



**Agenda**

13:00

Welcome

13:15

Introduction ITI

(Dr. Stefan Matthijs)

13:30

part 1 (Dr. Bilal Al-Nawas)

15:00

Break

15:30

Part 2 (Dr. Bilal Al-Nawas)

17:00

Closing Drink

**Venue**

Het Pand

Onderbergen, 1

9000 Gent

**Registration**

[www.straumanneducation.be](http://www.straumanneducation.be)

**Registration fee**

ITI Members: free of charge

Non Members: € 50,-



**UNIVERSITEIT  
GENT**

## Antiresorptive drugs and implantology + General diseases and implantology.

### Universiteit Gent

Friday September 24, 2021

#### Antiresorptive drugs and implantology

Since the first reports of bone necrosis associated with bisphosphonates more than 10 years ago the understanding of the pathophysiology has changed a lot. We have learned, that there is no general contraindication for elective surgery in patients receiving antiresorptive therapy. Dedicated national and international guidelines elaborate the same analysis: The underlying disease requiring different dosages of antiresorptive drugs guides the individual risk for bone necrosis.

Today patients with osteoporosis can be treated with dental implants in a predictable way, whereas oncologic patients with bone metastases are still under high risk of developing bone necrosis. It is very important also for dentists who are not surgically active to understand the mechanism of tooth extraction, inflammation of the bone and development of necrosis. Only with this understanding safe patient treatment when under antiresorptive treatment is possible.

#### General diseases and implantology

A few years ago many general diseases were rated as contraindications for implantology. Today we have learned, that especially compromised patients might have a benefit from a well-planned and cautious implant therapy. The individual risk has to be differentiated between local risks for implant healing and general risks for the health of the patient. In many of the typical implant related articles only the implant healing is focused and risks for the general health, e.g. major bleeding or necrosis are often underestimated. Anticoagulants and other “bleeding-related” drugs are typical examples. We have learned from irradiated patients how a risk-benefit analysis should be planned. Recently the focus of discussion has shifted more to drugs influencing bone metabolism.

Besides antiresorptive drugs also steroids, NSARs, proton pump inhibitors and antidepressants are discussed as potential issues for bone healing. Vitamin D deficiency and also vitamin D substitution is within the focus of a more emotional discussion. In the viewpoint of these interactions oral medicine is one of the most challenging fields in modern dentistry. With these aspects in mind also a very sensitive patient collective may have a clear benefit from implant therapy resulting in increased quality of life.



Antiresorptive drugs and implantology + General diseases and implantology.

## Universiteit Gent

Friday

September 24, 2021

### **Professor Dr. med. Dr. med. dent. Bilal Al-Nawas**

Chairman of the Clinic of Oral- and Maxillofacial Surgery, Plastic Surgery of the University Medical Center of the J. Gutenberg University Mainz.

Adjunctive Associate Professor at Kyung Hee University School of Dentistry, Seoul, Korea.

Graduated in Dentistry and Medicine and affiliated to the University of Mainz for more than 20 years.

His major clinical and scientific focus in dental implantology are clinical studies and basic research.

Clinical workfields are compromised patients with risk factors or local bone deficiency, but also tumor and cleft reconstructions.

He published over 200 publications in peer reviewed journals.

He is Past President of the International Federation of Dental Anesthesiology Societies (IFDAS) and Secretary General of the German Society of Implantology (DGI).

He is a Fellow of the ITI Section Germany, Education Delegate, Member of the Research Committee and Member of the ITI Board; Member of the The Osteology Expert Council.