ABSTRACTS

DOMENICO MASSIRONI

The restoration of Teeth in The Aesthetic Zone: my point of View

Abstract
The modern prosthetic dentistry currently uses techniques and materials that are increasingly conservative and respectful to the biology of dental tissues, with the goal of a predictable result in the long term. With the advent of minimally invasive techniques, modern esthetic dentistry is basically new, especially with regard to the requests of the patients for treatments of increasing value in terms of quality and oriented towards a rapid and optimal solution, also of large and complex cases.

ALESSANDRO CONTI

Adhesive Restorative Dentistry: Direct and Indirect Approaches in Anterior and Posterior Teeth

Abstract
Modern restorative dentistry enables clinicians to treat a wide spectrum of cases - from single partial restorations to full-arch rehabilitations - by combining different approaches within the same treatment plan, both direct and indirect. It is essential to understand the priorities when restoring a single tooth and integrating it harmoniously into an existing smile, as opposed to cases where the entire smile must be redesigned by modifying tooth shape, morphology, and color. The ultimate goal is to achieve the ideal balance between biology, esthetics, and function through a minimally invasive approach supported by adhesive techniques and precise treatment planning.

MARKO JAKOVAC/ DOMAGOJ VRAŽIĆ

Protocol for Complex Oral Rehabilitation: Integration of Periodontal, Functional and Aesthetic Therapy

Abstract
Complex oral rehabilitation requires a structured, predictable clinical protocol that integrates periodontal stability, functional harmony, and aesthetic outcomes. This lecture presents a step-by-*step* approach to comprehensive oral rehabilitation, guided throughout by one exceptionally demanding clinical case. The case is used as a continuous reference to illustrate diagnostic

decision-making, interdisciplinary planning, and the transfer of periodontal, functional, and aesthetic parameters from planning to definitive restorations. Both analog and digital workflows are discussed, highlighting their respective roles and indications within complex rehabilitation. The clinical case is completed using a fully digital protocol, allowing a critical evaluation of contemporary digital workflows and demonstrating how digital technologies can be applied predictably in the most challenging oral rehabilitation scenarios.

THOMAS ATTIN

Do we have to completely replace defective restorations? Rationales behind corrective "repair" measures

Abstract

The repair of defective dental restorations is becoming increasingly important in conservative dentistry and is being integrated more and more into the range of dental treatments. Repeated complete replacement of existing restorations may often jeopardize the remaining tooth structure and the pulp. In contrast, corrective fillings and filling repairs are minimally invasive treatment concepts that can extend the functional life of the existing restoration and, under certain circumstances, the life of the affected tooth. In addition to reducing consequential damage, functional, aesthetic, and economic aspects can also influence the treatment decision in favor of repair. Especially in geriatric and pediatric dentistry, repair measures can be a useful addition to the range of dental services, as they are usually less time-consuming and stressful and thus represent a simplified, cost-effective treatment. Of course, the repair, which involves *only* removing the insufficient p*ortion* of the restoration and replacing it, must meet clinical quality standards. The presentation will explain the advantages and disadvantages, procedures, and limitations of corrective measures so they can be implemented in routine practice.

HRVOJE JURIĆ

Regenerative endodontics: what do we know and what can we do?

Abstract

In the lecture, a detailed protocol for the treatment of a patient who has suffered dental trauma from emergency admission to the planning of long-term treatment that will fulfill the patient's wishes, but also the wishes of the dentist from a functional and aesthetic point of view. The most common cause of loss of tooth vitality and delay in root growth and development in children is dental trauma. The first step should always be appropriate emergency treatment after the injury,

from the first contact with the traumatized patient until the end of the first visit. Taking medical history from patients (children) or from an adult accompanying a child is an extremely important factor in assessing the psychophysical status of a traumatized patient. An element that certainly needs to be considered when we treat a child is the aspect of physical trauma in terms of abuse or neglect. Clinical examination, X-ray diagnostics, and pulp vitality testing precede the clinical diagnosis, after which the patient can be optimally treated, as emergency management on the traumatized tooth is of utmost importance for further treatment and long-term prognosis. A very important aspect of treating dental trauma is monitoring, which must be continuous and in accordance with the established diagnosis. A definitive treatment plan is more certain after reviewing what has been achieved so far, and it should consider potential collaboration with other specialist branches (prosthetics, orthodontics). The lecture will also cover topics on splinting and stabilization of injured teeth, as well as restoring crown fractures with adhesives and composite materials, with all endodontic aspects of traumatized young permanent teeth, as well as possibilities in the prevention of dental injuries.

ZORAN KARLOVIĆ

Modern endodontic surgical approach in the function of smile preservation

Abstract

Endodontic surgery for the purpose of preserving the smile plays a key role in modern dentistry, the aim of which is to preserve natural teeth and the aesthetic harmony of the face. A smile is important not only for physical appearance, but also for the patient‘s self-confidence and psychological health. When conservative endodontic treatment fails, surgical procedures are necessary to remove the source of infection and preserve the tooth's function and aesthetics. This method allows the tooth to be retained in the jaw, thereby avoiding the need for extraction and prosthetic or implant-prosthetic restorations, thereby preserving a natural smile. Special attention is paid to the anterior teeth, which are the most aesthetically visible and most important for a harmonious appearance, and also play a key role in phonetics and function. Thanks to advances in diagnostics, microsurgical techniques, the use of dental microscopes, ultrasound instruments, and advanced biocompatible materials, endodontic surgery today has a high success rate and is minimally invasive. Postoperative care, proper hygiene, and regular check-ups further increase the procedure's long-term success. Ultimately, endodontic surgery is not only a medical procedure but also an aesthetic intervention that allows the preservation of the natural beauty of the smile. With this approach, dentists offer patients the opportunity to keep their own teeth as the best possible solution for the patient, and thus their authentic, healthy, and confident smile.

RAFAEL PIÑERIO SANDE

Improving our daily practice with direct restorations

Abstract
Direct restorative procedures require materials and clinical protocols that reliably combine efficiency, mechanical performance, long-term integrity, and aesthetic outcomes. This lecture presents reproducible, evidence-based workflows for everyday direct restorations and explains how the latest Ivoclar composite Tetric Plus represents an evolutionary step in material design that addresses these clinical demands.

IVICA PELIVAN

Contemporary protocol for planning implant-prosthetic therapy – the key to success

Abstract
Implant-prosthodontic therapy has become the gold standard for treating edentulous patients, with success depending on a precise and multidisciplinary approach to planning. The modern protocol is based on a prosthetically guided approach that integrates digital technologies, three-dimensional imaging, and virtual simulation to achieve predictable and stable long-term results. The digital workflow begins with data acquisition using CBCT and intraoral scanning, enabling three-dimensional reconstruction of anatomical structures and precise assessment of bone volume. The goal of the prosthetically guided approach is to achieve an optimal three-dimensional position of the dental implant, which enables an aesthetically and functionally satisfactory superstructure, i.e., prosthetic work. Virtual planning in specialised software allows for precise determination of the position, angulation, and depth of the implant while considering future prosthetic work. Artificial intelligence significantly contributes to the automated segmentation of anatomical structures and the optimisation of surgical protocols. Research shows that computer-guided implantation achieves accuracy with average linear deviations of less than 1.0 mm and angular deviations of 2–4 degrees. Surgical guides made using 3D printing or CAD/CAM milling play a key role in transferring the virtual plan. Static surgical guides have shown excellent predictability, with implant success rates exceeding 95% over a five-year period. A multidisciplinary approach, involving a dental prosthodontist, surgeon, periodontist, and dental technician, ensures a comprehensive assessment of biological, functional, and aesthetic parameters. CAD/CAM technologies enable the fabrication of precise zirconia ceramic restorations with survival rates of over 98% over a six-year period. A modern digital planning protocol enables predictable outcomes, reduces invasiveness, optimises aesthetic results, and

shortens treatment duration, which represents the foundation of successful implantology in the twenty-first century.

LARISA MUSIĆ

Evidence–based oral hygiene

Abstract

Except for purely aesthetic procedures, dentistry is generally focused on treating the consequences of biofilm-associated diseases - caries, periodontitis, and, as a more recent challenge, peri-implantitis. These diseases are multifactorial in origin, arising from the complex interaction of microbial, environmental, and host-related factors. While the ability to influence host susceptibility remains limited, the outcomes of these oral pathologies can be significantly affected by controlling environmental factors, including diet, smoking, and oral hygiene, and, above all, by the mechanical disruption of the biofilm. The lecture will present the scientific foundations of mechanical and chemical biofilm control performed by patients at home, oral hygiene, and its impact on disease prevention and treatment outcomes, with an emphasis on inflammatory diseases of the periodontal and peri-implant tissues. It will also highlight the importance of a clinical approach, communication skills, and behavioral techniques to promote positive changes in patient behaviour and improvements in oral hygiene.

REINHARD HICKEL

Doing what is best or what pays the best?

Abstract

In Germany in the 70s and 80s, the consumption of gold in dentistry was higher than in any other country. This was largely due to a specific, high-reimbursement system for prosthetic restorations. In the last 30 years, the system has changed extensively, and prevention has become more frequent. This decreased not only prosthetic work significantly but also the number of fillings, root canal treatments, and extractions per year. Still, restorative dentistry is a major source of income for most dentists. The statutory insurance system (SIS) pays only a basic fee for amalgam restorations, and patients who want tooth-colored restorations have to cover the additional cost. Since 1.1.2025, the EU has banned amalgam, and other basic materials have been included in Germany in the SIS.