

# today

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Copenhagen • 17 and 18 June 2022



## Products

Dental Tribune International visited the Neoss booth (#C2.18) to find out more about its brand-new intra-oral scanner, the NeoScan 1000.

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## Interview

At EuroPerio10, Dental Tribune International had the opportunity to speak with Prof. David Herrera, who is the scientific chair of this year's congress.

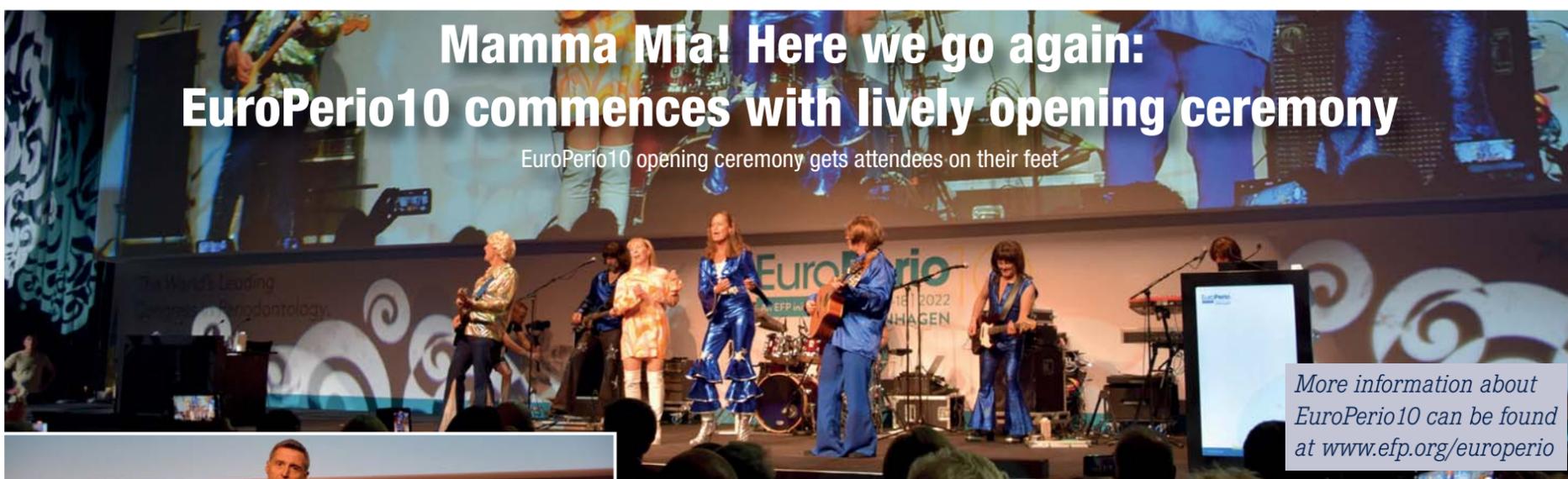
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## News

The European Federation of Periodontology has released new guidance on Stage IV periodontitis.

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## Mamma Mia! Here we go again: EuroPerio10 commences with lively opening ceremony

EuroPerio10 opening ceremony gets attendees on their feet

More information about EuroPerio10 can be found at [www.efp.org/europerio](http://www.efp.org/europerio)



^ EuroPerio10 chair Prof. Phoebus Madianos welcomes attendees to the world's leading periodontics and implant dentistry congress on 15 June. (All images © Dental Tribune International)

^ Members of the organising committee welcoming participants of EuroPerio10 in a rather unusual way—by cheerfully singing along to ABBA's tunes.

president of the EFP, encouraged participants to enjoy not only the scientific programme but also the city.

Besides the traditional flag ceremony, which was quite a sight, the opening ceremony featured an entrancing lecture presented by biological oceanographer Prof. Katherine Richardson as well as a special musical performance, which featured some members of the event's organising committee.

### Back to the roots

First held in Paris in France in 1994 with 1,200 attendees, EuroPerio is one of the most important and largest educational events for dental professionals specialising in periodontics and implant dentistry. The ninth edition of EuroPerio, which took place in 2018 in Amsterdam in the Netherlands, attracted a record high of 10,232 dental professionals from 111 countries. ◀

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■ The tenth edition of the triennial European Federation of Periodontology (EFP) congress, EuroPerio, has finally arrived. Until 18 June, over 7,000 participants from 101 countries will gather at the beautiful Bella Center Copenhagen in Denmark to get the best in science, clinical practice and innovation. On the first day of the event, attendees already got a glimpse of the comprehensive scientific programme that EuroPerio has to offer, and the opening ceremony, which included an eloquent speech on sustainability and cheerful songs from ABBA, won everybody over with its charm.

"So, we are finally here. It took four whole years, but we are finally back together. Welcome to EuroPerio10," said Prof. Phoebus Madianos, chair of EuroPerio10, during his welcome speech. The event was originally planned to take place in June 2021. However, amid the SARS-CoV-2 pandemic, the EFP decided to postpone the event by one year, totalling up the waiting time between the last and the newest edition of EuroPerio to four years, just like the Olympics—which is why Prof. Madianos had previously wittily referred to EuroPerio as the "Olympic games of dental congresses".

During his speech, Prof. Madianos assured attendees that, despite the long wait, this will be the best—and the most sustainable—EuroPerio in the event's history. This also explains the choice of location, since Copenhagen has previously been elected the sustainability capital of Europe and is seeking to become carbon-neutral by 2025. In addition, the city offers captivating waterfronts and world-class modern architecture, which is why Prof. Andreas Stavropoulos,



^ The procession of flags representing the European Federation of Periodontology's 37 member societies.

## Hitomebore\* - 目惚れ

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\*Love at first sight  
Hall E South,  
Booth E22

# Visitors to EuroPerio10 immerse themselves in joint EFP/Osteology Foundation session

Topics included wound healing and soft-tissue management

At EuroPerio10 attendees are being treated to multiple lectures by world-renowned speakers and getting updates on the latest in periodontics. On the first day, attendees were also invited to a joint session held by the European Federation of Periodontology (EFP) and Osteology Foundation—and it was well attended. The primary focus was placed on tissue regeneration, wound healing and soft-tissue replacement.

“Periodontics is coming back to the lead role in clinical practice”—that was the message from Prof. Phoebus Madianos from the Department of Periodontics at the National and Kapodistrian University of Athens in Greece and chair of EuroPerio10, during the press conference yesterday afternoon. Indeed, as Prof. Madianos accurately noted, periodontics is “in the heart of the body”, and its crucial role is felt not only in dentistry but also in medicine in general, and taking care of one’s oral health can greatly improve quality of life.

Opening the session, Prof. Anton Sculean, chairman of the department of periodontics and the executive director of the School of Dental Medicine at the University of Bern in Switzerland, gave a brief introduction to the Osteology Foundation and warmly presented the three



From left: Profs. Anton Sculean and Sofia Aroca.

keynote speakers as well as Prof. Andreas Stavropoulos, who is not only the president of the EFP but also a close friend of Prof. Sculean’s.

Starting off the discussion, Prof. Sofia Aroca, who is a dentist in France, graciously de-

livered her lecture, in which she talked about soft-tissue graft harvesting and the benefits of using collagen matrix and introduced some studies on the topic. Commenting on her presentation, she told Dental Tribune International

(DTI) that her research team was the first to provide a long-term follow-up of the use of the Geistlich Mucograft collagen matrix. “I was really proud to show the nine-year follow-up of this material and to share with my colleagues the most important factors that they should take into consideration,” she said.

The next to present was Prof. Nikolaos Donos, chair of periodontics and implant dentistry at Queen Mary University of London in the UK, who spoke on wound healing after surgical procedures. Dr Giovanni Zucchelli, associate professor of periodontics at the University of Bologna in Italy, then talked about soft-tissue management for aesthetic defects around implants.

In the coming days, attendees will have the opportunity to participate in a number of lecture sessions as well as to attend live mucogingival and bone regeneration surgeries, nightmare sessions illustrating worst-case treatment scenarios, video sessions, debates, interviews and symposia.

“EuroPerio is a huge meeting to all of us periodontists. This is the only place where you can talk clinic, research, science and the future,” Prof. Aroca told DTI. ◀

## The best EuroPerio ever

EFP host press conference at EuroPerio10

On 15 June, prior to the official opening ceremony of EuroPerio10, the European Federation of Periodontology (EFP) invited members of the press to a press conference in order to give them an overview of the congress. For example, the representatives emphasised the high scientific level of the congress programme, which features 41 sessions that are organised on four parallel tracks. For the first time, the main sessions will be recorded and will become available for about three months



From left to right: Prof. Andreas Stavropoulos, president of the EFP; Prof. Phoebus Madianos, chair of EuroPerio10; Prof. David Herrera, scientific chair of EuroPerio10; Prof. Nicola West, secretary general of the EFP; and Dr Bettina Dannewitz, chair of the EFP communications committee.

after the congress as on-demand videos in order to allow dental professionals to view sessions that they might have missed during the congress.

Prof. Phoebus Madianos, the chair of EuroPerio10, called the congress, which is the main event for the EFP and the European periodontics community, “the Olympic games of dental congresses”, a title which is justified by the magnitude and impact of the event.

He further stressed that periodontics will continue to assume a leading role in clinical practice in dentistry and in medicine in general owing to the growing recognition of its role in systemic diseases such as diabetes and cardiovascular disease. In this respect, EFP is committed to improving interdisciplinary communication and collaboration on an institutional level as well as on a practitioner level. EuroPerio10, therefore, features a considerable number of interdisciplinary sessions that focus on topics such as cardiology, endocrinology and neurology.

Prof. Nicola West, the secretary general of the EFP, highlighted that sustainability has become a key component in the federation’s decision-making process. She also stated that the topic had been key in the organisation of EuroPerio10. She said that this year’s congress will provide about 50% fewer printed materials compared with EuroPerio9 and that all printed materials are made from recycled paper. Among other sustainability measures, free public transport tickets were given to all attendees. ◀

## EuroPerio10 presents parallel live surgeries



On Thursday morning, Hall D was packed with attendees eagerly awaiting the livestreaming of two mucogingival surgeries that were to be performed to cover multiple gingival recessions. Two of the most widely used approaches were presented: the tunnel technique, which was performed by Dr Ion Zabalegui from Bilbao in Spain, and the coronally advanced flap, performed by Dr Massimo de Sanctis from Vita-Salute San Raffaele University in Milan in Italy. The surgeries ran in parallel and were shown alternately, allowing attendees to follow the critical steps of each method. ◀



# Guided Biofilm Therapy shines at EuroPerio10

EMS presents evidence-based Guided Biofilm Therapy and new peri-implant instrument



\* From left to right: Ruth Cristophel, brand marketing team group leader at EMS; Dr Ernst Wühr, general manager at EMS; and Celso Da Costa, head of the Swiss Dental Academy.

■ EMS is currently presenting its evidence-based Guided Biofilm Therapy (GBT) at EuroPerio10, focusing on modern oral prevention. To date, there are more than 7,000 GBT-certified dental practices worldwide.

The GBT protocol is part of a comprehensive preventive concept that aims not only to preserve patients' oral health, but also to improve patient compliance and subsequent recall attendance. It is a modular, systematic, predictable and logical solution for oral biofilm management in prophylaxis that uses state-of-the-art technologies such as AIRFLOW PERIOFLOW with erythritol-

based AIRFLOW PLUS powder and PIEZON NO PAIN PS. GBT involves eight steps, which can be modified depending on the clinical situation. The aim of this protocol is to be minimally invasive, pre-serve hard and soft tissue, and meet patient expectations.

An unprecedented global survey of 76,338 participants showed that 92% of patients were enthusiastic about GBT and would recommend it to family and friends.<sup>1</sup> This trend has also been confirmed by further studies.<sup>2,3</sup> To date, EMS has received 107,029 GBT testimonials from satisfied patients from 42 countries across the globe.



\* At the EMS booth (#E.16), EuroPerio10 attendees can learn more about Guided Biofilm Therapy.

EMS is presenting its latest innovation at EuroPerio, the PIEZON PI MAX instrument. Its thin design—as thin as a periodontal probe—provides the best access, up to 3 mm, to remove subgingival calculus during implant, crown and veneer maintenance.

The success of the GBT protocol is based on constant innovation and training. The Swiss Dental Academy strives to educate clinicians on prevention, the GBT protocol, the latest technologies and scientific evidence to secure quality of treatment and assure long-term oral health. This year, more than 4,000 in-person courses will be held. In addition, various free webinars will be hosted. "Today, we are using the Ferrari of prophylaxis and you need to know how to use it or else you will crash it," said dental hygienist Celso Da Costa from Portugal, who is head of the academy and co-leader of the GBT Task Force at EMS. ◀◀

References

- <sup>1</sup> Koch JH. "Guided Biofilm Therapy" is the absolute favorite among patients. ZMK. 2022;38:183-5.
- <sup>2</sup> Furrer C, Battig R, Votta I, Bastendorf KD, Schmidlin PR. Patientenakzeptanz nach Umstellung auf "Guided Biofilm Therapy". Swiss Dent J. 2021;131(3):229-34.
- <sup>3</sup> Strafela-Bastendorf N, KD. Die Patientenzufriedenheit in der Prophylaxe. Plaque N Care. 2020;36:452-6.

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Together has No Limits

# Impressions from Copenhagen



Attendees dancing at the opening ceremony. (All images © Dental Tribune International)



EFP president Prof. Andreas Stavropoulos welcomes attendees to the tenth edition of the EuroPerio congress.



The exhibition space of EuroPerio10 covers about 3,300 m<sup>2</sup>.



Dental Tribune International has published a dedicated *today* issue for the congress.



This year, about 7,000 are expected to join the congress.



EuroPerio is being held at the Bella Center in Copenhagen in Denmark.



Attendees try out Curaprox products at booth C2.10.



Straumann Group booth (#E.05).



EuroPerio10 participants will have ample networking opportunities.



Talks at the Oral-B booth (#C2.15).



Piezotome workshop at the ACTEON booth (#E.13).



TePe booth (#C2.08).



At booth E.01, attendees have the opportunity to try out the X-Guide system from Nobel Biocare.



The exhibition showcases the most current innovations in periodontics and implant dentistry.



At the BioHorizons Camlog booth, attendees can participate in an exciting skills and knowledge challenge.



# ATTACKING PLAQUE AT EVERY ANGLE

**LISTERINE**



Revealing new research unveiled at EuroPerio10 demonstrates the remarkable impact of Listerine® essential oil mouth rinse when added to daily mechanical routines, delivering **4.6 times** greater interproximal plaque prevention above the gumline versus floss.\*<sup>1</sup>

To read the full study results visit [www.listerine.eu](http://www.listerine.eu)

\* Sustained plaque prevention above the gumline with continual twice daily use for 12 weeks after a dental cleaning. Flossing was performed by a dental hygienist.  
<sup>1</sup> Bosma ML, McGuire JA, Sunkara A, et al. Efficacy of professional flossing, supervised flossing and mouthrinsing regimens on plaque: a 12-week, randomized clinical trial. J Dent Hyg. 2022 Jun;96(3):8-30.

# Neoss celebrates anniversary with NeoScan 1000

Company showcases brand-new intra-oral scanner in Copenhagen



▲ Neoss booth (#C2.18) at EuroPerio10.

■ In commemorating 20 years of its pursuit of treatment simplicity, Swedish implant manufacturer Neoss has pre-launched its new intra-oral scanner, the NeoScan 1000. Dental Tribune International visited the company's booth (#C2.18) at EuroPerio10 to find out more about the easy-to-use fast-scanning device for a digital workflow.

The scanner is both compact and lightweight, causing no discomfort for the user, even if it has to be held for a long time. It is user-friendly, allowing the entire process of scanning, optimising and exporting to be done without having to touch the computer. In addition, the NeoScan 1000 is connected to the computer via USB, so no additional power supply is needed.

The intra-oral scanner delivers high-resolution and true-colour images, allowing users to distinguish tooth structure and soft tissue so that they can easily identify margin lines and undercut areas. On top of this, the scanner comes at an attractive price. It will be fully launched in September in Europe, the US and China.

"I'm excited to be here with the Neoss team at EuroPerio10, supporting the dental community, to share and discuss the latest technologies, including our brand-new intra-oral scanner, the NeoScan 1000," said Dr Robert Gottlander, CEO and president of Neoss Group.



▲ Demonstration of NeoScan 1000, Neoss' new intra-oral scanner.

The NeoPro scanner software offers dental professionals features such as scan history management, smart reminders, margin line tools, inspection and measurement. In combination with the integrated cloud storage offered by NeoConnect, data transfer to and communication with the laboratory can be performed in a seamless and efficient way.

## ScanPeg with aesthetic healing abutments

In order to make scanning even easier, Neoss offers a range of healing abutments into which a dedicated ScanPeg can be inserted for simplified and accurate single-tooth intra-oral scanning. The push-in ScanPeg is used with the healing abutment and eliminates the need for a separate scan body. By minimising the exchange of components, the biological seal is maintained and the tissue level preserved, making the treatment less invasive and more comfortable for patients. According to the company, this unique solution is currently only being offered by Neoss.

"Designed with ease of use in mind, the superfast, lightweight NeoScan 1000 fits perfectly in our digital workflow. Combined with our aesthetic healing abutment with ScanPeg, it produces high-precision results," commented Dr Gottlander.

He encouraged EuroPerio10 visitors to "stop by the Neoss stand and put our scanner to the test!" ◀◀

# Research attacks perceived understanding of dental biofilm establishment and inhibition

Studies underline efficacy of essential oil mouthrinse

■ Clinical data released on 16 June at EuroPerio10 has revealed that Johnson & Johnson's Listerine essential oil mouthrinse delivers 4.6 times greater interproximal plaque prevention above the gingival margin than does flossing.

In a dedicated symposium, three experts presented the findings of two revealing new studies which compared the use of Listerine essential oil mouthrinse and brushing with brushing and flossing alone for inhibiting the establishment of the dental biofilm.

The first study investigated the clinical efficacy of supervised mouth rinsing and flossing on plaque over the period of 12 weeks. It was led by research scientist Dr Jeffery L. Milleman, director for clinical operations and principal investigator at US-based clinical research team Salus Research, and provided evidence that rinsing with essential oil mouthrinse is superior to hygienist-conducted and hygienist-supervised flossing in preventing plaque build-up above the gingival margin. He said: "This study is further evidence that rinsing with an essential oil rinse is an effective adjunct to mechanical methods."

Dr Kimberly R. Milleman, director, compliance specialist, organoleptic judge and gold standard examiner for Salus Research, presented the second study, which investigated the effects of essential oil mouthwash in oral hygiene regimens and showed that a regimen of brushing, flossing and rinsing with essential oil mouthrinse provided significant 28.4% greater



▲ Dr Kimberly R. Milleman, director, at Salus Research; Dr Jeffery L. Milleman, director for clinical operations at Salus Research; Prof. Nicole Arweiler, director and chair of the department of periodontics and peri-implant diseases at the University of Marburg; and Mhari Coxon, president of the Oral Health Foundation.

reduction in interproximal plaque compared with brushing and flossing alone at 12 weeks. She said: "Mouthrinse covers the whole tooth, and when we grade plaque, we are grading it

right along the gingival margin and interproximally."

Both studies underline the fact that Listerine essential oil mouthrinse—in addition to me-

chanical cleaning—delivers more effective oral health.

Periodontist Prof. Nicole Arweiler, director and chair of the department of periodontics and peri-implant diseases at the University of Marburg's dental school and hospital in Germany, commented: "Problems start when the dental biofilm becomes established on hard surfaces—the teeth, fillings, or other niches—and starts to develop a life of its own. We know that periodontal microflora influence our susceptibility to several diseases, including bacteraemia, endocarditis, diabetes, autoimmune disease and lung disease. We also find that patients with periodontitis have the same markers as for rheumatoid arthritis."

She continued: "Mechanical hygiene measures to remove the dental biofilm are often insufficient. There are many people who do not brush or floss appropriately, plus there are situations when mechanical cleaning is not possible, such as when patients have sutures or following new implants. Additionally, there are groups, such as the elderly or people with disabilities, who find it difficult to adequately clean using brushing and flossing. An antibacterial mouthrinse can help to kill or 'defang' residual biofilms that dental patients have been unable to remove." ◀◀

Editorial note: For details of the studies and references, please visit [www.listerine.eu](http://www.listerine.eu). A product sample can be requested at Booth C2.12.

# Struggling with peri-implantitis?



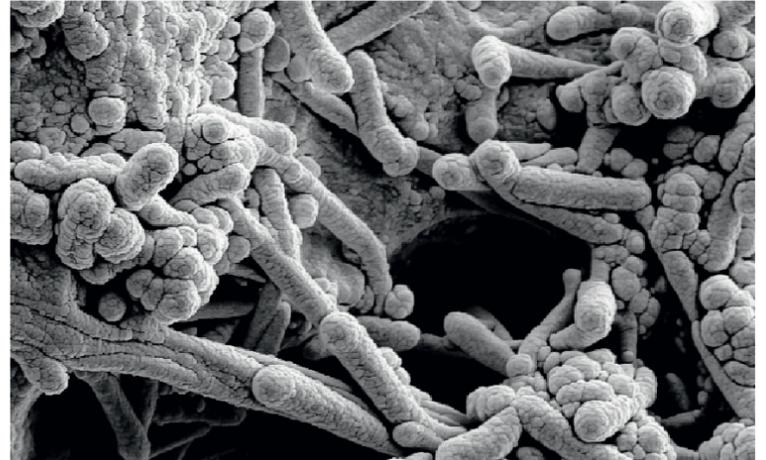
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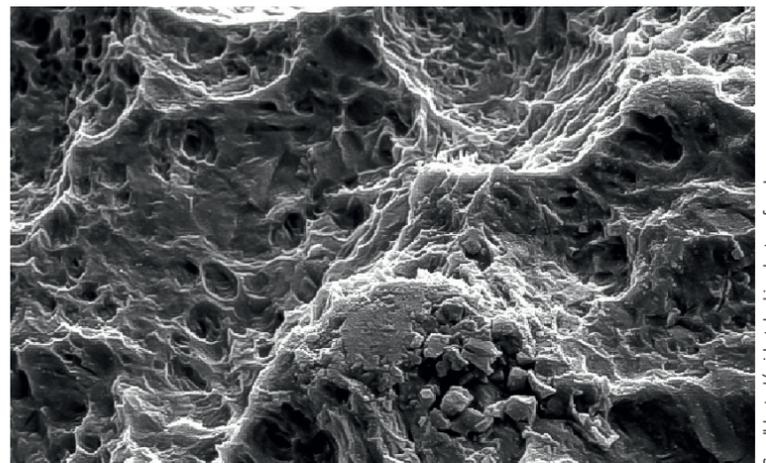
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**BEFORE** Implant surface after growth of complex oral biofilm for 8 days



**AFTER** Implant surface after cleaning with GalvoSurge®

Sandblasted/acid-etched implant surface images courtesy of schupbachimages.com

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\*as shown in an in vitro study

1. Schlee M, Wang H-L., Stumpf T. et al. Treatment of Periimplantitis with Electrolytic Cleaning versus Mechanical and Electrolytic Cleaning: 18-Month Results from a Randomized Controlled Clinical Trial. J. Clin. Med. 2021, 10, 3475.

2. Ratka C, Weigl P, Henrich D, et al. The Effect of In Vitro Electrolytic Cleaning on Biofilm-Contaminated Implant Surfaces. J Clin Med 2019;8(9):1397.

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## “Periodontics is now the most active specialty”

An interview with EuroPerio10 Scientific Chair Prof. David Herrera

■ At EuroPerio10, Dental Tribune International had the opportunity to speak with Prof. David Herrera, who is the scientific chair of this year's congress. He is a professor of periodontics and the associate dean of dental clinics at the Complutense University in Madrid in Spain. He is also the director of the university's postgraduate programme in periodontics, which is accredited by the European Federation of Periodontology (EFP).

### Prof. Herrera, being scientific chair of EuroPerio10 sounds like quite a challenge. How has the experience been so far?

I have been involved with the EFP for many years. Being the EuroPerio10 scientific chair has been my most important commitment to date. I have been responsible for designing and organising the scientific programme. This is a duty that usually lasts for the three years in between the EuroPerio congresses, but of course, owing to the pandemic and postponing of the congress, I have been active with it for the last four years.

As the scientific chair, I have had the best time. It is a reward to work with the best practitioners in the world. It has been a lot of very challenging work, not an easy job. You must always perform at your best, but at the same time, it is a privilege to get to work with the top experts in the field. When I contacted some of them, I expected that they would not have the time, that they would not be interested in presenting a 20-minute lecture. However, this was not the case. They reserve the EuroPerio dates years in advance and wait for the invitation. Even the biggest names do that. We usually do not get negative answers. This year, we have over 130 top-level experts participating.

### Do you think you are going to miss it?

After EuroPerio10, I will wear another hat again as the chair of the EFP Workshop Committee. It is the committee that has been involved in the preparation of the EFP guideline on Stage IV periodontitis.

### EFP has compiled a comprehensive scientific programme with more than 130 speakers for EuroPerio10. Could you please outline the highlights of this year's congress?

The live surgeries are definitely a highlight. Prof. Giovanni Zucchelli performed the first live surgery at the University of Copenhagen during the last EuroPerio congress in Amsterdam in the Netherlands. First, attendees will be able to see and compare two different approaches to treating multiple areas of gingival recession. Dr Ion Zabalegui from Bilbao in Spain and Dr Massimo de Sanctis from Milan in Italy will perform the same surgery live, and attendees will be guided through each step. The other live surgery will be performed by Dr Istvan Urban from Budapest in Hungary.

### At EuroPerio10, the EFP guideline on Stage IV periodontitis therapy will be discussed. What are the most significant challenges in this respect?

Periodontitis in Stage IV is the most severe, most advanced periodontitis. There is bone destruction of 50% or more, and the difference between Stage IV and Stage III is that sequelae arise from this. The teeth are moving, or they have moved into a different position. The masticatory function is not good, and there may be more than five teeth missing, so there are a lot of problems facing a patient in Stage IV periodontitis. Even if we can treat the infection and the periodontal tissue is healthy again, the mouth is not functioning properly. Therefore, you need something else. You need periodontal therapy.

In this current guideline, we are describing what else you need to do for the patient with Stage IV periodontitis. What do you need to do to restore the masticatory function? You might need orthodontic therapy, prosthodontics or dental implants, whatever you need to do when the periodontal tissue is healthy again to get a stable environment and restore a healthy mouth.



\*Prof. David Herrera is the scientific chair of this year's EuroPerio congress.

### Therefore, it seems essential to have an interdisciplinary approach with regard to treatment of Stage IV periodontitis.

Exactly. It is very important. Orthodontists, prosthodontists and other specialists seem to be very afraid of these cases because they believe the prognosis is going to be poor and that it is

not worth investing time and money in those patients. However, based on evidence and what the guideline demonstrates, it is in most cases treatable. You can do something and something much better than removing the teeth and placing implants, because tooth retention has a better prognosis than the prognosis of an implant.

The guideline gives recommendations to periodontists, orthodontists and prosthodontists so that they may work successfully together for better treatment results.

**These most severe cases are usually treated with full extraction, full-mouth dentures and implants. We have shown that this can be avoided. Of course, more advanced analysis and diagnosis are needed in order to be successful, but it is feasible and worth exploring.**

At the end, a full-mouth extraction might be needed, but this guideline provides another way to look at a case.

### How would you describe the current direction of the field of periodontics and the factors that are effecting change?

Within the dental specialties, I think that periodontics is now the most active specialty in Europe. From the clinical practice perspective, demand is high because periodontitis is highly prevalent. The ageing population is another factor because periodontitis is encountered more in older populations.

Periodontics is also closely connected to what I would call basic science—microbiology, biology, histology—more than the other specialties. I would say that 20% of the scientific publications in dentistry are about periodontics, and 25% of systematic reviews in dentistry are about periodontics.

In the end, periodontitis is easily treatable, and the diseases associated with implants are very difficult to treat because the surfaces of the teeth can be cleaned, whereas the implant surface is difficult to treat or decontaminate. ◀

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# EFP presents new guideline on Stage IV periodontitis

Clinicians should work closely with other specialties to restore function and manage the disease

■ The European Federation of Periodontology (EFP) released new guidance on Stage IV periodontitis on 10 June, marking the completion of evidence-based recommendations for all stages of the disease. The new guideline was the subject of a dedicated session at EuroPerio10, and the event's Scientific Chair Prof. David Herrera commented that successful management of Stage IV periodontitis is particularly challenging because treatment alone is insufficient.

The new guideline was addressed at EuroPerio10 in Copenhagen on 16 June by three experts involved in different areas of dental treatment. In the words of Prof. Herrera, management of periodontitis in Stage IV requires clinicians to look beyond treatment and "work in close contact with other dental specialties to restore the lost function and manage the disease sequelae".

The session was chaired by Dr Mario Aimetti of Italy, and Dr Spyridon Papageorgiou of Switzerland explained to attendees why orthodontic therapy is usually required in treating cases of Stage IV periodontitis in order to manage the lack of posterior occlusal support and pathological tooth migration. Prof. Nicola Zitzmann of Switzerland discussed the efficacy of tooth splinting and occlusal adjustment in patients with masticatory dysfunction and tooth migration and mobility, and Prof. Klaus Gottfredsen of Denmark focused on the importance of prosthetic rehabilitation and the need to consider how and when clinicians should choose between different prosthetic options.

As discussed by the speakers, the new S3 level clinical practice guideline outlines five diagnostic pathways to clinically assess Stage IV periodontitis. These are: 1) evaluation of the extent of the breakdown of structures supporting the teeth as well as evaluation of aesthetics and the patient's ability to chew and speak; 2) establishment of the number of teeth that the patient has already lost owing to the disease; 3) prognosis of remaining teeth; 4) assessment of all factors in the mouth that could hinder or enable retention of teeth and/or the placement of dental implants; and 5) the patient's overall prognosis, including the probability of disease progression or recurrence, considering the possible presence of risk factors such as smoking and diabetes.

Dr Maurizio Tonetti, professor of periodontology at Shanghai Jiao Tong University School of Medicine in China and co-author of the guideline, lauded the progress heralded by the document. He said: "This detailed diagnostic process is crucial as it enables us to design a multidisciplinary treatment plan based on what is technically and biologically feasible, cost-effective and in line with the patient's preferences and expectations."

The EFP said that therapy begins with the recommendations available for Stage I, Stage II and Stage III periodontitis, and that additional treatments for Stage IV disease can involve orthodontic therapy and the

construction of prostheses to replace missing teeth. Prof. Herrera commented, however, that "Extracting teeth to place dental implants is not a reasonable option if teeth can be retained."

The guideline is intended to inform clinicians, health systems, poli-

cymakers and the public about the most effective modalities for treatment according to the available evidence.

EFP President Prof. Andreas Stavropoulos pointed out that "for the first time in history we now have European recommendations for the inter-

disciplinary and evidence-based management of all stages of this disease".

Prof. Stavropoulos said he expected the guideline to improve the quality of periodontal treatment around the world and commented that the EFP would work with na-

tional periodontology societies to translate it into appropriate languages and adapt it to local contexts.

The full treatment guideline can be accessed online at: <https://doi.org/10.1111/jcpe.13639>. ◀

AD

**EuroPerio10**  
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COPENHAGEN  
Booth E13

## The clinical workflow solution for Periodontics

by ACTEON®

### Prevention & care

An effective solution that covers all steps of periodontal care

With its wide range of high-quality products, ACTEON® supports practitioners during all periodontal treatments to ensure patients' comfort and safety within the Periodontics Workflow.

DIAGNOSE ➤ TREAT ➤ FOLLOW UP

Medical devices, for more information read the instruction for use or the labelling dedicated to each product

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