

One Region One Vision

Advancing dentistry together



30th BaSS Congress
Thessaloniki 7–9 May 2026
Met Hotel

Balkan
Stomatological
Society



BOOK OF ABSTRACTS

Secretariat



Tel. +357 99812240, Tel. +30 2310226250
info@mk-premium.com | www.mk-premium.com

Under the aegis of the
Hellenic Dental Association

Hellenic Republic
Ministry of the Interior
(Macedonia and Thrace Division)



PP.063 POST REMOVAL WITHIN THE PROSTHETIC RESTORATION: CLINICAL FEASIBILITY OR LACK OF EVIDENCE?

Styliani Kalemaki¹, Taxiarchis G. Kontogiannis², George Mikrogeorgis³

1. Aristotle University of Thessaloniki Department of Endodontology

2. Endodontist Certified member of the ESE

3. Associate Professor Department of Endodontology Aristotle University of Thessaloniki

INTRODUCTION:

The presence of posts creates obstacles for accessing root canals and performing endodontic retreatment.

OBJECTIVE:

To present and discuss whether post removal during retreatment can be predictably carried out with the prosthetic restoration in place.

MATERIALS AND METHODS:

Preservation of the pre-existing prosthetic restoration (or not) during endodontic retreatment has been a matter of discussion, particularly in clinical practice. It is well known that only removal gives full and undoubted information about the underlying caries and the amount of healthy tissue remaining, let alone in retreatment cases. However, this may not be always feasible. Such conditions include both extensive restorations like full-arch bridges, or patient-related factors such as financial difficulty for a new restoration. Traditionally, post removal is the utmost indication for the clinician to completely remove the restoration.

RESULTS:

Many such cases can also be handled with the restoration in place. Such an approach is affected by the type of the post, the type and quality of the prosthetic restoration, the clinician's skills and the patient's willingness (or not) to financially support a new prosthetic rehabilitation.

CONCLUSIONS:

Ideally, all restorations should be removed in cases of retreatment with post. However, post removal with the restoration in place is feasible in many cases.

Screw & glass-fiber posts are easier to be removed with the restoration in place than cast posts; the latter far more difficult to be removed in that way.

Glass fiber post cut through the crown of tooth #16./ Three glass fiber posts cut through the crown of tooth #16.

PP.064 VITAL PULP PRESERVATION IN DEEP CARIES: DECISION-MAKING AND BIOACTIVE MATERIALS

Longurova Natasha¹, Zlatanovska Katerina¹, Atanasova Sandra¹, Nikolovski Bruno¹, Zarkova Atanasova Julija¹

1. Faculty of Medical Sciences, Goce Delcev University, Stip, North Macedonia

Key words: deep caries, pulp exposure, vital pulp therapy, Biodentin, MTA

Please confirm receipt of this email and the submitted information.

PP.065 BONDING STRATEGIES FOR INDIRECT ADHESIVE RESTORATIONS: PREHEATED COMPOSITE VERSUS FLOWABLE COMPOSITE AND RESIN LUTING CEMENTS

Athanasios Karageorgiou¹, Gregoria Gavela¹

1. Department of Operative Dentistry, National and Kapodistrian University of Athens, Greece

Introduction: Indirect adhesive restorations have gained significant traction, partly due to the increasing prioritization of minimally invasive treatments. In an effort to optimize the adhesive luting, flowable composites and preheated conventional composites have been proposed as alternative bonding strategies, aiming to overcome the limitations associated with resin luting cements, which remain the most widely used materials. **Objective:** To compare preheated composite resins, flowable composites, and resin luting cements regarding polymerization efficiency and bonding performance under indirect restorations. **Materials and Methods:** A narrative review of the literature was conducted using PubMed. In vitro and clinical studies evaluating film thickness, bond strength, degree of conversion, microhardness, marginal adaptation, and the influence of restoration thickness were included. Mean values and reported ranges were descriptively compared without statistical pooling. **Results:** Resin luting cements demonstrated consistently lower film thickness and predictable bond strength across different substrates. Preheated composites showed improved flowability and acceptable degree of conversion while maintaining higher filler content and favorable mechanical properties; however, increased film thickness and technique sensitivity were frequently reported. Flowable composites exhibited satisfactory adaptation but generally lower mechanical performance. Polymerization efficiency of light-cured materials was significantly influenced by restoration thickness and optical properties, with reduced degree of conversion observed beneath thicker or less translucent restorations. **Conclusions:** Resin luting cements remain the most evidence-based option, particularly in cases of increased restoration thickness. Evaluation of restoration thickness and material translucency is essential when selecting the luting strategy to ensure adequate polymerization and long-term clinical success.

PP.066 ANALYSIS OF THE QUALITY OF POLYMERIZATION AND MICROHARDNESS OF BULK-FILL COMPOSITE MATERIALS

Jelena Popović¹, Antonije Stanković¹, Dušan Petković², Marija Nikolić¹, Nenad Stošić¹

1. Department of Restorative Dentistry and Endodontics, Clinic of Dental Medicine, Faculty of Medicine University of Niš, Niš, Serbia.

2. Department of Production Engineering, Faculty of Mechanical Engineering, University of Niš, Niš, Serbia

Introduction Bulk-Fill composite materials are innovative materials that enable an easier cavity restoration technique because they can be placed in layers of 4 mm.

Objective was to examine the quality of polymerization of two Bulk-Fill composite materials by examination of their microhardness, as well as to compare the microhardness values on the surface of the samples and at a depth of 4mm.

Materials and methods 20 samples of two composite materials, Filtek One Bulk Fill and Tetric PowerFill, were prepared in cylindrical plastic molds, covered with mylar strips and polymerized. After the final polishing procedure the samples were tested using the Vickers microhardness test. Each sample was analyzed from the upper polymerized side, and the lower, non-polymerized side at a depth of 4 mm. Three measurements were made for each sample, and the microhardness is shown as the mean value.

Results Filtek One Bulk Fill and Tetric Power Fill had a higher microhardness value on the polymerized side of the sample compared to the non-polymerized side at a depth of 4mm ($p < 0.001$). A higher microhardness value was demonstrated with Filtek One Bulk Fill compared to Tetric PowerFill at the surface ($p < 0.001$) as well as at a depth of 4 mm ($p < 0.001$).

Conclusions The difference in microhardness on both sides of the tested samples indicates that placing of composite material in a thicker layer can cause weaker polymerisation and microhardness in deeper layers, so it is necessary to follow the manufacturer's recommendations regarding thickness as well as the polymerization technique.

Key words Bulk-Fill, dental composites, microhardness, polymerization.