8th Annual International Symposium of Advanced Protocols in Oral Implantology

May 19-22
2016

PROCEEDING BOOK
Dear Colleagues,
Welcome to the “8th Annual International Symposium of Advanced Protocols in Oral Implantology” meeting in Antalya. I thank you all, on behalf of PIEG - GDIA Group and the participants of the countries. I would like to extend a warm welcome again to all attendants.
I firmly believe this meeting will allow us to exchange ideas and knowledge in the field of implantology among dentists of all disciplines.
Taking this opportunity, I want to thank the organisation committee for their great efforts in preparation of this symposium and also to the sponsors and manufacturers for their financial contribution and well organised exhibition of their products. As you well know, PIEG - GDIA is an academic training group. The scientific programme has been prepared by PIEG - GDIA Group with clinicians, researchers and leaders in different subspecialty fields to create an innovative and interactive meeting. This is a great opportunity to meet with colleagues, exchange ideas, but most of all to share friendship.
I greet you all and wish you a fruitful meeting.
Best regards,

M. Nejat Arpak  DDS, PhD
Chairman
8th Annual International
Symposium of Advanced
Protocols in Oral Implantology

May 19-22
2016

PAPILLON HOTELS
RESORT & SPA
M. Nejat ARPAK DDS, PhD
Professor of Periodontology
Private Practice, Ankara, Turkey

14.05.1953 ANKARA
Master: University of Hacettepe Dental Faculty 1978
Ph.d. programes: University of Ankara Dental Faculty 1982

Commissions:

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Membership of Directorate:
Turkish Periodontology Society
European Federation of Periodontology
Chairman of Society of Comprehensive Oral Rehabilitation 2003-2005
Balkan Stomatological Society
Şenay Canay, DDS, PhD
Professor of Prosthodontics,
Hacettepe University, Ankara, Turkey

Prof. Dr. Şenay Canay, has completed her middle and high school education in TED Ankara College, her B.Sc and graduate education in Hacettepe University, Faculty of Dentistry in 1977. She became a Research Assistant in the Faculty of Dentistry Department of Prosthodontics in the same year. In 1987, she obtained her Ph.D from Department of Prosthodontics with her thesis “In vitro corrosion and tarnish evaluation of metal alloys”. Upon completing the necessary requirements, she became an Assist. Prof. by 1991, and became a Prof. in the Department of Prosthodontics in 2001. In 1996 she has worked as a visiting professor in University of Geneva, Faculty of Dentistry. She has various publications and presentations. She currently works as a full-time Faculty member in Hacettepe University, Faculty of Dentistry, Department of Prosthodontics.

Member of the Turkish Prosthodontics and Implantology Society, European Association of Prosthodontics and of the International College of Prosthodontists. Special areas of interest and expertise: Dental ceramics and aesthetics in implant-retained prosthesis. She is Rewarded by ICOI with Ralph McKinney Jr. Award in Basic and Clinical Research in 2010 for her work entitled “Biomechanical aspects of bone level diameter shifting at implant abutment interface,” which was published in Implant Dentistry, 18, 239-248, 2009 by Canay, S ve K, Akça.
Hakan Terzioglu, DDS, PhD
Professor of Prosthodontics,
Ankara University, Ankara, Turkey

He is a graduate of Ankara University and received his PhD degree at the same University. The name of his thesis was “Assessment of Site and Type of Implant by Computerized Tomography”.

He won the Quintessence Award by the research “Assessment of Whole Salivary Flow Rates of Dentulous and Edentulous Geriatric Patients” in 17th Annual Congress of European Prosthodontic Association in Milan, Italy.

He published the Project “Evaluation of Bond Strength, Organic Permeability and Protein Absorption” supported by The Scientific and Technical Research Council of Turkey. He had projects with the Scientific and Technical Council of Turkey and Ankara University Scientific Research Projects Department.

He received Professor degree in July, 2009. He has a lot of studies and publications about dental implants, dental ceramics TMJ disorders, acrylic resins, dental adhesives and liners etc.

He is a full time attending Professor in Ankara University, Faculty of Dentistry, Department of Prosthodontics.
Elif Ünsal, DDS, PhD
Professor of Periodontology,
Ankara University, Ankara, Turkey

Prof. Ünsal is born in 1965. She had her whole education, including dentistry, in Ankara, Turkey. In 1994 she has been awarded her Ph D degree with the topic “Histological evaluation of gingiva following the treatment of Juvenile and chronic periodontitis”. She worked as a visiting lecturer in University of Sheffield School of Clinical Dentistry Department of Restorative Dentistry in 1992-1994. She has become an associate professor in 1996 and professor in 2003. Her work is mainly concentrated on clinical periodontology and dental implants. She is still teaching and practicing as a lecturer at the University of Ankara, Faculty of Dentistry, Department of Periodontology.
Ümit KARAÇAYLI, DDS, PhD
Associate Professor of Oral & Maxillofacial Surgery
Gulhane Military Medical Academy, Ankara, Turkey

He was born on 16.06.1971 in Istanbul. He graduated from Marmara University Faculty of Dentistry in 1993. He worked as a dentist in Diyarbakır 8th main jet base command between the years 1993-2002. In 2002, he began Ph.D. training in GMMA Department of Oral and Maxillofacial Surgery. Received his Ph.D. degree in 2006 and he started working as a specialist in the GMMA, Department of Oral and Maxillofacial Surgery. He became associate professor in 2010. He wrote an international book chapter. He has several articles and presentations in national and international journals. He still works as a full time faculty member in GMMA, Department of Oral and Maxillofacial Surgery.
Dr. Tözüm was graduated from Faculty of Dentistry, Gazi University, Ankara, Turkey as the ‘First student’ in his class and received the ‘Top Student Award’ in 1998. He started his Ph.D. program at Health Sciences Institute and also appointed as a graduate student at Department of Periodontology, Hacettepe University, Ankara, Turkey between 1998 and 2002. He continued his integrated Ph.D. program at the Center for Craniofacial Regeneration and Department of Periodontics/Prevention/Geriatics, The University of Michigan, Ann Arbor, Michigan, U.S.A. between 2001 and 2002 during his Ph.D. program. He also attended ‘Misch Implant Institute Advanced Education Courses’ during his stay at Michigan. In 2002, he was appointed as a clinical instructor at Department of Periodontology, Hacettepe University, Turkey and as an invited research investigator at the Center for Craniofacial Regeneration, The University of Michigan, U.S.A. He was appointed as an Assistant Professor between 2004 and 2006. He has been served as a full time Associate Professor since 2006, and a consultant faculty member at post-graduate periodontology about implant dentistry at Hacettepe University. He was appointed as ‘Associate Dean’ at the same university between 2010 and 2012. As well as his 61 scientific publications in international journals related to implant dentistry and periodontics, he is a co-author of a dental chapter about allograft applications in an international book of medicine entitled ‘Tissue and Cell Clinical Use,’ and he also translated some chapters of ‘Contemporary Implant Dentistry, 3rd edition by Prof. Carl E. Misch’ and also, ‘Clinical Dentistry, 3rd edition by Prof. I.G. Chesnutt & Dr. Gibson’ into Turkish language in 2011. He has 53 presentations at international scientific meetings related to implant dentistry and periodontics. He is also continuing international scientific research projects including U.S.A., Spain, Saudi Arabia, Lithuania, Cyprus and Japan related to implant dentistry and periodontics. He is also invited to a charity organization in Kiev, Ukraine as an ‘International Expert’ by Ukrainian Oral Implantologists Association to perform live surgeries on patients entitled ‘Quality of Life to our Parents’ in 2011. He received ‘Travel Award (Dental Implantology)’ at International Association for Dental Research Meeting, Istanbul, Turkey in 2002; ‘Platinum Award’ at 24th World Congress, International Congress of Oral Implantologists, Taipei, Taiwan in 2006; ‘The Best Article published at ACTA Odontologica Scandinavia in 2009 (related to grafting materials in vitro)’ in 2010. Dr. Tözüm lectured in many national and international meetings in periodontics and implant dentistry. He is a fellow member of International Congress of Oral Implantologists, a fellow member of American Academy of Osseointegration, diplomat and honorary member of Meffert Implant Institute (Component Society of International Congress of Oral Implantologists), member of European Federation of Periodontology, Turkish Society of Oral Implantology and Turkish Society of Periodontology.

He currently serves as an international editorial board member in ‘Clinical Implant Dentistry and Related Research,’ ‘The Journal of Implant and Advanced Clinical Dentistry,’ ‘Journal of Contemporary Dental Practice—Associate Editor,’ ‘Journal of Oral Rehabilitation,’ ‘Clinical Oral Implants Research,’ ‘Journal of Oral and Maxillofacial Research’ and ‘World Journal of Stomatology’ and also he is in the advisory board of national journals including ‘Journal of Dental Sciences’ and ‘Gülhane Medical Journal.’ He also acts as ad-hoc reviewer in many international scientific peer-reviewed journals related to periodontics and implant dentistry. His research focuses on the impact of implant stability (resonance frequency analysis and damping capacity assessment), alveolar bone turnover around implants, nitric oxide metabolism and peri-implant sulcus fluid pattern in immediately, early and conventionally loaded dental implants. As well as his in vitro and in vivo research, he is also interested in platform modified implants, advanced implant dentistry and periodontal surgical applications in clinical practice.
Dr. Tony Daher began practicing dentistry in California in 1982 and his love for teaching promoted him to earn in 1984 a Master’s of Science degree in Medical Education from the University of Southern California (USC). Dr. Daher received a postgraduate certificate in Prosthodontics in 1988 from the University of California at Los Angeles (UCLA). He is the past clinic director for the international student program at U.S.C. in 1991; and past director of the Graduate Prosthodontic Program in Loma Linda University. Dr. Daher is currently an Associate Professor of Prosthodontics in the Center for Prosthodontics and Implant Dentistry at Loma Linda University (LLU), Visiting Professor at the Lebanese University in Beirut, Lebanon, and past Lecturer with the University of California at Los Angeles (UCLA) with the advanced Prosthodontics Program. He has written many scientific and clinical articles, and has lectured nationally and internationally on the subject of Prosthodontics. Dr. Daher maintains a private practice limited to Prosthodontics in LaVerne, California.

He is a Diplomate of the American Board of Prosthodontics, a Fellow in the American College of Prosthodontists, a Fellow in the International college of dentists and an active member in numerous organizations including the Academy of Osseointegration, the Pacific Coast Society for Prosthodontics, the International College of Prosthodontics, the American Dental Association, the California Dental Association and the Tri-County Dental society.
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Keynote Speakers
Do dental implants have a healing spectrum?

Dr Brian Fitzpatrick graduated from the University of Queensland, School of Dentistry in 1976. He spent several years in private general practice in Brisbane and completed his prosthodontic training at the University of Queensland in 1983. He then undertook initial training in implant Prosthodontics at the University of Washington, Seattle in 1983 and advanced implant training at the University of Gothenberg, Sweden in 1987. He has been in full-time specialist private practice in Brisbane since 1985. For many years he maintained part-time teaching and continuing professional education responsibilities at the University of Queensland. He has delivered a considerable number of invited scholarly presentations in Australia and internationally on various subjects including aspects of Evidence Based Dentistry. Dr Fitzpatrick maintains membership of numerous national and international prosthodontic and implant organizations. He is a reviewer for the Australian Dental Journal, the International Journal of Prosthodontics and the International Journal of Implant Dentistry. He is currently President of the International College of Prosthodontists and has served in executive and leadership positions for several National and International Prosthodontic organizations and maintains a full-time prosthodontic practice.

Abstract

Prosthodontics and Periodontics meet at the gingival margin. Much is written and spoken about interventions promoted to control and predict implant healing outcomes. Healthy osseous and gingival tissues and simultaneous pleasing soft tissue profiles are an integral ingredient in the success of conventional and implant supported crowns and prosthodontic devices. What constitutes implant success and survival at this critical cosmetic junction is unclear. Despite attempts at defining success and failure for our healing outcomes, it remains controversial and no universal guidelines for implant success seem to account for all clinical observations. This paper will explore some clinical observations with osseous and gingival tissue healing responses that challenge conventional thinking.
New strategies to preventing crestal bone loss and peri-implantitis

Dr. Sreenivas Koka received DDS and MS degrees from the University of Michigan. He joined the University of Nebraska faculty in 1992, became a Diplomate of the American Board of Prosthodontics in 1995, and received his PhD from the University of Nebraska in 1999. While at the University of Nebraska, Dr. Koka received the Outstanding Teacher Award eight times. He joined the Staff of Mayo Clinic in 2004 and is former Professor and former Chairman of the Department of Dental Specialties. In 2013, Dr. Koka received an MBA from the Massachusetts Institute of Technology (MIT) and left Mayo Clinic to move to Zurich, Switzerland to be Executive Director of the Foundation for Oral Rehabilitation. Dr. Koka moved back to the US in 2014 to focus on patient care and student education. Currently Dr. Koka is part-time faculty at both the Loma Linda University and UCLA Schools of Dentistry. His main professional focus is his private practice specializing in implant and removable prosthodontics in San Diego, California, USA. Dr. Koka is Past-President of the Academy of Prosthodontics, current Treasurer and Chair of the Education and Research Committee of the International College of Prosthodontists and has published over 80 papers in scientific

Abstract

The presentation will review the etiology of implant bone loss and focus on the factors that induce bone loss that are in the clinician’s control. In particular, the role of abutment selection and the advantages and disadvantages of screw retention and cement retention will be described. The presentation will also discuss new opportunities that will allow clinicians to be confident that the risk of bone loss is minimal in the future.
Do dental implants have a healing spectrum?

- Member of the International Committee - American Society for Laser Medicine and Surgery since 1999
- European Delegate - American Academy of Implant Dentistry since 2002
- American Academy of Cosmetic Dentistry since 2008
- Committee member of the European Society for Anaesthesiology in Dentistry, 1996-1998
- Scientific Secretary of the Czech Society for the Use of Lasers in Medicine, CzMA, since 2002, member of the committee since 1996
- Member, European Laser Association, since 1999
- Member, European Medical Laser Association, since 2005
- Member of SPIE - The International Society for Optical Engineering, since 1996
- Member of the Society of Maxillofacial Surgery, CzMA
- Member of the Czech Dental Chamber

Abstract

Old textbooks warn doctors before any dis-parallelity between dental implants. They teach that the loading has to be axial, or we have to count with overloading of bone that can lead to peri-implantitis. Now is everything different. The concept “All-in-four” is the must-have for any implantologist. A colleague using an expensive implant system is happy to save some screws, the patient saves more frequently time than money, but client especially appreciates no need for augmentation in most situations. However, it is not so straightforward! To navigate tilted implants is in many cases complicated task. We have to apply fixture as near as possible to the nerve or maxillary sinus; we have to deal with the asymmetric healing of soft tissues, not speaking about difficult prosthodontics tasks. Is it questionable if four implants are good decision in the case where five or six are possible?

However, tilted implants can help behind this concept. We can find a solution in most difficult cases without complicated and time-consuming bone reconstruction.

We will share in our lecture not only theory we learned, but our clinical experience mostly gained with DENTIS implant system.
Modern methods and techniques of evaluation and treatment in implant-prosthetic rehabilitation

Norina Forna, MD, DDS, PhD
Dean of Dental Medicine Faculty,
University Grigore T. Popa, Iasi, Romania

Abstract
Modern solutions of implant-prosthetic rehabilitation are depending on many external and intrinsic factors that govern the choice of treatment plan. Predictor parameters of success/failure criteria that I considered have depended on local, loco-regional and general factors of the patients, which are quantifiable by scores that we have calculated and compared according to the treatment recommended/required by the patient. The implant-prosthetic rehabilitation of the complex edentulous situations requires an algorithm designed in multiple stages always considering the possibilities of using modern prosthetic implant planning by robotic systems, by 3D imaging solutions with the use of different smile design techniques and CAD-CAM technologies, that ensure maximum long-term success.
Ridge Preservation Bone Graft (RPBG): A Simple Technique To Make Your Implant Surgery Easier

Dr. Jone Kim did his undergraduate study at UCLA (1986-1990) and received his D.D.S. from UCLA School of Dentistry in 1994. He also received Master of Science (M.S.) in oral biology from UCLA Graduate School and completed his oral & maxillofacial surgery training from University Medical Center Fresno – UCLA in 1998. Dr. Kim then went on to do a fellowship in orthognathic and facial reconstructive surgery at The Center for Corrective Jaw Surgery in Santa Barbara, California. Dr. Kim is a board certified oral & maxillofacial surgeon by the American Board of Oral & Maxillofacial Surgery. Currently, he is a lecturer and part-time faculty at UCLA School of Dentistry, department of Oral & Maxillofacial Surgery and enjoys working with the surgical residents and dental students. Dr. Kim also maintains a private practice in Southern California focusing on the surgical aspect of implant surgery. He has lectured extensively on implant related topics in US, including at 2014 American Association of Oral & Maxillofacial Surgeons annual meeting in Hawaii, and internationally. Just recently, Dr. Kim was invited to write an article titled “Posterior Immediate Implant Placement with Simultaneous Crestal Approach Maxillary Sinus Bone Graft and Flapless Extraction” for Selected Readings in Oral & Maxillofacial Surgery (selectedreadingsoms.com), which will be published in early 2016. In 2016, Dr. Kim is scheduled to lecture in Turkey, Kyrgyzstan, Cambodia, Mongolia and various places in US, including at 2016 American Association of Oral & Maxillofacial Surgeons annual meeting in Las Vegas.

Abstract

Up to 60% of horizontal bone loss can occur within 6 month after the extraction. RPBG is a simple technique to achieve and maintain alveolar architect for an easy and predictable implant placement. This lecture will show indications, rational and technique of RPBG.
Sinus Floor Augmentation. The influences of examinations, treatment options and follow up on successful results.

Jabbar Hasanov, PHD, DDS,
Private Clinician, Baku, Azerbaijan
President of Azerbaijan Society of Oral Implantologists

Abstract
Sinus floor augmentation has already become our routine practice. Although these procedures show high success results, we still come across with complications. The thickness and shape of lateral wall, dimensions and shape of sinus, present of septum, inflammation or pathological cyst in sinus always require special attention. To overcome such complexity it is always required to approach each patient individually. Preoperative careful examinations, treatment planning, proper surgical method minimize complication risk and increase the success rate of surgery.
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Courses
Tolga Tözüm, DDS, PhD
Sinus lifting: A standard surgical procedure Partially edentulous hands on model course

Lateral sinus lifting is an important surgical procedure, where insufficient bone height is found. In the present course, the practitioners will understand the indications of sinus lifting, will have the opportunity to perform the lateral sinus surgery using maxillary models, and will discuss the sinus surgery in details with the instructors.

Attendees of the hands on course will practice placing dental implants in size of 3.5mm to 10mm and also 4.2mm to 10mm on partially edentulous maxilla in order to practice placing different size of dental implants next to each other.

Ayşegül Mine Tüzüner Öncül, DDS, PhD
Partially edentulous hands on model course

Attendees of the hands on course will practise placing dental implants in size of 4.2mm to 12mm and 4.7mm to 10mm on partially edentulous maxilla in order to practice placing different size of dental implants next to each other.
Sandwich technique for deficient maxilla ridges. Include full thickness flap reflection, elimination of horizontal intraosseous incisions, and simultaneous incorporation of guided bone regeneration. The course models help to decrease complications associated with the original sandwich technique while increasing the predictability of ridge augmentation in the posterior maxillary dimensions.

The course is targeted to discuss with the participants under the experience in implantology and is designed to increase the knowledge and comfort level in soft tissue management, bone and sinus grafting, aesthetic implant placement and advanced implant treatment planning and complex case management.
This presentation will focus on many practical prosthodontic clinical tips on how to restore multiple missing teeth and prevent mechanical complications. Mechanical complications are screw loosening/fracture, or framework, resin base and veneering material fractures, opposing prosthesis fractures, and overdenture mechanical retention problems. A variety of treatment options and prosthesis designs will be described.

Guided implant protocol has been also associated with accessibility and cooling problems together with a lot of confusion related to using the complex surgical kits. The workshop will introduce a new technique and a new universal compact kit that will allow every practitioner to design and fabricate an in-office precise computer aided implant surgical guide with low cost and reduced waiting time.
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Poster Presentations
Restoration of edentulous patients with screw retained bridges supported by 4 implants became a popular approach with documented success. The procedure usually require tilting the posterior implant distally to shorten the cantilever. The control over implant insertion direction is important to guarantee an acceptable position for the restoration. The attempts to perform such a protocol with free hand insertion is rather too invasive with high possibility of implant mal-positioning and difficulties in prosthetic rehabilitation. Yet conventional guided surgical techniques are not popular due to high cost and numerous technical complexities. Conventional cast frameworks for all on 4 restorations face a lot of technical difficulties in obtaining acceptable restoration fit. On the other hand CAD CAM frameworks adds extra cost and sophistication. Therefore there is a need for a precise yet less sophisticated approach for placing and restoring All on 4 cases.

The use of CT scans combined with computer software to plan implant cases has been proposed since the 1990s. The technique aims to provide correlation between the bone anatomy and the desired tooth position allowing for predictable aesthetic and functional outcomes. Many authors refer to guided implant placement as a protocol that enhances the accuracy and safety of implant placement. Moreover, it allows for the minimally invasive flapless technique in many situations, which minimizes the intra-operative time, postoperative pain and postoperative complications. Despite of the aforementioned advantages the techniques is not popular among implant practitioners. This might be attributed to the higher cost and time required to plan the cases and fabricate the guides. Expensive guided implant kits with complex assortment are also mandatory. Additionally, the control over implant direction is usually achieved with a closed circular configuration with small drill tolerance. Using the relatively longer drills for guided systems through such closed configuration was always associated with accessibility problems in the posterior region for dentate patients. Such a small tolerance is mandatory to provide accuracy, yet it is thought to block the passage of the irrigation and might cause increased incidence of implant failure in dense bone and deep osteotomies. Moreover, there is an uprising question related to the accuracy imposed by the mechanical tolerance of the machined components. To provide adequate precision of the guided systems, a small gap of approximately 20 microns is provided between the main sleeve fixed in the guide and the removable, diameter specific, keys. A similar tolerance gap is designed between the removable keys and the drills. The friction during repeated use of the keys and the drills increases the gap obviously which might contribute to increases linear and angular deviation with these guided systems. When weighing the merits and demerits of conventional guided systems one can understand why such protocol is not so popular. Hence, there is a great need to provide modification in the concept and design of guided surgical approach to overcome the drawbacks and maximize the benefits.
ONE-STAGE IMPLANTATION AFTER TOOTH EXTRACTION.

Dr. Ansar Tursunov*
*Private Practise, Bishkek, Kyrgyzstan
Justification of the practical application of one-stage implants in case of atrophy of alveolar portion.

OSSEO-INTEGRATED IMPLANT TREATMENT OF A PATIENT WITH GENERALIZED AGGRESSIVE PERIODONTITIS. A CASE REPORT

Dt. Aysel Ufuk Şenol*, Prof. Dr. Elif Ünsal*
Dt. Seyedehshahrzad Ziaeioskoei*
* Ankara University, Faculty of Dentistry, Department of Periodontology
Many studies have demonstrated that partially edentulous subjects treated for generalized aggressive periodontitis can be rehabilitated successfully with osseointegrated implants¹. In this case we aimed full-mouth rehabilitation in this patient with generalized aggressive periodontitis. There was a large segmental defect at the right maxillary premolar site, so we decided to use guided bone regeneration at the same time the first and secondary premolars’ extraction prior to the placement of dental implants.

THE COMPREHENSIVE TREATMENT OF IMPLANT CASE USING THE “TEAM” APPROACH

A. Tayman*, E. Ünsal*, H. Terzioglu**, M. Cambazoğlu***
*Ankara University Faculty of Dentistry Department of Periodontology
**Ankara University Faculty of Dentistry Department of Prosthodontics
***Ankara University Faculty of Dentistry Department of Maxillofacial Surgery
Osseointegrated implants have become a valuable treatment option in oral prosthetic reconstruction. The interdisciplinary approach for implant treatment is demonstrated in the case presented. 42 year old healthy, non-smoking woman presented for restorative consultation regarding her failing maxillary dentition. Following preliminary intraoral examination, she was diagnosed as generalized chronic periodontitis with missing teeth 16, 15, 14, 13, 24, 25, 26. She was treated with bilateral sinus augmentation technique. An allograft material was applied to completely fill the compartment and the flap was placed over the graft material and sutured. The prosthetic phase was finalised by six implant supported porcelain fused to metal crowns and cemented by zinc phosphate cement.
Implant based dental rehabilitation technique has come to offer steadfast result hence it has become a cardinal entrenched therapy in order to restore missing natural teeth in regular clinical practice. Peri-implantitis - an infectious condition of the tissues around osseointegrated implants with loss of supporting bone and clinical signs of inflammation (bleeding and/or suppuration on probing) - has a prevalence on the order of 10% of implants and 20% of patients 5 to 10 years after implant placement. Periimplantitis is characterized as an inflammatory reaction that affects the hard and soft tissue, which results in loss of supporting bone and pocket formation surrounding the functioning osseointegrated implant. Various treatment modalities have been put forward for the treatment of peri-implantitis, which are summarized in two treatment methods, namely resective and regenerative therapies. An optimal objective of peri-implantitis management should be the eradication of the diseases (no bleeding on probing, no further bone loss) and formulation of hard and soft peri-implant tissue.

Despite technological advances in dentistry, anxiety about dental treatment and the fear of pain associated with dentistry remains globally widespread and is considered a major barrier to dental treatment. The aim of the study was to evaluate the socio-demographic features of a group of dentally anxious and fearful patients.
BONE AUGMENTATION WITH MINERALIZED PLASMATIC MATRIX (MPM) IN AESTHETIC REGION AND PROSTHETIC REHABILITATION

**PP 08**

Burcu Batak*, Ayşe Tayman**, Nilsun Bağış**
* Ankara University Faculty of Dentistry, Department of Prosthodontics
** Ankara University Faculty of Dentistry Department of Periodontology

Indication of tooth extraction due to trauma, it is necessary for the maintenance of healthy prosthodontic treatment because of advanced bone resorption pre-prosthetic rehabilitation, the region must be carefully evaluated about hard / soft tissue need for augmentation. After tooth extraction, the natural healing process of socket can be difficult to ensure the desired defect filling and morphology. For this purpose, patients should be approached multidisciplinary and pre-prosthetic surgical needs must be completed especially in the aesthetic region to achieve a desired soft tissue contour. Because of the increased loss of gingival tissue, successful gingival contour treatment can be achieved with prosthetic approaches. In this case report, depending on the traumatic occlusion in central incisor which has several mobility and bone loss were found in patient. After tooth extraction, to ensure appropriate bone morphology for implant placement, bone augmentation with mineralized plasmatic matrix was applied. Application of mineralized plasmatic matrix is preferred in order to provide faster regeneration using growth factors. After the augmentation procedures to provide optimal aesthetic, a standart abutment was used and cemented implant supported porcelain fused to metal crown was fabricated.

FULL MOUTH REHABILITATION WITH IMPLANT SUPPORTED FIXED PROSTHESIS: A CASE REPORT

**PP 09**

Bünyamin Çalışan DDS*, Hüseyin Burak Kutlu DDS, PhD*
* Department of Periodontology, Faculty of Dentistry, Hacettepe University, Ankara, Turkey

Chronic advanced periodontitis can result in severe loss of periodontium, which is often associated with systemic conditions. Restoring the oral function and esthetics in these patients becomes a challenge. A 42-year-old male presented to the Hacettepe University Dental Faculty Periodontology Department. Clinically, almost all of his remaining teeth appeared to have second to third degree mobility. A treatment plan was constructed including removal of all his remaining teeth, implant placement, and fixed implant-supported prostheses. Two separate surgeries were planned including removal of his natural teeth; and placement of dental implants. Between two surgeries 3 weeks were waited for soft tissue healing 8 maxillary and 6 mandibular titanium implant (Adin, Israel) were inserted according to manufacturer’s recommendations. Maxillary and mandibular metal frameworks were fabricated, later ceramic build up was done and final prosthesis was fabricated and checked in oral cavity and final cementation was done. Oral hygiene instructions were also provided to the patient.
REHABILITATION OF MALPOSED IMPLANTS WITH CUSTOM DESIGN ABUTMENTS: A CASE REPORT

PP 10

Caner Öztürk*
* Ankara University Faculty of Dentistry Department of Prosthodontics

Osseointegrated dental implants has been proven as successful treatment method for edentulism. Although long term succes of implant-supported fixed prostheses, they still prone to mechanical and biological complications. Malposed or faulty placed implants are the risk factors for the long term biomechanical and esthetic results and it is a challenge for the clinicians. This case report describes prosthetic rehabilitation of full-arch restoration with malposed implant-supported fixed prostheses and tooth supported fixed prosthesis which includes custom design casting abutments. Case report: A 55-year-old man referred to the Department of Prosthodontics, Faculty of Dentistry, Ankara University (Ankara, Türkiye) with chief complaint of esthetic and function of his full-arch implant and tooth supported fixed prosthesis. After clinical and radiographic examinations, implants which placed anterior region (12,13 and 22) were placed malposed and angulated. It was acquired that position of anterior implants were too malposed and angulated to compensate with standard abutments so two custom abutments for anterior implants fabricated with casting technique. Conclusion: Custom abutments significantly offsets unsuitable implant position and have better aesthetic and functional results. No technical or biological complications were observed during the clinical and radiographical follow-up period.

IMPLANT SUPPORTED FIXED PROTHESIS WITH MESIAL CANTILEVER: A CASE REPORT - 9 YEAR FOLLOW UP

PP 11

A.Cavidan Akören*, Serpil Altundoğan*, Bora Akat*, Necati Eres*
* Ankara University Faculty of Dentistry

The purpose of this case report was to evaluate the survival rate of short-span implant supported mesial cantilevered fixed partial denture after an observation period of 9 years. 38 years old woman was treated with two implant supported mesial cantilevered 3-unit fixed bridge after sinus lifting and grafting. A temporary removable partial denture was made after two months and at the end of 6 months, implant supported mesial cantilevered fixed bridges were cemented. Occlusion was arranged to get rid of heavy forces in this cantilever. There are two reasons not including the canine teeth in our restoration. First one is weakness of the bone support of canine, and the other is to get rid of the possible complications of the tooth-implant connection. Although a lot of complications may be expected to associated with the cantilevered implant supported FPD’s, only decementation of FPD’s has been observed in this case. As a conclusion a short-span mesial cantilever did not give any harmful affect to both of the implants and bone in this case during 9 years. Instead of connecting mesial tooth-implant supports, mesial cantilever will be more favourable in the limitations of this case report, and on the other hand weak bone supported canine tooth was protected from undesirable destructive forces.
The benefits of dental implant material is doubtless. However microorganism existence should not be omitted. Especially because of the emergence profile of the abutment the tight connection between the soft tissue and the abutment surface may easily turn into a proper retentive area. The aim of this study was to assess the biofilm formation on different abutment types.

Biocompatible materials should not result in any undesired response from soft or hard tissues of surrounding. Cytotoxicity of implant materials have been evaluated in many studies, however the abutment which is directly in contact with soft tissue is usually neglected.

This clinical cases report is full mouth rehabilitation accompanied by orthodontic treatment. When a patient of Case I visited, she had spaces on the anterior area and wanted overall treatment. And she also complained loss of masticatory function because of several posterior missing teeth. We made the treatment plan for masticatory function recovery, occlusion, and appearance improvement. After the implant and orthodontic treatment, the patient had harmonious jaw relationship. Patient of Case II complained about bimaxillary protrusion, loss of masticatory function and crowding. After the implant and orthodontic treatment, her appearance has improved and had stable occlusion.
FULL MOUTH REHABILITATION WITH IMMEDIATE PLACEMENT OF DENTAL IMPLANTS.

PP 15

* Ph.D., Director, Withus Dental Clinic
**Director, Yonsei Bon Dental Clinic
***M.S.D. Director, Shinwoo Dental Clinic
****Director, Withus Dental Clinic

This clinical case is full mouth rehabilitation with immediate placement of implant into fresh extraction site. A patient visited to consult about overall dental treatment. The patient’s bite collapsed and periodontal condition was very poor. This case is treated with immediate placement of implant. After treatment, the patient had generally harmonious jaw relationship.

REHABILITATION OF ESTHETIC ZONE WITH SINGLE TOOTH IMPLANT AND DIRECT COMPOSITES: A 2-YEAR CLINICAL FOLLOW-UP

PP 16

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34 year aged female patient who was non smoker and did not show any systemic disease, during intraoral examination, necrosis and mobility at the right of central teeth because of trauma were observed. After the right central teeth extraction, the socket was grafted and the barrier was build with the use of titan membrane. After the healing period, the implant was placed and the width of mesio distal located in the right central restorative space was 1.5 times larger than left central teeth. Maryland bridge was used as the provisional restoration. Then, the esthetic expectations of patient were considered. After the healing cap placed, conventional impression transfer procedures were followed. Next, diagnostic cast was acquired and mock up was build by the technician. The confirmation of patient was taken with showing this restoration. C-Silicone was used as index material. With the help of this silicone index, the composite laminate restoration were build on the top of both right central and left lateral teeth, midline was arranged as harmonic to the face. The metal ceramic crown was cemented. After two years, the patient came to our clinic for control appointment. Clinical and radiographic evaluations were performed.
THE MANAGEMENT OF TWO-IMPLANT OVERDENTURE TREATMENT WITH CUSTOM-MADE BAR AND GOLD HOUSING

PP 17

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It is stated that two-implant overdenture should be considered the first choice to treatment in the excessive bone resorption of edentulous mandible with lack of stability or retention by McGill consensus.1 Some of treatment options for two implant supported overdenture are locator, ball attachment, bar and telescoping crowns. The ideal distance between the implants is in the 14- to 16-mm range or B and D positions. However, implants placed too close to each other will result in reduced prosthesis stability during function.2 Therefore, one of treatment options which is custom-made bar overdenture with gold housing was selected for patient. This article described custom-made bar supported overdentures in prosthetic treatment of the edentulous mandible with two implants which are placed closely.

INSERTION OF DENTAL IMPLANTS WITH GUIDED BONE REGENERATION AND ENLARGEMENT OF MANDIBLE: A CASE REPORT

PP 18

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* Ankara University Faculty of Dentistry Department of Periodontology

Treatment planning for the placement of an implant in a site with a thin crestal ridge should address the probability that a buccal dehiscence will result. The aim of this case report was to perform guided bone regeneration (GBR) around implants with buccal dehiscences and evaluate the outcomes of using xenograft bone graft. Two Dentis implants, 3 mm in diameter, were placed in thin crestal ridges, resulting in covered implant surface with thin bone from the buccal aspect. A standard guided bone regeneration (GBR) technique was carried out to augment the bone defect around the buccal implant surface immediately after implant placement. After the surgical operation no complication was observed. The patient is at recovering duration.
ZIRCONIA BASED CERAMIC RESTORATION ON POSTERIOR REGION A CASE-REPORT

Ece Bildir*, Zekiye Begüm Özkıran*, Gizem Kılıç*
* Ankara University Faculty of Dentistry, Department of Prosthodontics, Ankara, TURKEY

Full-ceramic materials are being improved to satisfying patient’s esthetic demands. One of the most popular material is zirconia oxide that has both esthetic and mechanical properties. Zirconia based ceramic restorations can be preferred as treatment option of implant supported restoration because of their high flexural strength and fracture toughness. In this case, a 33-year old female patient referred to our clinic at Ankara University, Faculty of Dentistry for her dental treatment. 2 dental implants were placed, one of them at premolar region(25) and the other one at molar region(26). After the healing process the edentulous region is rehabilitated with implant supported zirconia based ceramic crowns. No technical or biological complications were observed during the clinical and radiographical 6 month follow-up period.

COMBINING THE ADVANTAGES OF SCREW- AND CEMENT- RETAINED PROSTHESIS: A NEW PERSPECTIVE FOR RESTORING IMPLANTS

Ece İrem Oğuz , Dds, Phd*; Seda Durualp, Dds* ; Zeynep Yeğin, Dds*
*Ankara University Faculty of Dentistry, Department of Prosthodontics, Ankara, TURKEY

Both cement- and screw- retained restorations are used for implant supported prostheses and each type of restoration has individual advantages and disadvantages.1 Screwed restorations can be retrieved for repair in case of complications, but the passive fit of the restoration is questionable. Furthermore, screwed restorations require complicated laboratory stages and are inclined to loosen because of the small retaining screws and the lower placement torque. On the other hand, with cement-retained prostheses, passive fit can be accomplished more easily, laboratory procedures are less complex. But they can’t be easily retrieved and excess cement could be difficult to clean, which can lead to persistent inflammation and even loss of the implant.
**HORIZONTAL AND VERTICAL SOFT TISSUE AUGMENTATION AROUND DENTAL IMPLANTS: A CASE REPORT**

**PP 21**

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*Hacettepe University Department of Periodontology  
Connective tissue graft (CTG) treatments are be used for esthetical purposes around dental implants such as vertical augmentation, horizontal augmentation etc.

**BONE RİNG GRAFT AUGMENTATİON AND IMPLANT PLACEMENT ON ONE STAGE**

**PP 22**

M.Emre Yurtutan*, Mine Alkaya**, Özün Karaahmetoğlu**  
*D, PhD Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery  
**DDS, Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery  
The severely defective socket, in which implant placement with in the remaining bone will result in a significantly off-axis implant position, precludes immediate implant placement and requires bone grafting as an initial surgical intervention. A wide selection of methods are applied with purpose of bone augmentation for implant treatment. A 6 month period of recovery is needed for bone and graft substitution after the process of bone reconstruction used when there is insufficiency of vertical and/or horizontal ridge. The aims of this study were to evaluate autogenous chin bone ring consolidation after the augmentation of severely defective socket and the clinical application of these rings in molar region with simultaneous implant placement in a one-stage procedure.

**CORRECTING IMPLANT ANGULATIONS USING NEW STERN SNAP ANGLED ATTACHMENTS IN AN IMPLANT OVERDENTURE SITUATION.**

**PP 23**

Georgina ElGhoul, DDS, Periodontist*  
* Lebanese University; School of Dentistry  
The objective of this poster presentation is to present a simple, cost-effective technique to achieve enhance retention and stability of the overdenture prosthesis on non-parallel implants utilizing a new attachment Stern Snap Angled attachment. A case report is presented that illustrates the use of a new 2-piece Stern Snap Angled overdenture abutment to accommodate non-parallel implants.
FLAPLESS IMPLANT SURGERY ON MAXILLARY PREMOLAR: A CASE REPORT

PP 24

Hava Zakin*, Güliz Emul Aktas**, Hüseyin Gencay Keceli*
*Hacettepe University, Faculty of Dentistry, Periodontology Department, Ankara, Turkey
**Hacettepe University, Faculty of Dentistry, Prosthesis Department, Ankara, Turkey

Flapless surgery has been initiative to shorten the healing period and to allow earlier use of dentures. With the development of flapless implant protocols, it has increased orientations to invasive approach. To avoid the incision and suture causes the patient to feel less pain. In addition, rapid mucosal healing, shallow gingival sulcus, allows for less bone loss and increased implant stability.

CLINICAL IMPLEMENTATION OF GUIDE WHEEL

PP 25

Hwang, Dong-Hwan*
*D.D.S., M.S.D., Ph.D., Director, The Yonsei Well Dental Clinic

The crown follows fixture, fixture follows final drill, and final drill follows initial drill. Generally, the position and angle of crown is determined by initial drill though the chance to change would be allowed later. If there is something to make surgery easy, comfort, and precise, it will be benefit to surgeon, consequently to patient. Among those tools, Guide wheel has variety of merit differently than surgical guide system. The purpose of this study is to introduce 3 cases using Guide Wheel.

TREATMENT OF PARESTHESIA AFTER IMPLANT PLACEMENT WITH LOW LEVEL LASER THERAPY

PP 26

İlkim Karadağ*, Canan Önder*, İrem Karadağ**
*Ankara University Faculty Of Dentistry Department Of Periodontology
**Gazi University Faculty Of Dentistry Department of Prosthodontics

Low-level laser treatment has been advocated as a possible treatment for patients with paresthesia. An objectively verified improvement in sensory function is relevant if, at the same time, it is perceived as a subjective improvement by the patient. The aim of this case report was to see if low-level laser treatment with a GaAlAs laser resulted in sensory function and whether this correlated with the patient’s subjective evaluation subsequent to treatment.
**GUIDED BONE REGENERATION AND IMPLANT PLACEMENT OUTCOME FOLLOWING RESECTION OF A COMPLEX MANDIBULAR ODONTOME.**

**PP 27**

Dr. Irfan Qureshi*
*Assistant Professor, Prosthodontics and Implantology, Sirsyed College of Medical Sciences for Girls, Karachi, Pakistan

A 36 year old female presented with missing lower right first molar asking for a replacement. Panoramic xray revealed a bony lesion in the area of the missing tooth which was not a broken down root. After detailed discussion, tooth replacement with a dental implant was decided.

**SIMPLE IMPLANT INSTALLATION WITH SIMPLE GUIDE**

**PP 28**

Joo, Sangdon, DDS, PhD*
*Co-Director, Daegu Ye Dental clinic

There are lots of concerns about Implant surgery in each position of patients and dentists. Guide surgery is chosen as a best solution. Dentis Guide system have several benefits. First surgical kit is simple, second is open sleeve which is helping easy approach, third thing is low cost need to make surgical guide. In this poster I present cases using Dentis simple guide.

**SIMPLE IMPLANT INSTALLATION WITH SIMPLE GUIDE**

**PP 29**

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THE USE OF BONE-GRAFTING MATERIAL AND AUTOGENOUS BONE DURING PLACEMENT OF DENTAL IMPLANTS.

PP 30

Kamiran Asratov*
*Kyrgyz Russian Slavonik University named after B.N.Eltsin

Provide a clinical assessment of combined using of bone-grafting material with autogenous bone in dimension and extension in alveolar process during dental implantation.

ONE MOMENT PLACEMENT OF DENTAL IMPLANT AFTER EXTRACTION OF TOOTH

PP 31

*Kyrgyz-Russian Slavonik University named by B.N.Eltsin

The stages of placement of dental implants. Before the operation it should be conducted the clinic-x-ray exam, condition of mouth, assessment of bone structure, and density of bone, examine of the oral mucosa, assessment of alveolar process assessment of hard tissue of the tooth, and periapical.

THE REDUCTION OF TIME OF OSTEOINTEGRATION OF DENTAL IMPLANTS USING BIORESORBABLE MEMBRANE TREATED WITH NANOSULITONS OF SILVER.

PP 32

Dr. Magamed Aliev*
*Dental clinic of Dr.Nuriitdinov, Kyrgyzstan, Bishek

Under our observation were 10 patients, we shared them on two groups for five patients in each group. In the 1-st group implants were placed without bioresorbable membrane, and in the 2-nd group implant were placed with using bioresorbable membrane.
AN ALTERNATIVE IMPLANT IMPRESSION TECHNIQUE WITH LIMITED INTEROCCLUSAL SPACE: CLOSED-TRAY IMPRESSION POSTS FOR OPEN-TRAY IMPRESSION TECHNIQUE

Mehmet Ali Kılıçarslan*, Okan Yücel*, Ayben Bayrak*, Zeynep Ekici*
* Ankara University Faculty of Dentistry, Department of Prosthodontics

Accurate impression is a main requirement for obtaining passive fit of restorations. Two different impression techniques are used in implant prosthodontics: open-tray and close-tray. In the literature, there is no unanimous consent about which impression technique is more accurate for transferring the implants from mouth to the laboratory. Several studies suggest that the open-tray technique leads to better results than the indirect one. Open-tray impression posts are longer than closed-tray impression posts so it is hard to have correct impression at patients that have limited vertical space. This case report is an alternative technique in using closed-tray impression posts for open-tray impression technique at a patient that have limited interocclusal vertical space. After osseointegration, 7 implants examined in edentulous maxilla; open-tray impression technique should be used due to angulation and number of implants. First impression is taken with alginate material to make a model when gingival formers are on implants. Individual open-tray is made from this model to splint impression post onto tray. Light-cured UDMA material is used for making tray. Closed-tray impression posts are inserted and impression is taken with polyether impression material. Impression posts are splinted to tray with light-cured UDMA. Tray is removed from mouth and a model is prepared. Metal-porcelain restorations are prepared conventionally. This case report shows a modified technique that mix two impression types. This technique can lead to new studies and clinical trials. Further investigations are needed for this technique.

FLAPLESS, IMMEDIATE IMPLANT PLACEMENT: A CASE REPORT

Ozgur Mehmet DDS*, Sahin Ozge DDS**, Keçeli G. DDS, PhD*
* Hacettepe University, Faculty of Dentistry, Department of Periodontology
**Private Practice, Ankara, Turkey

Immediate implant placement is considered a viable treatment option for replacement of hopeless teeth when established clinical guidelines are followed. A female patient who was 26-years old, came to our clinic with an apical lesion on the maxillary right second premolar. According to the clinical and radiographic evaluations tooth extraction was planned and immediate dental implantation was choosen as a treatment option. After atraumatic extraction, an implant was immediately placed in the osteotomy site and primary stability of the implant was good. Patient was recalled for follow-up appointments. After 3 months of healing period, healing caps were placed. Then, implant supported cemented crown was fabricated. There was no evidence of bone loss or inflammation around implant and implant was functional. Clinic and radiographic controls were made at 6 months. No complications were observed.
Free gingival graft (FGG) is one of the mucogingival surgical techniques, aimed at increasing keratinized gingiva width (KGW). It is commonly used in both root coverage procedures and profilactic surgical treatments. In edentulous areas, FGG is often used prior to advanced Surgical procedures such as block graft applications. However, the presence of KGW around dental implants is not universally agreed upon. Some authors believe it is essential for maintenance, while others do not. Lack of KGW around dental implants can present difficulties for prosthetic applications and oral hygiene procedures.

Implant planning of the maxillary edentulous patients is one of the most crucial cases in implant dentistry. Accurately, a maxillary implant reconstruction is more involved due to the impact on appearance of maxillary lip support, lip line, lip and facial support needs, interocclusal space, jaw classification and the gingival and tooth display. In this case report, a modified prosthetic solution of a patient’s wrong-planned implant was described. After the patient was referred to the department of prosthodontics for implant supported overdenture, the prosthesis type of the patient was changed to hybrid because of inadequate interarch space.

Alveolar ridges in the posterior maxilla are often compromised by reduced bone volume. This anatomic condition often limits dental implant placement, mostly because of limited vertical bone availability without prior or simultaneous sinus augmentation. The lateral window approach to maxillary sinus augmentation is a well-accepted treatment option in implant dentistry.

Free gingival graft (FGG) is one of the mucogingival surgical techniques, aiming to increase keratinized gingiva width (KGW). At routine procedures, FGG is used for both root coverage and profilactic surgical treatments. In addition to edentulous procedures, FGG is preferred for preparing the area before advanced surgeries such as block graft applications. Few authors believe that the presence of KGW around dental implants is essential for maintenance, whereas others disagree. According to our knowledge, lack of KGW around dental implants can present difficulties for prosthetic applications and oral hygiene procedures.
ORAL REHABILITATION OF PATHOLOGICALLY MIGRATED ANTERIOR TEETH IN PATIENT WITH MODERATE TO SEVERE PERIODONTITIS BY USING DENTAL IMPLANTS AND FIXED RESTORATIONS: A CASE REPORT.

Cordanoglu N.*, Tuncer B.*, Muhtarogullari M.*
* Hacettepe University Department of Prosthodontics

One aspect of esthetic dentistry that seems to be overlooked is the problem of pathologic tooth migration related to periodontal disease. We aimed to present comprehensive treatment planning of a case based on radiographical and clinical findings. A 65-year-old male, non-smoking patient, was referred to our department with the main complaint of esthetic and functional problems due to diastema and missing teeth. He was systemically healthy. According to dental history, he had applied to another clinic metal ceramic crown and bridges has been performed to the maxillary and mandibular teeth. He had complained of diastemas between anterior teeth, gingival bleeding, mobility, pain and missing teeth. After the clinical and radiographical examination inadequate oral hygiene and advanced generalized bone loss were detected. The clinical and radiographical evaluation revealed with the diagnosis of moderate to severe periodontitis. After the periodontal treatment the implant surgery was planned. Dental implants were placed at sites of teeth # 16 and 37. Prosthetic rehabilitation for implants and natural teeth was completed after healing period. Splinted restorations were preferred for anterior teeth because of periodontal bone loss. The final treatment provided significant improvement in esthetic and fonetic and function.

AN ALTERNATIVE METHOD FOR PROSTHETIC REHABILITATION OF IMPLANT SUPPORTED CEMENTED SINGLE CROWN RESTORATIONS: A CASE REPORT.

Pelin Atalay*, Fehmi Gönüldaş**
*DDs, **DDs, PhD

Department of Prosthodontics, Faculty of Dentistry, University of Ankara, ANKARA, TURKEY

Use of dental implants to replace missing teeth is a widely accepted treatment modality with a high success rate.1 However, late failures could be seen generally depends on periimplantitis.2,3 The purpose of this clinical report is to describe a new method to reduce the risk of periimplantitis by modifying the gingival margin of the abutment which could facilitate cleaning of abutment-crown connection after cementation. This technique can also provide to create an emergence profile, allows to take impressions abutment level which eliminates bacterial contamination arising from the transfer of abutment between plaster model and mouth during the treatment procedure, arrange the pathway and increase the cementation surface area to prevent decementation of implant supported fixed crown restorations.
REHABILITATION OF PARTIAL EDENTULOUS PATIENTS WITH DENTAL IMPLANT APPLICATION

PP 40

Rahme Barbaros*, Nilsun Bağış*, Hakan Terzioğlu**
* Ankara University Faculty of Dentistry, Department of Periodontology
** Ankara University Faculty of Dentistry Department of Prosthodontics

Although there are different prosthetic treatment methods for edentulous and partial edentulous patients, there can be some problems in patients' satisfaction and prosthetic adaptation level. Sometimes, even a well designed optimal prosthesis is not sufficient for solving the problem. For this reason, conventional prosthetic methods are abandoned and implant treatment methods are more preferred. Removable prosthesis applied to patients with long toothless space may cause problems in function, phonation and aesthetics. Decreasing the patient discomfort and thus increasing patients' satisfaction may be possible by using fixed prosthesis with dental implant application instead of removable appliances. Dental implants are used for restoration of the extracted teeth places. These applications prevent the bone from resorption and they fit in the jawbone. Initially implants were used only in edentulous patients. At the present time, we use dental implant applications as an alternative for many treatment methods in different conditions. Patient expectations should be taken into consideration while trying to make treatment planning. Most patients preferred fixed prosthesis than removable ones because of their convenience. Nowadays many implant systems are available and they have been applying successfully. In this report, dental implant and fixed prosthesis planning has been described in partial edentulous patient.

ALVEOLAR RIDGE SPLIT TECHNIQUE WITH TWO SURGICAL PROCEDURE FOR IMPLANT PLACEMENT

PP 41

*DDS, Ankara University, Faculty of Dentistry, Department of Oral and Maxillofacial Surgery
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***DDS, Ankara University, Faculty of Dentistry, Department of Prosthodontics

Ridge splitting for root-form implant placement was advocated by Dr. Hilt Tatum in 1970. Ridge splitting techniques are useful for managing narrow edentulous ridge (>3.5 mm) for implant placement with predictable outcome in maxilla than in mandible. A proper case selection and evaluation is important to achieving a successful surgical and prosthetic outcome. In this case report we describe a case of horizontal ridge augmentation using ridge split and implant placement after 5 weeks.
**THE DECREASE OF THE TIME OF REGENERATION OF BONE TISSUE OF MAXILLARY BONES USING BONE-PLASTIC MATERIALS AND NANOSOLUTIONS OF SILVER.**

**PP 42**

Dr. Rustam Nuritdinov*, Dr. Bulat Nuritdinov*
*Kyrgyzstan, Bishkek

The problem of bone tissue atrophy after dental extraction is one of the important questions in modern dentistry, as considerable atrophy jaw bone tissue makes impossible to carry out intraosseal implantation. The use of bone-plastic sponge well by nitrogen acid silver stimulated the regeneration of jaw bone tissue and can be used during dental implantation stage.

**PROSTHETIC REHABILITATION OF HEMI-MANDIBULAR DEFECT: A CASE REPORT**

**PP 43**

Dr. Ahmet Serkan Oruç*
*Private Clinician

The mandible is a key structure both in the pathology of intra-oral tumours and their surgical understanding. Management of tumours that involve or about the mandible requires specific understanding of the pattern of spread and routes of tumour invasion into the mandible. This facilitates the employment of mandibular sparing approaches like marginal mandibulectomy and mandibulotomy, as opposed to segmental or hemimandibulectomy which causes severe functional problems, as the mandibular continuity is lost. Prosthetic management of the patient who has a partially resected mandible is one of the most challenging procedures confronting the maxillofacial prosthodontist.

**TWO-STAGE DENTAL IMPLANTATION**

**PP 44**

Shamil' Aliev*
*Kyrgyz-Russian Slavonik University named by B.N.Eltsin, Kyrgyzstan, Bishkek

The implant is placed in the first stage of implantation, then in the second stage after its successful survival, the abutment is placed, which is an intermediary between the implant and the future dental prosthesis.
Presentations

Poster PP 42

Şule Nur Macit*, Deniz Yılmaz*, Hakan Ünsal*
*Ankara University Faculty of Dentistry, Department of Prosthodontics, Ankara, TURKEY

Several treatment options are available for partial edentulism. Implant-supported prosthesis are considered to be a predictable treatment option to replace single and multiple missing teeth but the choice between screw-retained and cemented implant supported prostheses remains highly comparable, while each method has advantages and disadvantages. Screw-retained prostheses have been used successfully in edentulous patients because of their retrievability and practicality when the position of the implant allows. This case report represents the screw-retained custom abutment and crown for implants to avoid the decementation problems. A 61-year-old woman whose mandibular first and second molars (46, 47) are missing, have referred to our clinic. After a complete radiological and clinical examination, the patient was treated with two implants, using screw-retained Co-Cr custom abutments. After all adjustments of the frameworks, porcelain was fused directly to the Co-Cr custom abutments. In order to verify the seating of crown to the implant body, a periapical radiograph was taken after the treatment was completed. No technical or biological complications were observed during the clinical and radiographical follow-up period.

Poster PP 45

Simel Ayyıldız*, Cem Şahin**, Serkan Görgülü***
*Assoc. Prof., Dep. Prosthodontics, Gülhane Military Medical Academy, Ankara
**Assoc. Prof., School of Health Vocational, Hacettepe University, Ankara
***Assoc. Prof., Dep. Orthodontics, Gülhane Military Medical Academy, Ankara

The aim of this case report was to present the multidisciplinary rehabilitation of a patient who had maxillary overerupted molar teeth and unilateral mandibular edentulism in molar region.

Poster PP 46

Şule Nur Macit*, Deniz Yılmaz*, Hakan Ünsal*
*Ankara University Faculty of Dentistry, Department of Prosthodontics, Ankara, TURKEY

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Arteriovenous malformations (AVMs) of the mandible are rarely encountered in clinical practice. Nevertheless, it is essential that dentists, oral surgeons and radiologists are able to recognise these lesions because of their potentially life-threatening complication. Arteriovenous malformations of the mandible may present with pulsatile tinnitus, pain, a bruit, loosening of teeth, or intraoral or facial deformation or discoloration. Lesions in the mandible are potentially dangerous, as a biopsy or even a simple tooth extraction, dental implant surgery can cause a catastrophic haemorrhage that may even lead to death. Arteriovenous malformations are rare and difficult to detect on radiographs. So the clinician’s knowledge and experience is very important in this case. In the mandible and maxilla, the lesion produces a poorly defined, radiolucent image, often having the appearance of a honeycomb or soap bubbles, with small rounded and irregular lacunae. Root resorption has been observed, creating an appearance of teeth floating in the adjacent alveolar osseous erosion. CT scanning and magnetic resonance imaging and panoramic images help mostly to clarify the extent of the lesion, bone erosion and the involvement of major vessels. Detection of AVMs is important during the implantation treatment applications. After an implant that can be done in the area of the AV Malformation can not stop the bleeding be encountered, it creates a serious risk to patients and physicians. This is important because from complications, clinician should always consider the possibility of malformation and is required to determine the clinical and radiological signs for the appropriate implant treatment planning.

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Therapy with dental implants is being used on a large scale to replace missing teeth and to rehabilitate edentulous patients with overdentures and implant supported fixed dentures as a method of solving the problems of removable prostheses. They overcome providing functional and psychological advantages for the patients.
The prosthetic treatment of patients with an edentulous maxilla opposing mandibular natural teeth is one of the most challenging endeavors that face clinicians. Occlusal forces from the opposing natural teeth may cause fractures in the maxillary prosthesis and also result in advanced bone loss of the edentulous maxilla. When restoring the edentulous maxilla with implants one of the major decisions to make is often whether the patient should be restored with a fixed or removable prosthesis. The number of implants to be placed depends on quality of bone, anticipated force and arch form. The reduced quantity and quality of bone in the maxilla together with increased aesthetic demands makes treatment planning more complex.

Implant-supported hybrid prosthesis is an alternative method of fabricating fixed prosthesis in situations of crown height space of 15 mm or greater. Technically, the hybrid prosthesis is dental prosthesis that is composed of different materials, types of denture teeth, acrylic resin, differing metals or designs. However, it is also a removable denture. If it necessary clinicians could unscrew and remove prosthesis for maintenance or repairing. This type of prosthesis four to six implants, or more, implants to support it. The fixed aspect of the hybrid prosthesis is attractive to some patients who do not like the thought of anything removable. 57 years old maxillary edentulous male patient referred to our clinic with implant-supported fixed restoration request. Before the implant rehabilitation clinical and radiographical evaluations were made and interalveolar relationship, lip and soft tissue supporting requirements were determined. The intra-arch dimension was excessive (>15 mm) and an insufficient peri-oral soft tissue support was observed. Than decided that an implant-supported hybrid prosthesis which is an acrylic resin complete fixed dental prosthesis might be a solution for providing esthetics, function, lip support. For this reason maxilla was restored with 6 implants. After healing period implant-supported hybrid prostheses were successfully performed. This case report presents the fabrication of maxillary implant supported hybrid prosthesis.
The extraction of multiple teeth results in the size of the edentulous ridge, which varies for individuals. Following the loss of tooth severe hard and soft tissue alterations may take place. The amount of horizontal bone loss is greatest and occurs more frequently buccal side of the ridge. This resorption results in narrower ridges with reduced vertical height. Regenerative techniques have been widely tested in various materials and clinical approaches; bone grafting alone, including autografts, allografts, xenografts and alloplasts; membrane alone, whether absorbable or not; and membrane in conjunction with grafting. Soft tissue deformity was corrected resulting in significant soft tissue volume increase and eliminated the need for prosthetic gingival replacement. In aesthetic areas, any minimal alteration of soft tissue compromise the final result.
WELCOME

8th Annual International Symposium of Advanced Protocols in Oral Implantology

May 19-22
2016

Symposium Programme
First Day / May 19, 2016

09.00  Arrival
09.00 - 20.30  Free Time

21.00  Turkish Night Entertainment

Poster Presenters Are Kindly Requested To Check Their Posters In The Conference Hall
# Programme

**Second Day / May 20, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>09.30 - 10.15</td>
<td><strong>New Strategies to Preventing Crestal Bone Loss and Peri-implantitis</strong>&lt;br&gt;Dr. Sreenivas Koka&lt;br&gt;Conference Hall</td>
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<tr>
<td>10.15 - 11.00</td>
<td><strong>Tilted Implants. Yes or No? How Many?</strong>&lt;br&gt;Dr. Roman Smucler &amp; Petr Barták&lt;br&gt;Conference Hall</td>
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<td>11.00 - 11.30</td>
<td><strong>Coffee Break</strong></td>
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<tr>
<td>11.30 - 12.15</td>
<td><strong>Modern Methods and Techniques of Evaluation and Treatment in Implant-prosthetic Rehabilitation</strong>&lt;br&gt;Dr. Norina Forna&lt;br&gt;Conference Hall</td>
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<td>12.15 - 13.30</td>
<td><strong>Lunch Break</strong></td>
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<td>13.30 - 16.00</td>
<td><strong>Free Time</strong></td>
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<tr>
<td>16.00 - 17.00</td>
<td><strong>Roundtable Discussion</strong>&lt;br&gt;Main Hall</td>
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<tr>
<td>16.00 - 17.00</td>
<td><strong>Simple Guided Surgery</strong>&lt;br&gt;Dr. Amr Hosny Elkhadem&lt;br&gt;Workshop1</td>
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<tr>
<td>16.00 - 17.00</td>
<td><strong>Sandwich Technique</strong>&lt;br&gt;Dr. Nejat Arpak&lt;br&gt;Workshop2</td>
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<td>16.00 - 17.00</td>
<td><strong>Begginers Workshop</strong>&lt;br&gt;Dr. Ayşegül Mine Tüzüner Öncül&lt;br&gt;Workshop3</td>
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<tr>
<td>21.00 - 23.30</td>
<td><strong>Beach Party</strong>&lt;br&gt;Papillon Pier</td>
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## Programme
### Third Day / May 21, 2016

<table>
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<tr>
<th>Time</th>
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| 09.00 - 09.45 | Elif Ünsal, DDS, PhD Şenay Canay, DDS, PhD  
I want the life  
Dr. Ozanser Uğurlu  
Conference Hall |
| 09.45 - 10.30 | Nejat Arpak, DDS, PhD Pelin Özkan, DDS, PhD  
Do Dental Implants Have a Healing Spectrum?  
Dr. Brian Fitzpatrick  
Conference Hall |
| 10.30 - 11.00 | Coffee Break |
| 11.00 - 11.45 | Nejat Arpak, DDS, PhD Pelin Özkan, DDS, PhD  
Ridge Preservation Bone Graft (RPBG) A Simple Technique to Make Your Implant Surgery Easier  
Dr. Jone Kim  
Conference Hall |
| 11.45 - 12.30 | Sinus Floor Augmentation. The Influences of Examinations, Treatment Options and Follow-up on Successful Results  
Dr. Jabbar Hasanov  
Conference Hall |
| 12.30 - 13.30 | Lunch Break |
| 13.30 - 16.00 | Free Time  
Poster Presentations Session  
Foyer |
| 16.00 - 17.00 | Simple Guided Surgery  
Dr. Amr Hosny Elkhadem  
Workshop 1 |
| 16.00 - 17.00 | Sinus Lifting  
Dr. Tolga Tözüm  
Workshop 2 |
| 16.00 - 18.00 | Overdenture Systems  
Dr. Tony Daher  
Workshop 3 |
| 21.00 | Gala Entertainment |

The aim of this questionnaire is to obtain feedback regarding the symposium programme, and information as to how Pieg can constantly improve it. Kindly fill your personal details. This will not be used other than statistic information.

Name: ....................................................................... E-mail: .......................................................................
Please classify the questions below between 1- (poor) to 5 - (excellent).

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You are required to hand in the questionnaire in order to deliver your certificate.
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