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30th BaSS Congress
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BOOK OF ABSTRACTS

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while the lowest value was observed in caries-affected dentin with GC Premio Bond + G-aenial Achord (9.19±4.91 MPa). G2-Bond Universal demonstrated superior bond strength compared to GC Premio Bond on both substrates. Regardless of the restorative material, sound dentin exhibited significantly higher bond strength values than caries-affected dentin. Predominantly cohesive failures were observed in the group with the highest bond strength, whereas adhesive failures characterized the other groups.

Conclusion: The dentin substrate is the most critical factor influencing adhesion, with sound dentin yielding significantly superior results. The combination of G2-Bond Universal and Clearfil Majesty Flow demonstrated optimal performance on both dentin types, presenting a favorable option for clinical practice.

PP.284 TREATMENT OF PERI-IMPLANTITIS WITH THE USE OF CHITOSAN BRUSHES: CASE SERIES

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Introduction: Peri-implantitis represents a clinical condition that includes the presence of an inflammatory lesion in the peri-implant mucosa and loss of peri-implant bone. The treatment of peri-implantitis has not yet been standardized through a single protocol and various debridement methods have been suggested. One of these methods, which has shown promising results, is the use of chitosan brushes. Their advantages include effective cleaning of dental implants and teeth without surface damage, as well as being gentle on tissues and not leaving residues that may induce a foreign body inflammatory reaction.

Objective: The aim is to present four clinical cases with peri-implantitis that were treated with the use of chitosan brushes.

Materials and Methods: In all four cases the chitosan brush (Labrida BioClean®) was the primary treatment intervention. In addition, H2O2 solution was applied and in two out of four cases the site was grafted based on the presence of three-wall intrabony defect that was deep and narrow.

Results: After the 6 months follow-up, in all four cases a significant reduction in pocket depth and radiographic bone fill were observed.

Conclusions: The use of chitosan brushes can be beneficial in cases with peri-implantitis, leading to substantial clinical and radiographic results. Thus, it can be considered as an effective solution to the management of peri-implantitis.

PP.285 COMPARATIVE EVALUATION OF GRAFTING MATERIALS FOR HARD AND SOFT TISSUE STABILITY IN IMMEDIATE IMPLANT PLACEMENT IN AESTHETIC ZONE: A SYSTEMATIC REVIEW.

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Introduction: After extraction, the socket resorption occurs in both vertical and horizontal dimensions, resulting in a deterioration of aesthetics, especially in the upper jaw. To avoid these side effects, both immediate implantation and the use of graft materials have been tested to maintain or in some cases to improve the initial condition. The use of grafts during immediate implantation in the anterior region of the upper jaw offers significant advantages in terms of the horizontal dimension of the bone contour and the vertical preservation of soft tissues, especially when the gap between the implant and the buccal plate is greater than 1.5 mm.

Objective: The objective is to evaluate the impact of graft materials on immediate implant placement in the aesthetic zone.

Materials and methods: Electronic research was conducted in PubMed, Web of Science, Cochrane databases, and manually up to 2025, where case series, randomized trials, and cohort studies on immediate implantation using grafts in the anterior maxilla were included. The review was conducted according to PRISMA guidelines.

Results: Autologous grafts resulted in buccal bone height changes of 0.28–0.63 mm, while bovine xenografts yielded superior outcomes in bone thickness with changes of 0.4–1.1 mm. Reinforcing deproteinized bovine bone mineral (DBBM) with collagen improved soft tissue height outcomes (0.58–1.69 mm). A combination of xenograft and autograft demonstrated the most consistent stability across all three parameters, exhibiting soft tissue changes of 0.59–0.71 mm and bone height changes of 0.49–0.64 mm. Conversely, allografts displayed the greatest variability in soft tissue height, ranging from 0.37 to 1.80 mm. **Discussion:** Careful case selection for both immediate implantation and grafting procedures is of primary importance, as are meticulous treatment planning and precise surgical execution. Furthermore, as the loss of the buccal bone plate increases, achieving aesthetic restoration becomes progressively more difficult. The graft materials evaluated in this review demonstrated varying degrees of efficacy, with some favouring bone preservation and others enhancing soft tissue outcomes. Due to its high resorption rate, autologous bone often lacks the volumetric stability of xenografts, which resist degradation and maintain their volume more effectively. Conversely, reinforcing grafts with collagen appears to improve soft tissue healing. The variability in allograft outcomes may be attributed to differences in donor origin and processing methods. Although socket shield techniques yield promising results, their numerous clinical limitations restrict their widespread application; therefore, they were excluded from this review. This exclusion also applies to many synthetic grafts, which are rapidly superseded by newer alternatives. Ultimately, a combination of autologous and xenogeneic grafts yields the most optimal outcomes, synergistically combining the distinct advantageous properties of both materials. **Conclusions.** There is no significant difference in the use of graft materials to fill the gap between the implant and the buccal plate, even when the latter is missing. There is a lack of homogeneity in the studies.

PP.286 DENTIST'S PERSPECTIVES REGARDING THE INFLUENCE OF PERIODONTAL DISEASE ON THE SUCCESS OF DENTAL IMPLANT THERAPY

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Introduction. Dental implants are widely accepted for replacing missing natural teeth. The presence of healthy peri-implant soft tissue before implant placement is considered essential for long-term success. Mucosal thickness plays an important role in maintaining peri-implant marginal bone stability, while untreated periodontal disease may negatively influence treatment outcomes.

Objective. The objective of this study was to evaluate dentists' perspectives regarding the impact of periodontal disease on the long-term success of dental implant therapy.

Material and method. A survey was conducted among 60 dentists who routinely place dental implants in clinical practice. An anonymous questionnaire was developed and distributed between July and September 2025. The questions focused on periodontal health, implant follow-up protocols, and the relationship between periodontitis and peri-implant complications.

Results. Analysis of the collected data showed that 71.66% of respondents believed that implant removal is not necessary if periodontitis de-

velops after placement. Concerning follow-up intervals, 46% of dentists scheduled patients one month after placement, 37% at six months, and 17% at three months. Regarding the association between periodontitis and peri-implantitis, 88% of respondents considered periodontitis a risk factor for peri-implantitis, while 12% did not perceive a significant relationship.

Conclusion. In conclusion, most of the examined dentists do not consider implant removal mandatory in cases of periodontitis but acknowledge its role as a risk factor for peri-implantitis. The findings emphasize the importance of periodontal assessment and maintenance in ensuring long-term implant success.

PP.287 ENHANCING PERI-IMPLANT THERAPY: THE ROLE AND EFFICIENCY OF LOCAL DRUG DELIVERY

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Introduction: The increasing prevalence of dental implant placement has been accompanied by a rise in peri-implant diseases, challenging long-term implant stability. Although survival rates remain high, inflammatory implications are common. Sub-marginal instrumentation constitutes the foundation therapy. However, adjunctive strategies such as local drug delivery systems have been proposed in both non-surgical and surgical treatment protocols to enhance clinical outcomes while minimizing systemic drug exposure. Objective: This review evaluates the clinical effectiveness of local drug delivery systems in peri-implant therapy and critically appraises their role considering contemporary clinical practice guidelines. Materials and Methods: A focused literature review was conducted using PubMed, Scopus, Google Scholar, and Cochrane databases. The research included the terms: peri-implantitis, peri-implant mucositis, local drug delivery, local antimicrobials, and local antibiotic therapy. Clinical trials, systematic reviews, and current clinical guidelines published between 2012 and 2025 were screened. Emphasis was placed on clinical outcomes such as probing depth (PPD), bleeding on probing (BoP), clinical attachment level (CAL), and bone loss (BL). Results: Evidence indicates that adjunctive local drug delivery systems improve clinical parameters, such as PPD and BoP when combined with professional mechanical debridement. Sustained-release biodegradable formulations allow targeted antimicrobial activity while limiting systemic exposure. Nevertheless, available evidence remains inconsistent as reflected in the 2023 EFP clinical practice guideline which does not recommend routine adjunctive use. Conclusions: Local drug delivery systems may offer limited adjunctive benefits in selected cases but should not replace thorough mechanical biofilm removal. Further long-term trials are needed to establish standardized evidence-based protocols.

PP.288 IMMEDIATE IMPLANT PLACEMENT IN THE MAXILLARY FIRST PREMOLAR FOLLOWED BY GBR: A CLINICAL CASE REPORT

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Aristotle University of Thessaloniki, School of Dentistry IMMEDIATE IMPLANT PLACEMENT IN THE MAXILLARY FIRST PREMOLAR FOLLOWED BY GBR: A CLINICAL CASE REPORT Agni Tsiliakou¹, Sofia Kordoroumpa¹, Anastasia Pappa², Vasilis Tilaveridis³, Danae Apatzidou⁴, Konstantinos Papadimitriou⁵

PP.289 PROFESSIONAL PERSPECTIVES ON FACTORS INFLUENCING DENTAL IMPLANT SUCCESS AND FAILURE: A CROSS-SECTIONAL SURVEY STUDY

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Introduction: Dental implant success is influenced by multiple clinical and patient-related factors. Understanding professional perspectives on implant selection, success, and failure is essential for improving clinical outcomes. Objective: The aim of this study was to assess the attitudes and clinical experiences of dental professionals in implantology, focusing on implant selection, factors influencing success and failure, and the impact of cost, implant class, and patient-related variables on treatment outcomes. Materials and Methods: A cross-sectional survey was conducted among 30 dental professionals with experience in implantology. A structured questionnaire was used, and internal consistency was evaluated using Cronbach's alpha. Descriptive statistics were applied to analyze demographic characteristics, clinical experience, and professional opinions. Results: The questionnaire showed high reliability (Cronbach's alpha = 0.903). The mean age of participants was 40.47±7.47 years, with an average of 8.20±3.63 years of experience. Most respondents (63.33%) used both high- and low-class implants, while 80% reported that implant cost significantly influences patient decisions. Professional experience was identified as the primary factor for implant success (60%), followed by implant surface (30%). Oral hygiene was the main factor in implant failure (53.33%), with 93.33% confirming its importance. Implant rejection occurred occasionally (56.67%) or rarely (40%). Most respondents (63.33%) stated that implant class does not significantly affect failure, whereas 56.67% associated implant surface with failure risk. Conclusion: Professional experience and oral hygiene are key determinants of implant outcomes. Although cost influences patient choice, implant class appears less important than clinical and biological factors.

PP.290 SCREW-CEMENT-RETAINED RESTORATIONS: THE STRATEGIC BREAKTHROUGH IN MODERN IMPLANTOLOGY

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