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ABSTRACTS of EuroPerio11

Journal of Clinical Periodontology

Official journal of the
European Federation of Periodontology

Founded by the British, Dutch, French, German,
Scandinavian and Swiss Societies of Periodontology

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Aim and Scope

The aim of the *Journal of Clinical Periodontology* is to provide a platform for exchange of scientific and clinical progress in the field of periodontology and allied disciplines, and to do so at the highest possible level. The Journal also aims to facilitate the application of new scientific knowledge to the daily practice of the concerned disciplines and addresses both practicing clinicians and members of the academic community. The Journal is the official publication of the European Federation of Periodontology but serves an international audience by publishing contributions of high scientific merit in the fields of periodontology and implant dentistry. The journal accepts a broad spectrum of original work characterized as clinical or preclinical, basic or translational, as well as authoritative reviews, and proceedings of important scientific workshops. The journal's scope encompasses the physiology and pathology of the periodontal and peri-implant tissues, the biology and the modulation of periodontal and peri-implant tissue healing and regeneration, the diagnosis, etiology, epidemiology, prevention and therapy of periodontal and peri-implant diseases and conditions, the association of periodontal infection/inflammation and general health, and the clinical aspects of oral rehabilitation using dental implants, including hard and soft tissue reconstructive therapies.

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Supplement Article

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Methods: The planning utilized BlueSky Plan software, and the surgical protocol was fully guided. Following atraumatic tooth extraction, an immediate conical implant with an internal connection was inserted, coupled with a connective tissue graft and collagen membrane. The remaining space was filled with biomaterial, and an immediate esthetic provisional restoration was placed. Clinical assessment of bone and soft tissues involved initial, post-surgical and one-year CBCT scans, with STL file overlays enabling detailed analysis of volumetric changes in peri-implant soft and hard tissues after one year.
Results: After one year, results demonstrated preservation of the buccal wall integrity, absence of dehiscence and stable peri-implant soft tissue, alongside high patient satisfaction and comfort levels.
Conclusions: These findings indicate that immediate implants in alveolus with buccal bone defects can be a predictable and reliable technique, comparable in stability and esthetic outcomes to Elian type 1 situations. This approach, therefore, offers a viable treatment option in challenging esthetic cases, supporting both functional and esthetic maintenance over the long term.

PR495 | Various Implant Site Preparation Techniques Effect on Dental Implants Primary Stability in Low Density Bone: Comparative Randomized Controlled Ex Vivo Animal Study

E. Levonian[1], V. Badalyan[1,2], L. Nadzharyan[2], A. Beglaryan[1], D. Zinovyeva[1], A. Posessor[2], R. Markaryan[1]
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Background & Aim: A great deal of attention in implantation planning is given to the bone tissue type. It has been determined that implantation in low-density bone is associated with difficulty in achieving high values of primary stability, which directly affects the success of osseointegration. The presented study is aimed to determine the relationship between the various implant site preparation methods and implant primary stability indicators in low-density bone, and causes difficulties for clinicians to perform immediate loading.
Methods: A total of 64 implants were placed using four osteotomy techniques: (1) standard drilling according to manufacturer's recommendations; (2) undersized preparation technique; (3) standard drilling using a conical condensing drill in 'counter-clockwise' mode; (4) osseodensification technique using Densah burs. Implant site formation techniques were determined by random assignment. Conical implants 3.5 mm in diameter and 11 mm in length were used in the study. Insertion torque (IT) and implant stability quotient (ISQ) values were measured in order to assess primary stability.
Results: The analysis of the results revealed the highest values of implant primary stability in the osseodensification group (mean IT = 33.4 N/cm SD 4.7; mean ISQ = 69.5 SD 2.8), while the lowest values were found in the group using the standard implant site preparation technique (mean IT = 11.56 N/cm SD 3.5; mean ISQ = 49.9 SD 3) ($p < 0.05$).
Conclusions: The obtained results allow us to consider osseodensification as a promising method for improving dental implant treatment effectiveness. However, both short-term and long-term in vivo studies with a larger sample size are required to obtain long-term results of a such dental implant rehabilitation method.

PR496 | Does Flapless Punch Surgery Increase the Thickness of the Peri-Implant Gingiva After Soft Tissue Healing? A Pilot Digital Superposition Study

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Background & Aim: Implant placement requires access to the alveolar bone through the gingiva. Two surgical protocols are commonly used: flap elevation and flapless punch. The flapless punch technique is less invasive, quicker, more patient-friendly, and easier to perform, while flap elevation may thicken peri-implant tissues around the healing abutment. This study aimed to assess the changes in gingival thickness around a healing abutment following implant placement using the flapless punch technique, using a novel digital superposition workflow to measure thickness changes at multiple sites (facial, oral, mesial, and distal).
Methods: Seventeen sites in 10 patients met the inclusion criteria. The MGUIDE sleeves were used to punch out a gingival plug, followed by osteotomy preparation with drills. Implants were placed with a cover screw, and the tissue plug was sutured back. After 6 months of submerged healing, a healing abutment was placed, and IOS#1 was captured four weeks later. Digital superposition of the initial and post-healing IOS scans allowed for measurement of gingival height (GH) at the abutment site.
Results: The average initial GH values were 2.79 mm (facial), 2.43 mm (oral), 2.88 mm (mesial), and 2.87 mm (distal). The GH gain/loss was +0.63 mm (facial), +0.38 mm (oral), −0.15 mm (mesial), and −0.18 mm (distal), with only the facial gain showing statistical significance ($p = 0.02$). The other changes were not significant (oral $p = 0.06$; mesial $p = 0.31$; distal $p = 0.29$). A moderate negative correlation was observed on the oral side ($r = -0.59$, $p = 0.01$).
Conclusions: This pilot study suggests that the flapless punch technique results in a slight gain in gingival height on the facial side, contrasting with findings from flap reflection procedures.

PR497 | The Effect of Soft Tissue Augmentation on Clinical Outcomes in Implants Placed in Healed Mandibular Sites With Thin (< 1.5 mm) Buccal Bone

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Medical Sciences, Oral Surgery, Skopje, The Republic of North Macedonia, [4]State University of Tetovo, Maxillofacial Surgery, Tetovo, The Republic of North Macedonia

Background & Aim: The long-term stability of osseointegrated dental implants is highly dependent on the anatomical condition of the hard and soft tissue, especially on the buccal side. The literature has so far suggested minimal buccal bone thickness of 2 mm for long-term implant stability. The aim of this prospective study was to evaluate the clinical outcomes of implants placed in healed implant sites in the lower jaw with buccal bone thinner than 1.5 mm after implant placement and simultaneously augmented merely with soft tissue graft.
Methods: Twenty-three soft- tissue level implants (TRI Octa, Tri, Swiss) were placed in healed mandibular implant sites following the principles of the mucogingival approach. All implant sites presented buccal bone width < 1.5 mm after implant placement. Hence the soft tissue at the buccal implant side was augmented with de-epithelized gingival graft from the palate in a bilaminar fashion, without any bone augmentation procedures. The evaluated clinical outcomes were bleeding and plaque scores, probing depth, marginal tissue recession and interproximal bone levels at one and two years post implant loading with screw-retained zirconia restorations.
Results: All implants were successfully osseointegrated. All implant sites presented low bleeding and plaque scores, physiological probing depths, absence of inter-proximal bone loss and no marginal tissue recession at the two short-term timepoints.
Conclusions: Implants may be clinically stable in an environment with buccal bone thinner than 1.5 mm provided that soft tissue is thick and healthy. The bilaminar soft tissue augmentation with mucogingival approach may a viable treatment option for providing implant stability in sites with thin buccal bone.

PR498 | The Effect of Superficial Palatal Connective Tissue Grafts on Bone Stabilisation in Split Bone Block Techniques

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Background & Aim: Background: The role of connective tissue grafts in bone stabilisation is of growing interest in periodontal and implant dentistry. Specifically, the superficial tissue from the posterior palate—with its dense collagen content and substantial lamina propria may offer unique properties that influence bone healing and stabilisation. Anecdotal evidence from free gingival grafts suggests that exostoses formation may occur when such tissues are placed on bone, hinting at a broader potential for inducing bone stability when applied in a surgical context.
Aim: This study evaluates the hypothesis that superficial connective tissue grafts from the posterior palate, when placed directly on bone, can stabilise grafted bone in procedures involving the split bone block technique.
Methods: Ten cases involving the use of connective tissue grafts derived from superficial posterior palate tissue (with the epithelium removed) were reviewed retrospectively. These grafts were placed directly on bone grafts performed using the split bone block technique, as described by Faoud Khoury. Outcomes were assessed based on bone resorption and remodelling metrics post-procedure, measured over a 12-month follow-up period.
Results: Unlike typical outcomes in bone grafting, where resorption and remodelling are common, all cases presented showed an absence of bone resorption, minimal Marginal bone loss and remodelling after 12 months following the application of the connective tissue graft. These findings suggest a unique influence of the grafted tissue on bone stability, potentially related to its cellular signalling properties and dense collagen matrix.
Conclusions: Superficial connective tissue grafts from the posterior palate, when applied directly on to naked bone at bone graft sites, may provide significant stabilisation benefits, mitigating the typical resorption and remodelling processes. These findings warrant further investigation into the signalling mechanisms and structural properties involved, potentially offering a novel approach to enhancing graft outcomes in periodontal and implant procedures.

PR499 | Material Choices for Socket Sealing Abutments in Immediate Implant Placement: A Systematic Review

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Background & Aim: The systematic review aims to evaluate the effectiveness of various sealing materials used in socket sealing abutments (SSAs) for immediate implant placement, focusing on outcomes such as horizontal and vertical alveolar dimensional changes and new bone formation.
Methods: A research was conducted using MESH terms as key words such as 'Dental Implants', 'Biocompatible Materials' and 'Bone Regeneration' and were combined forming different equations. Studies were sourced from databases such as MEDLINE (PubMed), Embase, Cochrane Central Register of Controlled Trials, and Scopus. Inclusion criteria focused on every type of study with only articles written in English. As for data extraction, primary outcomes included preservation of horizontal and vertical alveolar dimensions and the percentage of new bone formation within the socket. The review involved both qualitative and quantitative analyses of selected studies.
Results:

1. **Study Inclusion**:
   - The review synthesized findings from ten studies that evaluated the use of SSAs in immediate implant placements, particularly focusing on molar sites.

Journal Of Clinical Periodontology impact factor, indexing, ranking (2025)

Aim and Scope

The **Journal Of Clinical Periodontology** is a research journal that publishes research related to **Dentistry**. This journal is published by the **Blackwell Munksgaard.** The ISSN of this journal is **1600051X, 03036979**. Based on the Scopus data, the **SCImago Journal Rank (SJR)** of journal of clinical periodontology is **2.407**.

Also, please check the following important details about journal of clinical periodontology: Publisher, ISSN, Ranking, Indexing, Impact Factor (if applicable), Publication fee (APC), Review Time, and Acceptance Rate.

According to Clarivate's JCR, journals indexed in SCIE/SSCI have an impact factor.

Journal Of Clinical Periodontology Ranking

Impact Factor: 5.8 **5-Year JIF:** 9.9 **SJR (SCImago Journal Rank):** 2.407 **Quartile:** Q1

The latest Impact Factor list (JCR) was released in June 2024.

The Impact Factor of Journal Of Clinical Periodontology is 5.8.

The impact factor (IF) is a measure of the frequency with which the average article in a journal has been cited in a particular year. It is used to measure the importance or rank of a journal by calculating the times its articles are cited.

The impact factor was devised by Eugene Garfield, the founder of the Institute for Scientific Information (ISI) in Philadelphia. Impact factors began to be calculated yearly starting from 1975 for journals listed in the Journal Citation Reports (JCR). ISI was acquired by Thomson Scientific & Healthcare in 1992, and became known as Thomson ISI. In 2018, Thomson-Reuters spun off and sold ISI to Onex Corporation and Baring Private Equity Asia. They founded a new corporation, Clarivate, which is now the publisher of the JCR.

Important Metrics

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SJR:	2.407
Quartile:	Periodontics (Q1)

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- **PubMed**
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Journal Of Clinical Periodontology Impact Factor 2025

The latest impact factor of journal of clinical periodontology is **5.8** which was recently updated in June, 2024.

The impact factor (IF) is a measure of the frequency with which the average article in a journal has been cited in a particular year. It is used to measure the importance or rank of a journal by calculating the times it's articles are cited.

Note: Every year, The Clarivate releases the Journal Citation Report (JCR). The JCR provides information about academic journals including impact factor. The latest JCR was released in June, 2024. The JCR 2025 will be released in the June 2025.

Quartile

The latest Quartile of journal of clinical periodontology is **Q1**.

Each subject category of journals is divided into four quartiles: Q1, Q2, Q3, Q4. Q1 is occupied by the top 25% of journals in the list; Q2 is occupied by journals in the 25 to 50% group; Q3 is occupied by journals in the 50 to 75% group and Q4 is occupied by journals in the 75 to 100% group.

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Final Summary

- The **impact factor** of journal of clinical periodontology is **5.8.**
- The journal of clinical periodontology is a reputed research journal.
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- The journal is indexed in **UGC CARE, Scopus, SCIE, PubMed, Embase**.

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