become an accepted treatment standard in dentistry today. Nowadays, patients expect not only a reliable, predictable and personalized treatment option, but they also demand solutions to substantially shorten the overall treatment time. Indeed, immediate protocols are not only more popular, but are validated as safe and predictable treatment modalities. In this corporate forum, world renowned speakers will present and discuss successful treatment protocols for different reconstruction modalities including, immediate single tooth restoration in the esthetic zone, as well as full arch rehabilitation using the Straumann® ProArch treatment concept. Particular attention will be paid on the implant material, implant shape and surface characteristics, appropriate treatment planning and treatment protocol. Patients’ unique anatomic and clinical situations will also be discussed.

12:30–14:00 | Forum
Sponsor Session
Colgate-Palmolive Europe

BE ONE STEP AHEAD WITH PREVENTION
Perio&Caries - From consensus guidelines to clinical practice implementation
Chair: M. Sanz (Spain)

The boundaries between caries and periodontal diseases – science informing evidence-based recommendations
D. Herrera (Spain)

Learning objectives
- understand the relevance of the relationship between caries and periodontal diseases
- evaluate the common etiological factors (including bacterial biofilms and risk factors) of both conditions.
- analyze the importance of the interactions in terms of common prevention strategies.
- explore the benefits of the developing specific guidelines for the ageing population.

Abstract:
The recent EFP Workshop “The boundaries between caries and periodontal diseases”, organized by the European Federation of Periodontology (EFP) and European Organization for Caries Research (ORCA), aimed at evaluating the relationship between caries and periodontal diseases. The Workshop approached four main areas of scientific discussions: (1) the role of microbial biofilms in both conditions; (2) the influence of different factors, such as lifestyle, behaviour or systemic diseases; (3) prevention, at individual and population levels; (4) the specific situation in the ageing population. A special emphasis was made on the associated causes, risk factors and prevention aspects that influence both periodontal diseases and caries. The presentation will review key content of the narrative and systematic reviews informing the structured discussions during the Workshop.

Perio & Caries – developing and communicating evidence-based guidelines
M. Sanz (Spain)

Learning objectives:
- present the process of scientific data acquisition through both narrative and systematic reviews
- discuss the method of discussion and elaboration of consensus reports by experts
- discuss the method of developing and communicating guidelines for different stakeholders

Abstract: Caries and Periodontal Diseases are the most prevalent and burdening oral conditions and their management represents most of the workload of oral health professionals. During the workshop between the EFP and ORCA, 75 invited experts reviewed the available evidence on the common links between the most prevalent oral conditions. Based on the latest status of research, the workshop proceedings provide concrete, evidence-based recommendations for common prevention strategies addressed to dental and medical professionals, patients, and even the general public. The presentation will review the process of elaborating the guidelines and the effort to transfer to practice the essential common Perio and Caries management aspects.
The journey of translating guidelines to practice
P. Brocklehurst (UK)

Learning objectives:
- highlight common conceptual approaches to guidelines implementation to practice
- analyze the challenges and opportunities in the translation of evidence in clinical practice
- discuss concrete guidance on effective practice implementation

Abstract: Evidence-based practice is seen as the cornerstone of modern healthcare, where there is ‘explicit and judicious use of current best evidence in making decisions about the care of individual patients’. The process of generating evidence begins with randomised controlled trials due to their ability to determine causality. Any observed effect is then pooled statistically across a number of similar trials and the results then become synthesized to create evidence-based policies. The next logical step is the translation of this evidence into routine practice. However, modeling clinical behavior is not straightforward, leading for calls for more sophisticated approaches to evidence translation. The presentation will focus on the challenges and opportunities in the translation of evidence in clinical practice and discuss concrete guidance on effective practice implementation.

12:30–14:00 | E105-108

Sponsor Session
Thommen Medical AG

HOW INTELLIGENT IMPLANT DESIGN LIMITS INFECTIOUS RISK?
Chair: J. L. Giovannoli (France)

The abutment connection: The perturbation of the ectodermal integrity and its impact on peri-implant infections.
J. Meyle (Germany)

The abutment connection: Myths, fashion, trends & realities – a clinical analysis of current implant-abutment connections
K. Meyenberg

The peri-implant mucosa: How to reduce the risk of peri-implantitis for periodontally compromised patients
D. Nisand (France)

O. Zuhr (Germany)

The implant restoration: Cementum causing peri-implantitis
S. Renvert (Sweden)

The implant restoration: Why don’t we screw-retain more often?
S. Smeekeks (The Netherlands)

Session Description:
The prevention of peri-implantitis has become the top-priority in implantology. In order to address this priority, we highlight the importance of intelligent implant design to limit the infectious risk and to facilitate the management of complications. In this workshop we will address three major design features: the connection, the transmucosal part and the possibility for screw-retained restorations, because:
The connection has a role by ensuring good mechanical stability and by limiting the apparition of a “micro-gap”, thus to reduce the risk of contamination.

The transmucosal part also plays a crucial role. Smooth titanium collars keep the implant-abutment connection away from the bone crest, allowing for the presence of stable soft tissue attachment.

The possibility for screw-retained prosthetic restorations facilitates the management of complications and allows for conservative treatments of peri-implantitis.

**DIABETES AND PERIODONTITIS – A TWO WAY STREET**

*Chair:* F. Abbas (The Netherlands)

*Speakers:* P. Kumar (United States of America), P. Preshaw (United Kingdom)

*Aims:* The aim of this session is to explore current knowledge of the bidirectional relationship between diabetes and periodontitis, focussing on novel understanding of host-bacterial interactions that may mechanistically link the two diseases. Professor Purnima Kumar will give a presentation entitled “Hyperglycaemia and the Subgingival Host-bacterial Interface”, and will be followed by Professor Philip Preshaw, who will present on “Periodontitis and Diabetes – An Inflammatory Combination”.

*Objectives:*
1. Elucidate the impact of hyperglycaemia on modifying the subgingival microbial ecosystem and understand the mechanisms that underlie this shift.
2. Examine the impact of this microbial modulation on immuno-inflammatory responses in this environment.
3. Examine the efficacy of periodontal therapy on restoring homeostasis in this ecosystem.
5. Consider the role of the dental team in managing patients with diabetes and periodontitis, and present a novel tool for assessing diabetes-related clinical variables to help prioritize care and improve patient-clinician communication.

**NON-SURGICAL TREATMENT STRATEGIES FOR BIOFILM RELATED DISEASES**

*Chair:* M. Roccuzzo (Italy)

*Fighting bacteria – different agents and their effects on biofilm*

S. Eick (Switzerland)

*Residual pockets – how can the outcome of non-surgical treatment be improved?*

A. Mombelli (Switzerland)

*Treatment of peri-implant mucositis using different approaches*

V. Iorio-Siciliano (Italy)

*Regenerate the pocket – can a non-surgical treated pocket regenerate?*

A. Pilloni (Italy)

*Session description:*

Periodontitis, peri-implant mucositis and peri-implantitis are inflammatory diseases all presenting with similar symptoms and caused by bacterial infections. The underlying cause is a biofilm...
rich in pathogenic bacteria formed by bacterial plaque. The complete removal of bacterial
deposits can be challenging, especially in cases where the disease has led to the formation of
deep periodontal pockets or when the plaque is connected to rough implant surfaces. Various
treatment options, including antimicrobial therapy, gingival irrigation or host modulation are
available as adjunctive treatments for the non-surgical management of biofilm related infections.
Following treatment of the inflammatory disease regeneration of the defect is beneficial. During
this session the effect of different agents for the management of biofilm-related diseases will be
compared and different strategies to resolve biofilms and support tissue regeneration will be
discussed.

14:30–16:00 | G102-103
Sponsor Session
EMS Electro Medical Systems

GUIDED BIOFILM THERAPY LECTURES

Guided Biofilm Therapy – The new approach in dental prophylaxis
L. Bakker-Ruggieri (The Netherlands)
This presentation is a practical introduction to the Guided Biofilm Therapy (GBT). The game-
changer in dental prophylaxis today, GBT is truly minimally invasive, efficient, and rewarding in
terms patient engagement and satisfaction. Discover the advantages of the 8-step protocol for
your practice - the professional step forward in perio and preventive dentistry.

Airflow® devices – An alternative in supportive periodontal treatment
J. Bühler (Switzerland)
- Side effects and disadvantages of the periodontal Therapy (pain, loss of tooth substance,
hypersensitivity etc.)
- Effects of „traditional“ (NaCO3, Bioactive glass) Airflow® -Powders on tooth substance
- Effects of „novel“ (glycine, Erythritol) Airflow® -Powders on tooth substance (research by
  Bühler, Petersilka, Hägi, Camboni, Müller, Drago etc.)
- Patient perception on Airflow® therapy (Syst. Review Bühler et al.)
- Clinical efficacy of Airflow® therapy (clinical studies from the above mentioned authors)
- Clinical relevance and our recommendation for the SPT
- Our approach step by step (GBT)

Airflow® and Implants – How to prevent and treat biological complications
M. Mensi (Italy)
- Describe what is a healthy implant and what is a healthy tooth.
- Show different tools and protocols for biofilm removal on implant surfaces.
- Summarize the evidence regarding non-surgical treatment of peri-implant diseases.
- Describe the MAINST protocol and detail the clinical results

16:30–17:30 | G102-103
Sponsor Session
Unilever

BALANCING THE ORAL MICROBIOME:
PROVEN BENEFITS FOR GINGIVAL HEALTH
Chair: P. Holmstrup (Denmark)

Modulating the oral microbiome with a toothpaste containing natural enzymes
and proteins
M. Edwards (United Kingdom)
The effects of using a toothpaste containing enzymes and proteins on gingival health
D. Belstrøm (Denmark)

A toothpaste containing natural enzymes and proteins improves gingival health
N. West (United Kingdom)

Session Description:
Aim: This symposium will introduce the attendee to oral health benefits of a balanced oral microbiome. Clinical evidence of how a toothpaste with natural enzymes and proteins can balance the oral microbiome and improve gingival health will be presented.

Objectives: The importance of a balanced, symbiotic oral microbiome for oral health is becoming increasingly accepted. The focus of this symposium will be the gingival health benefits of a balanced oral microbiome and a toothpaste with natural enzymes and proteins. By presentation of a series of clinical results this symposium will firstly show how twice daily use of this fluoridated, SLS-free toothpaste balances the oral microbiome by increasing the relative abundance of bacteria associated with gum health and decreasing the relative abundance of bacteria associated with gum disease. Further we will share results of a study with long term users of such a toothpaste whose gingival health was significantly better than users of other toothpastes. Finally we will show how twice daily brushing for 13 weeks in a clinical setting with this toothpaste significantly improves measures of gingival health (inflammation, plaque, bleeding) when compared to a control product without enzymes and proteins.
ER:YAG LASER VS ERYTHRITOL POWDER AIR FLOW IN SURGICAL TREATMENT OF PERI-IMPLANTITIS: RCT’S
G. Rasperini (Italy)

In the last years peri-implantitis became a common complication in patient rehabilitated with implant-supported restorative therapy. Few techniques have been proposed to treat this extensive inflammatory lesion located in peri-implant soft tissues. Use of different type of Laser application have been reported in the literature, with different success rate. In this presentation will be presented the rational of the protocol, as well as the Ad interim data of a Randomized Controlled Clinical Trial aimed to evaluate the efficacy of Er:YAG laser (Morita) treatment to debride the peri-implant granulation tissue and to treat and decontaminate the exposed implant surface. In the Control Group the debridement of the defect was carried out with use of curettes and the implant surface was cleaned with titanium brush, and decontaminated with Erythritol powder Air Flow.
REGISTRATION INFORMATION

WHAT IS INCLUDED?
Delegate registration fee includes
- participation in the congress programme – scientific and industry sessions
- congress materials (congress bag, final programme book, name badge)
- official coffee breaks
- attendance at Welcome Reception on June 20, 2018
- admission to the Industry Exhibition

REGISTRATION COUNTER OPENING TIMES
Wednesday, June 20 09:00 – 20:00
Thursday, June 21 07:00 – 18:00
Friday, June 22 07:30 – 18:00
Saturday, June 23 08:00 – 13:00

PRE-REGISTERED PARTICIPANTS
For pre-registered participants with a barcode: please use the Self-Print terminals and have the barcode you received by e-mail (subject “Your Congress Material - EuroPerio9”) at hand.

For pre-registered participants with open payments/missing confirmation: please approach the Payments counter.

NEW REGISTRATIONS
For participants not registered online yet: please use the On-site Registration terminals to provide all requested information, then proceed to the Payments counter to finalise your registration. For on-site registrations, congress bags are subject to availability.

FACULTY & EFP REPRESENTATIVES
For members of the EuroPerio9 Organising Committee, EFP Executive Committee, Invited Faculty (Speakers & Chairpersons), Ambassadors & EFP Member Society Presidents: you can either use the Self-Print terminals by scanning the barcode you have received by e-mail (subject “Your Congress Material - EuroPerio9”) or visit the Faculty & EFP Representatives counter.
PRESS

For members of the press: please have your valid press ID at hand when approaching the Press counter.

NETWORKING EVENTS

Participants who have purchased tickets to the Congress Party (Thu, June 21, 2018), and/or the Official Congress Evening (Sat, June 23, 2018) are kindly asked to exchange their voucher(s) for the respective ticket(s) at the Congress Bags counter on Level 1.

Not yet bought tickets? Please enquire at the Registration Service or Payments counters about ticket availability.

REGISTRATION SERVICE

We will be happy to help with any questions or inquiries.

EXHIBITORS & SPONSORS

For pre-registered exhibitors with a barcode: please use the Self-Print Terminals and have the barcode you received by e-mail (subject “Your Congress Material - EuroPerio9”) at hand.

For pre-registered exhibitors without a barcode or new exhibitor registrations: please approach the Exhibitor & Sponsor Registration counter.

ON-SITE REGISTRATION FEES

Registration fees include 21% VAT and are collected in EURO only.

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<tr>
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<th>LATE &amp; ONSITE from June 9, 2018</th>
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<td>EFP Members</td>
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* proof required (full-time students only)
** proof required

Note: for registrations after June 8, congress materials are subject to availability.

PAYMENTS

All payments need to be made cash in EUR (€) or by credit card. VISA, MASTERCARD, DINERS and AMEX are accepted. Unfortunately we cannot accept traveller cheques, other credit cards, eurocheques or any other currencies. Please note that there is no currency exchange available at the congress venue.
CONGRESS MATERIALS

NAME BADGE

Participants will receive their name badge when collecting their congress material. Please wear your name badge during all congress events, including the networking activities. Admission to scientific sessions is strictly limited to participants wearing their badge. Exhibitor badges do not provide access to scientific sessions.

Name badge colours:
- Delegate
- Faculty
- Organiser
- Exhibitor
- Press
- Staff

CONGRESS BAG

Upon badge pick-up, you will receive a congress bag voucher. Congress bags can be picked up at the Congress Bags counter on Level 1 during official registration counter opening times. See p. 256

ABSTRACT PUBLICATION

Abstracts of both research communication sessions and all accepted posters will be published as a supplement of the Journal of Clinical Periodontology. This supplement will be made available as a PDF file online by June 20, 2018.

! In the case of loss, a replacement badge will only be provided against full payment of the applicable on-site registration fee. Forgotten badges will be replaced against a deposit of 100,- EUR.
CERTIFICATE OF ATTENDANCE

EuroPerio9 is eligible for a maximum of **21 hours of continuing education** of which:

- Scientific hours: 19,75
- Industry only hours: 1,25

CPD/education credit systems vary from country to country. Therefore, please contact your respective National Society of Periodontology for more information on the conversion and accreditation of EuroPerio9 education hours in your country.

In order to obtain your **certificate of attendance**, EFP requires feedback on its educational and organisational activities. Following the congress, we kindly ask all EuroPerio9 participants to complete an online evaluation which will be sent to you by e-mail on Saturday, June 23, 2018. The certificate of attendance stating the participant’s name, the conference title and the number of continuing education hours attained will be available for download after completion of the online evaluation.

If a proof of attendance without continuing education hours, only stating the delegate’s name and conference title is required, please approach the **Registration Service** counter in the registration area. It can be requested from Thursday, June 21, 2018, noon!
GENERAL INFORMATION

LANGUAGE

EuroPerio9 will be held entirely in English. Simultaneous translation in selected lecture halls will be offered following requests received by EFP National Societies.

The official language in the Netherlands is Dutch, but most people are proficient in English and often even one or two more languages on top of that.

CURRENCY

Payment of congress-related matters such as registration fees or tickets for the networking programme will be handled in Euro (EUR) only, which is also the official currency in Amsterdam.

ATM

The nearest ATM is located behind the cloakroom in the Entrance Foyer at Amsterdam RAI. To withdraw money from any ATM, look for a cashpoint that displays the VISA, MASTERCARD, CIRRUS or MAESTRO symbol. Depending on your country of origin, fees may apply. Contact your bank for details before travelling.

EXCHANGE AND BANKS

Most banks in the Netherlands are open from 9:00 to 17:00 on week days. With the exception of some large branch offices in hub areas, all banks are closed on Saturdays. All are closed on Sundays. Especially at airports and major tourist hubs, there are plenty of currency exchange offices and banks at which you can exchange your money into EURO – fees will apply. Please note that there is no currency exchange office at the venue.

TIPPING

No tips are expected in hotels, where a service charge is usually already added to the bill. In restaurants, a tip of 5%-10% is expected if you were happy with the service; alternatively, it is common to simply round up the bill by leaving small change on the table. It is uncommon to leave huge tips in taxis, but you may round up the bill if you were satisfied with your driver. Porters or tour guides will not expect any tips, but feel free to reward exceptional service with 1-2 €.
INSURANCE AND LIABILITIES
The congress organisers will not assume any responsibility for accidents, losses or damages, as well as for delays or modifications in the programme, caused by unforeseen circumstances. No claims for indemnification from the organisers shall arise for contractors or participants in case of cancellation, for any reason, of the entire congress.

It is recommended to arrange a cancellation insurance for congress costs (i.e. registration fee, travel or accommodation costs).

PASSPORT & VISA
Please check passport and visa requirements in due time before your departure. Visa information can be obtained from the Ministry of Foreign Affairs.

TIME ZONE & WEATHER
Time Zone in June: Central European Summer Time (CEST) (UTC +2h)

The Netherlands have a mild climate typical to Northern Europe, similar to that of the United Kingdom. As a result, summers in Amsterdam are generally warm with occasional colder periods.

Rain can be expected throughout the year, with spring generally being the driest season. In June you can expect quite a bit of sunshine and an average temperature of 15°C and daytime highs of about 19–20°C.

SMOKING
Smoking is prohibited throughout the conference centre.
SERVICES FOR PARTICIPANTS – GOOD TO KNOW

CATERING ON-SITE

- COFFEE BREAKS:
  Coffee, tea and pastries/fruit will be served in the exhibition area (Halls 9, 10 and 11) at several coffee stations during official coffee break times.
  Coffee stations are indicated with a symbol on the venue floor plans.
  At other hours, food and beverages can be purchased on a cash basis at the RAI Kiosks.

- LUNCH:
  Lunch can be purchased on a cash basis at the RAI Kiosks in Delegate Lounge Hall 9. On Thursday, June 21, 2018 and Friday, June 22, 2018 sponsor sessions are taking place between 12:30 and 14:00. Sponsors may provide food and beverages for participants during these sessions.

LEAD RETRIEVAL INFORMATION

Some exhibiting companies may use a lead retrieval system at their booths or throughout their sponsor sessions. If they do, they may ask your permission to scan the barcode on your name badge. When scanning the badge, they will receive the following personal information (which is similar to exchanging business cards!):

First name, last name, academic title, organization, address and email (provided during the registration process)

You may at any time refuse the scan if you do not wish your contact details to be passed on to the respective company.
ENGAGE WITH EUROPERO9

PHOTO ZONE
The Photo Zone is located in Hall 12, between the EFP Village and the Poster Lounge. Here you can view all photos that have entered the finals of the 1st EFP Photo Contest in high resolution before you vote for your favourites via the app.

SELFIE CORNER
Show the world you’re here. Take a selfie alone or with your friends and let everyone know why missing EuroPerio9 in Amsterdam is not an option. The Selfie Corner is located in the Photo Zone.

#HASHTAGPRINTER
Posting a photo on Instagram or Twitter is all good and well, but don’t you sometimes wish you could take your photos home with you as a good, old-fashioned Polaroid? Now you can have the best of both worlds! Tag your photo with the hashtag #EuroPerio9 and pick it up from our #hashtagprinter, located in the Photo Zone in Hall 12. All photos tagged with #EuroPerio9 on Twitter and public Instagram profiles will be printed automatically.

#EuroPerio9
#EFPerio

Follow the EFP on Social Media
@EFP.org
@PerioEurope
@PerioEurope
linkedin.com/in/europeanperiodontology
www.youtube.com/user/PerioWorkshop
GUIDELINES FOR SESSION CHAIRS & SPEAKERS

SPEAKERS’ PREVIEW CENTRE OPENING HOURS:

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>Wednesday, June 20</td>
<td>09:00 – 20:00</td>
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<tr>
<td>Thursday, June 21</td>
<td>07:00 – 19:00</td>
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<td>Friday, June 22</td>
<td>07:30 – 18:00</td>
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<tr>
<td>Saturday, June 23</td>
<td>08:00 – 11:00</td>
</tr>
</tbody>
</table>

INFORMATION FOR SESSION CHAIRS

Please locate your lecture hall in due time and be present at least 15 minutes prior to the start of the session.

Chairs are requested to announce any potential conflicts of interests regarding the current presentations at the start of the session.

In the main scientific programme, as previously advised, the chairperson will start with an introduction of 15 minutes setting the scene of the topic and presenting the background and scientific evidence. Then the two selected speakers will cover specific aspects of the theme, each with a 30 minute lecture. These lectures will be followed by a final 15 minutes discussion moderated by the chairperson.

As session chair, it is your responsibility to start and end the session on time. It is of utmost importance to maintain the programme schedule. Furthermore you are in charge of introducing the session, introducing the speakers, ensuring that speakers respect their assigned time, and leading questions and discussion with speakers and audience.

Introduction of Speakers by the chair should include their full title, place of work and main contribution to the subject area. The chair should provide due credit to the speaker without taking up unnecessary time.

Chairs will receive from the scientific secretariat a slide with the details of their session. We recommend using it as first slide of the session.
INFORMATION FOR SPEAKERS

Please locate your lecture hall in due time and be present at least 15 minutes prior to the start of the session. Speakers are requested to announce any potential conflicts of interests regarding their presentation at the start of the lecture.

PREPARING YOUR PRESENTATION

Computer Equipment: The Speakers’ Preview Centre and all meeting rooms will be equipped with Windows 7 based PCs with Microsoft PowerPoint 2010 installed and Apple computers equipped with Office 2011 and Keynote version 6.5+. Verification of proper performance in the Speakers’ Preview Centre is essential, particularly if video and animation is included in the presentation.

The following file types are all acceptable for presentations:

- Microsoft Office PowerPoint (.ppt), (.pptx)* – for PC and MAC
- Adobe Acrobat (.pdf) – for PC
- Apple Keynote (.key) – for MAC

* PowerPoint presentations created on Apple computers: Please make sure that all inserted pictures are either JPEG or PNG file-types. QuickTime (.mov) files are also an accepted video format but must be tested in the Speakers’ Preview Centre. AV staff will be available to ensure your presentation is fully compatible and runs smoothly.

FORMAT SPECIFICATIONS FOR YOUR PRESENTATION

Electronic presentations will be projected on screens optimised for 16:9 format in High Definition (HD) quality. Other formats, like 4:3, will work, but with a reduction of screen coverage. We strongly recommend working with a 16:9 format.

The size of one presentation should not exceed 500 MB if uploaded online prior to the meeting. There is no size limit for presentations uploaded onsite at the preview centre. However, we still recommend keeping the file size as small as possible.

If there are video sequences included, please make sure that you save the video files on your USB-stick to the whole presentation. Please make sure to also upload the video files if submitting your presentation online.

To avoid any compatibility problems, please do not use special characters (e.g. ε) to name your presentation or video files.

We kindly ask for your understanding that due to space and time limitation at the Preview Centre, presentations should be prepared and edited before submission.

Thank you for bringing your presentations in a ready-to-upload format.
SUBMITTING YOUR PRESENTATION

Please hand in and view your presentation at the Speakers' Preview Centre at least 3 hours prior to your session. **For the first morning sessions, please hand in your presentation the day before.** For on-site upload at the Speakers' Preview Centre, the presentation has to be saved on a USB stick.

You are required to load your presentation onto the centralised AV system. In case of not submitting your presentation at the Speakers' Preview Centre, we cannot ensure that your presentation will run properly.

**PLEASE NOTE THAT YOU WILL NOT BE ABLE TO USE YOUR OWN LAPTOP AT YOUR LECTURE.**

SPEAKERS’ PREVIEW CENTRE

Please check in at the Speakers' Preview Centre at least 3 hours prior to the start of your session to preview your presentation. AV technicians will assist with the upload of your files and provide the opportunity to preview and/or edit the presentation as necessary. Internet access will be available upon request.

**If you are unavoidably delayed, PLEASE go directly to the Speakers' Preview Centre. Do not bring a laptop or other media device to the session room.**

**Bring a Backup:** Be sure to bring a backup copy of your presentation with you to the meeting. If you plan to upload files on-site, bring two copies. USB/flash drives are preferred.

When reviewing your presentation in the Speakers’ Preview Centre, make sure all fonts, images, and animations appear as expected and that all audio or video clips are working properly. The computers in the session rooms are the same as the computers in the Preview Centre, therefore:

**If your presentation does not play properly in the Speakers’ Preview Centre, it will not play properly in the meeting room. Let us help you solve the problem in advance in the Speakers’ Preview Centre.**

There will be an AV technician and conference staff present in each room in case any technical issues or other difficulties should occur.

FURTHER INFORMATION

For further information regarding your lecture(s), please contact:

Mondial Congress & Events
Denise Lembäcker
E: lembaecker@mondial-congress.com

**or ask at the Registration Service counter**
GUIDELINES FOR POSTER PRESENTERS

POSTER LOUNGE OPENING TIMES:

Wednesday, June 20  12:00 – 20:00
Thursday, June 21   08:00 – 18:00
Friday, June 22    08:00 – 18:00
Saturday, June 23  08:30 – 12:30

If you have any questions regarding your poster(s), please do not hesitate to contact the staff at the poster service desk. They will be happy to assist you.

INFORMATION FOR POSTER PRESENTERS

All accepted posters for EuroPerio9 will be presented as e-Posters in the EuroPerio9 Poster Lounge in Hall 12.

E-POSTER INFORMATION

The e-poster will be accessible during the whole congress.
Presentation of your e-poster will be directly at the e-poster terminal.
There are no specific time slots for e-poster presentations. Participants can send you messages via the e-poster terminal and can arrange time slots for an e-poster presentation.

POSTER DISCUSSION GUIDELINES

Poster discussions will take place in the Poster Lounge in Hall 12.
Please note that your presentation should be of 7 minutes' duration (3 minutes presentation and 4 minutes discussion).
Please go to pages 59 to 77 of this final programme book to see the schedule for the Poster discussions.

FURTHER INFORMATION

For further information regarding your poster, please contact:
Mondial Congress & Events
Sebastian Battestin
E: battestin@mondial-congress.com
or ask at the Registration Service counter
THE VENUE

RAI Amsterdam
Europaplein
1078 GZ Amsterdam
The Netherlands

www.rai.nl
T: +31 (0) 20 549 12 12
F: +31 (0) 20 646 44 69

Postal address:
PO.Box 77777
NL 1070 MS Amsterdam

With over 100 years of proven professional experience and performance, Amsterdam RAI offers everything you need for a successful congress, exhibition or event. The RAI has the flexibility to organise or accommodate events of all sizes. The venue is easily accessible, provides a wealth of facilities and has numerous multifunctional areas. Amsterdam RAI aims to make each visit a stimulating, special and successful experience.
**HOW TO REACH RAI AMSTERDAM?**

**By train**
Railway station Amsterdam RAI is 300 metres from the RAI and has direct connection with Duivendrecht, Amsterdam Amstel, Amsterdam Zuid and Schiphol railway stations, which are linked to the international InterCity network. Follow the signs RAI Amsterdam when you leave the station.

**By tram, metro and bus**
Tram route 4 between the centre of Amsterdam, Amsterdam Centraal and the RAI (stop at Europaplein). From the Amstel railway station you can reach the RAI via metro 51 or bus route 65. Metro 51 also runs to Amsterdam Central Station.

**By car**
From the motorway A1, A2 or A4 you go to the ring road (A10) Amsterdam. Take exit 9, Amsterdam Rivierenbuurt. From this exit the route to the RAI car parks (P1, P2, P3, P4) is indicated.
DESIGNATED AREAS & OPENING HOURS

SPEAKERS’ PREVIEW CENTRE
The Speakers’ Preview Centre is located in room E103, Level 1 (see signage on-site as well as floor plan). Staff, with all appropriate equipment, will be available to assist with reviewing presentations.

Speakers’ Preview Centre Opening Hours:
- Wednesday, June 20: 09:00 – 20:00
- Thursday, June 21: 07:00 – 19:00
- Friday, June 22: 07:30 – 18:00
- Saturday, June 23: 08:00 – 11:00

EXHIBITION
The Exhibition is situated on Level 1 in Halls 9, 10 and 11.

Exhibition Opening Hours:
- Wednesday, June 20: 17:30 – 20:00
- Thursday, June 21: 08:00 – 18:00
- Friday, June 22: 08:00 – 18:00
- Saturday, June 23: 08:00 – 11:45

POSTER LOUNGE
The Poster Lounge is located in Hall 12 on Level 1 next to the EFP Village. All posters are available for viewing on e-terminals. Technical assistance as well as multilingual staff will be in attendance to help you through your research.

Poster discussion sessions of selected posters will take place at the Poster Lounge, from 15:45 to 16:45 on Wednesday, June 20 and from 12:30 to 14:00 on Thursday, June 21 as well as on Friday, June 22.

MESSAGE BOARD & FUTURE MEETINGS TABLE
The message board and the future meetings table can be found at the Holland Mezzanine, next to the bag distribution area.
CLOAKROOM
A cloakroom can be found in the Entrance Area on Level 0. Luggage storage is available there as well.

Cloakroom Opening Times:
Wednesday, June 20 09:00 – 20:30
Thursday, June 21 07:00 – 19:15
Friday, June 22 07:30 – 18:30
Saturday, June 23 08:00 – 13:00

FIRST AID
The First aid location is in between Hall 9, Hall 10, Hall 11 and Hall 12 and is always open. In case of need, please contact the staff at the Registration Service counter.

FACULTY LOUNGE
The Faculty Lounge is located on Level 1 – The Holland Restaurant. It is reserved for invited faculty and press only.

Faculty Lounge Opening Times:
Wednesday, June 20 09:00 – 20:00
Thursday, June 21 07:00 – 19:00
Friday, June 22 07:30 – 18:00
Saturday, June 23 08:00 – 13:30

PRESS ROOM
The Press Room is located on Level 1 – room E104. It is reserved for press only.

Press Room Opening Times:
Wednesday, June 20 09:00 – 18:30
Thursday, June 21 07:30 – 18:30
Friday, June 22 07:30 – 18:30
Saturday, June 23 08:00 – 13:00

MULTI-FAITH PRAYER ROOM
The Prayer Room is always open and accessible via Entrance C at level -1 (passage under the Elicium). The two private cubicles for prayer/meditation can be locked from the inside.

BABY CARE LOUNGE
The Baby Care Lounge is always open and accessible via Entrance C at level -1 (passage under the Elicium).
MEET THE EFP

EFP VILLAGE

The EFP and its national member societies cordially invite all EuroPerio9 participants to visit them in the EFP Village. It is located in the foyer of Level 1 in Hall 12. Stop by and find out about their numerous activities!

- EFP member booths for personal meet and greets and networking
- Gourmet area with specialties from EFP member countries
- EFP Village stage with short presentations by EFP members and EFP Photo Contest award ceremony

EFP BOOTH

The EFP booth is located in the EFP Village (Hall 12). Just follow the signs. We look forward to seeing you there!

1ST EFP PHOTO CONTEST

We know that there are many talented dental professionals among us who are also gifted dental photographers. This is why in 2018 the EFP decided to organise its "1st EFP Photo Contest".

A large number of photos were submitted to the EFP member societies by their members. Now each country has selected one finalist each in three different categories who will all be competing for first prize here at EuroPerio9.

Who should be the winner? You decide! Vote for your favourite photo in the EuroPerio9 app! You can view all photos in high resolution in the Photo Zone, located in Hall 12 between the EFP Village and the Poster Lounge.

The award ceremony will take place on Friday, June 22 at 16:00 at the Society Stage in the EFP Village.
TRAVEL INFORMATION

TRANSPORT TO RAI AMSTERDAM

BY TRAIN
The RAI has its “own” station, RAI Amsterdam, which is located a stone’s throw from the RAI complex and is easy to reach from anywhere in the Netherlands. When you leave the station follow the signs for RAI Amsterdam.

From Schiphol Airport, trains depart for RAI at 10 minute intervals on average. Travel time is about 15 minutes. For exact departure times, consult the NS (Dutch Railways) travel planner: https://www.ns.nl/en/travel-information

BY TRAM, METRO OR BUS
Tram 4 runs between the RAI (Europaplein stop), Amsterdam’s city centre and Amsterdam Central Station. You can reach the RAI from the Amstel railway station by taking Metro 51 and Bus 65. Metro 51 also runs to Amsterdam Central Station. Metro 50 runs regularly between the Amsterdam Sloterdijk and Gein stations and stops at the RAI Amsterdam station.

TAXI
Every taxi company can bring you to RAI Amsterdam and will drop you off as close as possible to the entrance of the event. For logistical reasons, the Rai only allows TCA taxis on the premises to pick up visitors. At some events the TCA taxis are already waiting at the entrance of the event. If there are no taxis waiting, the reception or registration desk can call one for you.

You can book taxis online here: https://www.tcataxi.nl/en/home.html

UBER
If you would like to use an Uber, a pickup point is located only 100 metres away from the RAI.

PARKING
Parking tickets are available directly from RAI Amsterdam and € 18,00 per day. You can reserve your spot online in advance: https://parkeren.rai.nl/en/booking/period.html

BIKES & MOTORCYCLES; BIKE RENTAL
Park your car at RAI Amsterdam and explore the city by bike? That is possible! The RAI is a Hello-Bike parking spot.

The cost of using a Hello-Bike is not included in the car’s parking costs.

The Hello-Bike parking spot is located around the corner of Entrance F. The P4 garage is closest to the Hello-Bike parking spot.

Hello Bike website: https://hello-bike.net/nl

There are bicycle stands near every entrance around the RAI grounds. In the case of events where many visitors are expected to come by bicycle, additional bicycle stands will be placed near the entrance to the event. Motorcycles can be parked free of charge.
next to the bicycle stands. There are no charging points for electric bikes or scooters.

**PUBLIC TRANSPORTATION**

Travelling within Amsterdam by public transport is straightforward and convenient. The extensive network is operated by GVB and connects the city’s neighbourhoods by train, tram, metro, bus and ferry.

**Unlimited use of Amsterdam public transport with the OV chip card**

If you’re using public transport in Amsterdam and beyond, the public transport chip card (OV-chipkaart) is used for travel on trams, buses and metros. Residents in Amsterdam typically own a personalised card that can be recharged with credit or other travel tickets.

**The most convenient option for visitors is a disposable one-hour card or day card** (valid for one to seven days). One-hour tickets can be bought from the conductor or driver on the tram or bus. Day tickets can be bought on the tram or purchased in advance. Day cards cannot be bought from the driver on the bus. Tickets are valid across the whole network from the time of purchase, allowing you to take as many journeys as you choose within your chosen time-frame.

**Paying with cash on public transport**

Amsterdam is working towards making public transport completely cashless. Tickets can only be purchased using debit or credit on most bus routes and as of 8 December 2017, cash is no longer accepted on Tram 26.

**AMSTERDAM PUBLIC TRANSPORT DISCOUNT & DAY PASSES FOR VISITORS**

Depending on your travel plans and the duration of your stay, there are a number of different Amsterdam public transport passes that are especially valuable for visitors:

- **I amsterdam City Card**: Free entrance to the city’s top attractions, plus unlimited use of the GVB public transport system for 24, 48 or 72 hours.
- **GVB day passes**: Available from 1 to 7 days, with prices starting from €7.50. Valid on trams, buses and metros operated by GVB in Amsterdam. For your convenience, you can your tickets in advance from the GVB website.
- **Amsterdam & Region Travel Ticket**: 1, 2 or 3 day transport pass valid on all public transport operated by GVB, Connexxion, EBS and NS in Amsterdam and the Amsterdam Area, including night buses.
- **Amsterdam Travel Ticket**: An all-in public transport solution valid for one, two or three days. This ticket includes return (2nd class) train travel between Amsterdam Airport Schiphol and any station in Amsterdam. Additionally, the ticket is valid for unlimited travel on all trams, buses (including night buses), metro and ferries operated by public transport operator GVB in Amsterdam itself.
- **Old Holland Tour**: An all-in-one ticket giving you unlimited use of bus routes between Amsterdam Central Station, Volendam/Edam and Zaanse Schans for an entire day. Price: €12.50.
HELPFUL SITES FOR PLANNING YOUR JOURNEY

Before seeing the sights, you may wish to consult the 9292 route planner or GVB website to help you find the quickest and most convenient way to get from A to B.

TAXIS

All taxis in Amsterdam are marked as such by their roof lights displaying the name of their operator and their blue number plates. They are also equipped with a meter. Make sure to steer clear of unlicensed taxis that do not have these characteristics. For a taxi car, the maximum start price is €2.98, €2.19 is the maximum price per kilometre and €2.19 the maximum price per minute. When you reach your destination, the taxi driver’s automated system will total these three components and you will be offered a receipt detailing the complete fare. Higher fees apply for larger cars.

The best place to catch a taxi is at one of the city’s many taxi stands. Depending on your location as well as traffic, hailing a taxi may not always be practical.

OFFICIAL TAXI OPERATORS IN AMSTERDAM

Taxicentrale Amsterdam (TCA)  (with online booking service) – 020-777 7777
Staxi (with online booking service) – 020 705 8888
Taxistad (with online booking service) – 020-208 0000
Taxi Direct Amsterdam  (with online booking service) – 020-633 3333
BBF (TCS and Schipholtaxi)  (with online booking service) – 0900 900 6666
Sustainable Taxi Services B.V. (Taxi Electric)  (with online booking service) – 088-100 4444
Aemstel Taxi (with online booking service) – 0900-0288
Peri-implantitis:
Prevention and treatment of soft and hard tissue defects

March 1–2, 2019 | Harbour Grand Kowloon, Hong Kong

Congress Chair: **Maurizio Tonetti**
Scientific Chair: **Stefan Renvert**
NETWORKING PROGRAMME

The social programme offers events for everyone and provides ample opportunities for networking and recreation:

OFFICIAL EUROPERIO9 EVENTS

OPENING CEREMONY & WELCOME RECEPTION

Wednesday, June 20, 2018
Starting from: 17:00

CONGRESS PARTY

Thursday, June 21, 2018
Strandzuid (located directly adjacent to RAI)
Starting from: 18:00
At own expense. Ticket required for admission.
Price: EUR 25,00 per person
Dress code: come as you are, dressed up if you wish, or come in national dress – whatever you feel like!

The congress party will take place at Strandzuid, located directly next to the conference venue Amsterdam RAI. The ticket to this informal party includes savoury snacks and 1 free drink. Cash bars and attractive (self-paying) food-stations will be available for purchasing additional drinks and a fine selection of burgers, Asian and vegetarian dishes.

Meet up with your colleagues in this special location and enjoy an entertaining evening full of live music, good food and fine drinks.

Tickets are strictly limited. Remaining tickets may be purchased on a first come, first served basis at the Registration Service or Payments counter in the registration area. Please note that some national societies will be organising their own networking events that evening – please check with your society.
OFFICIAL CONGRESS DINNER
Saturday, June 23, 2018
Beurs van Berlage
Starting from: 19:00
At own expense. Ticket required for admission.
Price: EUR 150,00 per person
Dress code: The motto of the Congress Dinner is “A Colourful Summer Night”, so dress up elegantly and colourfully.

Join the networking highlight of EuroPerio9 in the spectacular setting of the Beurs van Berlage, Amsterdam’s former stock exchange.

The ticket includes a welcome drink, a 3-course dinner including a dessert buffet and a stunning entertainment programme that will both surprise and enchant you. According to our motto, a colourful and spectacular evening and dancing party awaits you!

Tickets are strictly limited. Remaining tickets may be purchased on a first come, first served basis at the Registration Service or Payments counter in the registration area.

Access: Beurs van Berlage is easily accessible by public transportation. From Amsterdam Central Station, it is only a brief 5-minute walk. You can actually see the Beurs van Berlage – on the Damrak – lying in front of you when you leave Central Station on the southside and walk towards the Dam. The Beurs van Berlage is a striking building of orange brick and multistory towers.

SPECIAL EVENINGS

EVENING FOR NATIONAL SOCIETIES
Thursday, June 21, 2018
Check with the EFP national member societies, whether they organise any specific event on that evening.

EVENING FOR INDUSTRY EVENTS
Friday, June 22, 2018
Why settle for lookalikes when you can have the real thing? Zimmer Biomet offers a full range of premium dental solutions that imitators can’t match. Yes, they may look the same, but it’s the quality and innovation of our implant and abutment systems that set the standards for the industry. Systems designed to work together, technological superiority, personalized service, and better outcomes are what differentiate us from the doppelgängers of the world. Be sure to choose genuine Zimmer Biomet Implants and Abutments. For your patients. For your practice.

Let’s get real with genuine Zimmer Biomet solutions.
Call +34-93-470-55-00

zimmerbiometdental.com/ZBreal
EXHIBITION
## EXHIBITOR LIST
alphabetical as per printing date

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IMPROVES GINGIVAL HEALTH

BY BALANCING THE ORAL MICROBIOME*

Zendium is a fluoride toothpaste with natural enzymes and proteins proven to balance the oral microbiome. New clinical evidence shows that 83% of Zendium users have a measurable improvement in gingival health.”** So in addition to your usual oral hygiene advice, recommend Zendium to patients with early gum problems.

To find out more, go to www.zendium.com

*Refers to the oral plaque microbiome and the relative abundance of bacterial species with a known association with gum health or disease after 14 weeks of brushing twice a day with Zendium when compared to baseline. **Refers to the results of a gum health study (UK 2017) on the 113 people who used Zendium (total subjects = 229) and a measurement of gingival health by the Modified Gingival Index (Lobene) after 13 weeks. 1. West N et al. A toothpaste containing enzymes and proteins improves gingival health. Abstract presented at CED-IADR 2017.

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