

TÜRK ORAL İMPLANTOLOJİ DERNEĞİ

TURKISH SOCIETY OF ORAL IMPLANTOLOGY

XXXIII. Uluslararası Bilimsel Kongresi
XXXIIIrd International Scientific Congress

12-13 Ocak, January 2024



**Çırağan Palace
Kempinski**

İSTANBUL



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TÜRK ORAL İMPLANTOLOJİ DERNEĞİ

XXXIII. Uluslararası Bilimsel Kongresi

TURKISH SOCIETY of ORAL IMPLANTOLOGY
XXXIIIrd International Scientific Congress

12-13 Ocak, January 2024
Çırağan Palace Kempinski Otel, İstanbul

- 00 • **Organizasyon Komitesi**
Organisation Committee
- 00 • **TOİD Başkanı**
President of TSOI
- 00 • **Kongre Başkanı**
Congress Chairman
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Poster Presentations
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Sponsors

Organizasyon Komitesi Organisation Committee

TOİD Başkanı President of TSOI

Prof. Dr. Serdar Yalçın

Kongre Başkanı Congress Chairman

Prof. Dr. Selim Ersanlı

Kongre Sekreteri Congress Secretary

Prof. Dr. Z. Cüneyt Karabuda

Kongre Saymanı Congress Treasurer

Prof. Dr. Volkan Ansan

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Prof. Dr. Volkan Ansan

Bilimsel Komite Scientific Committee

Prof. Dr. Serdar Yalçın
Prof. Dr. Zihni Cüneyt Karabuda
Prof. Dr. Selim Ersanlı
Prof. Dr. Ziv Mazor (İsrail)
Prof. Dr. Martin Lorenzoni (Avusturya)
Prof. Dr. Christof Pertl (Avusturya)
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Prof. Dr. Cansu Başeğmez
Prof. Dr. Nilüfer Bölükbaşı Balcıoğlu

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Sayın Meslektaşlarımız,

Türk Oral İmplantoloji Derneği'nin düzenlemiş olduğu, 12-13 Ocak tarihlerinde Çırağan Palace Kempinski oteline gerçekleştireceğimiz XXXIII. Uluslararası Bilimsel Kongresi'nde sizleri aramızda görmekten onur duyuyoruz. Her kongresini önceki kongrelerin tecrübesi ile daha ileriye taşıyan Türk Oral İmplantoloji Derneği olarak, kongremizin implant ile ilgilenen meslektaşlarımıza büyük katkısı olacağına inanıyoruz.

Çok değerli konuşmacıların yer alacağı programımız oral implantoloji alanında gelişmelerin ve yeni uygulamaların tartışılacağı akademik bir platform sunmayı hedeflemektedir. Farklı disiplinlerde çalışan meslektaşlarımız ile biraraya gelmek, bilgi ve deneyim alışverişinde bulunmak ve böylece mevcut uygulamaları daha ileriye taşımak öncelikli amaçlarımızdandır.

Önceki kongrelerimizde olduğu gibi sektördeki birçok firmanın standında yeni teknolojik imkanları ve materyalleri inceleyip bilgi alabileceğiniz bir fuar alanı da düzenledik. Kongremizin hazırlanmasında emeği geçen herkese ve siz katılımcılara Türk Oral İmplantoloji Derneği adına içten teşekkürlerimi sunarım.

Saygılarımla.

Dear Colleagues,

We would be honored to see you among us on XXXIII. International Scientific Congress organized by Turkish Oral Implantology Association at the Çırağan Palace Kempinski Hotel, on 12-13 January. As the Turkish Oral Implantology Association, which carries every congress forward with the experience of previous congresses, we believe it will make a great contribution to our colleagues who are interested in implantology.

The program aims to provide an academic platform to discuss developments and new applications in oral implantology. It is one of our primary objectives to come together with our colleagues who work in different disciplines to exchange information and experiences and thus to advance the existing practices further. As well as in previous congresses, an exhibition area where you can review the latest developments and new materials of world's leading companies will be available. On behalf of the Turkish Oral Implantology Association, I would like to express my sincere gratitude to all those who contributed to preparation of congress and to the participants.

With my finest regards.

Prof. Dr. Serdar Yalçın
Türk Oral İmplantoloji Derneği Başkanı
President of Turkish Society Oral Implantology



Sayın Meslektaşlarım,

Türk Oral İmplantoloji Derneği olarak düzenlediğimiz XXXIII. Uluslararası Bilimsel Kongresi'nde sizlerle buluşmaktan bir kez daha büyük mutluluk duymaktayız. Önceki yıllarda organize ettiğimiz kongremizden bu yana yoğun bir çalışma ile yine zengin bir program hazırladık. Oral implantolojinin yeni konseptlerini de içinde barındıran ve çok kıymetli konuşmacıların yer alacağı bu programın, implant ile ilgilenen tüm meslektaşlarımız için faydalı olacağı kanısındayım. Bu kongrenin gerçekleşmesine katkıları bulunan herkese ve siz değerli katılımcılarımıza teşekkürü borç bilirim.

Başarılı bir kongre geçirmeniz dileklerimle.

Sevgi ve saygılarımla.

Dear Colleagues,

It is a great pleasure to welcome you at the XXXIIIrd International Scientific Congress that has been organized by Turkish Society of Oral Implantology.

Since previous organizations, we worked hard and we prepared a rich scientific program. Program this year also includes, the latest concepts in implantology and we host very valuable lectures. We strongly believe that it will be useful for our colleagues who are interested in the field of oral implantology. I would like to thank all our precious supporters and sponsors and to all participant colleagues.

We wish you all very successful congress.

With my finest regards and loves.

Prof. Dr. Selim ERSANLI

Kongre Başkanı

Congress Chairman

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• Boyun tasarımı ile implant etrafındaki kemik yapısının stabil kalıp, uzun yıllar kemik erimesine karşı korunma sağlar.



ANINDA YÜKLEME AVANTAJI

• **Knife Thread** kemikte minimum stres oluşturan, zayıf kemikte bile kuvvetli tutulum sağlayan patentli yiv tasarımı.



DAHA HIZLI, DAHA YOĞUN KEMİK OLUŞUMU

• **Xpeed** kalsiyum yüzey teknolojisi ile daha kuvvetli implant-kemik entegrasyonu.



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► Fransız üretimi

► 30 yıldan fazla klinik kullanım

► Dünya çapında tercih edilen



Dünya'nın İLK ve TEK,
hızlı tedavi sağlayan,
patentli iyileşme başlığı...

STAE:
Dünya'nın İLK ve TEK,
kemiği kendine çeken
implant yüzeyi...

euroteknika ile
Kaliteli Yaşama
'MERHABA'

NEDEN etk ?

- Dünyada İLK ve TEK, kısa sürede kemik tutulumunu sağlayan STAE implant yüzeyi
- FDA, KFDDA, CE, ISO9001 ve ISO13485 onaylı implant yüzeyine sahip
- Dünyada İLK ve TEK, diş etine estetik şekil veren iPhysio sistemi
- Dünya genelinde %98,5 üzerinde başarı

Poster Sunumlar Poster Başvuru Kuralları

İmplantoloji ve ilişkili dallarda bilimsel içeriğe sahip ya da klinik uygulama ve teknik yöntemde açıklayıcı olan çalışmalar poster ile sunulabilir. Tüm poster özetleri bilimsel kurul tarafından değerlendirilecek ve uygun görülen çalışmalar kongre süresince asılı bulundurulacaktır. Kabul edilen çalışma özetleri resmi asılı bulundurulacaktır. Değerlendirme komitesinin ziyareti için sorumlu yazarın 13 Ocak 2024, 15:30-16:30 saatleri arasında posterlerinin yanında bulunmaları rica olunur. Kabul edilen çalışma özetleri resmi kongre kitapçığına basılacaktır. Kazanan poster ödüllendirilecektir. Poster sunumu için son özet gönderim tarihi 10 Aralık 2023.

Başvuru Formatı

1. Poster başvuruları Microsoft Word formatında, 10 punto Times New Roman karakterinde yazılmış olmalıdır.
2. Özet Metni: 300' er kelimeyi geçmemeli ve Türkçe-İngilizce belirtilen bölümlerden oluşmalıdır; Amaç, Gereç ve Yöntem, Bulgular, Sonuç. Vaka Bildirileri ve Teknik Not İçin: Giriş, Vaka [vaka serileri], [teknik not için: Yöntem], Tartışma ve Sonuç
3. Başlık kısa ve açıklayıcı olmalıdır. Vaka bildirimleri ve teknik notlar başlıkta belirtilmelidir. Türkçeden sonra alt tarafına İngilizce başlık belirtilmelidir.
4. Çalışmayı yapan yazarların isimleri ve bağlı oldukları kuruluş, yazar isim ve soyadları aralarına virgül konularak ayrılacak ve bağlı oldukları kuruluşlar *işareti kullanılarak [sırasıyla: Üniversite, fakülte, bölüm, şehir, ülke) üst simge kullanılarak yazar isimlerinin altında belirtilmelidir.
5. İrtibat Bilgileri: İrtibat için isim, kurum, e-mail, adres ve telefon bilgileri verilmelidir.

Poster Presentations Poster Abstract Submission

Studies which have scientific content on implantology and related fields or descriptive in clinical practice and technical method can be presented with a poster. All the poster abstracts will be reviewed by the scientific committee and appropriate studies will be displayed during the congress. Corresponding author will be able to present the poster to the evaluation committee on January 13, 2024, 15:30- 16:30 in the poster presentation area. Accepted abstracts will be printed in official congress booklet. The winner poster will be awarded. The presenter of the accepted poster should register to the congress till December 10, 2023.

Application Format

1. Applications for the poster should be written in Microsoft Word, 10 punto Times New Roman. Writer name, address and other informations should be stated like the following. Otherwise the applications will be considered invalid. After the application the corrections will not be accepted.
2. Abstracts: Maximum 300 words and containing Turkish-English paragraphs. Aim, Material and Methods, Results, Conclusion. For Case Reports and Technical Notes: Introduction, Case [Series] - Technical Note, Discussion and Conclusion
3. Title should be short and explanatory. Case reports and technical notes should be stated. English title should be written to the bottom of the Turkish title.
4. The names of the authors who did studies and the institutes they are connected. The names and surnames of the authors should be splited up with comma and the relating institutes should be indicated with the * sign under the authors names [in order: university, faculty, department, city, country)
5. Connection Informations: The name, institution, e-mail, adrese and phone informations for connection.

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TOID Başkanı / President of TSOI

Prof. Dr. Serdar Yalçın

Tarih / Date 12-13 Ocak-January 2024

Kongre Yeri / Congress Venue

Çırağan Palace Kempinski Otel, İstanbul

Çırağan Caddesi 32 Beşiktaş

İstanbul / Türkiye

Tel: +90 212 326 4646

Kongre Dili / Official Language

Kongre dili İngilizcedir.

Simultane çeviri yapılacaktır.

The official language is English.

There will be simultaneous translation into Turkish

İrtibat / Contact

Türk Oral İmplantoloji Derneği

Turkish Society Of Oral Implantology

Turgut Özal Millet Cad. Fildişi İş Merkezi

90/115 Fındıkzade/Fatih, İstanbul

Dernek Sekreteri / Association Secretary

Oya Atalay

Tel: +90 531 262 5691

www.toid.org.tr

Kongre Ücretine Dahil Hizmetler

Registration Fee Includes

Bilimsel oturumlara katılım

Admission to congress sessions

Kahve molaları

Coffee breaks

Öğle yemekleri

Lunches

Gala gecesi

Gala night

Gala Yemeği / Gala Dinner

(12 Ocak-January 2024)

Gala Yemeği 12 Ocak 2024 cuma günü Çırağan Palace Kempinski Otel'de gerçekleştirilecektir.

Gala dinner is organised on

Friday, January 12, 2024 at Çırağan Palace Kempinski Hotel

Katılım Sertifikası / Certificate of Attendance

Katılım sertifikaları; kongre tarihinden önce kayıt yaptıran katılımcılara kongre başlangıcında, kongre günü kayıt yaptıran katılımcılara ise kongre bitiminde verilecektir.

A certificate of attendance for preregistered participants will be issued upon arrival. Participants who register on-site will be issued a certificate at the end of the congress.

Kongre Yeri / Congress Venue

Çırağan Palace Kempinski Otel, İstanbul

Çırağan Caddesi 32 Beşiktaş

İstanbul / Türkiye

Tel: +90 212 326 4646

Serbest bildirimler / Oral and poster submissions

Serbest bildirimler: Kabul edilen sözlü ve poster bildirimleri program içinde belirlenen zamanlarda sunulacak ve en iyi sözlü ve poster bildirisini 10.000 ₺ ile ödüllendirilecektir.

Accepted submissions will be presented in the scientific program and best oral and poster presentations will be awarded by ₺10.000.

Sözlü ve Poster Değerlendirme Kurulu

Oral and Poster Evaluation Committee

Prof.Dr. Serdar Yalçın

Prof.Dr. Z. Cüneyt Karabuda

Prof.Dr. Martin Lorenzoni

Otopark / Parking

Katılımcılara özel günlük otopark ücreti otel tarafından 300 TL olarak belirlenmiştir.

For the participants daily parking is assigned as 300 TL by the congress venue.

Farklı ihtiyalarınıza özel **cerrahi başlıklar.**



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Gala Gecesi

12 Ocak Cuma günü TOİD tarafından ırağan Palace Kempinski Otel'de gerekleştirecek olan gala gecesine tüm kongre katılımcıları davetlidir.



you are invited

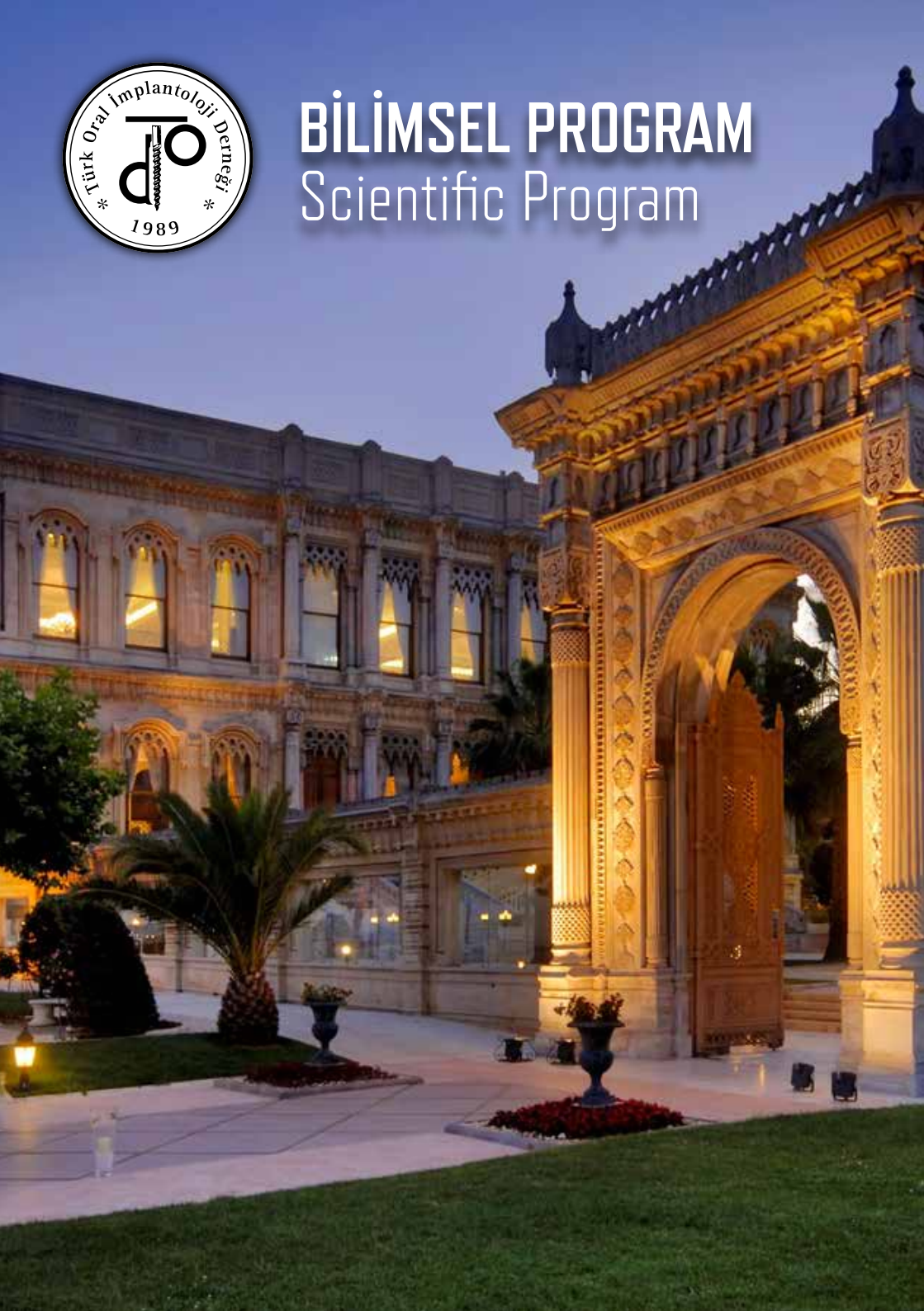
Gala Night

All congress participants are invited to gala night organized on **January 12** by TSOI at ırağan Palace Kempinski Hotel.



BİLİMSEL PROGRAM

Scientific Program



12 Ocak Cuma / January 12, 2024 Friday

08:30-09:45 Kayıt - Çay Kahve / Registration & Coffee Break

09:45-10:15 Açılış Konuşmaları / Opening Speeches

1. OTURUM

Oturum Başkanları / Moderators:

Cansu Başeğmez, İhsan Çağlar Çınar

10:15-11:00

Giuliano Fragola

Yönlendirilmiş İmplant Tedavisinde Dijital Yaklaşım:

3P Konsepti

Digital Approach to Driven Implant Treatment: 3P Concept

11:00-11:45

Kahve Molası / Coffee Break

11:45-12:30

Matthieu Declercq

Tüm Yönleriyle Tam-Çene İmplant Tedavileri

The Full-Arch in All Its Forms

12:30-14:00

Öğle Yemeği / Lunch

2. OTURUM

Oturum Başkanları / Moderators:

Buket Aybar, Volkan Arısan

14:00-15:30

Alessandro Pozzi

Navigasyon Rehberli Tam Çene Estetiği - En Zor Dijital Vakalar

Navigation Guided Full Arch Esthetics - The Ultimate Digital Challenge

15:30-16:30

Kahve Molası / Coffee Break

16:30-17:15

Martin Lorenzoni

Estetik İmplant Rehabilitasyonları

Esthetic Implant Rehabilitation

19:30-23:30

Gala Gecesi /Gala Night - Purple Hand Band

Çırağan Palace Balo Salonu / Ballroom

13 Ocak Cumartesi / January 13, 2024 Saturday

08:30-09:00 Kayıt - Çay Kahve / Registration & Coffee Break

3. OTURUM

Oturum Başkanları / Moderators:
Nilüfer Balcıoğlu, Alper Gültekin

09:00-10:15 Sözlü Bildiriler / Oral Presentations (OP 01- OP 04)

10:15-11:00 Davide Farronato
İmplant Protezlerinde Yumuşak-Doku Çıkış Profili
The Emergence Profile in Implant Prosthodontics

11:00-11:45 Kahve Molası / Coffee Break

11:45-12:30 Hani Tohme
**Tam Çene implant Rehabilitasyonlarında Dijital Hastanın Oluşumu:
Daha Neler Başarabiliriz?**
Creating Digital Patients in Full Arch İmplant Rehabilitations:
What More Can We Achieve?

12:30-14:00 Öğle Yemeği / Lunch

4. OTURUM

Oturum Başkanları / Moderators:
Ceyda Özçakır Tomruk, Alper Sağlanmak

14:00-14:45 Marco Tallarico
Karmaşık Vakalarda Başarılı Olmanın Basit Yolları
Simple Ways to be Successful Even in Complex Cases

14:45-15:30 Snjezana Pohl
Modifiye IVAN Tekniği
mIVAN (modified Interpositional Vascularized Augmentation Neogenesis)
Technique: simultaneous hard and soft tissue augmentation for socket type 2 and 3

15:30-16:30 Kahve Molası / Coffee Break

Poster Sunumları / Poster Presentations (PP 01 - PP 26)

16:30-17:15 Fernando Zarone
Protez Uzmanının Bakış Açısı: Yeni Teknolojiler Bakış Açımı Nasıl Değiştirdi...
The Prosthodontist's POV: How new technologies have changed mine...

17:15-17:30 Özet Panel, Kapanış Töreni ve Çekiliş
Brief Panel, Closing Ceremony and Lottery



Giuliano Fragola
İspanya / Spain

12.01.2024 / 10:15-11:00

Giuliano Fragola 1995 yılında Madrid Complutense Üniversitesi'nde doktorasını başarıyla tamamladı. 1996 yılında ise İmplant Diş Hekimliği alanında master diplomasını kazandı. International Team for Implantology (ITI) derneğinde Senior Fellow olmakla birlikte uluslararası müfredat denetçisidir. Kitap değerlendirmeleri ve tercümesi yapan Fragola halen Madrid İspanya'da özel kliniğini işletmektedir.

Yönlendirilmiş İmplant Tedavisinde Dijital Yaklaşım: 3P Kavramı

Protez rehberli implant cerrahilerinden (prosthodontically guided implantology) başlayarak bir dijital avatar oluşturma yolunda elimizdeki imkanları tartışacağız. Hastaya özel en uygun tedavi planını oluşturmada kapsamlı '3P Konsepti'ni uygulayacağız. Vaka planlaması ve tedavi planı sunumlarında kullanılan ileri dijital yöntemleri değerlendirirken, hastaları da planlamaya dahil ederek, onlara sürükleyici bir deneyim sunmayı konuşacağız.

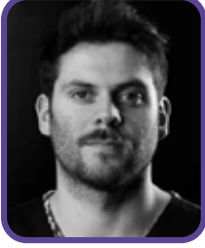
Giuliano Fragola
İspanya / Spain

12.01.2024 / 10:15-11:00

Giuliano Fragola successfully completed his DDS, MS, PhD degrees in the Madrid Complutense University. He earned his Master of Science in Implant Dentistry 1996. He is an ITI Senior Fellow and a curriculum international examiner. Fragola is a Quintessence Publications translator and reviewer. He is the CEO of Immersive Dental Experiences IDE and is dedicated to developing virtual reality applications. He currently works in his private practice in Madrid, Spain.

Digital Approach to Driven Implant Treatment: 3P Concept

Digital dentistry is moving forward quickly, thanks to powerful technology. But in our day-to-day work, careful planning is key. Emphasizing prosthetically guided implant placement, our focus lies in analyzing the available tools to create a digital avatar. This enables us to establish the most appropriate treatment plan, implementing the “3P Concept” for a comprehensive approach. Our efforts extend to exploring advanced methods for case planning and presenting treatment plans. Leveraging the capabilities of mixed and virtual reality technology, we delve into a meticulous examination of the intricacies. This approach signifies a paradigm shift in dentistry, offering a highly immersive experience to patients.



Matthieu Declercq

Fransa / France

12.01.2024 / 11:45-12:30

Matthieu Declercq Doktorasını Lille Üniversitesi'nden kazanmış olup Paris Diderot Üniversitesi'nden Oral Cerrahi ve Periodontoloji alanlarında uzmanlıkları bulunmaktadır. Devamında 2019 yılında Paris XII Tıp Üniversitesi'nden İmplantoloji Master diplomasını kazandıktan sonra yine 2020 yılında Nice Üniversitesi'nden İmplantoloji ve Kemik Rejenerasyonu masteri almaya hak kazanmıştır. Halen Brest Üniversitesi Oral Cerrahi Bölümü'nde faaliyet göstermekte ve İmplantoloji ve Kemik Rejenerasyonu hizmetlerine yoğunlaştığı özel kliniğini işletmektedir.

Tüm Yönleriyle Tam Çene İmplant Tedavileri

STAR (save three acceptable roots) tekniđi tam çene implant rehabilitasyonlarında kullanılan bir rehberli, ileri cerrahi protokoldür. Çekimlerle immediyat implantasyonların yapıldığı ve cerrahi günü hastaya geçici restorasyonun teslim edildiđi bir dijital iş akışı olarak ifade edilebilir. Dolayısıyla bu protokol, vakanın protetik ve cerrahi planlamasının eşzamanlı yapılmasını gerektirir.

Matthieu Declercq

Fransa / France

12.01.2024 / 11:45-12:30

Matthieu Declercq earned his doctorate degree at Lille University and has specialized in the fields of Oral Surgery and Periodontology at the Paris Diderot University. After 2019, when he earned his Implantology Master degree from the Paris XII Medical University, he continued to complete another Masters in Implantology and Bone Regeneration at Nice University. He currently serves at the Department of Oral Surgery at Brest University and accepts patients in his private practice.

The Full Arch in All Its Forms

Today, guided surgery is a major and central player in oral implantology. The STAR (SAVE THREE ACCEPTABLE ROOTS) concept is an advanced guided surgery protocol as part of a complete implant-supported rehabilitation of a dental arch. The objective of the STAR concept is twofold, surgical but also prosthetic planning of the intervention. It is therefore defined by a digital workflow allowing the implementation of a provisional restoration on the day of surgery in the case of complete implant rehabilitations by immediate extraction-implantation



Alessandro Pozzi
İtalya / Italy

12.01.2024 / 14:00-15:30

Prof. Dr. Alessandro Pozzi, Ortodonti, Çene Cerrahisi ve Prostodonti alanlarında eğitim almıştır. Halen ABD Augusta Üniversitesi Goldstein Estetik ve İmplant Diş Hekimliği Merkezi'nde doktor öğretim üyesi olarak görev yapmaktadır. Aynı zamanda UCLA Üniversitesi İmplant Diş Hekimliğinde Sürekli Eğitim Programı'nda misafir öğretim üyesi olarak görev yapmaktadır. Osseoentegrasyon Akademisi'nin aktif bir üyesi olmakla birlikte Araştırma ve Web Sitesi Eğitim Komiteleri'nde görev yapmaktadır. Halen "Clinical Implant Dentistry and Related Research" dergisinin yayın kurulu üyesidir. Prof. Pozzi Roma, İtalya'da yer alan Oral Rehabilitasyon Merkezi'nde dijital implant diş hekimliği ve estetik üzerine uluslararası eğitimler vermektedir.

Navigasyon Rehberli Tam Çene Estetiği - En Zor Dijital Vakalar

Dijital planlama, immediyat yerleştirme ve yükleme, sert ve yumuşak dokuların FP1 protez için hazırlığı uygulamalarına dair kişiselleştirilmiş bir tedavi planı sunulacaktır. Dinamik navigasyon, tam dişsiz ve kısmi dişsiz hastalarda rehberli cerrahi ve immediyat yükleme protokollerinin üst düzey netlik, güvenilirlik ve öngörülebilirlik içerisinde uygulanmasına imkan sağlar. Doku mimarisinin düzenlenmesi ve doğal bir yumuşak doku çıkış profilinin oluşturulmasında sert ve yumuşak doku seviyesinde planlama ve yönlendirme uygulamalarına dair yeni bir dijital işakışı sunulacaktır. Dijital planlamayla başlayarak navigasyon rehberli cerrahiden immediyat yüklemeye, tam çene dijital ölçüden zirkon ve titanyum altyapılı protezlere kadar tüm süreç bilimsel olarak adım adım incelenecektir.

Alessandro Pozzi
Italy / Italy

12.01.2024 / 14:00-15:30

Prof. Alessandro Pozzi is formally trained in the inter-related areas of Orthodontics, Oral Surgery and Prosthodontics. He is Full Professor in Oral Sciences by appointment of the Italian Ministry of Education and Research, and he is Adjunct Associate Professor at the Goldstein Center for Esthetics and Implant Dentistry of Augusta University, USA. He is an active member of the Academy of Osseointegration, where he serves on the Research and the Website Education Committees, as well as being an active member of the Italian Academy of Esthetic Dentistry. He is an Editorial Board Member of Clinical Implant Dentistry and Related Research and was Co-Editor of the textbook "Fundamentals of Implant Dentistry: Surgical Principles" by Quintessence Publishing, USA. He leads international training courses on digital implant dentistry, dynamic navigation guided surgery and esthetics in his center for Oral Rehabilitation based in Rome Italy.

Navigation Guided Full-Arch Esthetics – The Ultimate Digital Challenge

A personalized, AI driven treatment plan will be presented to precisely execute digital planning, implant placement and immediate loading, reconfiguring the bone and soft tissue interface to house an FP1 Prosthesis. Dynamic Navigation leads guided surgery and immediate loading to the highest level of accuracy, reliability, and predictability, for the treatment of complex scenarios as total edentulous and terminal dentition patients. A novel digital pathway to plan and guide the bone and soft tissue sculpting will be presented to facilitate the reset of the tissue architecture and achieve a scalloped interface. A step by step dissertation of all the aspects starting from digital planning, navigation guided surgical execution, immediate loading, full arch digital impression up to the zirconia and titanium based prosthesis will characterize the overall lecture.



Martin Lorenzoni

Avusturya / Austria

12.01.2024 / 16:30-17:15

Avusturya Graz Üniversitesi Protetik Diř Tedavisi Bölümü'nde Bölüm Başkanı olarak hizmet veren Profesör Dr. Martin Lorenzoni, Avusturya İmplantoloji Derneđi (Österreichische Gesellschaft für Implantologie - ÖGI) Başkanlığı ve Başkan Yardımcılığı gibi önemli görevlerde bulunmuřtur. Yönlendirilmiş kemik rejenerasyonu, implant protodontisi ve yumuřak doku yönetimi gibi alanlarda hakemli dergilerde yayınlanmış 80'den fazla yayını bulunmaktadır.

Estetik İmplant Rehabilitasyonları

Bu konuřmada kısmi diřsiz hastalarda sert doku rejenerasyonundan nihai protetik rehabilitasyona kadar karřılařabileceđimiz farklı cerrahi ve restoratif zorluklara ve uzun-vade sonu ve komplikasyonlara deđineceđiz. Estetik komplikasyonlar daha ziyade yumuřak doku seviyesinden kaynaklanıp, cerrahi ve restoratif tedavi giriřimleri gerektirir ve çođunlukla üst-yapının modifiye edilmesini veya yeniden üretilmesini gerektirir. Bu sunumda implant çevresi sert ve yumuřak doku ogmentasyonu işlemlerinin uzun vadeli sonuları deđerlendirilecek ve anterior implant restorasyonları için uzun-vadeli bařarı stratejileri paylařılacaktır.

Martin Lorenzoni
Avusturya / Austria

12.01.2024 / 16:30-17:15

Professor Lorenzoni serves as the Head of Department at the Department of Prosthetic Dentistry, University of Graz. He served as past president and vice president for the Austria Association of Implantology. He currently has over 80 publications in peer-reviewed journals on topics such as guided bone regeneration, implant prosthodontics, and soft-tissue management.

Esthetic Implant Rehabilitation

The objective of this presentation is to demonstrate surgical and restorative challenges for (partial) edentulous patients focusing on treatment concepts from osseous regeneration to final prosthetic rehabilitation as well as long term results and complications. Esthetic complications are often associated with biological soft tissue problems and restorative as well as surgical treatment steps are necessary; frequently implant superstructures must be reconstructed, modified, or refabricated. In this presentation long term results of hard and soft tissue augmentation around implants will be presented and strategies for long term success of anterior implant restorations will be presented.



Davide Farronato
İtalya / Italy

13.01.2024 / 10:15-11:00

Üniversite eğitimini Milano'da tamamlayan Davide Farronato'nun "Oral İmplantoloji ve İmplantüzeri Protetik Rehabilitasyonlar" konulu doktora diploması bulunmaktadır. İtalyan Osseoentegrasyon Akademisi derneğinin aktif üyesi olmakla birlikte İtal Oral Cerrahi Uzmanları Derneği'nin kurucu üyesidir. İtalya Insubria Üniversitesi'nde Doçent olarak hizmet veren Farronato, Dental Hijyen Okulu Başkanı ve Yenilikçi Teknoloji ve Biyomateryal Mühendisliği Merkezi Direktörü olarak da görev yapmaktadır. Birkaç farklı şirkette implant tasarımcısı olan Farronato bilimsel çalışmalarını estetik bölgede peri-implant dokuların stabilitesi ve uzun-vadeli başarısı üzerine yoğunlaştırmaktadır.

İmplant Protezlerinde Yumuşak Doku Çıkış Profili

Estetik Bölgede Fasiyal Konturun Yönetimi

Bu sunumda peri-implanter dokular ve protetik çıkış profili arasındaki kompleks ilişkileri inceleyeceğiz. Sert ve yumuşak dokuların biyolojisini klinik gözlemlerle bağdaştırarak, cerrahi ve protetik bakış açılarından inceleyip değerlendireceğiz. Fasiyal oral basınç yönetimi konseptini tanımlayıp, ideal nihai sonuç üzerinde hakimiyeti ve bu sonucun zaman içerisindeki stabilitesini konuşacağız.

Davide Farronato
Italy / Italy

13.01.2024 / 10:15-11:00

Davide Farronato graduated in Dentistry with maximum cum laude in Milan and has a PhD in "Innovative Techniques in Oral Implantology and Implant Prosthetic Rehabilitation", specializes in Oral Surgery with laude. He is an active member of IAO (Italian Academy of Osseointegration), of MINEC (MegaGen International Network of Education and Clinical Research), founding member of the SISCOO (Italian Society of Specialists in Oral Surgery). Dr. Farronato also serves as Associate Professor at the University of Insubria, Italy, President of the Dental Hygiene School and Director of ITEB Research (Center of Innovative Technology and Engineered Biomaterial). He is an implant designer for multiple companies and his scientific work is aimed at understanding the variables that affect the stability of peri-implant tissues in the aesthetic zone at the long term.

The Emergence Profile in Implant Prosthodontics

Managing the Facial Contouring in the Aesthetic Area

In this presentation the complex interactions between peri-implant tissues and prosthetic emergence profile will be analyzed. We will focus on the tissue biology and clinical observations both from a surgical and prosthodontic point of view. It will be presented as a route from the connection to the aesthetic emergence of the crown, at the buccal side, giving an updated knowledge on tissue and bone needs. The presentation will disclose also the concept of the facial oral pressure managing, in order to gain optimal control of the final result and its stability upon time.



Hani Tohme
Lübnan / Lebanon

13.01.2024 / 11:45-12:30

1995 yılında Beyrut Saint Joseph Üniversitesi'nden mezun olan Hani Tohme, 1998 yılında aynı üniversitede Prostodonti master eğitimini tamamlamıştır. Temel Bilimler eğitimleri de tamamlayan Tohme, önce 2018 yılında Biomateryal Arařtırmaları masterini, sonra 2022 yılında Biyomateryaller alanında doktorasını kazanmıştır.

Tam Çene İmplant Rehabilitasyonlarında Dijital Hastanın Oluřumu: Daha Neler Başarabiliriz?

Tam çene implant rehabilitasyonlarında yüz taramaları, intraoral taramalar, dinamik çene kayıtları ve DVT gibi ileri dijital teknolojilerin entegrasyonu önemli bir güç olarak kendini göstermektedir. Bu sunumda dijital imkanların sinerjisini, tedavilere entegrasyonlarının tam çene implant rehabilitasyonlarını nasıl deęiřtirdiđini, klinik sonuçları ve hasta memnuniyetini nasıl üst düzeye tařıdığını konuşacağız.

Hani Tohme

Lübnan / Lebanon

13.01.2024 / 11:45-12:30

Hani Tohme graduated from Beirut Saint Joseph University and continued to complete his Prosthodontics Masters of Science in 1998. He has earned Certificated of Basic Sciences in 1996 and in 2005. In 2018, Tohme completed his Masters of Research in Biomaterials and in 2022, he went on to earn his PhD in Biomaterials; both at the Saint Joseph University of Beirut.

Creating Digital Patients in Full Arch Implant Rehabilitations: What More Can We Achieve?

In the pursuit of excellence in full arch implant rehabilitations, the integration of advanced digital technologies such as facescan, intraoral impression, dynamic jaw recordings, and CBCT emerges as a transformative force. This lecture explores the synergy of these digital tools, showcasing how their integration can redefine the possibilities in full arch implant rehabilitations, elevating clinical outcomes and patient satisfaction to unprecedented levels.



Marco Tallarico
İtalya / Italy

13.01.2024 / 14:00-14:45

Marco Tallarico diş hekimliği eğitimini ve Ağız Cerrahisi masterini Roma Üniversitesi'nden aldı. Şu anda Sassari Üniversitesi Cerrahi Bölümü'nde Yardımcı Doçent olarak hizmet vermektedir. Avrupa Osseoentegrasyon Birliği'nde başkanlık yapmış ve implant firmaları için Araştırma Proje Yöneticiliği hizmeti vermiştir. 2019 yılında Floransa Üniversitesi Aesculapius Araştırma Ödülü'ne layık görülmüştür.

Karmaşık Vakalarda Başarılı Olmanın Basit Yolları

Estetik diş hekimliğinin evrimi yeni dijital teknolojilerin, minimal invaziv tekniklerin ve estetik materyallerin ürünüdür. Son yıllarda implantların iyileşmiş alanlara geç yerleştirildiği bir dünyadan çekim soketlerine immediyat yerleştirildiği bir dünyaya geçiş yaptık. Protez rehberli implant uygulamaları dijital olarak tasarlanmış geçici protezlerin immediyat yüklenmesine olanak sağladı. Bu sunumda problemlerin tanımlanması ve sebeplerinin tespit edilmesi (teşhis) ve çözüm üretimi yolunda tedavi alternatiflerinin belirlenmesi ve tercihi (tedavi planı) üzerinde durulacak. Aynı zamanda yeni dijital teknolojilerinden ve yenilikçi implant yüzeylerinden de bahsedeceğiz.

Marco Tallarico
Italy / Italy

13.01.2024 / 14:00-14:45

Marco Tallarico graduated from the University of Rome, where he also earned his Master of Science degree in Oral Surgery and is certified in Implant-Based Therapy. He served as president for the European Association of Osseointegration. He is currently Assistant Professor at the University of Sassari, Department of Oral Surgery. In 2019 he was awarded with the Florence University Aesculapius Research Prize.

Simple Ways to be Successful Even in Complex Cases

The evolution of aesthetic dentistry is the product of novel digital technologies, minimally invasive techniques and aesthetic materials. In recent years, the trend of placing implants has shifted from delayed implants in healed bone to immediately, post-extractive implants. Prosthetically driven implant placement become a predictable method for implant placement and immediate loading using a digitally designed temporary prosthesis. The esthetic rehabilitation of patients with functionally compromised dentitions and/or severe bone atrophy still remains a challenge in dentistry. In this talk, we will define the problems and the cause (diagnosis); identifying, prioritizing, and selecting alternatives for a solution (treatment plan). A big emphasis will be given to the use of digital technologies and novel implant surfaces.



Snjezana Pohl
Hırvatistan / Croatia

13.01.2024 / 14:45-15:30

Snjezana Pohl diş tabibi ve genel tıp doktorudur. Oral Cerrahi, periodontoloji ve implantoloji uzmanlıkları bulunmaktadır. Halen Reijka Üniversitesi'nin Dental Tıp Okulu'nda Doçent olarak görevli ve Periodontoloji dersleri vermektedir. Çalışmalarında dokuların korunduğu minimal invaziv tekniklere dikkat çekmekte ve kısmi çekim (partial extraction therapy), otojen dokuların kullanımı ve osseodensifikasyon gibi kavramlara yoğunlaşmaktadır.

Modifiye IVAN Tekniği

Tip 2 ve 3 Soketlerde Eşzamanlı Sert ve Yumuşak Doku Ogmentasyonu

mIVAN tekniği eşzamanlı sert ve yumuşak doku ogmentasyonu işlemlerini kapsamaktadır; (1) bukkal tabakası eksik çekim soketlerinde flepsiz sert ve yumuşak doku ogmentasyonu ve (2) estetik bölgede horizontal atrofisi bulunan kretlerde implant uygulamalarıyla eşzamanlı sert ve yumuşak doku ogmentasyonu. Pediküllü palatal bağ dokusu greftinin biyolojik özellikleriyle birlikte bu tekniğin uzun-vade sonuçları paylaşılacaktır.

Snjezana Pohl

Hrvatistan / Croatia

13.01.2024 / 14:45-15:30

Snjezana Pohl is both Doctor of Human and Dental Medicine. She is a Specialist in Oral Surgery and EDA certificated specialist for Periodontology and Implantology. Designated as an Assistant Professor, she additionally is giving lectures at the Department of Oral Medicine and Periodontology at the School of Dental Medicine of the University of Rijeka. As an active lecturer and author of scientific papers, in the fields of Implantology and Periodontology, she underlines the importance of Minimally Invasive Techniques, especially in a Comprehensive Treatment Methodology, based upon preservation of tissues. These techniques include Partial Extraction Therapies, Autogenous Tissue Utilization, Osseodensification and others.

mIVAN (modified Interpositional Vascularized Augmentation Neogenesis) Technique

Simultaneous Hard and Soft Tissue Augmentation for Socket Type 2 and 3

mIVAN technique is the technique for simultaneous hard and soft tissue grafting used for (1) flap-less hard and soft tissue augmentation in extraction sockets with missing labial bone and (2) hard/soft tissue augmentations with simultaneous implant placement for ridges demonstrating horizontal atrophy in the esthetic zone. Pedicled palatal connective tissue graft is an essential element of the mIVAN technique and in this lecture its biological background will be explained. Also, long-term outcomes of the technique will be presented.



Fernando Zarone
İtalya / Italy

13.01.2024 / 16:30-17:15

Fernando Zarone Napoli II. Federiko Üniversitesi Nöro bilim ve Odontostomatolojik Bilimler Bölümü'nde Protez profesörü ve Dijital Diş Hekimliği Bilimi direktörüdür. Diş Hekimliği, Oral Hijyen ve Dental Protez bölümlerinde eğitimlik olarak görevli ve birkaç farklı üniversitede didaktik program ve araştırma programı yürütmektedir. Estetik diş hekimliği, yeni materyaller ve üretici teknolojiler üzerine araştırmalarını yoğunlaştıran Zarone, uluslararası kongrelerde konuşmacılık da yapmaktadır. Profesör Zarone içinde yayınları da bulunan hakemli uluslararası bilimsel dergilerde hakemlik yapmaktadır. Dijital Diş Hekimliği Derneği'nin (*Digital Dentistry Society, DDS*) İtalya elçisi olan Zarone, İtalyan Diş ve İmplant Prostodontisi Derneği eski başkanıdır.

Protez Uzmanının Bakış Açısı: Yeni Teknolojiler Bakış Açımı Nasıl Değiştirdi...

Tarama, CAD/CAM ve 3D ileri dijital uygulamalar, gelişen üstün mekanik ve estetik özellikli yeni nesil dental materyallerle önemli bir sinerji yakalamıştır. İleri dijital teknolojiler, diş ve implant destekli rehabilitasyonların tedavi sürecini daha etkin, daha hızlı ve sürdürülebilir bir hale getirmiştir. Bu konuşmada yeni materyal ve teknolojilerin sinerjik entegrasyonundan bahsedeceğiz ve günlük protetik rutinimizi en yeni bilimsel literatürle nasıl güncelleyebileceğimizi tartışacağız.

Fernando Zarone
Italy / Italy

13.01.2024 / 16:30-17:15

Fernando Zarone is full professor of Prosthodontics, Dental Materials and Implant Prosthodontics, head of the ward of Prosthodontics at the University “Federico II” of Naples (Italy) and Director of SUDD (Scientific Unit of Digital Dentistry) in the same University. Today, Prof. Zarone’s research main topics are focused on Esthetics, new materials and productive technologies. He has authored relevant publications in prestigious international scientific journals. Prof. Zarone is the Italian Ambassador and scientific committee member of DDS (Digital Dentistry Society), the founding member of SIPRO (Società Italiana di Protesi e Riabilitazione Odontoiatrica) and is past-president of SIOPI (Italian Society of Dental and Implant-Prosthodontics).

The Prosthodontist’s POV: How New Technologies Have Changed Mine...

In the last decade, the development of new technologies has moved in parallel with a rapid evolution of restorative materials on the rails of Digital dentistry, opening new exciting horizons in the field of Prosthodontics. The implementation in the daily practice of the most advanced procedures, like scanning, CAD/CAM and 3D-printing, has got a synergic impulse from the enhanced mechanical and esthetic properties of the new generation of dental materials: high strength ceramics, hybrid composites and technopolymers, high precision alloys etc. Besides, the implementation of the most advanced digital technologies in teeth- or implant- supported restorations has offered a more efficient, fast and more sustainable approach, that has been deeply changing the paradigms of the decisional process. This lecture will be focused on the impact of the synergic integration of new materials and technologies on the daily prosthetic practice, in the light of the author’s experience and of the most updated scientific literature.



SÖZLÜ BİLDİRİLER

Oral Presentations



Çalışmanın Yapıldığı Bölüm : İstanbul Üniversitesi Diş Hekimliği Fakültesi Oral İmplantoloji Anabilim Dalı
Çalışmayı Yapan Yazarlar : İhsan Çağlar Çınar
Sorumlu Yazar : İhsan Çağlar Çınar
Sorumlu Yazar Kurum : İstanbul Üniversitesi Diş Hekimliği Fakültesi Oral İmplantoloji Anabilim Dalı
Diğer Yazarlar ve Kurumları :
Başlık Numarası : OP-01

Efficiency of Cortical Strut Allograft In Horizontal Augmentation

Dr. Ihsan Caglar Cinar Department of Oral Implantology, Faculty of Dentistry, Istanbul University, Istanbul, Türkiye

Background: There are various bone augmentation techniques for horizontally-deficient maxillary ridges. Cortical Strut (CS) is a human-derived allogeneic cancellous block that is produced of osseous structure of femoral heads. CS is a stable and rigid plate which plays a critical role in the "shell technique" for hard tissue augmentation. The aim of this study was to compare efficiency of CS with Guided Bone Regeneration (GBR) in horizontal augmentation

Methods: In this study, patients having a horizontal bone width of ≥ 4 mm in the maxilla, who were treated with CS were "test group", and those treated with GBR with no CS involvement were "control group". A 1:1 mixture of autogenous bone (AB) and anorganic bovine bone (ABB) with collagen membrane was applied to both groups. Volumetric changes between groups were measured with cone-beam computed tomography within 2 weeks (V1), and 7 months postoperatively (V2) for both the test and control groups.. The primary outcome represented volumetric graft resorption rate whilst the secondary outcomes represented any probable complications and implant insertion torque.

Results: Mean bone graft volume reduction in the CS and GBR groups was $8.26 \pm 1.60\%$ and $14.36 \pm 3.55\%$, respectively. The GBR group showed significantly more bone resorption than the CS group ($p < 0.001$). Complications and insertion torque were similar between the groups ($p > 0.05$).

Conclusion: Both CS and GBR techniques for hard-tissue augmentation provided sufficient bone graft mass volume for implant insertion, whereas CS demonstrated lower resorption rate at maxillary augmented sites, compared to GBR.

Çalışmanın Yapıldığı Bölüm : Ege Üniversitesi Dişhekimliği Fakültesi Ağız Diş ve Çene Cerrahisi
Anabilim Dalı, Protetik Diş Tedavisi Anabilim Dalı; Dokuz Eylül Üniversitesi
Sağlık Bilimleri Enstitüsü / Biyomekanik Anabilim Dalı

Çalışmayı Yapan Yazarlar : Elif Ezgi Oğuz, Banu Özveri Koyuncu, Tomurcuk Övül Kümbüloğlu,
Musa Güngörürler, Makbule Heval Şahan

Sorumlu Yazar : Elif Ezgi Oğuz

Sorumlu Yazar Kurum : İstanbul Gelişim Üniversitesi Diş Hekimliği Fakültesi, Protetik Diş Tedavisi
Anabilim Dalı

Diğer Yazarlar ve Kurumları : Banu Özveri Koyuncu (Ege Üniversitesi Diş Hekimliği Fakültesi /
Ağız, Diş ve Çene Cerrahisi Anabilim Dalı)
Tomurcuk Övül Kümbüloğlu (Ege Üniversitesi Diş Hekimliği Fakültesi /
Protetik Diş Tedavisi Anabilim Dalı)
Musa Güngörürler (Dokuz Eylül Üniversitesi Sağlık Bilimleri Enstitüsü /
Biyomekanik Anabilim Dalı)
Makbule Heval Şahan (Ege Üniversitesi Diş Hekimliği Fakültesi / Protetik Diş
Tedavisi Anabilim Dalı)

Başlık Numarası : OP-02

Comparison of Different-Bone-Grafts To Immediate-Loading of Dental Implant With Finite-Element-Analysis-Method

Introduction: The aim of study, to evaluate the stresses on bovine sourced Cerabone graft materials with a new synthetic bone graft, TiO₂, by using a three dimensional (3D) finite element analysis method.

Materials and Methods: After the dental implant was placed in the maxilla, 2 separate defect models (2 mm vertical 2 mm horizontal defect and 3 mm vertical 3 mm horizontal defect) were supported with the above-mentioned bone grafts. Dental implants, abutments and bone grafts are used for modeling. In order to compare the stress distribution of two different grafts in a virtual environment, the maxilla model, implant model and bone graft model were created in three dimensions. Finite Element Analysis was performed on the models and their stress distribution properties were evaluated according to the results.

Results: Although there wasn't difference in vertical-loading, there were differences in horizontal-loading. While it's the lowest deformation with 150µm in the model without a gap between the implant and bone-tissue, that's, in the control-group, it has the highest deformation value with 212µm in the model without graft and with a 2mm gap. When we compare the grafts, it's seen that the TiO₂ model is more stable with 172µm compared to the model using Cerabone (202µm).

Discussion: There is no difference between the synthetic bone graft TiO₂ and bovine sourced Cerabone in terms of stress distribution according to the 3D Finite Element Analysis Method. Conclusion: It has been found that the stress on the implant is reduced when the graft is not placed. If possible, applying implants directly without grafting is more advantageous in terms of stress distribution.

Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi

Çalışmayı Yapan Yazarlar : Münir Demirel

Sorumlu Yazar : Münir Demirel

Sorumlu Yazar Kurum : Biruni Üniversitesi

Diğer Yazarlar ve Kurumları :

Başlık Numarası : OP-03

Effect of Two Different Complete Digital Workflow on the Implant Impression

Objective: The aim of this study is to investigate the effect of two different complete digital workflows involving different scanning flags and design programs on the accuracy of a single implant scan.

Materials and Methods: In the study, a half-jaw dental resin model with a digital implant model analog((Trias-ixx2 Implant Systems, Servo Dental GmbH) in the maxillary right first molar region was used. The reference scan was performed using a laboratory-type scanner (inEos X5) by placing a Ti-Base (CAD/CAM Ti-Base Abutment Servo Dental GmbH) on it and was saved as a Reference Standard Triangle Language (R-STL). The same model was then scanned ten times using two different scanning flags (Digital Scanpost and CAD/CAM Ti-Base Scan Body) and an intraoral scanner (CEREC Primescan) (n=10). The digital measurements obtained were transferred to design programs compatible with the scanning flags, DentalCAD 3.1 Rijeka. In design programs, the digital model production stage was reached, and after selecting the Ti-base support present in the reference model, these files were saved in STL format (D-STL and S-STL). Then, all STL files were imported into a three-dimensional software program (Geomagic Control X 2020.1). The R-STL file was considered the reference, and the accuracy and precision values of the titanium-based supports in the D-STL and S-STL files were calculated. Data obtained with the intraoral scanner ten times were evaluated using Shapiro-Wilk, Levene, and Independent t-tests.

Results: While there was a significant difference between the groups in terms of accuracy values ($p<0.001$), no significant difference was observed in precision values ($p=0.051$). The highest accuracy values were observed in D-STL (RMS=23), while the lowest accuracy values belonged to S-STL (RMS=32).

Conclusion: In this study, the effect of two different complete digital workflows involving different scanning flags and design programs on the accuracy of a single implant scan was compared. The lowest accuracy values were obtained in the D-STL file, while the highest accuracy values belonged to the S-STL file. These findings emphasize the importance of selecting the correct flag in implant scan.

Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi

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Sorumlu Yazar Kurum : Gelişim Üniversitesi Diş Hekimliği Fakültesi Protetik Diş Tedavisi Anabilim Dalı

Diğer Yazarlar ve Kurumları : Atatürk Üniversitesi Diş Hekimliği Fakültesi Protetik Diş Tedavisi Anabilim Dalı

Başlık Numarası : OP-04

Effect of Implant-supported Single-tooth Restorations On Anterior Maxillary Bone

Statement of Problem. Short implants are generally considered alternative treatments that require additional surgical techniques in the posterior region, but they can also be used in the anterior maxilla, and therefore more research is needed in this area. **Purpose.** The aim of this study was to examine and compare the compression and tensile stress distributions in the cortical and cancellous bone using finite element analysis (FEA). Besides, a comparison of the implant-abutment connection types in the short implant with the FEA method was established.

Material and Methods: A short implant (4×5 mm) with taper-lock connection and a regular implant (4×9 mm) with screw connection was used in the maxillary central incisor tooth area. Three different titanium abutments with 0°, 15° and 25° angles were used for abutments. In addition, to determine whether the stress variation in short implants is due to the length or the implant-abutment connection, a screw was designed for the short implant and evaluated from the same three angles. A total of three groups and nine models were generated. A load of 114.6 N was applied to the cingulum region at an angle of 135 ° to the long axis of the crowns. A torque load of 25 Ncm was applied to the regular and shot implant screw. Maximum and minimum principle stress distributions of cortical and cancellous bone were evaluated using FEA.

Results: Among the Short Taper and Regular groups, the highest and lowest cortical bone compression stress values were determined as 25° and 0° with the Short Taper, respectively. When the Short Taper and Short Screw groups were examined, the stresses in the screwed implant were higher at all angles except for the tensile stresses of the cortical bone.

Conclusion: The accumulated stress levels are determined by the length and angle of the implant, as well as the type of implant-abutment connection. **Clinical Implications** In cases where it is necessary to place the implant at an angle to the bone, it is recommended to use regular implants due to excessive stress. As for cases where short implants will be used, a taper-lock implant-abutment connection system is preferred instead of a screw



POSTER BİLDİRİLER

Poster Presentations



Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi Anabilim Dalı

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Prof. Dr. Sabire İşler

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Başlık Numarası : PP-01

Multidisciplinary Treatment Approach of a Patient With Multiple Missing Teeth: Case Report

Introduction: Posterior teeth deficiencies are among the primary reasons why patients apply to the clinic, as they significantly affect functions of the patient. In this case report, the prosthetic treatment of a patient with missing upper and lower jaw posterior teeth with a multidisciplinary approach is described.

Case Report: In the presented case, the treatment of posterior teeth deficiencies of a 46-year-old male patient who applied to our clinic was discussed with a multidisciplinary approach. In the anamnesis taken from our patient, it was determined that he has lost his teeth 10 years ago. The patient was consulted with both a restorative and periodontology specialist before prosthetic treatment planning due to inadequate oral hygiene, existence of caries in the upper jaw anterior teeth, and inadequate attached gingival level in the left region of the lower jaw. 4 dental implants were planned for the teeth number 15, 16, 24 and 26. Free gingival graft indication was decided in the lower left region to increase the keratinized tissue. After periodic first-line periodontal treatment, free gingival graft was applied. The patient's upper jaw anterior teeth were restored by a restorative specialist. A 4-month recovery period following implant surgery was expected. Prosthetic treatments of the patient, whose osseointegration process was completed, were started, primarily with the lower jaw. A telescopic crown was used because tooth number 37 was mesialized due to long-term edentulism. Following the adjustment of the lower jaw occlusal plane, the upper jaw implant prosthesis was completed.

Discussion and Conclusion: No complications were observed in the 1-month follow-up of the patient, who had hard and soft tissue loss and was treated with a multidisciplinary approach, and a successful prognosis is predicted based on the findings in the literature.

Çalışmanın Yapıldığı Bölüm : Oral İmplantoloji Anabilim Dalı
Çalışmayı Yapan Yazarlar : Burak Kılıç, Berkay Işık, Volkan Arısan
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Başlık Numarası : PP-02

Soft Tissue Management And Esthetic Rehabilitation of An Implant In The Esthetic Zone Via Semi Digital Workflow: A Case Report

Introduction: In esthetic region treatments, soft tissue management surrounding the implant is as crucial as the positioning of the implant itself. Reviving the papillary loss that occurs over time ,especially after tooth extraction is a greater challenge. This case report focuses the soft tissue management initiated during implant surgery in an esthetic region, followed by adaptation of temporary tooth during the waiting period and the production of a screw-retained crown through a digital workflow.

Case: A patient, who had lost a tooth due to trauma, consulted our clinic for treatment. After a 2-month healing period an implant was placed and a healing abutment was attached. During the implant surgery, a palatal flap was incised through a short vertical incision and sutured to the vestibular flap, encircling the healing abutment from mesial and distal interdental regions. In the same session impression was taken for an immediate temporary prosthesis. Before producing the permanent prosthesis, tissues were manipulated by adapting the temporary prosthesis over time, pushing them towards the vestibule and supporting the papillae to achieve a more esthetically pleasing soft tissue support. The permanent tooth was digitally produced by copying the symmetrical tooth.

Discussion and Conclusion: When the management of soft tissue is initiated during surgery and continued with adjustments of the temporary prosthesis, the response obtained from tissue manipulation can be more pleasing before reaching the permanent prosthesis stage. Integrating digital workflow can make achieving functional and esthetic success more accessible.

Çalışmanın Yapıldığı Bölüm : Oral İmplantoloji Anabilim Dalı
Çalışmayı Yapan Yazarlar : Dilan Karahan, İhsan Çağlar Çınar
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Sorumlu Yazar Kurum : İstanbul Üniversitesi, Sağlık Bilimleri Enstitüsü
Diğer Yazarlar ve Kurumları :
Başlık Numarası : PP-03

Graftless Sinus Floor Elevation And Simultaneous Implant Placement Case Report

Introduction: In today's dental practice, implants are frequently preferred to replace missing teeth. In posterior maxilla, lateral window technique and osteotome technique have been developed to elevate the sinus floor due to proximity to the maxillary sinus and limited bone height. Various graft materials are used in elevating the Schneiderian membrane. Research findings indicate that sinus lifting operations can be performed without the use of graft materials, relying on osteogenic potential of Schneiderian membrane and blood clot.

Case Report: A 62-year-old systemically healthy male patient applied to Istanbul University Faculty of Dentistry Oral Implantology department with the complaint of missing teeth. After clinical and radiological examinations, it was observed that the patient had insufficient crest height in maxillary posterior region. A treatment plan was established for graftless sinus lifting using the lateral window technique on both the right and left sides of the maxilla, along with the placement of six implants. During the operation, the lateral window was opened and sinus floor was elevated with the help of surgical instruments. The integrity of the Schneiderian membrane was checked with the Valsalva test. After completing sinus lifting, implant sockets were prepared, followed by the placement of dental implants without grafting. Implant placement is important to maintain the level of the elevated sinus by creating a tent effect and to stabilize the blood clot.

Discussion and Conclusion: After 4 months, dental volumetric tomography images showed that the bone volume and grayness value (Hounsfield Unit) gained were sufficient. In clinical examinations, no complications were observed. To perform graftless sinus lifting, simultaneous implant placement is required, contingent upon residual bone and primary stabilization. It can be said that graftless sinus lifting treatment is important as an effective and additional option to graft materials.

Çalışmanın Yapıldığı Bölüm : Necmettin Erbakan Üniversitesi Diş Hekimliği Fakültesi
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Sorumlu Yazar : Dilek ÖZKAN ŞEN
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Fakültesi Periodontoloji Anabilim Dalı
Başlık Numarası : PP-04

Effect of Vestibuloplasty On Periimplant Health In The Implant Area With Insufficient Vestibule Depth

Aim: After implant applications, sufficient keratinized tissue is required for the healthy and long-term maintenance of periimplant tissues. there is a need . Mobile and non-keratinized peri-implant mucosa may cause oral hygiene practices to be ineffective, leading to inflammation in periodontal tissues and peri-implantitis when left untreated. In this case report, we present the 6-month healing results around the implant after increasing the amount of attached gingiva by performing only vestibuloplasty in the implant area with insufficient amount of attached gingiva.

Case: A 58-year-old female patient with Type II diabetes applied to our clinic with complaints of bleeding and pain in her gums. As a result of the clinical and radiological examination, it was determined that the patient's implants in the lower left posterior region had bleeding on probing, pus flow and a deep periodontal pocket. It was observed that the patient could not maintain oral hygiene due to the insufficient amount of attached keratinized gingiva and shallow vestibular depth. After Phase I periodontal treatment was completed, due to the patient's fear of further surgical procedures, only vestibuloplasty was performed on the implant area number 37 in order to increase the insufficient vestibule depth, the area was closed with periodontal paste and postoperative information was given. During the controls, it was seen that the patient was able to maintain better oral hygiene and there was improvement in the periodontal tissues.

Result: In the controls performed 3 and 6 months after the surgical treatment, bone gain was observed in the implant area. Elimination of mucogingival stress in tissues and increasing vestibule depth are important factors affecting the success of the implant in maintaining peri-implant health, creating a cleanable environment and serving as a barrier against the oral environment.

Key Words: Periimplantitis, vestibuloplasty, keratinized gingiva

Çalışmanın Yapıldığı Bölüm : İstanbul Gelişim Üniversitesi Diş Hekimliği Fakültesi Ağız,
Diş ve Çene Cerrahisi Anabilim Dalı
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Diş ve Çene Cerrahisi Anabilim Dalı
Diğer Yazarlar ve Kurumları :
Başlık Numarası : PP-05

Sinus bone graft and simultaneous implant placement case series study

Introduction: This case presentation aims to examine the outcome of simultaneous maxillary sinus lifting, bone grafting, and implant placement through two case presentations.

Case Presentation: Two patients were treated by augmentation of their maxillae with bovine bone grafts. Implants were placed immediately with the sinus lifting. Bone healing, maintenance of bone height, and implant stability were measured by clinical examination and radiographic control after 1 year.

Discussion: There was no significant gingival infection that resulted in bone loss of 1.5 mm. Implants remained stable. None of the implants were associated with crestal bone loss of more than 0.5 mm for the duration of one year.

Conclusion: Immediate placement of osseointegrated implants in maxillae augmented by bovine bone grafts is predictable and successful in the short term.

Çalışmanın Yapıldığı Bölüm : İstanbul Gelişim Üniversitesi Diş Hekimliği Fakültesi Ağız,
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Diş ve Çene Cerrahisi Anabilim Dalı
Diğer Yazarlar ve Kurumları :
Başlık Numarası : PP-06

All-on-4 Treatment Concept in Maxillae Using Dental Implants Case Report

Introduction: Most of the approaches to the restoration of edentulous maxillae have been developed and these treatments can be costly and time-consuming, and involve extensive grafting of the edentulous ridges and sinus compartments. The "All-on-Four" treatment concept is a simpler and less time consuming procedure, based on combining tilted and straight implants for supporting fixed prostheses.

Case Presentation This case presentation will present the use of regular platform implants with all on four treatment concept to provide a patient with a screw-retained definitive prosthesis.

Discussion: Esthetics and function remained stable over a follow-up period of 1 year. No biomechanical or biologic complications were observed.

Conclusion: The All-on-4 treatment concept has been shown to be a viable alternative, with limited grafting required, using at least four regular-platform implants to support screw-retained definitive prosthesis.

Çalışmanın Yapıldığı Bölüm : İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü,
İstanbul Üniversitesi Diş Hekimliği Fakültesi Oral İmplantoloji Anabilim Dalı
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Sorumlu Yazar : Dr. Nazlı Ayşeşek
Sorumlu Yazar Kurum : İstanbul Üniversitesi Diş Hekimliği Fakültesi, Oral İmplantoloji Anabilim Dalı
Diğer Yazarlar ve Kurumları : İstanbul Üniversitesi Diş Hekimliği Fakültesi, Oral İmplantoloji Anabilim Dalı
İstanbul Üniversitesi Diş Hekimliği Fakültesi, Periodontoloji Anabilim Dalı
Başlık Numarası : PP-07

Rehabilitation of a Patient with Advanced Periodontitis

Introduction: In patients with periodontitis, all teeth in the mouth may not always be treated. In edentulous patients, patient comfort increases considerably thanks to implant applications. In this presentation, it was aimed to provide prosthetic rehabilitation by applying implant surgery after the extraction of all teeth of a patient with advanced periodontitis. Case Presentation: It was decided to extract all the teeth of the patient with advanced periodontitis, who applied to the Department of Oral Implantology, Faculty of Dentistry, Istanbul University. The patient was examined clinically and radiologically after the 2-month healing period of the extraction sites. As a result of the examination, it was decided to make 8 implants in the lower jaw and 8 implants in the upper jaw, total of 16 implants (Straumann®, Switzerland). A 3-month recovery period was expected after implant surgery. The patient, whose osseointegration process was completed, was made a screwed Toronto prosthesis with zirconium based (Amann Girrbach®, Austria) and emax (Ivoclar®, Switzerland) crowns. Screw holes in occlusal were closed with G-ænial™ A'CHORD, vestibule with PermaFlo Pink (GC®, Japan). Discussion and Conclusion: Oral hygiene education was given to the patient because the prosthesis delivered to the patient had retention areas. Since the base used was zirconium, the patient was informed about the risk of fracture. There may be a risk of peri-implantitis in the long term. The patient was informed about this issue and the importance of oral hygiene was repeated. No clinical and radiological problems were observed in the 6-year follow-up of the patient. The long-term success of edentulous patients should be ensured by ensuring oral hygiene, the patient should be motivated in this regard and periodic controls should be made.

Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi Anabilim Dalı

Çalışmayı Yapan Yazarlar : Ekin Gazioğlu, Bihter Çınar

Sorumlu Yazar : Ekin Gazioğlu

Sorumlu Yazar Kurum : İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü Protetik Diş Tedavisi Doktora Programı

Diğer Yazarlar ve Kurumları : İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü Protetik Diş Tedavisi Doktora Programı

Başlık Numarası : PP-08

Rehabilitation of the Maxillary Anterior Region with Hybrid Prosthesis after Cyst Resection

A 21-year-old female patient was consulted to Istanbul University Faculty of Dentistry with a cyst in the anterior region of the maxilla. An implant-supported prosthetic restoration was planned after cyst resection for the patient who did not have any systemic disease. After the patient's cyst resection, block grafting was performed. Following graft integration, 4 implants (Trias - ixx2, Hagen, Germany) were applied. After osseointegration process, a hybrid prosthesis planned for the treatment because the anterior interarch distance was more than 15 mm, the distance between the patient's upper jaw smile line and the lip support were sufficient. Digital impressions were taken from the patient with an intraoral scanner (Trios 3 shape, Denmark) and a model was obtained with a 3D printer. The framework was obtained from monolithic zirconia (Katana YML, Kuraray Noritake, Japan) using CAD/CAM systems. After the occlusion check were completed, the restoration was polished and placed in the mouth, torque was applied and the treatment was completed. The patient was informed about oral hygiene, called for regular check-ups and motivated for oral hygiene.

Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi

Çalışmayı Yapan Yazarlar : Ekin Yaylacı,Övül Kümbüloğlu

Sorumlu Yazar : Ekin Yaylacı

Sorumlu Yazar Kurum : Ege Üniversitesi Diş Hekimliği Fakültesi Protetik Diş Tedavisi

Diğer Yazarlar ve Kurumları : Ege Üniversitesi Diş Hekimliği Fakültesi Protetik Diş Tedavisi

Başlık Numarası : PP-09

Anterior Tooth Deficiencies: Customized Healing Cap for Soft Tissue Shaping

Introduction: With the advancement of technology and materials, aesthetic expectations have increased in today's world. Expectations from restorations in the maxillary anterior regions have particularly risen. Achieving a natural appearance in anterior tooth deficiencies requires attention to soft tissue contours and the presence of papillae, which are essential criteria. For anterior tooth deficiencies completed with implants, there are various gingival shaping methods before the final restoration. Gingival shaping with a healing cap is a non-invasive and practical method among these options. This case presentation will demonstrate gingival shaping using composite restorative material with individually customized standard healing caps.

Case Presentation: Patients with anterior tooth deficiencies presenting to our clinic were planned for implant treatment. Following implantation, osseointegration was expected, and after 3 months, patients were fitted with implant healing caps. Fluid composite was added around the healing cap in a circular fashion to create an emergence profile. The customized healing cap was clinically checked in the patient's mouth and adjusted in case of non-passing static situations in the gum. Subsequently, the desired shape was created, polished with rubber points, and placed in the mouth. Patients were called for weekly check-ups. After achieving symmetry at the zenith points in the 4th week, gingival shaping was concluded. Following this, impressions were taken using closed tray impression components, and the prosthesis was manufactured and delivered to the patient.

Discussion and Conclusion: The process of creating an emergence profile with a customized healing cap, being a procedure that can be performed at the patient's chairside, having no surgical requirements, and allowing controlled step-by-step shaping, presents advantages. As a result, achieving soft tissue aesthetics and an appropriate emergence profile will satisfy both the patient and the practitioner.

Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi Ana Bilim Dalı
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Furkan Çelenođlu
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Selim Eranlı, Hasan Beyzade, Furkan Çelenođlu(İstanbul Üniversitesi
Oral İmplantoloji Anabilim Dalı)
Başlık Numarası : PP-10

Multidisciplinary Approach To Congenital Bilateral Maxillary Lateral Deficiency A Case Report:

Introduction: In this case report, the prosthetic treatment of a patient with congenital bilateral maxillary lateral incisor deficiency using a multidisciplinary approach is described.

Case Report: A 32-year-old female patient applied to our clinic with the complaint of aesthetic loss due to missing bilateral maxillary lateral incisors. Following multidisciplinary evaluations made together with prosthodontics, implantology and orthodontics, it was decided to place two dental implants. The patient was treated orthodontically before implant surgery in order to provide sufficient mesiodistal width for the planned final prosthetic treatment. After sufficient mesiodistal width was obtained, the implants were placed. A 3-months recovery period was deemed suitable after implant surgery. A temporary screw-retained composite crown prosthesis supported by a titanium base was applied to the patient, whose osseointegration process was completed, before the permanent restoration in order to create the gingival emergence profile through soft tissue guidance. After six weeks of soft tissue guidance, the permanent impressions were obtained using the personalized impression technique and prosthetic rehabilitation was completed with titanium-based zirconium abutments and full ceramic crown prostheses.

Discussion And Conclusion: It has been observed that successful clinical results can be achieved in the treatment of congenital lateral tooth deficiency with a multidisciplinary approach.

Çalışmanın Yapıldığı Bölüm : İstanbul Üniversitesi Oral İmplantoloji Anabilim Dalı
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Diğer Yazarlar ve Kurumları : İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü
Başlık Numarası : PP-11

Narrow-Diameter Implant Application in Case of Missing Lateral Tooth A Case Report

Introduction: Maxillary missing lateral tooth, often referred to as congenital dental anomaly, ranks as the second most prevalent condition following the absence of mandibular and maxillary second premolars. Given its location along the smile line and the tendency to affect the contralateral side, cases of missing maxillary lateral tooth necessitate a complex treatment approach involving orthodontics, periodontology, and implantology. Narrow-diameter implants facilitate the restoration of a single-tooth implant when the use of standard-diameter implants becomes challenging, particularly in cases where interdental or inter-implant spaces and bone volume are insufficient. This case report exemplifies the application of narrow-diameter implants following orthodontic treatment due to the reduced space between the central and canine teeth.

Case Presentation: In the oral examination of an eighteen-year-old female patient, congenital tooth absence in maxillary left lateral and a wedge-shaped maxillary right lateral tooth were observed. Despite being at the final stage of orthodontic treatment, a narrow-diameter implant (2.9Ø BLT Straumann) with a diameter of 2.9 mm was planned for maxillary left lateral due to the narrow space between the central and canine teeth. No complications were observed post-surgical procedure. After three months of osseointegration, a gingival healing abutment was placed. Restoration was completed with a monolithic zirconia crown using the closed tray technique after obtaining impressions.

Result and Discussion: Successful outcomes can be achieved by employing narrow-diameter implants in cases where mesio-distal or buccal-palatal distances are limited. Particularly when treatment options are restricted after orthodontic intervention, the use of narrow-diameter implants emerges as the most suitable treatment alternative.

Başlık Numarası : PP-12

Bildiri iptal edilmiştir.

Çalışmanın Yapıldığı Bölüm : Oral İmplantoloji Anabilim Dalı

Çalışmayı Yapan Yazarlar : Furkan Çelenoğlu, Nazlı Ayşeşek, Batuhan Hazar Ayşeşek, Selim Ersanlı

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Periodontoloji Anabilim Dalı)

Başlık Numarası : PP-13

Implant Supported Fixed Prosthetic Rehabilitation in the Presence of Impacted Canine Tooth

Introduction: Implant planning in fixed prostheses has many difficulties. Impacted canine teeth may be present, especially in the anterior region. In some cases where orthodontic treatment is not possible, a surgical approach may be a valid treatment plan. However, large bone defects that occur after extraction often require bone grafting. In such cases, guided bone regeneration is a good method to create new alveolar bone. In this case report, we increased bone volume using bone grafts and membranes.

Case Report: A 55-year-old male patient was referred to Istanbul University Faculty of Dentistry, Department of Oral Implantology, due to mobility in his upper jaw teeth. After clinical and radiological examination, a full arch fixed prosthesis was planned. There was an impacted canine tooth where the implants would be placed. Guided bone regeneration was planned on the same day as tooth extraction. After the extraction of the canine tooth, Xenograft and collagen membranes were used to increase the horizontal volume of the alveolar bone and fill the extraction socket. The membrane was fixed with pins. Two mini implants were used for the temporary fixed prosthesis. After a six-month healing period, implants were placed. A screw-retained metal-ceramic prosthesis was used for final restoration. The augmentation area and implants were checked regularly with CBCT after surgery. At the 1-year postoperative follow-up, CBCT showed no change in gingival contour and bone level. Pink aesthetic score was used to evaluate gingival aesthetics. The implants healed without any adverse events. The comparison of radiographic images showed physiologic bone remodeling at the implant shoulders without bone resorption.

Discussion and Conclusion: As a result of the comparison of radiographs, low-degree contour changes were observed from extraction and implant placement to the final follow-ups before restoration. Surgical removal of impacted canines may be an alternative treatment option when orthodontic eruption is not suitable. However, as always, surgical procedures are expensive and patient comfort is lower than orthodontic treatment.

Key words: guided bone regeneration, impacted tooth, dental implants, aesthetic field, extraction socket

Çalışmanın Yapıldığı Bölüm : Oral İmplantoloji Anabilim Dalı
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Sorumlu Yazar Kurum : İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü
Diğer Yazarlar ve Kurumları : İhsan Çağlar Çınar; İstanbul Üniversitesi Diş Hekimliği Fakültesi,
Oral İmplantoloji Anabilim Dalı
Başlık Numarası : PP-14

Evaluation of the Effect of Mineralized Plasmatic Matrix (MPM) on Maxillary Sinus Augmentation

Mineralized Plasmatic Matrix (MPM), a growth factor-enriched fibrin network, integrates beta-tricalcium phosphate (β -TCP) and platelet-rich fibrin (PRF) in bone grafting. This study explores MPM's potential in maxillary sinus augmentation, emphasizing its structural advantages for hard tissue augmentation. After a 6-month healing period, Cone Beam Computed Tomography (CBCT) assessed volumetric changes in graft sites. Radiographic evaluations at 1 week (T1) and 6 months post-sinus augmentation (T2) revealed significant new bone formation. In sinus lifting procedures, bone graft substance selection significantly influences outcomes. MPM, exhibiting mechanical distinctions from PRF, induces new bone formation, presenting itself as a viable bone graft alternative. This study underscores MPM's importance in guided bone regeneration, highlighting its biocompatibility, ease of manipulation, and capacity to stimulate new bone formation. While results demonstrate MPM's efficacy, the limited literature underscores the need for further research. Comparative studies with autogenous bone grafts, the current gold standard, will validate MPM's effectiveness in guided bone regeneration. This study positions MPM as a promising alternative in bone-regeneration procedures, signaling a potential shift in maxillary sinus augmentation. Further research will contribute to establishing MPM as a valuable asset for achieving optimal outcomes in implant dentistry.

Çalışmanın Yapıldığı Bölüm : Ağız Diş, Çene Cerrahisi

Çalışmayı Yapan Yazarlar : Meltem Koray

Sorumlu Yazar : Meltem Koray

Sorumlu Yazar Kurum : İstanbul Üniversitesi

Diğer Yazarlar ve Kurumları :

Başlık Numarası : PP-15

Immediate implant placement and long-term follow-up in a patient with type 1 diabetes A case report

Introduction: Type 1 diabetes, also called insulin-dependent diabetes mellitus, is the absence of insulin due to the inability of the pancreas to produce insulin. There are few publications on dental implant application in patients with type 1 diabetes. In this case report, immediate implant placement and long-term follow-up in a patient with type 1 diabetes will be presented.

Case report: 67-year-old female patient who was diagnosed with type 1 diabetes, due to widespread periodontitis and tooth decay, 6 implants were placed immediately under local anesthesia, first in the upper jaw, by removing the damaged teeth and roots, and the ones in the posterior region were applied using the crestal sinus lifting technique. Bone defects caused by extractions were supported by allograft bone graft and collagen membrane implants. 5 immediate implants were applied to the lower jaw using the same procedures. Annual controls were made and at the 5th annual check-up, it was observed that there was no implant loss and the patient used her prostheses without any problems.

Discussion: Medical control of type 1 diabetes is difficult due to highly variable differences in blood sugar levels. In our case, no symptoms were observed during the dental operation. It has been reported that the early implant failure rate in diabetic patients is more than 10%.

Conclusion: It should be known that hypoglycemic symptoms may develop during dental operations in patients with type 1 diabetes and that appropriate emergency care should be provided by separating these symptoms from other clinical symptoms. It should also be known that implant failures in patients with controlled type 1 diabetes are similar to those in healthy individuals.

Çalışmanın Yapıldığı Bölüm : Oral İmplantoloji, İstanbul Üniversitesi

Çalışmayı Yapan Yazarlar : Dt. Nilüfer Alptekin - Dr. Alper Sağlanmak

Sorumlu Yazar : Nilüfer Alptekin

Sorumlu Yazar Kurum : İstanbul Üniversitesi, sağlık bilimleri enstitüsü, oral implantoloji bölümü

Diğer Yazarlar ve Kurumları :

Başlık Numarası : PP-16

Toronto Hybrid Prosthesis With Peek Framework In An Advanced Atrophic Crest: A Case Report

Objective: An ideal implant-supported prosthetic rehabilitation should be cleanable, meet aesthetic requirements, provide soft tissue support, and offer sufficient stability for function. Today, one of the most challenging aspects for clinicians is the fabrication of such prostheses in the presence of advanced atrophic ridges. Augmentation is often the preferred choice to address vertical and horizontal combined bone defects. However, considering motivation and economic conditions more conservative methods can be used. Hybrid prostheses can be designed and manufactured using digital and conventional techniques to combine the advantages of screw and cement-retained prostheses. One such prosthesis is the Toronto hybrid prosthesis, featuring milled supports with a screw-retained framework for the cementation of single or multiple superstructures. The supports include materials such as Cr-Co, titanium, zirconium, or the relatively lighter and high-performance polymer polyetheretherketone (PEEK) with suitable physical, mechanical, and chemical properties. This case report presents the aesthetic and functional rehabilitation of a patient with advanced atrophic anterior maxilla using a PEEK-based Toronto hybrid prosthesis.

Case Report: A 54-year-old male patient sought treatment at our clinic for the management of partial edentulism in the maxilla anterior. CBCT revealed significant horizontal and vertical bone loss. The decision was made to extract the upper right first premolar and upper left lateral incisor, replacing them with implants. Due to the insufficient number of implants and the potential for correcting the emergence profile, lighter and highly biocompatible PEEK was chosen as the Toronto framework material.

Conclusion: Due to its low specific weight, white color, and intraoral repairability in the event of fracture, PEEK is an alternative to other framework materials. Toronto prosthesis demonstrates high success in terms of superior aesthetics, ease of repair, and cleanability, although laboratory costs are much higher.

Çalışmanın Yapıldığı Bölüm : İstanbul Üniversitesi Oral İmplantoloji ABD

Çalışmayı Yapan Yazarlar : Dt.Ömer Faruk Bayar, Dt.Fatemeh Hira Mazlumina, Dt.Emre Kılıç,
Prof.Dr.Nilüfer Balcıoğlu

Sorumlu Yazar : Ömer Faruk Bayar

Sorumlu Yazar Kurum : İstanbul Üniversitesi, Sağlık Bilimleri Enstitüsü

Diğer Yazarlar ve Kurumları : İstanbul Üniversitesi, Sağlık Bilimleri Enstitüsü

Başlık Numarası : PP-17

Augmentation with Impacted Tooth in Implant-Planned Area: Case Report

Introduction: Impacted tooth term is used for teeth that have not erupted in time and have failed to take their place in the dental arch, rendering them non-functional. Mandibular third molars have the highest incidence of impaction. Maxillary canine teeth are next in terms of impaction frequency, ranging from 1% to 2.5%. In such cases, the buccal-palatal position of the impacted tooth is crucial both for extraction and for the regeneration of the socket in the bone. This case report is an example of the evaluation of bone augmentation, assessed by tomography, in a patient with partial edentulism and an impacted canine undergoing tooth extraction.

Case Presentation: After intraoral and radiographic examination of a 53-year-old male patient, partial edentulism in the upper jaw, along with insufficient residual bone in the posterior region with bilaterally lowered sinus floors was observed. Additionally, tooth number 23 was identified as tilted mesially and horizontally impacted. Due to the impacted tooth's location coinciding with the predicted implant site, augmentation was planned along with tooth extraction. Particle xenograft (BioOss, Geistlich, Switzerland), collagen membrane (BioGide, Geistlich, Switzerland), and pins were used for augmentation. Soft tissue closure was performed primarily. Bilateral number 5 teeth were left in the oral cavity, and a PMMA temporary prosthesis was fabricated. Post-surgery, no complications arose, and the patient was called for a follow-up appointment 5 months later, where a tomography was obtained. No dehiscence was observed in the soft tissue. Radiographically, the graft material was stable and undispersed in the augmented area. Four intrasosseous implants (Straumann, Switzerland) were planned for the patient.

Results and Discussion: Augmentation of extraction sockets and horizontal defects in alveolar crest using xenograft, collagen membrane, and pins is a predictable treatment, providing successful outcomes both clinically and radiographically.

Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi

Çalışmayı Yapan Yazarlar : Yaren Demirağ, Berk Denizer, Anas O. A. Mohamed, Oğulcan Yücel,
Erhan Çömlekoğlu

Sorumlu Yazar : Yaren Demirağ

Sorumlu Yazar Kurum : Ege Üniversitesi

Diğer Yazarlar Ve Kurumları : Berk Denizer, Anas O. A. Mohamed, Oğulcan Yücel, Ercan Yiğit,
Erhan Çömlekoğlu, Ege Üniversitesi

Başlık Numarası : PP-18

Transfer of Mandibular Movements To Design Software In Implant-Supported Monolithic Restorations

Introduction: With the advancement of technology, digital articulators have become essential tools in digital dentistry. Digital articulators can be fully adjustable or mathematically simulated, primarily used for accurate anatomical data transfer of facial arches. Compared to analog facial arches, digital facial arches offer a more innovative option in recording and transferring clinical data. The complete digitization of data records necessitates spatial coordinates for the orientation of the maxillary model to the face and the establishment of maxillo-mandibular relationships. Monolithic zirconia restorations produced with computer-aided design and manufacturing technology must be flawlessly designed in a single session. From this perspective, transferring the individual mandibular movement pattern of the patient to the digital articulator in the design software is imperative.

Case Presentation: 56-year-old male patient presented to our clinic with a complaint of missing teeth. A single crown was planned for teeth 13, 12, 11, 21, 22, 23; implant-supported bridge for teeth 14, 15, 16, and 24, 25, 26; a single crown for teeth 35, 34, 33, 32, 31, 41, 42, 43, 44, 45; and finally, an implant-supported single crown for teeth 36 and 46. A chamfer-type margin was created at the gum level with a width of 0.8 mm. Digital measurements of teeth and implants were obtained (iTero 5D Element, Aligntech), and facial scanning was performed using a specially designed apparatus (Metascan app, Apple). Designs were completed using a digital articulator (Artex Cr, AmmanGirbach) in accordance with the non-functional cutback technique. Restorations were milled from transparent zirconia material (Katana YML, Noritake). After the try-in, the restorations were cemented.

Discussion And Conclusion: Occlusal errors that may occur in monolithic restorations are more challenging to compensate for compared to veneered restorations. Therefore, transferring all lateral and protrusive lower jaw movements related to the patient to the digital articulator in the design software is necessary for clinical occlusal success. With the use of a specially designed jig in our patient, the individual Bonwill arm length was transferred to the software, enabling the precise creation of all contacts in the lateral path of lower jaw movements. Physical restorations were completed without occlusal conflicts. In this regard, the technique yielded successful results for this case.

Çalışmanın Yapıldığı Bölüm : Oral İmplantoloji Anabilim Dalı

Çalışmayı Yapan Yazarlar : İlayda Tunç, Ahmet İlter Atay, Kerem Bahçeci, Dr. Bahattin Alper Gültekin

Sorumlu Yazar : Zeynep korkmaz

Sorumlu Yazar Kurum : İstanbul Üniversitesi Sağlık Bilimleri Enstitüsü

Diğer Yazarlar ve Kurumları : İstanbul Üniversitesi Dış Hekimliği Fakültesi

Başlık Numarası : PP-19

Anterior Region Implant Application with socket preservation technique, case report

Introduction: Bone resorption after tooth extraction in the anterior region poses aesthetic and functional challenges for implant surgery. One of the techniques used to minimize bone resorption is the socket preservation technique. In this case report, a central tooth lost due to external resorption was grafted with the socket preservation technique after extraction and the Maryland bridge was used prosthetically during this period.

Case Report: Our patient was referred to our clinic from the Department of Radiology with a diagnosis of external resorption made during radiologic examination. To apply the socket preservation technique, tooth number 11 was extracted and the socket was filled with allograft (Mineross, USA). The socket was then covered with graft (Geistlich Mucograft Seal, Switzerland) and sutured with 3.0 monofilament suture. A metal-supported porcelain Maryland bridge was applied in the same session and cemented in the same session as the surgical procedure. After waiting for 4 months, a 3.5mm diameter 10mm implant (Straumann, Switzerland) was placed. In accordance with the root form, a conical implant was preferred instead of a cylindrical implant. The soft tissues were shaped by transferring the appropriate exit profile.

Discussion and Conclusion: In anterior regions where buccal bone resection is aesthetically important, the natural contours of the patient can be preserved by applying the socket preservation technique. In this protocol, which does not allow immediate loading, Maryland bridges provide adequate functional and aesthetic properties in order to meet the patient's expectations.

Çalışmanın Yapıldığı Bölüm : Necmettin Erbakan Üniversitesi Diş Hekimliği Fakültesi Periodontoloji Bölümü
Çalışmayı Yapan Yazarlar : Zeynep Taştan Erođlu, Kaan Yıldız, Mehmet Esad Güven
Sorumlu Yazar : Zeynep Taştan Erođlu
Sorumlu Yazar Kurum : Necmettin Erbakan Üniversitesi Diş Hekimliği Fakültesi
Diđer Yazarlar Ve Kurumları : Kaan Yıldız (Necmettin Erbakan Üniversitesi Diş Hekimliği Fakültesi
Periodontoloji Bölümü)
Mehmet Esad Güven (Necmettin Erbakan Üniversitesi Diş Hekimliği Fakültesi
Protetik Diş Tedavisi Anabilim Dalı)
Başlık Numarası : PP-20

Maxillar Immediate Implant Placing And Immediate Loading: Case Report

Introduction: Immediate implant placement and immediate loading is becoming a popular and attractive treatment option for both dentists and patients. This implant protocol provides an aesthetic result by preserving the peri-implant mucosal tissue.

Case Report: Immediate implantation with immediate loading was decided to be performed in a male patient who complained of mobility in his maxillary teeth. Firstly, upper and lower jaw impressions were taken before the surgery to design a temporary prosthesis. Firstly, the patient's teeth numbered 13,12,21,22,24,25 were extracted. Then the full thickness flap was removed. Granulation tissues in the area were cleaned and bone irregularities in the bone were eliminated by bone reduction. The implants were then placed and the appropriate multi-unit abutments were selected and torqued (30Ncm) by the prosthodontist. Bioss (1cc) xenograft and 25X25mm Bioss membrane were applied to the buccal area of the implants placed in the socket of teeth 13-23. The flap was sutured with 4/0 nylon suture without tension. After the operation, impressions were taken with appropriate impression posts over the multi-unit abutments, the preoperatively designed prosthesis was transferred to the new model and the places where the temporary abutments would be placed were opened and checked in the mouth. One temporary abutment-prosthesis connection was made in the mouth using intraoral feeding material. The other abutment-prosthesis connections were made on the model. After the undercut areas were arranged and made convex, the passive session was checked and torqued with 15 Ncm.I

Conclusion: The patient's aesthetic and functional concerns were resolved by immediate implant application and immediate loading. The patient comes for regular follow-up visits.

Başlık Numarası : PP-21

Yazar talebine istinaden geri çekilmiştir.

Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi

Çalışmayı Yapan Yazarlar : Davut Özkan , Enes Bekman, Barış Kemal Dağlı, Bike Altan Çınar, Şevki Çınar

Sorumlu Yazar : Barış Kemal Dağlı

Sorumlu Yazar Kurum : Sağlık Bilimleri Üniversitesi

Diğer Yazarlar ve Kurumları : Sağlık Bilimleri Üniversitesi

Başlık Numarası : PP-22

Combination of Screw and Cemented Systems in All On Four Hybrid Prosthesis Case Report

The all on four treatment concept is an important treatment method that gives the patient the chance to have a fixed prosthesis in front of anatomical obstacles that require advanced surgical techniques to make an implant. In addition to reaching the final restoration faster, the cost of treatment has become lower than classical implant treatment by making a fixed restoration with fewer implants and not requiring additional surgical procedures.

Material and Method: 55 years old male patient come to our clinic with a chief complaint of "partial edentulism". There was no relevant medical history. As a result of intraoral, extraoral and radiographic examination, extraction of all teeth and excision of the dentigerous cyst associated with the impacted tooth covering the entire right ramus of the mandible was planned. The cyst was excised together with the impacted tooth. After the ramus area was healed, the remaining teeth were extracted and a total of 8 implants were placed in the same session, 4 in the mandible and 4 in the maxilla. By placing the distal implants at a 30-degree angle, mental foramen perforation in the mandible and the need for sinus lifting in the maxilla were avoided. Parallelism of multiunit abutments and screw exit profiles was ensured at the surgical stage. After waiting for osseointegration for three months, the fixed restoration phase was started. Measurements were taken from the patient using open impression trays and type A silicone impression material. With the help of acrylic bases, the occlusal plane, smile line, midline, and maxillomandibular relationship were recorded and transferred to the model. In the try-in made with resin-based temporary teeth produced with 3D design, maxillomandibular relationship, size of teeth, smile line, and vertical dimension were evaluated. In the final session, the metal-ceramic fixed restorations that the patient would use were cemented with dual cure resin cement on titanium caps that were torqued and screwed onto the multiunit abutment.

Discussion: Dimensional changes that occur during case file transfer between different 3D design programs and printers, not using the material used in three-dimensional printers in the company's recommendation in order to reduce the cost, and dimensional changes during multiple firing of the restoration are among the factors that cause the harmony of the screw-retained restoration to deteriorate. As a result of the incompatibility, in screw-retained restorations, lateral force is applied first to the restoration, then to the mini screw, then to the multiunit abutments, and finally to the neck circumference of the implant, causing complications in the long term. In this case, a cemented restoration on T-cap was preferred to prevent such incompatibilities.

Conclusion: With the all-on-4 treatment concept, edentulous patients can be treated successfully in terms of function and phonation, as well as aesthetically, as it provides soft tissue support in atrophic jaws. It is predicted that with the combined use of cemented and screw systems, problems will be prevented and the prognosis will be better in prostheses designed with 3D printers.

Çalışmanın Yapıldığı Bölüm : İstanbul Üniversitesi Periodontoloji Anabilim Dalı
Çalışmayı Yapan Yazarlar : Batuhan Ayşeşek, Nazlı Ayşeşek, Funda Yalçın
Sorumlu Yazar : Batuhan Ayşeşek
Sorumlu Yazar Kurum : İstanbul Üniversitesi
Diğer Yazarlar ve Kurumları : İstanbul Üniversitesi
Başlık Numarası : PP-23

Management of Peri-implanter Tissues: The Right and the Wrong?

One of the most common soft tissue problems around implants is the lack of keratinized tissue. Depending on the implant location and gum diseases (periimplant mucositis, periimplantitis), a decrease in soft tissue may be observed after the implant placement. In this case series, an attempt was made to create adequate keratinized gingiva and create healthy clinical conditions by using free gingival graft in patients with less than 2 mm of keratinized mucosa around the implants. The width of keratinized tissue was positively associated with plaque accumulation. Increasing the width and thickness of the keratinized tissue was found to be beneficial for both implant health and patient comfort. It was determined that the amount of keratinized tissue increased in all operated areas. Free gingival grafting has been shown to be a predictable method for the width and thickness of keratinized mucosa. Preserving the health of peri-implanter tissues and facilitating oral hygiene is one of the most important benefits as a result of these operations.

Çalışmanın Yapıldığı Bölüm : Protetik Diş Tedavisi
Çalışmayı Yapan Yazarlar : Dersim Gökce, Fuad Najafi
Sorumlu Yazar : Dersim Gökce
Sorumlu Yazar Kurum : İstanbul Atlas Üniversitesi
Diğer Yazarlar Ve Kurumları : Özel Klinik
Başlık Numarası : PP-24

Rehabilitation of A Patient With Orthognatic Anomaly And Advanced Periodontitis With Toronto Prosthesis: Case Report

Introduction: Implant treatment is performed to compensate for the loss of support, stability and retention in the treatment of partially or completely edentulous patients.

Case Report: Our 45-year-old male patient with advanced periodontitis applied to our clinic with complaints of nutrition, phonation, aesthetics and function. During the examination, advanced bone loss and mobility were detected in all teeth. Our patient, who has a severe openbite, has only the second molar teeth in centric occlusion. Due to the patient's functional and aesthetic expectations, all of his teeth were planned to be extracted. In order to make a fixed restoration, 8 implants were found suitable for the maxilla and 6 implants for the mandible. Our patient, who did not want to remain toothless during the implant osseointegration period (approximately 3-4 months), had his teeth extracted and implants placed in the same session, then temporary implants were applied in the same session. Temporary implants were planned to avoid placing a burden on permanent implants and to prevent the patient from being toothless. It was applied as 4 pieces to the maxilla and 4 pieces to the mandible. On the same day, measurements were taken from the monoblock temporary implants and temporary fixed prosthesis (PMMA) with adjustable occlusion (with group function occlusion) were cemented. After osseointegration is completed; A hybrid prosthesis with Toronto infrastructure design was planned for the maxilla, and a hybrid prosthesis with a zirconium infrastructure was planned for the mandible. Multiunit abutments were installed and temporary implants were removed. Temporary screw-retained prostheses were prepared for the lower and upper jaw with the traditional impression taken from permanent implants. After the patient got used to the temporary prostheses (approximately 4 weeks), the Toronto infrastructure and zirconium infrastructure were rehearsed according to the vertical dimension taken. Then, a group functional occlusion was prepared and the patient's finished restorations were adapted. Screw holes were closed with composite restorations.

Discussion / Conclusion Toronto bridge/abutment-hybrid overdenture prostheses provide access to screw holes from the occlusal surface, allowing the repair of the superstructure porcelain without dismantling the entire structure. In addition, the Toronto bridge design eliminates the risk of overflowing cement, which may occur in cemented systems and cause inflammation in peri-implant tissues, since the cement can be easily cleaned.

Çalışmanın Yapıldığı Bölüm : Ağız, Diş ve Çene Cerrahisi

Çalışmayı Yapan Yazarlar : Serap Keskin Tunç, Abdalrahim Husseini, Bike Altan Çınar

Sorumlu Yazar : Serap Keskin Tunç

Sorumlu Yazar Kurum : Sağlık Bilimleri Üniversitesi, Diş Hekimliği Fakültesi

Diğer Yazarlar ve Kurumları : Van Yüzüncü Yıl Üniversitesi Diş Hekimliği Fakültesi

Başlık Numarası : PP-25

Anterior Mandibular Augmentation With Khoury Block Technique: A Case Report

Introduction: Dr. Khoury invented a new technique known as the Split Bone Block (SBB) technique, which consists of autogenous bone chips and blocks divided into two thin laminae. The cavity created by fixing two thin laminae to the alveolar ridge is loaded with particulate autogenous bone obtained by scraping or grinding. These split bone blocks can be obtained from the symphysis or ramus of the mandible.

Case: A 21-year-old woman was found to have severe bone resorption after CBCT. Incisors were extracted and bone reconstruction was planned after a one-month healing period prior to implant placement. Autologous bone grafts were harvested from the mandibular symphysis due to regional proximity and fixed with screws. Bone chips were harvested and placed in the space between the two blocks using a scraper. Six months later, dental implants were placed and permanent prostheses were fabricated after osseointegration.

Conclusion: The "Khoury block" proved to be an effective and reliable procedure for bone augmentation in SSB.

Çalışmanın Yapıldığı Bölüm : İstanbul Üniversitesi Oral İmplantoloji Anabilim Dalı

Çalışmayı Yapan Yazarlar : Lina Aljumaili, İhsan Çağlar Çınar

Sorumlu Yazar : Lina Aljumaili

Sorumlu Yazar Kurum : İstanbul Üniversitesi, Sağlık Bilimleri Enstitüsü, Oral İmplantoloji Anabilim Dalı

Diğer Yazarlar ve Kurumları :

Başlık Numarası : PP-26

The Surgical and Prosthetic Reconstruction of The Maxillary Incisor after Traumatic Extraction: Case Report

With the development of dental implant technology, dental implants and implant-supported prostheses have become the preferred treatment methods for missing anterior teeth. However, the inevitable resorption of the buccal bone in the post-extraction period of the anterior teeth prevents the ideal emergence profile and aesthetics. Especially in cases where dental implants are not placed immediately in the anterior maxilla. Cases where socket preservation is not done after extraction are the most challenging for they can yield unsatisfactory esthetic outcomes. Bone augmentation techniques are critical in delayed implantation but they also delay the progresses of the treatment. Also it is not recommended to finalize the restoration with one prosthesis and it is recommended to use a temporary prosthesis before the final crown. In this case the rehabilitation of the maxillary central incisor of a 28 year old patient that was extracted traumatically is reported after surgical and prosthetic intervention.



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