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EuroPerio9 Amsterdam • 20–23 June 2018



Clinical

Dr Karl-Ludwig Ackermann showcases a new restoration concept using LOCATOR F-Tx with no screws and no cement.

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Products in focus

The new Planmeca CALM algorithm for correcting patient movement in CBCT images is "the real deal".

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Travel

There is lots to do and see in Amsterdam. Enjoy some tips on the best museums, food and more in the Dutch capital.

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EFP welcomes visitors to EuroPerio9 in style

10,000 participants are expected to attend the four-day event filled with learning and networking opportunities.

■ With an entertaining mix of performance and pageantry, the ninth edition of EuroPerio was officially opened on Wednesday at the RAI Amsterdam Convention Centre. A visually arresting dance performance and laser light show befitting the host city's exuberant nature kicked things off, and a surprising twist gave attendees a memorable story to relay.

In keeping with EuroPerio's emphasis on providing something new for attendees, the opening dance sequence distinguished this ceremony from any other. After the initial dancers had performed, a single figure clad in a black bodysuit and fedora took to centre stage, moving energetically and in unison with a projected-light silhouette. As a booming voice asked the audience to welcome Dr Michèle Reners, chair of the EuroPerio9 organising committee, the dancer stepped out of the bodysuit to reveal that it had been Reners herself. To thunderous applause, she welcomed attendees and shared with them the long journey to Amsterdam, a journey made possible by a talented team. Praising the presenters the European Federation of Periodontology (EFP) had attracted to EuroPerio9, she



stated, "The secret to success is quality speakers".

Prof. Iain Chapple, Secretary General of the EFP, spoke to the crowd next and spoke of how EuroPerio has continued to grow since its early days. "We are happy to welcome more than 10,000 attendees to EuroPerio9," he said, declaring it to be a record turnout for the event.

In addition to Reners and Chapple, EFP President Prof. Dr Anton Sculean addressed visitors to the congress, as did several other members of the EFP Executive Committee.

After this round of introductions, the full and associate member societies of the EFP were invited onstage to parade their national flags in front

of the audience. Each nation was warmly greeted, with especially loud cheers heard for Italy, Spain and the host country, the Netherlands.

With 134 expert speakers and 308 moderated abstract and poster presentations scheduled over the four days of EuroPerio9, there is plenty of opportunity for visitors to hear about the latest information re-

garding the fields of periodontics and dental implantology. In addition, many of the industry's leading companies are present and showcasing their dental solutions at the event.

Wednesday's Opening Press Conference, which preceded the welcome ceremony, gave the audience an overview of the event, background information on the EFP, and facts and figures on periodontal disease. Prof. Søren Jepsen, EuroPerio9 Scientific Chair and past EFP President, outlined this edition's new session formats and expanded scientific programme. Additionally, Sculean emphasised this year's focus on periodontal health as an integral part of general health and well-being which was completed by Prof. Bruno Loos', Specialist and EFP Committee member, following take-home message: "Gingivae and the underlying bone structure are the basis not only for a healthy dentition, crowns or bridges, but also for speech, appearance, your smile, and overall well-being. In a lot of countries, periodontal treatment is not part of the basic health insurance package. As such, periodontal disease needs to be recognised as a disease just like all other chronic inflammatory diseases." ◀

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It is the biggest and most important meeting in the fields of periodontology and implant dentistry worldwide — Part 1

An interview with Prof. Dr. Anton Sculean, President of the European Federation of Periodontology.

■ Held once every three years by the European Federation of Periodontology (EFP), EuroPerio brings together thousands of dental professionals from around the world for one of the influential dental meetings in the world. EuroPerio9 features a range of new events and presentations. In the first part of this interview with Prof. Dr. Anton Sculean, President of the EFP, *today international* spoke about what visitors can expect to gain from attending EuroPerio9.

How can dental professionals benefit from attending EuroPerio9?

Simply put, it's the biggest and most important meeting in the fields of periodontology and implant dentistry worldwide. EuroPerio9 will provide a wealth of knowledge in all aspects of these two specialties for attendees, highlighting the most recent innovations in diagnosis, pathogenesis, non-surgical and reconstructive surgical approaches, as well as maintenance and patient management. It aims to provide not just for the specialist but also for the general practitioner and dental hygienist solid, evidence-based knowledge on how they can implement these approaches and treatments in their daily practices. Clearly, all dental



professionals can gain a lot from coming to EuroPerio9.

One of the strategies for EuroPerio9 is to attract younger dental professionals. What does the European Federation of Periodontology (EFP) hope to achieve through this?

Well, first of all, we have new and different types of sessions for

EuroPerio9. We now have not only sessions that are concerned with studies and presentations from experts, but also sessions that focus on practical elements and clinical concepts. In addition to that, we had the first EFP Graduate-Alumni-Symposium, which was scheduled for Wednesday, 20 June. This session used a novel format, Perio Talks,

based on the general topic of "Periodontal experience and discoveries worth spreading". Selected speakers, consisting of renowned specialists and young periodontists who received their education in one of the EFP-accredited postgraduate programmes, presented short talks on their experiences that have significantly inspired their professional careers.

We also have a session featuring live surgery performed by a surgical team that, we hope, will attract young dental professionals who want to see first-hand the kind of results they can achieve for their patients. In addition, there will be a Nightmare Session on the final day of EuroPerio9 that I believe will really help the younger attendees understand not only how to cope with any mistakes they might make in practice, but also how they can avoid these mistakes in the future. These are just a few of the things that will make EuroPerio9 a worthwhile experience for younger dental professionals.

Are there any particular events or topics that you are looking forward to most at EuroPerio9?

Though there are many to choose from, one topic that I think will be im-

portant at EuroPerio9 concerns how we can help dentists to implement patient motivation strategies. We need to look at how we can motivate patients to take charge of their own oral hygiene, how we can keep them coming to our practices for regular check-ups, and what new strategies we can implement for this in our everyday workflows.

In terms of events, I'm eagerly awaiting the industry symposia that will be conducted in Amsterdam. These symposia present information regarding new surgical techniques, materials and so forth that can be implemented in our treatment concepts.

Another topic that I'm particularly looking forward to discussing with attendees is novel approaches to reconstructing soft- and hard-tissue defects around both natural teeth and dental implants. There will be several presentations covering these approaches scheduled throughout EuroPerio9's scientific programme, and I am truly excited to see what the presenters have in store for visitors. ◀

Editorial note: The second part of this interview will appear in the third EuroPerio9 today issue which will be published on Saturday, 23 June 2018.

First EFP Graduate-Alumni-Symposium proves to be a hit

■ When the European Federation of Periodontology (EFP) was officially formed in Amsterdam in 1991, one of its primary goals was to increase awareness of the importance of periodontal health through research and education, among other avenues. Twenty-seven years later, Amsterdam is hosting EuroPerio9, and Wednesday saw the EFP's emphasis on education pay dividends with the successful debut of Perio Talks, the first EFP Graduate-Alumni-Symposium.

Chaired by Prof. Moshe Goldstein and Dr France Lambert, both from the EFP Postgraduate Committee, along with President-elect Dr Filippo Graziani, official coordinator of EFP Alumni, Perio Talks featured eight speakers sharing their own unique journeys in periodontology. Hailing from countries as disparate as Ireland and Israel, the presenters ranged in experience from a knowledgeable professor to a first-year student. Regardless of these differences, their stories were of

a uniformly high quality and provided a rapt audience with wisdom about both periodontology and making significant life choices.

Having undergone a special training session in Vienna in Austria earlier in the year on talking without notes, the presenters spoke with confidence for 10-12 minutes each. Prof. Eli Machtei, Director of the School of Graduate Dentistry of the Rambam Health Care Campus in Haifa in Israel, encouraged young attendees to pursue an ac-



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ademic career in periodontology, while Dr Cavid Ahmedbeyli detailed his experiences in forming PERIOAZ, Azerbaijan's national society for periodontology, in 2012 and helping it become an EFP associate member society by 2017.

Perio Talks was the first event to be held by EFP Alumni, an initiative that commenced in 2017 with the goal of connecting students and teachers in periodontology. There are currently 16 EFP-accredited postgraduate university programmes in periodontics today, with 446 EFP-certified graduates from over 50 countries. According to Dr Michèle Reners, chair of the EuroPerio9 organising committee, over 40 per cent of the conference's attendees are under the age of 35. ◀

There is something for all dental professionals at EuroPerio9

An interview with Dr Francis Hughes, EFP Press Committee and former EuroPerio8 Chair.

■ Dr Francis Hughes, Professor of Periodontology at King's College London in the UK, served as chair of the organising committee of EuroPerio8, held in London in 2015. Three years later, he is part of the EFP Congress Task Force, advising on all matters relating to EFP congresses, ranging from possible future venues to scientific meeting possibilities. *today international* spoke with him about EuroPerio's successful development, as well as his own expectations of this year's edition.

You headed EuroPerio8's organising committee three years ago. How would you say this year's event ties in with the one in London?

EuroPerios have been a great success over the years, and the number of attendees has grown immensely. In London, we attracted almost 10,000 people from 106 countries, and registrations for EuroPerio9 have even surpassed that. As such, EuroPerio9 is building on the great success and popularity of previous meetings. The winning formula has evolved over the years, and this year we have some new innovations, such as live surgery sessions, nightmare case sessions and a general attempt to encourage discussion in all sessions. We have, over time, also got much better at planning and projecting our messages from the EFP. Finally, with our core professional conference organiser, Mondial, we have got pretty slick at running a smooth and enjoyable show where the logistics work and people can enjoy themselves and catch up with the latest techniques, research and methodologies.

You are participating in a session at EuroPerio9 on the role of genetics in periodontitis. What would you like listeners to take from this session?

I am chairing this session. I am not by any means a geneticist, but I am an enthusiastic amateur when it comes to periodontal genetics. Thus, I hope that having a clinician as chair will help to make the session as accessible and relevant as possible. Genetic factors are some of the most important factors that determine susceptibility to periodontitis, but the precise mechanisms are not well understood. The scientific potential of current studies to unravel these factors is enormous, but there are also some important pitfalls to avoid. I hope that listeners will be able to understand the state-of-the-art in this research area, but also better understand the potential clinical relevance of these studies in the future.

How can dental professionals benefit from attending EuroPerio9?

There is something for all dental professionals at EuroPerio9. The size of the meeting and holding the meeting only once every three years means that we are able to put on a fresh and comprehensive scientific programme that brings together top expert speakers in all topics relating to periodontology and implant dentistry. So, there is much to go to if you are a specialist or generalist, practitioner or academic, dentist or hygienist. In truth, the big-

gest challenge for the attendee is deciding on what to go to and what not to.

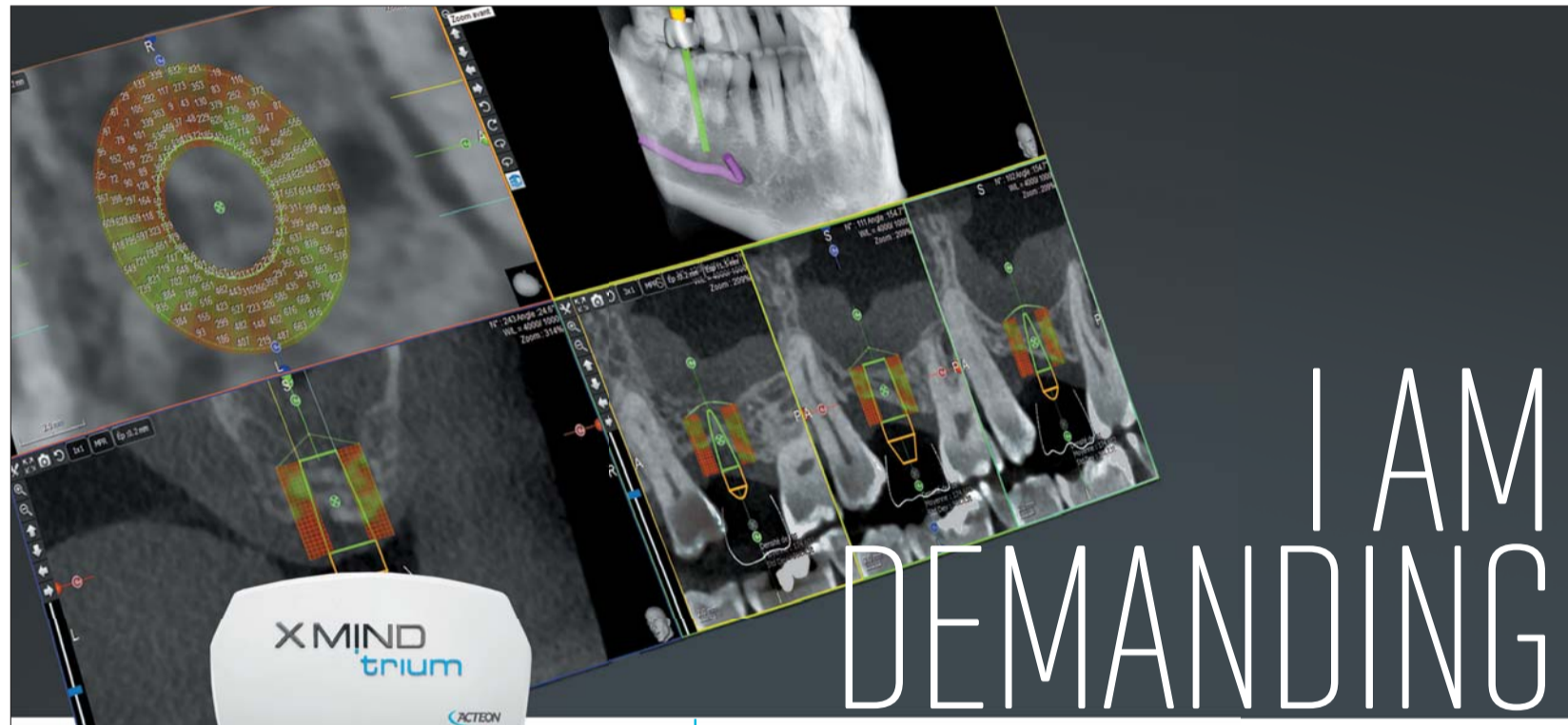
What are some things at the event you are looking forward to yourself?

I am looking forward to the session I am chairing on genetics, where I have two great speakers on this topic. There

are lots of both practical and academic sessions that I am really eager to see—for example, the debate on the use of antibiotics in periodontology. But one of the main things I'm looking forward to is catching up with many old friends, colleagues and old students of mine who are scattered all around the world. ◀



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* Lectures and presentations are the centrepieces of the scientific programme at EuroPerio9.

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Periodontal disease and coronary artery disease share genetic basis

■ A meta-analysis presented at EuroPerio9 has found that periodontal disease and coronary artery disease (CAD) share a common genetic basis. A variant in the promoter region (promoters initiate gene transcription) of the *VAMP8* gene was significantly

more frequent in CAD and periodontitis cases than in healthy controls, indicating the involvement of this gene in the aetiology of both diseases. According to the researchers, *VAMP8* is involved in the import and export of molecules and other substances into and out of cells. Knowledge of the shared genetic basis helps scientists to understand the molecular mechanisms that underlie the diseases and predispose people to developing them, and to guide therapy, identification and preventative care in risk groups before the disease manifests.

Strong evidence of the association between CAD and periodontal disease has already been established. Both are among the most common diseases, are frequently diagnosed together and have common risk factors, such as smoking and diabetes. Both



* Prof. Arne S. Schäfer

are characterised by a chronic inflammatory process, but independent of those shared risk factors, previous studies had suggested a few shared genetic variants.

“The identification of the shared genetic susceptibility factors will pinpoint relevant molecular pathways for the disease. This knowledge will yield very specific therapeutic targets for precision medicine. We believed that, given the localised nature of periodontitis, which is confined to the oral cavity, there would be a small variety of different pathways that had the potential to contribute to both diseases,” explained lead author Prof. Arne S. Schäfer, from the department of periodontics and synoptic dentistry at the Charité–Universitätsmedizin Berlin in Germany.

Schäfer said that it is important to understand that CAD and periodontal disease are not linked to lifestyle factors alone. “There are probably risk groups which have a genetic predisposition in response to certain factors. This also means that periodontitis does not increase the risk for CAD in general or vice versa. Nevertheless, a group of individuals may share a genetic predisposition, involving the *VAMP8* function, which increases the risk for both diseases.” Regarding a general message for the public, he added: “The most efficient way to prevent the onset of both heart and periodontal diseases is to quit smoking and live healthily.” ◀



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New restoration concept using LOCATOR F-Tx®.

By Dr Karl-Ludwig Ackermann, Gerhard Neuendorff & Janez Fiderschek, Germany.

■ The fifth German oral health study (Deutsche Mundgesundheitsstudie) showed that the population in many countries are ageing and the desire for better quality of life related to the preservation of teeth and their functionality, among other things is constantly increasing. Periodontal disease is a major cause of tooth loss, as tooth loss results in a decreased ability to maintain physiological masticatory

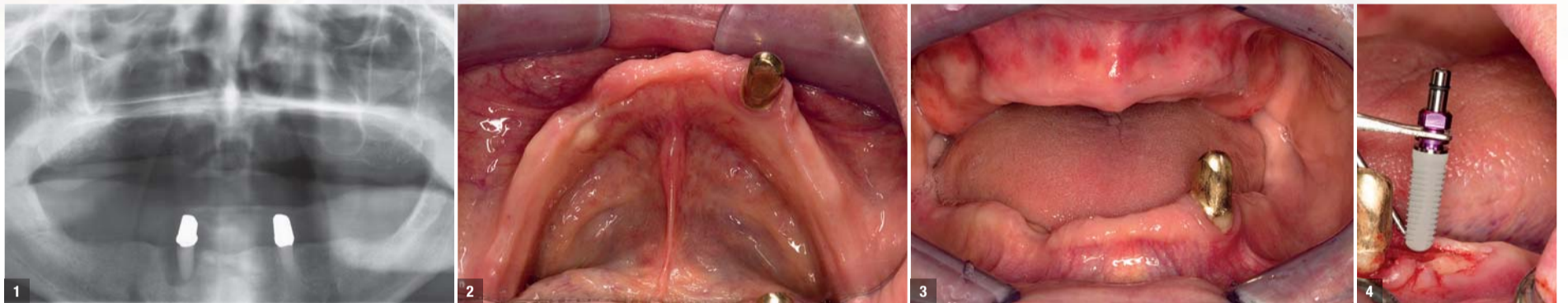
function, as well as a decreased general quality of life. Edentulous people exhibit a lower self-esteem by being excluded from normal masticatory function. The following article describes the fabrication of a fixed superstructure for the edentulous mandible that uses an innovative attachment system. Dental implants as support for a removable dental prosthesis were introduced many years ago as a treatment option and as an alternative to a conventional complete denture. In the past ten years, considerable efforts have been made to develop

Case presentation

The treatment plan consisted of a removable overdenture on four implants in the maxilla and a fixed prosthesis on four implants for the edentulous mandible with the aid of the LOCATOR F-Tx attachment system (Figs. 1-3). This treatment procedure, managed by means of prefabricated system components, will be presented in the following section step by step.

occlusal dimensions was completed. This required the positioning of teeth in the patient's mouth in order to meet the functional, phonetic and aesthetic demands of the patient (Figs. 6-8). Of course, the focus was also on the spatial orientation of the attachments (LOCATOR F-Tx abutments and denture attachment housings), the prosthetic teeth and the prosthetic restorative material.

plants to a working model using laboratory analogs. The use of digital impression techniques to transfer implant positions is also possible. A metal framework was milled to fit over the denture attachment housings (Figs. 9 & 10). The selected abutment cuff heights matched the sulcus depth. This decision is preferably determined by the clinician intraorally (Figs. 11-14). It is recommended that



* Figs. 1-3: Initial situation: an 83-year-old patient for whom the retention of the maxillary and mandibular prostheses was severely impaired resulting in successive tooth loss and the associated bone loss, making a conventional removable complete prosthesis virtually impossible. - Fig. 4: Implant placement with backward planning.

thesis without the need for it to be cemented or screw-retained. The LOCATOR F-Tx system (Zest Dental Solutions, USA) makes it possible to produce an aesthetic dental restoration. The prosthesis is attached to the implants by means of a snap-in attachment system. This new attachment gives the patient greater assurance of function and quality of life. It also allows the practitioner to remove the prosthesis and make corrections at any time. Furthermore, complex laboratory procedures, that require channels and screw retention, are not required.

Prosthetic measures

Initially, complete prosthetic planning and laboratory procedures to re-establish the proper vertical and

Surgical measures

The surgical procedure was performed after clinical and osseous diagnostics and by using surgical templates (Figs. 4 & 5). Both arches were planned with a minimum of four implants in a cross arch placement and symmetrical distribution which is advantageous in order to guarantee optimised support and load distribution.

Prosthetic measures

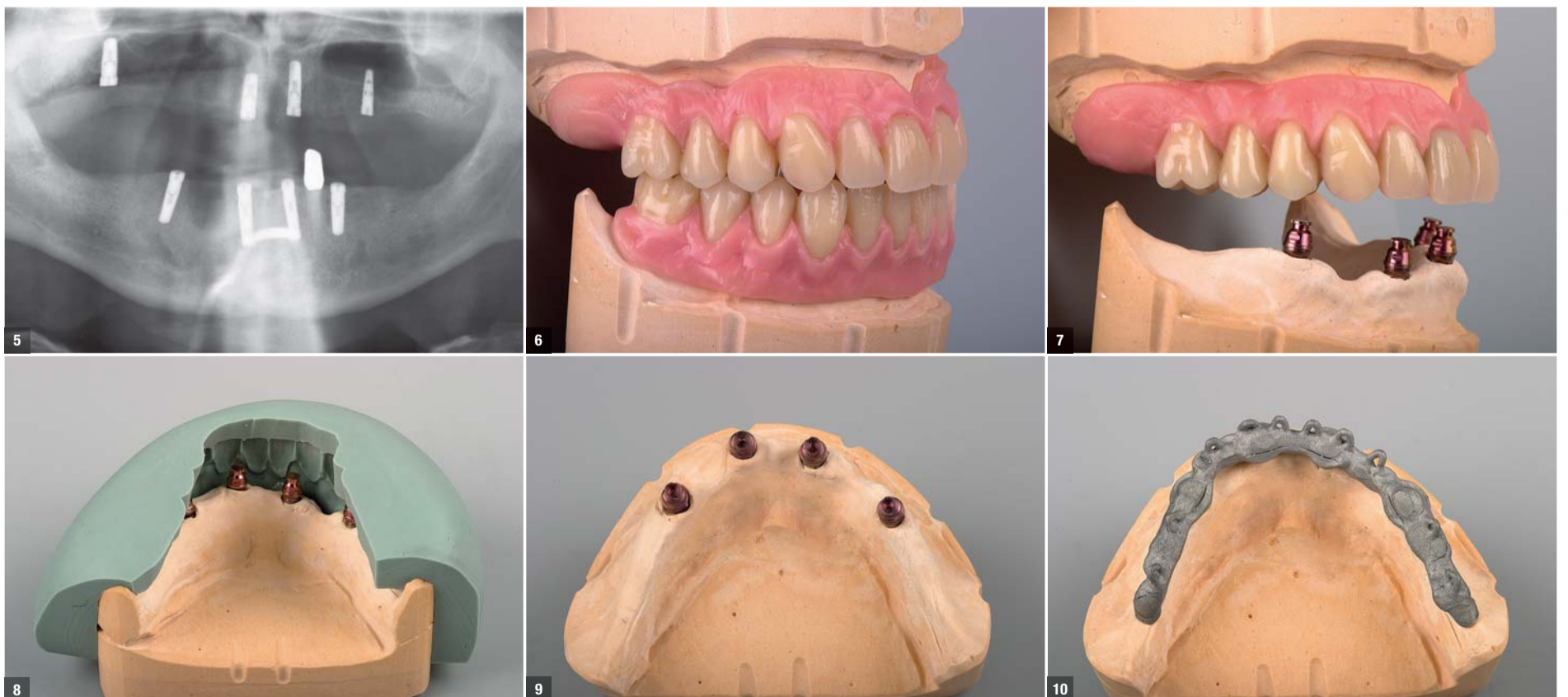
An indirect technique was used to transfer the position of the im-

The LOCATOR F-Tx attachment system is delivered from the manufacturer in an all-in-one package. The spherical geometry interface between the abutment and denture attachment housings allows the correct positioning of the housing in the proper angulation for the best prosthetic outcome of the prosthesis. This spherical feature also makes it possible to use the attachment system with implants with up to 20 degrees of divergence from a common vertical.

plants to a working model using laboratory analogs. The use of digital impression techniques to transfer implant positions is also possible. A metal framework was milled to fit over the denture attachment housings (Figs. 9 & 10). The selected abutment cuff heights matched the sulcus depth. This decision is preferably determined by the clinician intraorally (Figs. 11-14). It is recommended that

the denture attachment housing be placed supra-gingival for maximum adhesion to the prosthesis. Also, the denture attachment housings with the processing balls must be seated on the abutments before the pick-up procedure of the metal framework. The framework should always be designed and milled in such a way that a small (max. 0.2mm) cement gap exists between the framework and denture attachment housings.

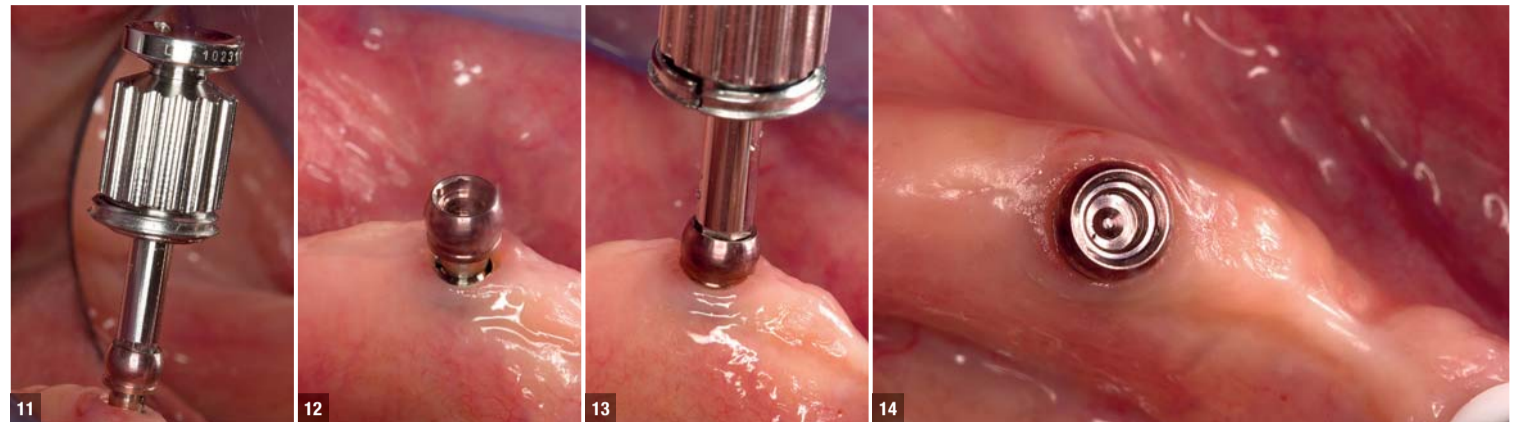
In order to ensure a passive fitting framework, final pick-up of all the denture attachment housings in the framework must be done chair-



* Fig. 5: Post-op control radiograph. Fig. 6: Completed set-up and wax-up of the maxilla and mandible. - Fig. 7: Sufficient inter-arch distance between the opposing dentition and the retentive elements must be assured. - Fig. 8: The framework dimension is defined by the available space between the anterior and posterior walls of the alveolar bone. - Fig. 9: Trapezoidal and symmetrical distribution of implant placement across the midline for a balanced load distribution. - Fig. 10: Preparation of the metal framework.

side, all at the same time, and before any further laboratory adjustment steps are performed. The denture attachment housings were aligned as parallel as possible within the aesthetic contour of the prosthesis and block-out spacers were placed on the abutments below the denture attachment housings to block out all undercuts. The framework was cemented on using a metal-to-metal cement (Figs. 15-17). The setting time of the cement is ten minutes.

Final adjustments of the framework were performed (Fig. 18). In order to maximise aesthetics, the metal framework was coated with an opaque material (Fig. 19). In the meantime, a panoramic radiograph was taken to confirm that the abutments were seated gap-free on the four implants in the mandible (Fig. 20). In the maxilla,



^ Figs. 11-14: Insertion of the abutments.

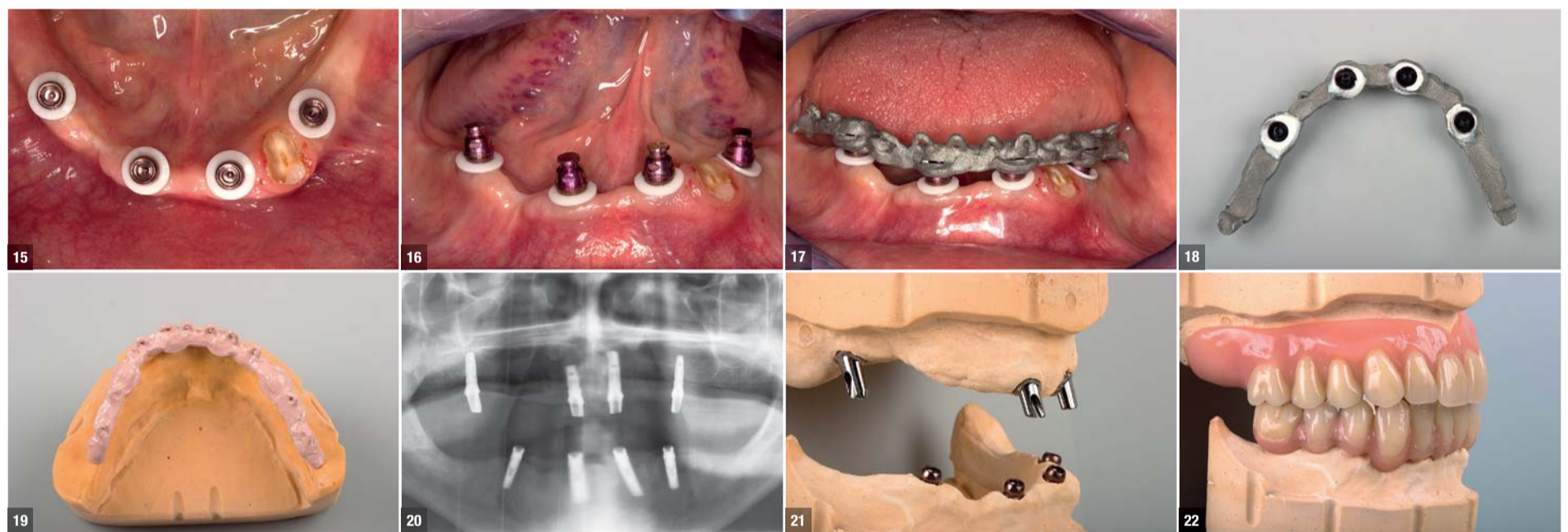
for self-cleaning (Figs. 22 & 23). A symmetrical implant-placement distribution in the mandible and maxilla guaranteed a stable centric relation and articulation with no aesthetic compromise.

As it is the only way to stabilise the fixed prosthesis (Figs. 27-29).

Anatomically correct final prosthetic designs of the prostheses must be done similar to screw-retained restorations in the edentulous maxilla

metal bar and loop tool allows easy removal of the prosthesis by leveraging off the retention balls. However, it also must be emphasised that the retention balls are single use only, so new unused retention balls must be

symmetrical lateral distribution of implants and a limited posterior extension/cantilever ensures the secure retention of the prosthesis and contributes to the optimisation of speech and the recovery of unrestricted mas-



^ Figs. 15 & 16: Placement of block-out spacers at the point of transition between the denture attachment housings and the abutments. - Fig. 17: Passive try-in of metal framework without pressure. - Fig. 18: Further adjustments of the framework were performed in the laboratory. Fig. 19: For maximum aesthetics, coating the metal framework with an opaque material is recommended. - Fig. 20: The panoramic radiograph demonstrated the abutments seated gap-free on the four implants in the mandible. - Figs. 21 & 22: Inter-maxillary adjusted occlusion and shaping.

four telescopic abutments were screwed into the maxillary implants (Fig. 21).

The teeth were attached to the metal framework using denture acrylic. In addition to the aesthetic requirement of the case, it is important to design the shape of the prosthesis' intaglio surface to be functional, aesthetic and offer better oral hygiene, which allows the patient easy access

Integration

After removal of the processing balls, the appropriate retention balls were screwed into the denture attachment housings (Fig. 23). It is always advisable to inspect the abutments for a secure fit at the end of all treatment steps (Figs. 24-26). Seating the prosthesis should start in posterior, moving anteriorly, one attachment at a time. This is necessary for the LOCATOR F-Tx attachment system to be effective,

and mandible. This is most evident from the frontal view (Fig. 30). The edge of the mandibular prosthesis is given a scalloped shape to allow self-cleaning through salivary flow, use of a water pick and accurate intraoral cleaning.

In addition, it should be mentioned that the LOCATOR F-Tx prosthesis can easily be removed by the clinician at any time. A user-friendly

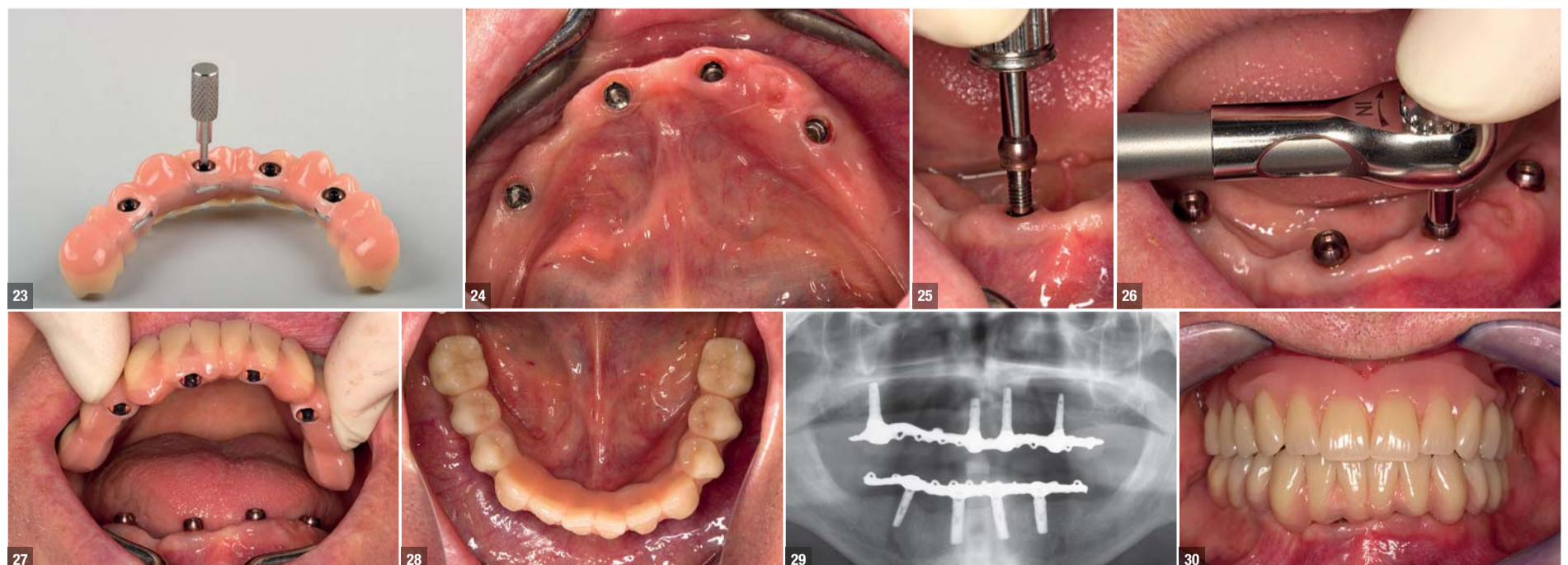
used when reseating the prosthesis.

Conclusion

The attachment system presented here is a valuable addition to the prosthetic therapy options for fixed restorative procedures in the edentulous mandible and maxilla. The cost-benefit ratio is also favourable when compared to other options. The principle of a stable occlusion with

tatory function. If required, alternative measures such as the fabrication of a removable prosthesis are quite possible. ◀

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^ Figs. 23-26: Tightening of the processing balls and inspection of abutments for a secure fit. - Figs. 27 & 28: A posterior/anterior seating of the superstructure is necessary for the LOCATOR F-Tx system to be effective. Fig. 29: Final control radiograph. Fig. 30: Final situation.



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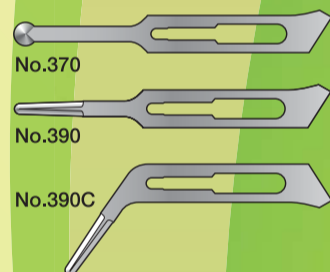
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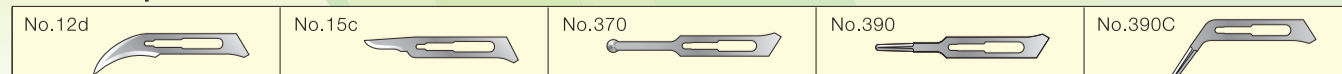
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Example of use / Feather surgical blade No.390 and 390C



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Given such applicability, NobelActive's mean implant survival rate of 98.5 per cent—in studies with up to 5 years of follow-up—adds to the satisfaction of both patients and clinicians.

The unique implant design ensures primary stability, even in soft bone and fresh extraction sockets. Important research findings include low bone remodelling in the healing phase, followed by stable or increasing bone levels, as well as excellent hard- and soft-tissue outcomes and a 100 per cent survival rate after up to 6.7 years of function. Furthermore, NobelActive has been found to be a reliable implant for challenging cases, such as severely atrophic maxillae.

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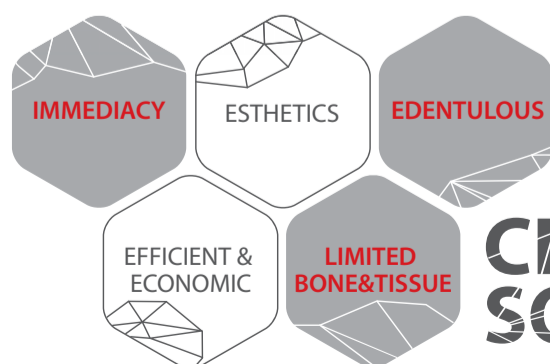
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