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BOOK OF ABSTRACTS

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PP.107 THE CONVERGENCE OF REGENERATIVE SCIENCES: A CROSS-DISCIPLINARY APPROACH TO SKELETAL RECONSTRUCTION

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Keywords: Bone regeneration, Maxillofacial surgery, Orthopedics, Prosthodontics, Periodontal regeneration, Mesenchymal stem cells, 3D printing

PP.108 FROM RISK ASSESSMENT TO RECOVERY: MODIFIABLE FACTORS INFLUENCING MORBIDITY AFTER THIRD MOLAR EXTRACTION

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Introduction: One of the most common procedures in oral surgery is the extraction of mandibular third molars. Even though it is a routine, patients often experience issues, such as pain, swelling, trismus and alveolar osteitis, which can affect their recovery. Objective: This study aims to identify factors that can be changed before and during surgery that affect recovery and to explore ways to reduce negative outcomes. Materials and Methods: A prospective clinical study was conducted with patients undergoing mandibular third molar extraction with local anesthesia. Various factors recorded, including surgical time, flap design, bone removal, tooth sectioning, and the use of corticosteroids and antibiotics before and during surgery. Postoperative issues recorded using Visual Analogue Scale (VAS) pain scores on specific days into a week, measuring maximum interincisal opening, assessing facial swelling and cases of dry socket. Multivariate analysis used to find independent predictors. Results: Prolonged surgical time and extensive bone removal were linked to higher levels of postoperative pain and trismus ($p < 0.05$). Corticosteroids before and during surgery associated with reduced swelling and quicker recovery. There was no significant decrease in complications with the use of antibiotics. Conclusions: Postoperative issues can be influenced by factors related to the surgery. Thoughtful surgical planning and selectively use of corticosteroids may help improve recovery and patient outcomes.

PP.109 ORAL SURGICAL TREATMENT AND MANAGEMENT UPDATE FOR PROSTHETIC HEART VALVES PATIENTS

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The individuals with implanted prosthetic heart valves (PHV) belong in the group of patients with high risk from several aspects. The aim of this work was to show the specific stomatological approach and treatment of patients with PHV. The research included 40 individuals. The preparation included: laboratory blood examination (number of blood platelets, haematocrit, prothrombin time, INR), and antibiotic prophylaxis (according to the protocol of the American Heart Association – AHA).

Detail anamnesis, inspection and X ray examination have been provided on the entire examined person. Forty oral surgery interventions have been made. The oral anticoagulants have been interrupted before the interventions and low molecular weight heparin (LMWH) has been included, before and after the interventions. Definitive local homeostasis has been accomplished with the use of 5% tranexamic acid as mouthwash solution.

The patients have been followed through from aspect of possible development of local and general complications after the intervention and in one month period concerning the general health condition. Complications such as prolonged bleeding, development of infective endocarditis and thromboembolism episode have not been established.

Selective approach and preparation as well as interdisciplinary cooperation with the cardiologists are the base for safe and quality oral surgery treatment of prosthetic heart valves patients.

Key words: tooth extraction, oral surgery, prosthetic heart valves, oral anticoagulants, tranexamic acid.

PP.110 ATRAUMATIC RESTORATIVE TREATMENT (ART) : TECHNIQUE AND INDICATIONS

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PP.111 MINIMALLY INVASIVE APPROACH IN ESTHETIC DENTISTRY - A CASE REPORT

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Introduction:

Laminate veneers are a conservative approach to treating many aesthetic problems. They are frequently preferred to meet patients' aesthetic expectations for diastemas in the anterior teeth.

Case Report:

A 24-year-old patient with diastemas and mild crowding presented to our clinic to address these issues. Following radiological and clinical examinations, the indications and treatment plan were determined, and the patient's consent was obtained. A mock-up was performed to assess whether the patient's aesthetic expectations were met, to estimate the required amount of preparation, and to identify necessary pre-prosthetic needs. Gingivoplasty was planned based on this evaluation. This procedure aimed to prevent disproportionate length and width resulting from closing the diastema. In the next stage, the mock-up was reapplied to the mouth, guide grooves were created for preparation, and then the preparation was completed. Impressions were taken using type A silicone. According to our plan, laminates were fabricated using lithium disilicate-reinforced Empress glass ceramics. A final trial was conducted with try-in paste. In the final stage, permanent cementation was carried out using dual-cure resin cement.

Discussion and Conclusion:

Laminate veneers, as a minimally invasive method, address the aesthetic needs of a young patient with unrestored teeth, perform minimal reduction rather than crown preparation, and thus eliminate the possibility of long-term complications arising from secondary caries and enamel removal.

OP.098 THE INJECTABLE COMPOSITE TECHNIQUE WITHIN PATIENT WITH DENTAL EROSION - CASE REPORT

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INTRODUCTION: Anterior crossbite is a common occlusal alteration characterized by an abnormal anteroposterior relationship between the maxillary and mandibular arches. If untreated in the deciduous dentition, it may promote mandibular overgrowth, restrict maxillary development, and contribute to skeletal Class III patterns. Children aged 3–5 years typically first attend pediatric dental clinics, placing pediatric dentists in a crucial position for early diagnosis and interceptive care. Planas Direct Tracks (PDT), within neuro-occlusal rehabilitation, provide continuous occlusal guidance independent of patient compliance and may support favorable neuromuscular adaptation during growth.

OBJECTIVE: To evaluate the three-year clinical stability of early interceptive treatment with Planas Direct Tracks in a young Class III patient.

MATERIALS AND METHODS: A 3-year-old child in the deciduous dentition presented with anterior crossbite affecting four maxillary incisors and negative overjet. Baseline intraoral photographs and cephalometric records were obtained. After parental consent, PDT were fabricated using anterior composite resin to eliminate the crossbite and guide mandibular repositioning. Follow-ups were conducted at 3, 6, and 12 months, with monitoring continued for three years.

RESULTS: Negative overjet was corrected within one month. Progressive improvement during the first three months eliminated functional mandibular shift. The initial Class III canine relationship converted to Class I. After three years, composite removal confirmed stable Class I occlusion without relapse or temporomandibular symptoms.

CONCLUSIONS: Early interceptive use of PDT achieved stable correction and may help prevent progression of Class III malocclusion.

OP.099 EVALUATION OF SURFACE MICROHARDNESS OF RESIN CEMENTS POLYMERIZED BENEATH CERAMIC HYBRID AND NANO HYBRID COMPOSITES WITH VARYING THICKNESSES

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Selin Seda Çağlar Aşkın¹, Ali Rıza Çetin¹ Selcuk University Faculty of Dentistry, Department of Restorative Dentistry, Konya, Turkey **INTRODUCTION** The polymerization efficiency of resin cements may be affected by the thickness and optical properties of indirect restorative materials, influencing their mechanical performance. **OBJECTIVE** This in vitro study aimed to evaluate and compare the surface microhardness of resin cements polymerized using different curing modes beneath indirect restorations fabricated from a hybrid ceramic CAD/CAM block and two nano-hybrid composite resins of varying thicknesses. **MATERIALS AND METHODS** Specimens (1, 2, and 3 mm) were prepared from a hybrid ceramic CAD/CAM block (Lava Ultimate; LU) and two nano-hybrid composites (IPS Empress Direct; IPS and Neo Spectra ST HV; NST). Four resin cements with light- and dual-cure modes (Nova Resin, Imicryl; NX3 Nexus, Kerr) were placed using Teflon molds (6 mm diameter, 0.5 mm thickness). Polymerization was performed for 20 s using an LED light-curing unit through the restorative materials (n=15). Control groups were polymerized directly through a glass slide. To prevent adhesion, a transparent strip was applied. After polymerization, samples were stored in the dark for 24 h. Microhardness was measured on top and bottom surfaces using a micro-Vickers hardness tester (50 g, 15 s; three indentations per surface). Data were analyzed using one-way ANOVA with Tukey and Scheffé tests ($\alpha = 0.05$). **RESULTS** The highest microhardness values were observed in Imicryl control groups. Among experimental groups, 1 mm Imicryl dual-cure showed the highest values ($p < 0.05$). NX3 groups demonstrated significantly lower values than Imicryl ($p < 0.05$). Control groups exhibited higher microhardness than experimental groups ($p < 0.05$). Increasing restorative material thickness resulted in decreased microhardness. **CONCLUSIONS** Resin cement microhardness is influenced by the type and thickness of restorative materials. Clinically, cement selection should consider material thickness and light-transmittance properties.

Key Words: Indirect restorations; Microhardness; Resin cement

OP.100 THE FACTORS AFFECTING THE SUCCESS OF DIRECT COMPOSITE RESTORATIONS: PRELIMINARY RESULTS OF A CROSS-SECTIONAL CLINICAL STUDY

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Introduction: Direct resin composite restorations are widely used due to their esthetic properties and acceptable clinical performance. While prospective randomized clinical trials provide strong evidence under standardized conditions, cross-sectional studies evaluating restorations placed by different operators using various materials offer valuable insights into real-life clinical scenarios.

Objective: This study aimed to evaluate the clinical performance of direct composite restorations, randomly selected from patients attending a university clinic, using FDI criteria, and to identify factors associated with their failure.

Materials and Methods: Patients attending the university clinic with at least one direct restoration placed ≥ 1 year prior were invited to participate and provided informed consent. Clinical and radiographic examinations were performed to evaluate restorations according to FDI criteria (scores 1–5); scores 4 and 5 were classified as failures. Restoration-related parameters were recorded, and the association between categorical variables and restoration success was analyzed using the Pearson Chi-square test.

Results: A total of 154 teeth (20 anterior, 134 posterior) were evaluated, predominantly consisting of Class I/II restorations aged at least 3 years. The overall rate of acceptable restorations was 81.2%. Majority of the failures were due to fracture and improper form/contour. Cavity depth was identified as a significant factor affecting restoration failure, with deep cavities showing a significantly higher rate of unacceptable scores (41.2%) compared to shallow (14.1%) and medium (12.5%) cavities ($p=0.001$). No significant associations were found for tooth type ($p=0.950$), restoration age ($p=0.844$), or cavity type ($p=0.600$).

Conclusion: Direct resin composite restorations was observed to have acceptable clinical performance. However, cavity depth was a critical determinant of failure. In addition, the findings of this study highlight the importance of proper anatomical reconstruction to ensure long-term success.