

CLINICAL ORAL IMPLANTS RESEARCH

Official Publication of the European Association for Osseointegration



**33rd Annual Scientific Meeting of the
European Association for Osseointegration
September 24th – 26th 2026**

EDITOR-IN-CHIEF

Lisa J. A. Heitz-Mayfield, Australia

ASSOCIATE EDITORS

T. Berglundh, Sweden
J. Derks, Sweden
E. Figuero, Spain
R. Gruber, Austria
S. S. Jensen, Denmark

T. Joda, Switzerland
H. Lai, China
G. E. Salvi, Switzerland
H. Schliephake, Germany

WILEY

CLINICAL ORAL IMPLANTS RESEARCH

Volume 37, Supplement 31, September 2026

**33rd Annual Scientific Meeting of the
European Association for Osseointegration
September 24th – 26th 2026**

WILEY

CLINICAL ORAL IMPLANTS RESEARCH

Volume 37 · Supplement 31 · September 2026

Contents

SUPPLEMENT ABSTRACTS

Oral Communication	3
Basic Research	3
Clinical Innovations	16
Clinical Research—Peri-Implant Diseases	24
Clinical Research—Prosthetics	28
Clinical Research—Surgery	33
ePosters	44
Basic Research	44
Clinical Innovations	105
Clinical Research—Peri-Implant Diseases	160
Clinical Research—Prosthetics	189
Clinical Research—Surgery	227
Author Index	326

This journal is available online at Wiley Online Library.
Visit wileyonlinelibrary.com/journal/clr to search the
articles and register for table of contents e-mail alerts.

Clinical Oral Implants Research is covered by Current Contents®/Clinical Medicine,
the Science Citation Index®, and SciSearch®.

Printed in the UK
ISSN:0905-7161

Discover this journal online at
Wiley Online Library
wileyonlinelibrary.com



Statistical analyses were performed using paired t-test or Wilcoxon signed-rank test, independent t-test or Mann-Whitney U test, and ANOVA or Kruskal-Wallis test. Correlations were analyzed using Pearson correlation analysis. Statistical significance was set at $p < 0.05$.

Results: Both the height and the width of the extraction socket significantly decreased over time ($p < 0.001$). Significant correlations were observed between buccal bone height and buccal bone width reduction, as well as between lingual bone height and lingual bone width reduction ($p < 0.05$). Tooth location and flap elevation significantly influenced dimensional changes. Greater vertical bone reduction was observed in maxillary molars compared to mandibular molars ($p < 0.05$). Buccal bone width reduction was significantly greater in mandibular molars compared to premolars ($p < 0.05$). Flap elevation was associated with greater buccal bone loss at 4 and 6 mm levels ($p < 0.05$).

Conclusion: ARP in the posterior region does not completely prevent dimensional changes of the alveolar ridge. Horizontal reduction of alveolar ridge are largely influenced by the alveolar bone height. These findings may help predict post-extraction bone changes and provide useful information for implant treatment planning.

Ethical Approval: Yes

Conflict of Interest: The authors declare no conflicts of interest.

Keywords: Alveolar ridge preservation

268 | Surgical management of avulsed immature permanent incisor with alveolar bone loss and ridge preservation in a pediatric trauma patient

Bruno Nikolovski^{1,2}, Ana Gigovska Arsova², Biljana Evrosimovska^{3,2}, Julija Zarkova Atanasova⁴, Sandra Atanasova⁵, Ljupka Arsovska¹, Mihajlo Petrovski⁶, Vancho Spirov¹, Darko Veljanovski⁶, Zoran Susak¹, Sonja Rogoleva Gjurovski¹, Budima Pejkovska Shahpaska⁴, Verica Toneva Stojmenova⁷, Vesna Trpevska⁵, Vera Radojkova Nikolovska⁸

¹Oral Surgery, Faculty of Medical Sciences, Stip, The Republic of North Macedonia, ²Oral Surgery and Implantology, University Dental Clinical Center "St. Pantelejmon", Skopje, The Republic of North Macedonia, ³Oral Surgery and Implantology, Faculty of Dentistry, Ss. Cyril and Methodius University, Skopje, The Republic of North Macedonia, ⁴Prosthodontics, Faculty of Medical Sciences, Goce Delcev University, Stip, The Republic of North Macedonia, ⁵Orthodontics, Faculty of Medical Sciences, Goce Delcev University, Stip, The Republic of North Macedonia, ⁶Periodontology, Faculty of Medical Sciences, Goce Delcev University, Stip, The Republic of North Macedonia, ⁷Endodontics, Faculty of Medical Sciences, Goce Delcev University, Stip, The Republic of North Macedonia, ⁸Periodontology and Oral pathology, Faculty of Dentistry, Ss. Cyril and Methodius University, Skopje, The Republic of North Macedonia

Objective: Dental trauma includes injuries to the teeth and their supporting tissues, most often caused by direct impact such as traffic accidents. It commonly affects both primary and permanent dentition, especially the maxillary central and lateral incisors. Injuries may involve the crown, root, or both,

while supporting tissue injuries include concussion, subluxation, luxation, and avulsion. Treatment depends on the type, location, and severity of the trauma.

Materials & Methods: An 8-year-old child presented one hour after trauma with avulsion of teeth #21, #62, and #63, along with loss of the buccal alveolar plate. Radiography showed hypodontia of tooth #22. Immediate reimplantation of tooth #21 and wire-composite splinting was performed. Endodontic treatment with MTA-based bio-ceramic cement was performed due to the open apex. By bone grafting and resorbable membrane placement under the coronally advanced flap, we preserved the alveolar ridge, followed by laser-assisted vestibuloplasty. Orthodontic disarticulation and controlled sagittal repositioning of tooth #11 were carried out for correction of the reversed overjet and traumatic occlusion previously present, which had caused visible gingival recession of tooth #41. Follow-up was performed every 30 days, with re-obturation of tooth #21 after three months, radiographically confirmed.

Results: At the one-year follow-up, successful repositioning of tooth #11 into normal occlusion was achieved, while tooth #21 showed complete apical closure and stable integration within the preserved alveolar bone. Clinical and radiographic evaluation confirmed favorable functional and esthetic outcome, with no signs of mobility, root resorption, or other pathological complications.

Conclusion: Early multidisciplinary management including immediate reimplantation, combined with endodontic, surgical, and orthodontic treatment, allowed successful stabilization of the traumatized area, preservation of the alveolar ridge, and prevention of further complications. Careful follow-up remains crucial for long-term prognosis and growth-related outcome.

Ethical Approval: Yes

Conflict of Interest: The authors declare no conflicts of interest.

Keywords: Bone graft, Guided bone regeneration, Soft tissue regeneration

274 | Beyond the biopsy: Microinvasive OSCC arising in leukoplakia – A case report and literature review

Beyza Piyadeoglu¹, Yesim Eren¹, Yusuf Emes², Buket Aybar²

¹Department of Oral and Maxillofacial Surgery, Institute of Graduate Studies in Health Sciences, Istanbul University, Istanbul, Turkey, ²Department of Oral and Maxillofacial Surgery, Istanbul University, Istanbul, Turkey

Objective: Among oral malignancies, squamous cell carcinoma (SCC) is by far the most prevalent histological type, constituting 90–95% of cases. Incisional biopsy—particularly at high-risk anatomical sites—may lead to diagnostic discrepancies. This report presents a case where initial histopathology of moderate epithelial dysplasia was revised to microinvasive OSCC, and discusses this discrepancy in the context of current literature.

Materials & Methods: Clinical, histopathological, imaging, and operative data were analyzed. This is a case report; ethics committee approval was not required per institutional policy. Written informed consent was obtained from the patient. A narrative literature review was performed using PubMed/MEDLINE, Scopus, and Web of Science with the terms "oral leukoplakia," "oral squamous cell carcinoma," "epithelial