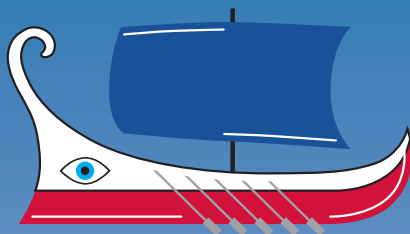
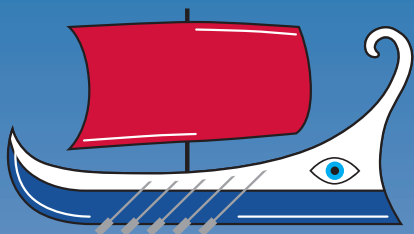


# 18<sup>th</sup> PANHELLENIC ORTHODONTIC CONGRESS

Controversies  
in Orthodontics – facts  
and fiction

19-21  
SEPTEMBER  
2025

Hotel  
Royal Olympic  
Athens



With the collaboration of the  
Cyprus Orthodontic Society,  
the Greek Society of Lingual Orthodontics &  
the Greek Orthodontic Aligner Society



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Τιτάνιο  
πεπλατισμένο

**Flow Tain™**



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ρητίνη

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dent**

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Αντιπροσωπείες Ορθοδοντικών Ειδών

Γράμμου 40, 152 35 Βριλήσσια

Τηλ: 210 6858070, info@ktzivelekas.gr, www.ktzivelekas.gr

# 18<sup>th</sup> *Panhellenic Orthodontic Congress*

«Controversies in Orthodontics – facts and fiction»

Athens  
Royal Olympic Hotel

19 - 21 September  
2025

Under the Auspices  
of the Ministry of Health



15 credits

PROGRAMME

With the collaboration of the  
Cyprus Orthodontic Society,  
the Greek Society of Lingual Orthodontics &  
the Greek Orthodontic Aligner Society





**18<sup>th</sup> PANHELLENIC ORTHODONTIC CONGRESS****September 19<sup>th</sup> – 21<sup>th</sup> 2025****MESSAGE FROM THE PRESIDENT**

Dear colleagues and friends,

I would like to welcome you to the 18th Panhellenic Orthodontic Congress, to be held in Athens, from September, 19<sup>th</sup> to 21<sup>st</sup> 2025, in Royal Olympic luxurious Hotel. The congress will be organized by G.A.O.S.R., an orthodontic Association that completes 40 years of continuous and successful conference organization, with the collaboration of the Cyprus Orthodontic Society, the Greek Society of Lingual Orthodontics and the Greek

Orthodontic Aligner Society.

The scientific programme will be covered by well-known keynote speakers, focused on recent evidence about controversies in Orthodontics. High-quality oral and poster presentations will support this theme, and most of them will be in English. The popular seminar for dental office assistants will be also included in the congress programme. The conference will be framed by a wide and rich exhibition of orthodontic and dental products, open throughout the duration of the event, as well as an exhibition of contemporary art.

It will be a great opportunity to bring together clinicians and researchers and to meet with our new colleagues. Athens is a vibrant modern European city with great historic sites and museums dedicated to ancient, modern and contemporary art. September is one of the best months for a holiday, after the peak of the tourist season but still warm for an escape to the Athenian riviera or even to the nearby islands.

Looking forward to seeing you in Athens!

Assoc. Prof. Iosif Sifakakis

President of the Organizing Committee



## MESSAGE FROM THE PRESIDENT OF THE GREEK ASSOCIATION FOR ORTHODONTIC STUDY AND RESEARCH (G.A.O.S.R.)



Dear colleagues, friends,

I am delighted to invite you to the 18<sup>th</sup> Panhellenic Orthodontic Congress, which will be hosted in Athens from September 19 to 21, 2025. We will have plenty of complex and scientifically thrilling debates to explore. We have organized a scientific program that will impress you! Distinguished clinical practitioners and academics will share their knowledge and research with us. And of course, don't forget the pre-congress and post-congress seminars, where new technologies and

clear aligners will steal the show-finally, aligners that won't keep secrets! Of course, we cannot forget our invaluable clinical assistants! We've planned a series of seminars dedicated to them-after all, without them, how would our orthodontic practices remain happy and efficient? For those who love shopping, the congress will also feature a large exhibition of orthodontic and dental products-get ready for some retail therapy!

This congress is the result of the collaboration of the Greek Association for Orthodontic Study and Research, with the support of our strategic allies-the Cyprus Orthodontic Society, the Greek Orthodontic Aligner Society, and the Greek Society of Lingual Orthodontics. The aim? To bring to the forefront the "Controversies in Orthodontics"-the ultimate sport of orthodontics, where science meets discussion!

Our venue will be the Royal Olympic Hotel in the historic center of Athens, just a stone's throw from the Acropolis, Plaka, and Syntagma Square. September here feels like a warm hug from the sun, and it will surely inspire you to take a trip to the nearby beautiful islands or the cosmopolitan Athenian Riviera. So, we look forward to seeing you at a congress filled with knowledge, smiles, and positive energy! I can't wait to see you in Athens, where we will launch knowledge and good vibes into the skies. Get ready for an amazing experience!

Dr Dimitrios Konstantonis  
President of the G.A.O.S.R.

## PROGRAMME AT A GLANCE

## PRE-CONGRESS SEMINAR

## TEMPLARS ROOM

Friday, September 19, 2025

08.00 - 09.00 Registration

**Flavia Artese****Morning Session** Chairpersons: D. Konstantonis, D.J. Halazonetis

09.00 - 09.15 Welcome and Speaker Introduction

09.15 - 11.00 Vertical Problems: Not challenging, just misunderstood  
Part I

11.00 - 11.30 Coffee Break &amp; Exhibition Visit

**Afternoon Session** Chairpersons: M.N. Spyropoulos, M. Nasika11.30 - 13.30 Vertical Problems: Not challenging, just misunderstood  
Part II

13.30 - 13.45 Discussion and Seminar Conclusion

14.00 Alumni Luncheon of the NKUA Orthodontic  
Postgraduate Program

## CONGRESS

Saturday, September 20, 2025

08.30 - 09.00 Registration

## OLYMPIA HALL

**1st Session** Chairpersons: D. Palli, H. Vastardis09.00 - 09.45 **Thymios Mitsiadis**Tooth-on-a-Chip Devices as Models for Human Dental Tissue  
Simulation09.45 - 10.30 **David Rice**The genetics of malocclusion and cleft palate: the relevance  
of GWAS studies to clinical orthodontic practice10.30 - 11.15 **Nikolaos Pandis**

Orthodontist or Salesman?

11.15 - 11.45 Coffee Break &amp; Exhibition Visit

**2nd Session** Chairpersons: O. Kolokytha, O. Mpoulouxou11.45 - 12.30 **Maria Costanza Meazzini**Congenital and acquired mandibular asymmetric hypoplasia:  
controversies in the timing and efficacy of treatment during  
growth12.30 - 13.15 **Timo Peltomäki**Breathing and craniofacial growth and development: complex  
and controversial association

13.15 - 15.00 Opening Ceremony &amp; President's Reception

Keynote Lecture by Dr Hariclia Brecoulaki, Archaeologist -  
Institute of Historical Research, National Hellenic Research  
Foundation, Athens

## PROGRAMME AT A GLANCE

- 3rd Session** Chairpersons: K. Douma, M. Sanoudos
- 15.00 - 15.45 **Flavia Artese**  
The bright and the dark sides of Interproximal Reduction
- 15.45 - 16.30 **Fotis Exarchou**  
Spark Aligner Orthodontics Exposed: Myths, Truths and Biomechanical Realities of Tooth Movement  
**Sponsored by Spark**
- 16.30 - 17.15 **Andreas Foustanos**  
The Synergy Between Orthodontics and Reconstructive Surgery in Enhancing Facial Aesthetics
- 17.15 - 18.00 **Srirengalakshmi Muthuswamy Pandian**  
Controversies in Orthodontics: Surgery-First Orthognathic Approach  
**Roberto Justus "Rising Star" Travel Scholarship**

## CONFERENCE ROOM 1 HALL

- Chairpersons: A. Konti, G. Damanakis
- 15.00 - 16.20 **Oral Presentations (8)**
- 15.00 - 15.10 **N. Kazanopoulos**, I. Xanthakis, K. Balkoni, E. Vastardi, D. Konstantonis  
The Impact of Extraction or Non-Extraction Orthodontic Treatment on Third Molar Angulation
- 15.10 - 15.20 **E. H. Lee**, K. B. Kim, J. McCray, R. Movahead  
Three-Dimensional Assessment of Postoperative Stability Following Segmental Le Fort Osteotomy Using CBCT/3D Imaging
- 15.20 - 15.30 **A. Rontogianni**, K. Tsihlikis  
Radiographic Findings of Systemic Diseases Affecting the Jaws in Childhood and Adolescence: A Case Series
- 15.30 - 15.40 **A. Angelopoulou**, S. Classen, A. Gravia, G. Angelopoulos  
Customized Aligner Biomechanics for The Treatment of Anterior Open Bite in Patients with or without Gingival Smile
- 15.40 - 15.50 **E. Zafeiropoulou**, K. Katsanos, S. Papaiwannou, N. Loukogeorgaki, D. Kloukos  
The Effect of Orthodontic Appliances on Sleep Bruxism: A Literature Review
- 15.50 - 16.00 **E. Tampakopoulou**, M. Matoula  
Management of Anterior Open Bite in Adults Using Clear Aligners: Case Presentations
- 16.00 - 16.10 **Ch. Papaioannou**, E. Papaioannou, D. Diamantis, M. G. Zako - Papaioannou  
Reducing the Carbon Footprint in Treatments with Clear Aligners
- 16.10 - 16.20 **E. Adamopoulos**, F. Giannakopoulou, V. Mousouri  
Surgical and Orthodontic Management of a Patient with Cleidocranial Dysplasia
- 20.00 **Gala Dinner**

## PROGRAMME AT A GLANCE

Sunday, September 21, 2025

## OLYMPIA HALL

- 4th Session**  
08.30 - 09.15 Chairpersons: D. Kardara, A. Kyriakides  
**Giacomo Scuzzo**  
Redefining Biomechanics: Practical Insights for Clear Aligner Treatment  
**Sponsored by Angel Aligner**
- 09.15 - 10.15 **National and Kapodistrian University of Athens-Round Table**  
Interdisciplinary Collaboration between Orthodontics and Other Dental Specialties  
**Nikolaos Kerezoudis** «The Synergy Between Endodontics and Orthodontics», **Vasileios Psarras** «Craniomandibular Disorders and Orthodontics», **Yiorgos Bobetsis** «Orthodontics and Periodontology. An interdependent relationship», **Andreas Agouropoulos** «Pediatric Dentistry and Orthodontics: Collaboration in the Management of Dental Trauma»
- 10.15 - 11.00 **Anna Eliades**  
Orthodontic Treatment with Clear Aligners: Current Developments and Future Perspectives  
**Sponsored by BE Aligned**
- 11.00 - 11.30 **Coffee Break & Exhibition Visit**
- 5th Session**  
11.30 - 12.15 Chairpersons: G. Kanavakis, D. Kloukos  
**Presentations by Graduates of the Postgraduate Orthodontic Program - School of Dentistry, National and Kapodistrian University of Athens**  
**Nikolaos Gkantidis** «From Diagnosis to Treatment: The Role of 3D Imaging in Modern Orthodontics»  
**Athina Chatzigianni** «The Use of Nanotechnology in Orthodontics»  
**Alexandros Papagiannis** «Orthodontic Tooth Movement and Relapse: Short- and Long-Term Clinical Correlations»
- 12.15 - 13.00 **Julia Naumova**  
Optimize the timing and treatment of palatally impacted canines
- 13.00 - 13.45 **S. Jay Bowman**  
More Than Lip Service for Orthodontic Controversies
- 13.45 - 14.00 **Closing Remarks - Awards Ceremony**
- 14.00 - 15.00 **Lunch for Participants of the Post-Congress Seminar**

## PROGRAMME AT A GLANCE

### POST-CONGRESS COURSE OLYMPIA HALL

Sunday, September 21, 2025

- 15.00 - 15.45 Chairpersons: A. Rontogianni, D. Stavropoulos  
**S. Jay Bowman**  
Distalization: Poor English, Good Practice - All Roads Lead to Rome for Class II
- 15.45 - 16.30 **S. Jay Bowman**  
Uno, Dos, Tres: All Screws in One Place
- 16.30 - 17.00 *Coffee Break*
- 17.00 - 18.00 **S. Jay Bowman**  
Drastic Plastic: Improving the Predictability of Clear Aligners

### ORTHODONTIC STAFF CONTINUING EDUCATION SEMINAR CONFERENCE ROOM 1 HALL

Saturday, September 20, 2025

- 08.30 - 09.00 *Registration*
- 09.00 - 09.30 Chairpersons: M. Karamolegou, E. Bazakidi  
**Stefania Karakousoglou**  
Maximizing Patient Acceptance of Orthodontic Treatment: Practical Solutions and Communication Strategies
- 09.30 - 11.00 **Ioannis Tzoutzas**  
Disinfection and Sterilization in the Orthodontic Practice
- 11.15 - 11.45 *Coffee Break & Exhibition Visit*
- 11.45 - 12.10 Chairpersons: S. Karakousoglou, K. Markou  
**Dimitrios Konstantonis**  
Excellence in Orthodontics: The Power of Teamwork
- 12.10 - 12.30 **Vasiliki Tarantili**  
Hygiene & Safety in the Orthodontic Practice: Through the Eyes of the Patient
- 12.30 - 12.55 **Gerassimos Angelopoulos**  
The Orthodontic Assistant as a Key Player: Clinical Support and Organizational Excellence
- 12.55 - 13.15 **Vasileios Stathopoulos**  
What Really Matters from the Maze of National & European Legislation for the Modern Orthodontic Practice?

## PARTICIPANTS

### INVITED SPEAKERS

|                         |                        |
|-------------------------|------------------------|
| Flavia Artese           | Fotios Exarchou        |
| S. Jay Bowman           | Nikolaos Gkantidis     |
| Maria Costanza Meazzini | Stefania Karakousoglou |
| Julia Naoumova          | Nikolaos Kerezoudis    |
| Timo Peltomäki          | Dimitrios Konstantonis |
| David Rice              | Thymios Mitsiadis      |
| Giacomo Scuzzo          | Nikolaos Pandis        |
| Muthuswamy Pandian      | Alexandros Papagiannis |
| Sriengalakshimi         | Vasileios Psarras      |
| Andreas Agouropoulos    | Vasileios Stathopoulos |
| Gerassimos Angelopoulos | Tarantili Vasiliki     |
| Yiorgos Bobetsis        | Ioannis Tzoutzas       |
| Athina Chatzigiani      | Andreas Foustanos      |
| Anna Eliades            |                        |

### ΕΛΕΥΘΕΡΕΣ ΑΝΑΚΟΙΝΩΣΕΙΣ

S. Classen  
K.B. Kim  
E.H. Lee  
J. McCray  
R. Movahead  
E. Adamopoulos  
G. Angelopoulos  
A. Angelopoulou  
K. Balkoni  
D. Diamantis  
F. Giannakopoulou  
A. Gravia  
K. Katsanos  
N. Kazanopoulos  
D. Kloukos  
D. Konstantonis  
N. Loukogeorgaki  
M. Matoula  
V. Mousouri  
S. Papaioannou  
A. Rontogianni  
E. Tampakopoulou  
K. Tsihlakis  
E. Vastardi  
I. Xanthakis  
E. Zafeiropoulou  
M.Gk. Zako-Papaioannou

### ΕΠΙΤΟΙΧΙΕΣ ΠΑΡΟΥΣΙΑΣΕΙΣ

|                    |                  |
|--------------------|------------------|
| S. Classen         | M.-L. Koulouri   |
| A. Alexiou         | K. Lappas        |
| D. Anderriotis     | N. Loukogeorgaki |
| G. Angelopoulos    | Th. Lykogeorgos  |
| A. Angelopoulou    | I. Lyros         |
| K. Apostolopoulos  | M. Maroulakos    |
| A. Aravantinou-    | A. Morali        |
| Koutsouvi          | M. Nasika        |
| K. Balkoni         | Ch. Papaioannou  |
| E. Bazakidi        | E. Papaioannou   |
| I. Christopoulou   | F. Papaioannou   |
| D.A. Damanaki      | S. Papaioannou   |
| G. Damanakis       | I. Pouliezou     |
| D. Diamantis       | M. Theodorou     |
| A. Gamouras        | R. Tota          |
| Th. Giannakos      | E. Tsialta       |
| A. Gravia          | I. Tsolakis      |
| A. Intzes          | M. Tsovos        |
| B. Kalliri         | E. Tsoukala      |
| G. Kanavakis       | D. Vasileiou     |
| I. Karamani        | G. Vasoglou      |
| M. Karamolegkou    | M. Vasoglou      |
| K. Katsanos        | E. Vastardi      |
| N. Kazanopoulos    | E.M. Vlachou     |
| D. Kloukos         | S. Youchbala     |
| D. Konstantonis    | E. Zafeiropoulou |
| A. Korneli-Siarava | M.Gk. Zako-      |
| G. Kotantoula      | Papaioannou      |

Athens, September 2025

Editors in Chief Matheos Sanoudos, Vasileios Stathopoulos

Published by MegaPrint

*Friday, September 19, 2025*

**PRE-CONGRESS SEMINAR**  
**TEMPLARS HALL**

**Flavia Artese**

08.00 - 09.00 Registration

**Morning Session**

09.00 - 09.15 Welcome and Speaker Introduction

09.15 - 11.00 Chairpersons: D. Konstantonis, D.J. Halazonetis  
Vertical Problems: Not challenging, just misunderstood  
Part I

11.00 - 11.30 Coffee Break

**Afternoon Session**

11.30 - 13.30 Chairpersons: M.N. Spyropoulos, M. Nasika  
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Part II

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ΟΡΘΟΔΟΝΤΙΚΗΣ  
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ΜΕΛΕΤΗΣ  
& ΕΡΕΥΝΑΣ

GREEK  
ASSOCIATION  
FOR ORTHODONTIC  
STUDY &  
RESEARCH



*Saturday, September 20, 2025*

**CONGRESS  
OLYMPIA HALL**

- Thymios Mitsiadis
- David Rice
- Nikolaos Pandis
- Maria Costanza Meazzini
- Timo Peltomäki
- Flavia Artese
- Fotios Exarchou
- Andreas Foustanos
- Sirengalakshmi Muthuswamy Pandian

**CONFERENCE ROOM 1 HALL**

**ORTHODONTIC STAFF CONTINUING  
EDUCATION SEMINAR**

- Stefania Karakousoglou
- Ioannis Tzoutzas
- Dimitrios Konstantonis
- Vasiliki Tarantili
- Gerassimos Angelopoulos
- Vasileios Stathopoulos



ΕΤΑΙΡΕΙΑ  
ΟΡΘΟΔΟΝΤΙΚΗΣ  
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## CONGRESS

Saturday, September 20, 2025

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**1st Session**

Chairpersons: D. Palli, H. Vastardis

09.00 - 09.45

**Thymios Mitsiadis**

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Orthodontist or Salesman?

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Management of Anterior Open Bite in Adults Using Clear  
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16.00 - 16.10 **Ch. Papaioannou**, E. Papaioannou, D. Diamantis,

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16.10 - 16.20 **E. Adamopoulos**, F. Giannakopoulou, V. Mousouri

Surgical and Orthodontic Management of a Patient with  
Cleidocranial Dysplasia

20.00 **Gala Dinner**

**ORTHODONTIC STAFF CONTINUING  
EDUCATION SEMINAR  
CONFERENCE ROOM 1 HALL**

**Saturday, September 20, 2025**

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Chairpersons: M. Karamolegou, E. Bazakidi

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Maximizing Patient Acceptance of Orthodontic Treatment:  
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Disinfection and Sterilization in the Orthodontic Practice

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Chairpersons: S. Karakousoglou, K. Markou

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Excellence in Orthodontics: The Power of Teamwork

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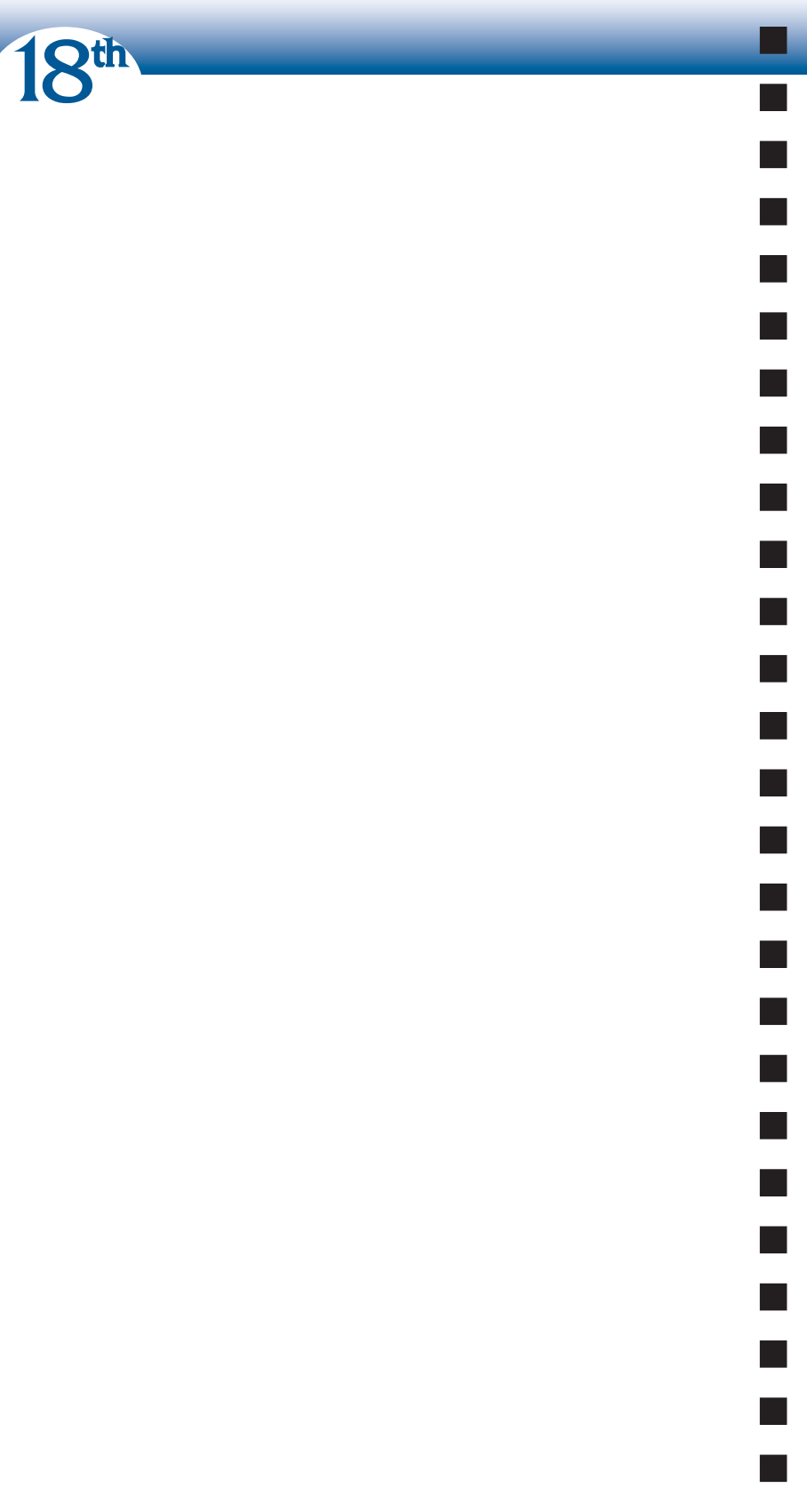
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What Really Matters from the Maze of National & European  
Legislation for the Modern Orthodontic Practice?



*Sunday, September 21, 2025*

## **CONGRESS**

### **OLYMPIA HALL**

- Giacomo Scuzzo
- Anna Eliades
- Nikolaos Gkantidis
- Athina Chatzigianni
- Alexandros Papagiannis
- Julia Naoumova
- S. Jay Bowman

### **OLYMPIA HALL**

## **ROUND TABLE-NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS**

- Nikolaos Kerezoudis
- Vasileios Psarras
- Yiorgos Bobetsis
- Andreas Agouropoulos

### **OLYMPIA HALL**

## **POST-CONGRESS COURSE**

- S. Jay Bowman

**Sunday 21/9**



ΕΤΑΙΡΕΙΑ  
ΟΡΘΟΔΟΝΤΙΚΗΣ  
& ΓΝΑΘΟΠΡΟΣΩΠΙΚΗΣ  
ΜΕΛΕΤΗΣ  
& ΕΡΕΥΝΑΣ

GREEK  
ASSOCIATION  
FOR ORTHODONTIC  
STUDY &  
RESEARCH



## CONGRESS

Sunday, September 21, 2025

## OLYMPIA HALL

- 4th Session** Chairpersons: D. Kardara, A. Kyriakides  
 08.30 - 09.15 **Giacomo Scuzzo**  
 Redefining Biomechanics: Practical Insights for Clear Aligner Treatment  
**Sponsored by Angel Aligner**
- 09.15 - 10.15 **National and Kapodistrian University of Athens-Round Table**  
 Interdisciplinary Collaboration between Orthodontics and Other Dental Specialties  
**Nikolaos Kerezoudis** «The Synergy Between Endodontics and Orthodontics», **Vasileios Psarras** «Cranio-mandibular Disorders and Orthodontics», **Yiorgos Bobetsis** «Orthodontics and Periodontology. An interdependent relationship», **Andreas Agouropoulos** «Pediatric Dentistry and Orthodontics: Collaboration in the Management of Dental Trauma»
- 10.15 - 11.00 **Anna Eliades**  
 Orthodontic Treatment with Clear Aligners: Current Developments and Future Perspectives  
**Sponsored by BE Aligned**
- 11.00 - 11.30 Coffee Break & Exhibition Visit
- 5th Session** Chairpersons: G. Kanavakis, D. Kloukos  
 11.30 - 12.15 **Presentations by Graduates of the Postgraduate Orthodontic Program - School of Dentistry, National and Kapodistrian University of Athens**  
**Nikolaos Gkantidis** «From Diagnosis to Treatment: The Role of 3D Imaging in Modern Orthodontics»  
**Athina Chatzigianni** «The Use of Nanotechnology in Orthodontics»  
**Alexandros Papagiannis** «Orthodontic Tooth Movement and Relapse: Short- and Long-Term Clinical Correlations»
- 12.15 - 13.00 **Julia Naoumova**  
 Optimize the timing and treatment of palatally impacted canines
- 13.00 - 13.45 **S. Jay Bowman**  
 More Than Lip Service for Orthodontic Controversies
- 13.45 - 14.00 Closing Remarks - Awards Ceremony
- 14.00 - 15.00 Lunch for Participants of the Post-Congress Seminar

POST-CONGRESS COURSE  
OLYMPIA HALL

Sunday, September 21, 2025

- 15.00 - 15.45

Chairpersons: A. Rontogianni, D. Stavropoulos

**S. Jay Bowman**

Distalization: Poor English, Good Practice - All Roads Lead to Rome for Class II
- 15.45 - 16.30

**S. Jay Bowman**

Uno, Dos, Tres: All Screws in One Place
- 16.30 - 17.00

Coffee Break
- 17.00 - 18.00

**S. Jay Bowman**

Drastic Plastic: Improving the Predictability of Clear Aligners

*Invited Speakers*

**Curricula vitae**

**Abstracts**

**Invited Speakers**



ΕΤΑΙΡΕΙΑ  
ΟΡΘΟΔΟΝΤΙΚΗΣ  
& ΓΝΑΘΟΠΡΟΣΩΠΙΚΗΣ  
ΜΕΛΕΤΗΣ  
& ΕΡΕΥΝΑΣ

GREEK  
ASSOCIATION  
FOR ORTHODONTIC  
STUDY &  
RESEARCH



*The Gala Dinner will take place on the Roof Garden of Royal Olympic Hotel*

## PRE-CONGRESS SEMINAR

### TEMPLARS HALL

Friday, September 19, 2025

#### Flavia Artese



Prof. Dr. Flavia Artese graduated in Dentistry at the Federal University of Rio de Janeiro in 1992, where she also obtained her MSc (1993) and PhD in Orthodontics (1998). She was a Visiting Scholar at the Department of Orthodontics at the University of Washington (1995-6). In 1999, Dr. Flavia became a part time Associate Professor in Orthodontics at the Rio de Janeiro State University, and currently is the Chair of the Orthodontic Program and teaches two days a week for undergraduate and graduate students. She is a Diplomate of the Brazilian Board of Orthodontics (2006), the former President of the Brazilian Association of Orthodontics (2014-2018) and an International Ambassador for the American Association of Orthodontists, representing Brazil. In 2018 she became an active member of the Angle Midwest Society and currently is the Secretary of the Scientific Commission of this Society. Dr. Flavia is the Chair of the 10th International Orthodontic Congress of the WFO that will be held in Rio de Janeiro in 2025. She has vastly lectured nationally and internationally and has published several papers and book chapters and was the past editor in chief of the Dental Press Journal of Orthodontics. Dr. Flavia practices orthodontics in her private practice in Rio de Janeiro since 1993.

#### Vertical Problems: Not challenging, just misunderstood

Vertical problems in orthodontics can be present in all types of sagittal malocclusions and are related to the amount of overbite, namely open bites and deep bites. These are generally associated to long and short faces, but this relation is not always present and leads to some misunderstanding in the correction of such conditions. Innumerable combinations of skeletal and dental factors are present in vertical problems and should be analyzed individually and together. This will define if the treatment approach should include surgical, orthopedic or orthodontic treatment only, dealing with changes in the anterior or posterior regions of the arches. Changes in the posterior vertical dimension can also be used favourably in sagittal correction with significant facial changes and alteration in the vertical allocation of anterior teeth can have a significant impact in the smile and speech esthetics. Therefore, the purpose of this presentation is to provide, in the light of current evidence, a guideline of diagnostic factors to be approached when treating the vertical dimension.

After this course, attendees will be able to:

1. Establish a checklist of factors to be evaluated for the analysis of the vertical problems
2. Define adequate treatment approaches to correct open bites and deep bites
3. Understand the impact of changes in occlusal vertical dimension on the sagittal aspect

## CONGRESS

Saturday, September 20, 2025

## OLYMPIA HALL

**Thimios Mitsiadis**

Former Director of the Institute of Oral Biology at the University of Zurich/Switzerland

Thimios Mitsiadis is a dentist specialized in pediatric dentistry, and Professor Emeritus in Oral Biology in the Medical Faculty at the University of Zurich, Switzerland. He obtained the DDS degree from the Dental Faculty of the NKUA (Greece), a Master degree for Immunology, Genetics and Differentiation, and the PhD in Developmental Biology from the University of Lyon (France). He conducted postdoctoral studies at the University of Helsinki (Finland), Karolinska Nobel Institute (Stockholm, Sweden) and Yale University (USA). Previously, he was Professor at the Mediterranean University (Marseilles, France), Visiting Professor at the Ecole Normale Supérieure of Lyon (France), and Clinical Senior Lecturer at King's College London (UK). His research focuses on microfluidics, stem cells, genetics, molecular and experimental biology related to tooth development and regeneration. He authored more than 200 papers in journals such as "Journal of Cell Biology", "Development", "Nature Genetics", "Nature Cell Biology", "Science Signaling", and gave more than 250 keynote and invited lectures. He is Specialty Chief Editor for "Craniofacial Biology and Dental Research - Frontiers in Physiology", Associate Editor for "Scientific Reports", "International Journal of Molecular Sciences", and he has more than 10.000 citations and a H-index of 62 according to Google Scholar.

**Education/Qualifications**

D.D.S., Greece; Ph.D., France; Postdoc-fellow: Helsinki University (Finland), Karolinska Institute (Sweden), Yale University (USA).

**Professional Activities**

Professor Emeritus University Zurich, 200 publications, 10000 citations/Scholar, H-index: 62/Scholar, 250 keynotes and invited lectures

**Tooth-on-a-chip" devices as models for the simulation of human dental tissues**

Translation of preclinical results into effective cell-based therapies remains poor, highlighting the need for accurate human-emulation systems. Recently, 3D in vitro systems containing an essential number of stem cells and other cell populations, which allow the recreation of similar in vivo conditions, have been successfully generated. Miniaturized "organ-on-chip" devices are based on recent technological advancements in microfluidics. These devices successfully emulate human pathophysiological conditions of specific tissues and organs in vitro. They also represent valuable tools for studying the effects of novel pharmaceutical products and materials on dental tissues before their clinical application. Microfluidics have been used for the first time to analyze the role of innervation and vascularisation in dental tissues. These devices are also important in understanding the interconnection of teeth with other organs and studying their responses to the various dental pathologies upon bacterial attack. These new biotechnological platforms are revolutionizing dentistry and promise improved dental care. In this lecture, these novel findings will be presented.

## David Rice



David Rice is Head of the Department of Dentistry and Professor/Head of Orthodontics at the University of Helsinki and Helsinki University Hospital (Since 2007). From 2015-2019 he was director of the Finnish Doctoral School in Oral Sciences (FINDOS).

From 2010-2025, Prof Rice has been Editor of the European Journal of Orthodontics. As Editor, he has been intimately involved in developing and improving the standards of all aspects of orthodontic research with the ultimate goal of improving patient care that is based on quality evidence.

Prof Rice's research is aimed at understanding the molecular basis of morphological change during craniofacial development (bones, palate & teeth). His lab-based research tries to discover the pathogenesis of abnormalities that result when normal development is disrupted, notably cleft palate, craniosynostosis (premature fusion of the calvarial sutures) and orthodontic malocclusion. Practically speaking this work helps patients & their clinicians understand their condition, particularly regarding the most common questions that people ask in clinics 'What has caused the condition?' 'When has it occurred?' & 'Can it be treated?'

### The genetics of malocclusion and cleft palate: the relevance of GWAS studies to clinical orthodontic practice

This talk will focus on what we know about the genetic regulation of the face. I will look into what makes us appear similar to our parents. But also look into what makes us look different from one another and why some of us have a strong malocclusion and others have a facial malformation such as cleft lip and /or cleft palate. I will present findings from my own research group that focuses on: 1. early morphogenetic events during facial development, 2. individual patient phenotype/genotype correlations and 3. population-based GWAS studies.

I will show how data from these studies are helping us understand the critical stages of development and what key regulatory mechanisms can go wrong and result in a craniofacial deformity or a malocclusion. I will also describe how these findings are helping patients and clinicians understand their conditions and how this information may be used in the future. This talk will be interesting to both clinicians as well as the most committed craniofacial researchers.

## Nikolaos Pandis



Dr Pandis is an Associate Professor at the Department of Orthodontics and Dentofacial Orthopedics, University of Bern Switzerland and Editor-in-Chief in Progress in Orthodontics. He completed his DDS at the University of Athens, Greece and his orthodontic training at The Ohio State University, USA, followed by a fellowship in surgical orthodontics at the University of Texas, Dallas.

He holds a Dr med dent in orthodontic biomechanics from the University of Bonn, Germany, an MSc in clinical trials from the London School of Hygiene & Tropical Medicine, UK, a PhD in Epidemiology from the Medical School at the University of Ioannina, Greece and an MS in Biostatistics from the University of Hasselt, Belgium.

Dr Pandis has published over 400 scientific publications in peer-reviewed biomedical journals and 2 books in clinical orthodontics and clinical research methodology. He has served in the editorial board of several major orthodontic and dental journals. Besides his academic activities, he maintains a private orthodontic practice in Corfu, Greece and is a Diplomate of the American Board of Orthodontics.

## Orthodontist or Salesman?

The practice of orthodontics has been based on theoretical and practical training in a university setting□ however, in recent years, this paradigm has been disrupted by aggressive marketing from large, public corporations and their key opinion leaders targeting clinicians and patients alike. The expansion of social media networks and the adoption of professional marketing tactics have provided ideal tools for the industry to influence the target audience and set current treatment trends, while taking the practitioner hostage. In an environment where product licensing is neither vigilant, nor empirical proof is required to back product claims, such practices are creating great conflicts of interest and are blurring the line between healthcare professionalism and plain salesmanship. In this presentation, I will highlight some tactics used by the industry to influence the target audience, the legislation around orthodontic product licensing, and address why this new paradigm is challenging the core of orthodontic practice.

## Maria Costanza Meazzini



Prof. Maria Costanza Meazzini is Scientific Director and Orthodontic consultant for Craniofacial anomalies at the CLP Center, Operation Smile Italy, Santi Paolo e Carlo Hospital, in Milano and at the Department of Cranio-Maxillo-Facial Surgery, IRCCS, San Gerardo Hospital, Monza, Italy. She is Adjunct Professor in Craniofacial Anomalies for the residencies in Maxillofacial Surgery and Orthodontics, University of Milano. She is Past-President (2019-2024) and now Vice President of the European Cleft Lip and Palate Craniofacial Association (ECPA) and Representative and for the European Reference Network (ERNs).

She acquired a Specialty in Orthodontics and Dentofacial Orthopedics and a Master in Medical Sciences in 1995 (1991-1995, Harvard University). Completed a Cranio-Facial and Surgical Orthodontics Fellowship (University of Illinois at Chicago, 1995-1996) in 1996 and did trimestral internships at Chung Gung Memorial Hospital (Taipei), Tokyo Medical-Dental University (Tokyo) and Gea-Gonzalez Hospital (Mexico City) for further craniofacial training.

## Congenital and acquired mandibular asymmetric hypoplasia: controversies in the timing and efficacy of treatment during growth

Long-term results after orthopedic treatment of mandibular asymmetric hypoplasia and craniofacial microsomia (CFM) have not shown any significant improvement of asymmetry. Distraction osteogenesis in growing CFM patients has shown early recurrence. However, the literature contains several successful case reports that show surprising changes in the morphology of the condyles after functional appliances (FA) or distraction osteogenesis (DO). The phenotypes of these cases are unexpectedly similar, with a

consistent collapse of the condyle against the coronoid and a deep sigmoid notch and no muscular hypoplasia on the affected side. The objectives of this presentation is to help distinguish true CFM from condylar-coronoid collapse patients (CCC), misdiagnosed as CFM, which are possibly secondary injuries of the condyle, with a normal functional matrix. CCC asymmetries, with growth and functional stimulation, tend to grow toward the original symmetry, similarly to mandibular fractures during early childhood. To make a differential diagnosis between true CFM and this peculiar type of hemi-mandibular hypoplasia, the collaboration between orthodontists and surgeons, but also geneticists and dysmorphologists, is of great importance because of the different prognoses and treatment approaches. Embryology and embryopathology are fundamental for the understanding of the biology underlying asymmetric mandibular hypoplasia, and their treatment planning.

## Timo Peltomäki



Prof. Timo Peltomäki graduated from University of Turku, Finland in 1982, completed specialist orthodontic education in 1988, PhD in 1993, and title of docent in 2002.

From 1993 to 1996 he worked as orthodontist in Riyadh, Saudi Arabia, and 1999-2000 as research fellow at the Institute of Reconstructive Plastic Surgery, NYU Medical Center, USA.

In 2005 he was appointed professor and head of Clinic for Orthodontics and Pediatric Dentistry, University of Zurich, Switzerland. In 2009 he returned to Finland to work as head orthodontist in Tampere University Hospital. In 2014 he was appointed professor of dentistry at Faculty of Medicine and Health Technology, Tampere University, and in 2017 professor of orthodontics at Faculty Health Sciences, University of Eastern Finland.

Professor Peltomäki's research interest lies in craniofacial growth and development, sleep disordered breathing, orthognathic treatment, JIA and OHRQoL. He has about 150 publications, has lectured widely at national and international meetings. As recognition of teaching and academic merits he was rewarded Distinguished Teacher Award, EOS, Charles Bolender Award, EFOSA, and Paul Herren Award, University of Bern, Switzerland.

## Breathing and craniofacial growth and development – complex and controversial association

For over a century breathing function is known to have an impact on normal and abnormal craniofacial growth and development. Traditionally obstruction in nasal breathing leading to mouth breathing is associated with adenoid face appearance. This development has been explained in a 'mechanistic' way as occurring by changes in muscular balance between cheeks and tongue. Disturbance of breathing function particularly at sleep, i.e. breathing pauses in obstructive sleep apnea is an additional influencing factor. Disturbed sleep rhythm in OSA children is associated with abnormal nocturnal growth hormone (GH) and insulin-like growth factor I (IGF-I) secretion and consequently somatic and mandibular growth impairment.

Thus, not only change in the muscular balance but also abnormal GH+IGF-I secretion is thought to contribute to the occlusal and craniofacial changes in children with disturbed breathing function.

## Flavia Artese



Prof. Dr. Flavia Artese graduated in Dentistry at the Federal University of Rio de Janeiro in 1992, where she also obtained her MSc (1993) and PhD in Orthodontics (1998). She was a Visiting Scholar at the Department of Orthodontics at the University of Washington (1995-6). In 1999, Dr Flavia became a part time Associate Professor in Orthodontics at the Rio de Janeiro State University, and currently is the Chair of the Orthodontic Program and teaches two days a week for undergraduate and graduate students. She is a Diplomate of the Brazilian Board of Orthodontics (2006), the former President of the Brazilian Association of Orthodontics (2014-2018) and an International Ambassador for the American Association of Orthodontists, representing Brazil. In 2018 she became an active member of the Angle Midwest Society and currently is the Secretary of the Scientific Commission of this Society. Dr Flavia is the Chair of the 10th International Orthodontic Congress of the WFO that will be held in Rio de Janeiro in 2025. She has vastly lectured nationally and internationally and has published several papers and book chapters and was the past editor in chief of the Dental Press Journal of Orthodontics. Dr Flavia practices orthodontics in her private practice in Rio de Janeiro since 1993.

### The bright and the dark sides of Interproximal Reduction

In the history of Orthodontics premolar extractions were the standard treatment option to correct bimaxillary protrusions, severe crowding, and sagittal compensations. With the possibility of bonding and the changes of facial esthetic patterns, interproximal reduction (IPR) became an alternative resource. Even though IPR can, in some cases, be used as a substitute for premolar extractions, two diagnostic factors are of utmost importance to define if and where teeth should be decreased in diameter, namely Bolton discrepancy and dental proportions, most specially in the esthetic zone. Even though, removing healthy dental tissue may be an uncomfortable and an irreversible decision for Orthodontists, currently IPR seems to be swaying as a trend. Clear aligners have stimulated the use of IPR to promote tooth movement, decrease mechanical complexity and reduce collision zones. But adequate diagnosis seems to be disregarded by automated systems, due to needs for tooth movement facilitation. The purpose of this presentation will be to demonstrate clinical parameters in which IPR is indicated for adequate treatment and finishing, discuss the best and most conservative methods for enamel grinding and to illustrate when IPR is absolutely inadvisable.

## Fotis V. Exarchou



2000: DDS, School of Dentistry, Aristotle University of Thessaloniki, Greece

2005: Specialty Diploma in Orthodontics, University of Tübingen, Germany

2009: Alex-Motsch-Award for Best Research Project in Craniomandibular Dysfunction, German Association of Functional Dentistry (DGFD)

2010: Doctorate in Craniomandibular Dysfunction, University of Berlin, Germany

2011: MSc in Craniomandibular Dysfunction, University of Greifswald, Germany

2019: MSc in Lingual Orthodontics, University of Valencia, Spain

2020-2023: International Clinical Speaker for Align Technology

Since 2024: International Clinical Speaker for ORMCO SPARK

Practice:

Owner of a private orthodontic clinic in Ioannina, Greece, limited to adult and adolescent aesthetic orthodontics, with over 1,000 lingual appliance cases and 2,500 aligner cases completed.

## Spark Aligner Orthodontics Exposed: Myths, Truths and Biomechanical Realities of Tooth Movement

Aligner orthodontics has revolutionized tooth movement, yet misconceptions persist regarding its biomechanical efficacy, particularly in comparison to traditional braces. This lecture demystifies common controversies, examining the evidence behind aligner capabilities in complex tooth displacement, root control, and torque expression. Focusing on Spark Aligners, we highlight their unique advantages: superior material properties, precision in force delivery and enhanced predictability through Approver Software treatment planning of each case. By separating fact from fiction, it will be revealed how a modern aligner system like Spark can challenge conventional biomechanical dogma while optimizing clinical outcomes on the most patient friendly way.

**Sponsored by Spark**

## Andreas Foustanos



Entered Medical School at the NKUA via national exams (1970); earned MD in June 1976

Specialty in General Surgery

PhD in Medicine, University of Athens

Specialty in Plastic Surgery, Catholic University of Rio de Janeiro, Brazil

Greek Specialty Title in Plastic Surgery

Academic Roles:

Associate Professor, Democritus University of Thrace

Associate Professor, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

Professional Memberships:

Member, Medical Academy of Bucharest

Member, Brazilian College of Surgeons

Member, Brazilian Society of Plastic Surgery

Member, Brazilian College of Surgeons

Member, AEXRI Society of Prof. Ivo Pitanguy

## The Synergy of Orthodontics and Reconstructive Surgery in Enhancing Facial Aesthetics

Facial reconstructive surgery and orthodontics are not isolated disciplines but converging specialties with a shared goal: improving the patient's quality of life-functionally and aesthetically. Orthodontic treatment significantly influences facial structure, jaw positioning, and the harmony of facial features, often laying the groundwork for future aesthetic or reconstructive surgical interventions.

Reconstructive surgery can further enhance the results of orthodontic therapy by refining soft tissue contours, restoring symmetry, and rejuvenating the face. Through interdisciplinary collaboration, these fields provide more holistic,

functionally sound, and aesthetically balanced solutions that positively impact both physical appearance and psychological well-being.

## Srirengalakshmi Muthuswamy Pandian



Prof. Srirengalakshmi Muthuswamy Pandian, an accomplished orthodontist, holds a B.D.S. from Government Dental College, Chennai, an M.D.S. from Bapuji Dental College, Karnataka, and an M.Ortho from the Royal College of Surgeons, Edinburgh. She is an Associate Professor and Academic Head at Saveetha Dental College, Chennai, and a consultant orthodontist in private practice. Her niche areas include digital planning for aligners and orthognathic surgery. A dedicated researcher with over 70 indexed publications, she has delivered 40+ guest lectures. She serves as an examiner for M.Ortho examinations at the Royal College of Physicians and Surgeons, Glasgow. Recognized with awards such as the 'Best Trainer' and 'Best Outgoing Postgraduate,' she is also a recipient of the WFO Roberto Justus 'Rising Star' Scholarship. Actively engaged in teaching and practice, she continues to advance orthodontic education and research.

## Controversies in Orthodontics: The Surgery-First Approach in Orthognathic Treatment

The surgery-first orthognathic approach (SFOA) has emerged as a revolutionary technique in correcting skeletal discrepancies, challenging the conventional orthodontics-first protocol. This approach offers the advantage of immediate facial profile improvement, reduced overall treatment time, and enhanced patient satisfaction. However, it remains a topic of debate due to concerns regarding post-surgical orthodontic complexity, stability of results, and case selection criteria. This presentation will explore the scientific rationale, clinical protocols, and digital planning techniques for SFOA, highlighting its benefits and addressing common controversies. Through evidence-based insights and clinical case discussions, we will evaluate the predictability, efficiency, and limitations of SFOA, guiding orthodontists to make informed decisions for successful patient outcomes.

## CONGRESS

Sunday, September 21, 2025

## OLYMPIA HALL

**Giacomo Scuzzo**

Dr. Giacomo Scuzzo, graduated in Dentistry at European University Madrid and specialized in Orthodontics at Ferrara University.

He has always worked exclusively in Aesthetic Orthodontics, with a special interest in Lingual Orthodontics.

Adjunct professor in Digital Orthodontics at Ferrara University (Italy).

Adjunct professor in Lingual Orthodontics at Salamanca University (Spain).

Adjunct professor in Lingual Orthodontics at Basel University (Switzerland).

Adjunct professor in Lingual Orthodontics at Torino University (Italy).

Clinical Instructor in Lingual Orthodontics technique at Complutense University Madrid (Spain).

Dr.Scuzzo has spoken and published in Italy and abroad on Lingual and Hybrid Orthodontics.

Vice President of Italian Lingual Orthodontic Society (AIOL).

Active Member of World Society of Lingual Orthodontics (WSLO).

Active Member of Italian Lingual Orthodontics Society (AIOL).

Dr.Scuzzo has a private practice limited to lingual orthodontics in Rome, Italy.

### **Redefining Biomechanics: Practical Insights for Clear Aligner Treatment**

Clear aligner therapy has evolved far beyond its esthetic appeal, becoming a powerful tool for managing increasingly complex orthodontic cases. At the heart of this transformation lies biomechanics—the key to unlocking predictable, efficient, and clinically successful outcomes. This lecture will bridge theory with clinical reality, providing a deep dive into how biomechanical principles can be applied and optimized in clear aligner treatment.

Participants will gain practical insights into force systems, torque control, expansion, and anchorage management, as well as strategies for overcoming common biomechanical challenges unique to aligners. Through real-world clinical cases, we will illustrate how thoughtful treatment design, combined with digital planning, can transform aligner therapy from a simple corrective tool into a comprehensive orthodontic solution.

Attendees will leave with actionable knowledge to refine their protocols, improve predictability, and elevate the quality of care for patients across a wide range of malocclusions".

**Sponsored by Angel Aligner**

## Round Table – School of Dentistry, NKUA

### Collaboration Between Orthodontics and Other Dental Specialties

#### Nikolaos Kerezoudis



Prof. Kerezoudis is a graduate of the School of Dentistry at the National and Kapodistrian University of Athens. He completed his postgraduate studies at the Karolinska Institutet in Stockholm, Sweden, where he earned his PhD. He currently serves as Professor and Director of the Department of Endodontics at the National and Kapodistrian University of Athens.

Dr Kerezoudis has authored numerous scientific publications and has been an invited speaker at both national and international dental conferences.

#### The Synergy Between Endodontics and Orthodontics

In contemporary dental practice, the successful management of certain cases increasingly necessitates the integration of therapeutic strategies from multiple dental specialties—most notably, Endodontics and Orthodontics.

While the interaction between these two disciplines was relatively limited in the past, there has been a significant expansion in the spectrum of cases that now benefit from their combined application.

This presentation aims to highlight and explore, through selected clinical cases, the unique considerations presented by patients who are either undergoing or are scheduled to undergo Orthodontic treatment and require Endodontic intervention at some stage. Additionally, it will address cases in which optimal outcomes can only be achieved through the coordinated efforts of both specialties.

#### Vasileios Psarras



Assist. Prof. Vasileios Psarras graduated from the School of Dentistry, NKUA, and completed a full specialization program in Prosthodontics and Temporomandibular Disorders at Lund University in Sweden. He holds an MSc from Lund University and a PhD in Dentistry from NKUA. He is Assistant Professor, Director, and Coordinator of the Temporomandibular Physiology Unit and the Postgraduate Program in Orofacial

Pain Management. He is a member of various Greek and international scientific societies, founding member and Secretary of the Hellenic Academy of Orofacial Pain. He has participated as an invited speaker in numerous national and international conferences and continuing education seminars. He has authored many scientific papers in both Greek and international journals, book chapters, and a textbook on the basic principles of Temporomandibular Physiology and Occlusion.

He maintains a private practice in Athens focusing on craniofacial disorders, orofacial pain, sleep disturbances, and occlusal dysfunctions.

#### Craniomandibular Disorders and Orthodontics

Craniomandibular disorders (CMD) encompass a collection of musculoskeletal and neuromuscular problems that result in functional impairment and pain.

The influence of occlusion in the etiology of CMD has been extensively challenged for years.

Despite the extensive research on CMD, a significant disagreement persists among numerous researchers and so-called experts about topics from etiology to treatment methodologies. A comprehensive and thorough understanding of all aspects of TMD is still inadequate

On the other hand, an increasing number of adult patients seek orthodontic treatment for aesthetic reasons or to enhance other dental treatments required for the management and restoration of function. It should be noted that adults have a higher frequency of CMD and a lower adaptive capacity of their Stomatognathic System compared to children and adolescents, resulting in a greater likelihood of experiencing or developing local or systemic pathologies during or after orthodontic treatment.

It is essential for orthodontists to develop the diagnostic ability required for the differential diagnosis of CMD, to comprehend the relationship between occlusion and CMD, accordingly to the current research findings, as well as the possible implications of orthodontic treatment on CMD issues.

### Yiorgos Bobetsis



Assoc. Prof. Bobetsis graduated from the Dental School of the National and Kapodistrian University of Athens in 2000. In 2006 he obtained his clinical specialization in Periodontology from the University of North Carolina at Chapel Hill (USA). The same year he was awarded a Ph.D. in Oral Biology from the University of North Carolina at Chapel Hill. Today, he is Associate Professor at the Department of Periodontology of the National and Kapodistrian University of Athens. He is also practicing periodontology and implant dentistry at a private dental clinic in Athens. He has received many scientific distinctions and scholarships. He has published many articles in Greek and international scientific journals as well as chapters in several textbooks. He has lectured in a large number of Greek and International conferences.

### Orthodontics and Periodontology. An interdependent relationship

Orthodontics and periodontology must have a close collaboration since they are interdependent. Hence, the restoration of periodontal health is imperative before the initiation of orthodontic treatment in order to avoid bone loss around the teeth during their orthodontic movement. On the other hand, orthodontic treatment can improve the position of teeth in cases of advanced periodontitis, where severe bone loss can lead to pathological tooth movement. The correction of labial displacement of anterior teeth, of super-erupted, and of mesially tipped teeth can help to better distribute occlusal forces and create more favorable conditions for oral hygiene, which are essential for maintaining periodontal health. Finally, in collaboration with the specialties of restorative dentistry, they can increase the restorative options and the final aesthetic result.

## Andreas Agouropoulos



Dr Andreas Agouropoulos is Assistant Professor at the Department of Pediatric Dentistry, National and Kapodistrian University of Athens, Greece. He received a Certificate in Pediatric Dentistry from Tufts University, School of Dental Medicine, Boston, USA and a M.Sc. Degree and PhD in Oral Biology from the University of Athens. Since 2003 he is also working in private practice limited to Pediatric Dentistry. His research interest and work is focused in epidemiology, oral biology, clinical research in healthy and patients with special needs, caries risk assessment, biomaterials, patient behavior and evidence based clinical guidelines development. He is the President of the Hellenic Society of Pediatric Dentistry, Member of the Constitution Committee of the European Academy of Pediatric Dentistry (EAPD), member of the Education Committee of the International Association of Pediatric Dentistry (IAPD). He has participated as a speaker in national and international congresses, has published several articles and he has received international awards for his research work.

### Collaboration between Pediatric Dentistry and Orthodontics for managing dental trauma cases

In the clinical practice of pediatric dentistry, monitoring the growth and development of the children is part of the anticipatory guidance program, in order to refer them to an orthodontist for the timely management of malocclusion. However, sometimes this collaboration may involve cases where orthodontic management is necessary to complete the dental treatment plan. The cases where this collaboration is most often required are dental trauma cases. For the successful management of traumatized teeth, which present unique characteristics, it is very important for all involved parties to be aware of the factors related to pulp and periodontal tissue healing after trauma, as well as the factors that determine the long-term prognosis following therapeutic treatment. The purpose of this presentation is to discuss the above factors so that the collaboration between pediatric dentist and orthodontist leads to the best possible outcomes.

## Anna Eliades



Dr Anna Eliades graduated from the Dental School of the National and Kapodistrian University of Athens in 2012. She subsequently pursued further studies, obtaining a Certificate in Orthodontics and a Master of Science degree from the same institution, a Dr med dent from the University of Bern, Switzerland, and a PhD from the University of Tampere, Finland. During her postgraduate studies, Dr Eliades was the recipient of two scholarships (State Scholarships Foundation and the «Alexander S. Onassis» Public Benefit Foundation). Additionally, she secured four research grants from the European Orthodontic Society (EOS) and GC Europe. In 2015, she was awarded the Best Poster Award at the annual meeting of the European Orthodontic Society in Venice, and in 2024, she received the Best Oral Presentation/Houston Research Award. Dr Eliades has presented a number of papers at international conferences, published 21 papers in accredited international peer-reviewed journals and one book chapter. At present, she operates a private practice limited to Orthodontics in Athens.

and serves as a research associate in the Department of Biomaterials at the Dental School of the National and Kapodistrian University of Athens. Her primary research interests include orthodontic aligners and materials releasing bioactive substances.

## Orthodontic Treatment with Clear Aligners: Modern Developments and Prospects

Since the introduction of orthodontic treatment with clear aligners in the early 1990s, the use of clear aligners has increased significantly, particularly among adult patients. A large number of companies have developed different aligner systems, and combined with the aggressive marketing strategies of manufacturers, orthodontic treatment with clear aligners has become one of the most popular and rapidly evolving fields in dentistry. However, several aspects concerning key parameters of orthodontic treatment with aligners still remain unclear. An in-depth discussion will be presented on the ongoing clinical challenges associated with clear aligner therapy, alongside a comparative evaluation of existing aligner systems. The presentation will explore the forces exerted by clear aligners during treatment and examine the mechanical properties of the thermoplastic materials used across different systems. Additionally, it will assess the clinical effectiveness of clear aligners in comparison to traditional fixed orthodontic appliances and investigate the changes that occur on the surfaces of attachments utilized in aligner-based orthodontic treatments.

**Sponsored by BE Aligned**

## Presentations by Graduates of the Postgraduate Program in Orthodontics School of Dentistry, National and Kapodistrian University of Athens (NKUA)

### Nikolaos Gkantidis



Assoc. Prof. Nikolaos Gkantidis has been a full-time Senior Staff Member at the Department of Orthodontics and Dentofacial Orthopedics, University of Bern, Switzerland, since 2016. He earned the Venia Docendi (Privatdozent) title in 2018 and was appointed Associate Professor in 2024. He graduated from the Dental School of Aristotle University of Thessaloniki, Greece (2006), and completed his postgraduate training in Orthodontics with honors at the University of Athens (2010). He then ran a private orthodontic practice in Thessaloniki until 2016.

Dr Gkantidis obtained his first doctoral degree in Bern (2013), where he also worked part-time at the Department (2012–2016), and later earned a Ph.D. from the University of Groningen, the Netherlands, in 2022.

His research focuses on the development and clinical application of 3D imaging techniques, facial attractiveness, and craniofacial morphology. He has published extensively and established national and international collaborations. For his work, he has received multiple grants and awards. He also serves as an academic editor for several high-impact journals, including Scientific Reports, Journal of Clinical Medicine, PeerJ, Diagnostics, Biology, and Dentistry Journal.

## From Diagnosis to Treatment: The Role of 3D Imaging in Modern Orthodontics

The integration of contemporary 3D imaging tools into orthodontic practice has significantly advanced diagnostic precision and treatment planning, enhancing both routine care and research potential. These technologies support a more comprehensive understanding of craniofacial structures and contribute to more predictable and individualized treatment outcomes, transforming orthodontic care and expanding possibilities for high-quality, evidence-based treatment.

This lecture provides an in-depth overview of key 3D imaging modalities[] extraoral 3D photography, intraoral 3D digital models, and 3D radiography[] highlighting their value across the full spectrum of orthodontic diagnosis and treatment. While these tools improve efficiency and accuracy in standard cases, their benefits are particularly pronounced in complex dentofacial conditions, where conventional approaches may fall short. Clinical examples will illustrate how 3D imaging supports decision-making and enables high-quality, evidence-based treatment, especially in complex cases.

### Athina Chatzigianni



Dr Athina Chatzigianni is Assistant Professor at the Department of Orthodontics, Faculty of Dentistry, Aristotle University of Thessaloniki-AUTH, Greece. She graduated first in the rank from the School of Dentistry of AUTH, continued as a Research Fellow at the Radboud University, Nijmegen, the Netherlands and received her Specialty and Master of Science in Orthodontics from the National and Kapodestrian University of Athens, Greece. She completed her Doctorate Degree at the University of Bonn, Germany. She has received Awards from the Dental Association of Thessaloniki for high academic performance, the WJ Houston Poster Award, the Excellence Scholarship for Postdoctoral Research Fellows, various Prizes in national and international Congresses and attended the NY Langone Medical Center for Craniofacial Anomalies in New York (2016). Her research proposal with the title "The role of biomarkers in saliva and gingival crevicular fluid as indicators of skeletal and dental maturity in children" received a Research Grant from Greece and the European Union. She is Vice-President of the Orthodontic Society of Northern Greece, General Secretary and founding member of the Balkan Association of Orthodontic Specialists and member of orthodontic societies worldwide. Her interests include omics technology, nanotechnology, mini-implants, 3D imaging, cleft lip and palate, craniofacial orthodontics and geometric morphometrics.

### The Use of Nanotechnology in Orthodontics

Nanotechnology has become especially popular over the last years in various scientific areas. Currently there are several nanoparticles (NPs) tested in numerous applications. In the medical field, NPs are used not only for diagnostic purposes, but also for therapeutic. With the use of nanodrug delivery systems, personalized medical treatment has shown encouraging results. Likewise, in dentistry and orthodontics, the incorporation of nanotechnology in material science, diagnostics and treatment starts to evolve. In orthodontics, antimicrobial NPs have been used to enhance the antimicrobial properties of orthodontic materials and overcome the problem of microbial accumulation in patients with orthodontic appliances. However,

the knowledge around NPs needs to progress since there are several challenges that need to be dealt with. The amount of research that remains to be carried out in this new area is extensive and the future results seem to be of paramount significance. The aim of this presentation is to introduce up to date information on the use of nanotechnology in the field of orthodontics.

## Alexandros Papagiannis



Orthodontist Alexandros Papagiannis received his dental degree (DDS) from the School of Dentistry, National and Kapodistrian University of Athens, Athens, Greece, in 2013 and completed a 3-year specialty program in Orthodontics (MSc) at the same University in 2019. Currently, he is a PhD student at the Department of Oral and Maxillofacial Diseases, University of Helsinki, Helsinki, Finland, and research associate at the Department of Orthodontics, School of Dentistry, National and Kapodistrian University of Athens, Athens, Greece. He has contributed as an author/co-author several scientific publications in peer-reviewed international journals. He has been awarded by the European Orthodontic Society with the W J B Houston Memorial Research Scholarship.

His main research interests focus on geometrics morphometrics, orthodontic retention and relapse, extraction/non-extraction orthodontic treatment modality, orthodontic treatment of syndromic cases with genetic background (including Dentin Dysplasia Type I and Primary Failure of Eruption), and experimental animal studies.

## Orthodontic Tooth Movement and Relapse: Short- and Long-Term Clinical Correlations

Orthodontic relapse is a major controversial clinical issue. Despite the different kind of retention schemes implemented, and the understanding of the in vitro and in vivo behavior of the biomaterials, still nowadays is impossible to guarantee the perfect post-debonding treatment outcome in the long term. Relapse may be detected as tooth movement toward the initial pre-treatment position, but also post-treatment changes may be observed, not necessarily related to the pre-treatment state.

This lecture will provide data for short- and long-term relapse quantification. Long-term relapse will be correlated to short-term relapse, as well as to tooth movements observed during orthodontic treatment. Specific relapse patterns will be described. These findings may help clinicians predict long-term relapse considering short-term tooth movements after orthodontic treatment, and evaluate long-term retention needs based on the direction of tooth movements during treatment. Future considerations will be briefly discussed.

## Julia Naoumova



Dr Julia Naoumova is an Associate Professor in the Department of Orthodontics at the Institute of Odontology, Sahlgrenska Academy, University of Gothenburg, and serves as the Program Director for the Postgraduate Program in Orthodontics at the Specialist Clinic of Orthodontics in Gothenburg, Sweden. Dr Naoumova completed her Bachelor of Dental Surgery in 2005 and her Master of Dental Surgery in 2007 from the University of Malmö, Sweden. She went on to specialize in Orthodontics in Gothenburg in 2010 and received her PhD from the University of Gothenburg in 2014.

She was appointed Associate Professor in 2021.

As Program Director, Dr Naoumova supervises postgraduate students, and several PhD students engaged in various prospective randomized clinical studies. She has been a guest speaker at numerous national and international conferences and was awarded the Beni Solow Prize for the best article in the European Journal of Orthodontics (EJO). Her research interests include interceptive orthodontics, eruption disorders, and the management of impacted teeth.

## Optimize the timing and treatment of palatally impacted canines

**Background:** Early detection and management of ectopic canines are critical as they can cause resorption of adjacent teeth. As a result, the treatment of ectopic and impacted canines is considered a high priority in orthodontics.

**Aims:** To provide a comprehensive overview of evidence-based orthodontic treatments aimed at preventing and correcting impacted canines.

**Objectives:**

- To improve the understanding of interceptive and comprehensive treatments for ectopic and impacted canines.
- To summarize the latest research on surgical techniques for the exposure of impacted canines.
- To examine the available evidence on root resorption of maxillary incisors caused by ectopic canines.

**Learning Outcomes:** By the end of the lecture, attendees will:

- Have a clear understanding of the most effective interceptive and comprehensive treatments for ectopic and impacted canines.
- Be able to assess the advantages and limitations of various surgical exposure methods and use this knowledge for treatment planning.
- Develop a deeper understanding of how to manage incisors with severe resorption.

## S. Jay Bowman



Dr Jay Bowman, D.M.D., M.S.D., is a Diplomate of the American Board of Orthodontics, a member of the Edward H. Angle Society of Orthodontists, a Fellow of both the International and the American College of Dentists, Fellow of the Royal College of Physicians and Surgeons of Glasgow.

He developed and has taught the Straightwire Typodont & Techniques course at The University of Michigan for 25 years, is an Adjunct Associate Professor at Saint Louis University, and Assistant Clinical Professor at Case Western Reserve University.

He delivered the J.A. Salzmann Award Lecture at the AAO in 2022, received the Angle Research Award in 2000, the Orthodontic Education and Research Foundation Merit Award in 2017, and the Edgar Honey Award from KVDDS in 2022.

## More Than Lip Service for Orthodontic Controversies

Orthodontic treatment "philosophies" and appliance fashions have come and gone as rapidly as fads in the garment industry. Treatments featuring non-

extraction, 2-stage, and arch development have again become de rigueur, but not because of convincing evidence of superiority, but rather due to clever, enthusiastic promotion combined with a relentless defamation of extraction treatments. Anecdotal examples of untoward results, punctuated by emotional claims, are more common. Dr Bowman will discuss the impact of both extraction and non-extraction strategies, based on a comprehensive exploration of the scientific literature, to provide evidence-based guidance in these contentious issues

Dr Bowman's arguments have been lead to a plethora of articles in the American Journal of Orthodontics and Dentofacial Orthopedics, The Angle Orthodontist, Seminars in Orthodontics, Journal of Clinical Orthodontics, Craniofacial Growth Series, Progress in Orthodontics, Canadian Oral Health, Revista Dental Press de Ortodontia e Ortopedia Facial, Australian Orthodontic Journal, Torq, Journal of Indian Orthodontic Society, OrthoTown, Orthodontic Products, New Zealand Association of Orthodontists Newsletter, and also the cover story for the Journal of the American Dental Association. In addition, Drs. Bowman and Johnston were awarded the Edward H. Angle Research Award for the best research paper published in The Angle Orthodontist in 2000.

## POST-CONGRESS SEMINAR

### OLYMPIA HALL

Sunday, September 21, 2025

#### S. Jay Bowman



Dr Jay Bowman, D.M.D., M.S.D., is a Diplomate of the American Board of Orthodontics, a member of the Edward H. Angle Society of Orthodontists, the International College of Dentists, the American College of Dentists, and the Royal College of Physicians and Surgeons of Glasgow. He developed and has taught the "Straightwire Typodont & Techniques" course at the University of Michigan for 25 years. He is also Adjunct

Associate Professor at Saint Louis University and Clinical Associate Professor at Case Western Reserve University.

He has delivered the J.A. Salzmann Award Lecture at the American Association of Orthodontists (AAO) in 2022 and is the recipient of the 2000 Angle Research Award, the 2017 Merit Award from the Foundation for Orthodontic Education and Research, and the 2022 Edgar Honey Award from KVDDS.

### Concepts and Controversies in Contemporary Clinical Orthodontics: Everything but the Kitchen Sink

1. Molar Distalization: Poor English, Good Practice. All Roads Lead to Class II Correction

2. Uno, Dos, Tres: All Screws in One Place.

With the advantage of hindsight, when examining treatments involving the use of mini-screw anchorage, it appears in a parallax view that moving

from buccal interraderic insertion of mini-screws to the palate often affords more reliability and versatility for orthodontic biomechanics. Specifically, one palatal insertion site for mini-screws, combined with simple laboratory modifications of transpalatal arches can be employed as anchorage to assist in the correction of a wide variety of malocclusions.

Uno, Dos, Tres: One Concept for Three Angle Classes, Bowman, Seminars in Orthodontics, 2018, 24(1):3-16. The Horseshoe Jet for Mini-screw-Supported Molar Distalization, Bowman, J Clin Orthod 2018, 51(4):196-218.

### 3. Drastic Plastic: Enhancing the Predictability of Clear Aligners

As the limitations of clear aligner treatments have been identified, conceptualizing techniques and devices to improve the predictability in producing desired results has been the next logical step. A variety of concepts, methods, and adjuncts have subsequently been introduced to enhance the efficacy and effectiveness of clear aligners. Consequently, the scope of biomechanics and type of malocclusions that can be more predictably treated has increased. As one example, the inclusion of mini-screw temporary skeletal anchorage has permitted the addition of direct and indirect anchorage to support and control more predictable programmed tooth movements with aligners. .

***\*The speaker has a financial interest in devices developed for use with clear aligners.***

Learning Objectives:

1. Understand the purpose and advantages of mini-screw anchorage to enhance a variety of orthodontic mechanics.
2. Comprehend the concept of mini-screw anchorage that may enhance the correction of each type of Angle Class of malocclusion.
3. Be familiar with the rationale for the selection of a specific mini-screw insertion site.
4. Understand the purpose and advantages of individualizing clear aligners and applying adjunctive forces to increase treatment predictability.
5. Be familiar with a variety of applications and uses for adjuncts to aligners such as mini-screw anchorage, the addition of buttons/elastics, and enhancement instruments.
6. Realize methods to increase the scope and predictability of clear aligner options.

## ORTHODONTIC STAFF CONTINUING EDUCATION SEMINAR CONFERENCE HALL 1

Saturday, September 21, 2025

### Stefania Karakousoglou



Stefania Karakousoglou graduated from the University of Liverpool Dental School in 2011. In addition to her clinical work as a dentist, she has developed a strong passion for the business side of dentistry. With over 10 years of experience as a treatment coordinator and practice manager in orthodontics, she focuses on optimizing patient care and ensuring a seamless orthodontic journey from start to finish.

### Maximizing Orthodontic Treatment Acceptance: Practical Solutions and Communication Strategies

Grounded in real-world orthodontic experience and refined in successful practices, this session offers practical tools and effective communication techniques to help increase patient acceptance. Learn how to build trust, address common objections with confidence, and present treatment plans in a way that resonates with patients. The strategies shared are designed for immediate application, supporting stronger consultations and sustainable practice growth.

### Ioannis Tzoutzas



Emeritus Professor of the Dental School of the National and Kapodistrian University of Athens after an academic career of 41 years in the Laboratory of Operative Dentistry, having published more than 145 papers in Greek and International Scientific Journals, Textbooks.

He founded the course Management and Organization of Dental Practices, which is taught to graduates of the School of Dentistry of the National University of Athens. He also founded and moderated the School of Dental Assistants, of the National University of Athens.

At the European level - among others - he chairs the Working Group on Patient Safety, Infection control and Waste management, of the Council of European Dentists.

He served as Chairman for 23 years of the Infection Control Committee of the Dental School of the University of Athens.

At the same time, he is Vice President of the Athens Dental Association and President of the relevant Scientific Committee. He is also Visiting Professor at the European University of Cyprus, School of Dentistry and recently elected as President of the Institute of Scientific Affairs (I.E.THE) of the Hellenic Dental Association.

### Disinfection and Sterilization in the Orthodontic Practice

This lecture will address the selection of appropriate chemical disinfectants and their implications for healthcare settings. It will cover the classification of disinfectants commonly used in dental practices, with a focus on orthodontic applications, discussing their bactericidal, fungicidal, and sporicidal efficacy

and modern application methods. Additionally, the talk will examine chemical residues and health considerations associated with occupational exposure to these agents.

## Dimitrios Konstantonis



Dr Konstantonis is a graduate of the NKUA School of Dentistry and completed his postgraduate training in Orthodontics and earned an M.S. in Orthodontics from the Center for Advanced Dental Education at Saint Louis University, USA. He holds a Ph.D. in Oral Biology from NKUA and is a research associate in the Orthodontics Department at NKUA and at the University of Zurich in Switzerland. His clinical and research interests span both laboratory and applied orthodontics and are reflected in his numerous publications (accessible via ORCID). Dr Konstantonis is certified by the American Board of Orthodontics (ABO) and has practiced exclusively in orthodontics and dentofacial orthopedics in Athens since 1996. His main clinical focus includes early intervention for skeletal discrepancies, interdisciplinary management of complex cases, and combined orthodontic-orthognathic treatments. Since 2023, he has served as President of the Hellenic Society for Dentofacial Research (EOGME).

## Orthodontic Excellence: The Power of Teamwork

Modern orthodontic care is rooted in the four-handed dentistry model. In today's practice, the orthodontic assistant plays a critical role in delivering high-quality services. Assistants must be adequately trained and familiar with contemporary orthodontic techniques. This presentation will explore how theoretical education in orthodontics enables assistants to meet both clinical and administrative responsibilities. Specialized orthodontic assistants should understand basic malocclusions, be proficient with both fixed and removable appliances, and have a strong grasp of clinical protocols. Equally important are communication skills-explaining procedures and treatment goals to patients and parents alike.

## Vasiliki Tarantili



Orthodontist Vasiliki Tarantili graduated from the Dental School of the National and Kapodistrian University of Athens in 1997. She specialized in Orthodontics through the postgraduate training program of the same university (NKUA) during the period 1999–2002.

At the same time, she earned a Master of Science (MSc) degree in Oral Biology from the Dental School of NKUA in

2002.

She also holds a Master of Science degree awarded by the Medical School of the Democritus University of Thrace in the field of «Hygiene and Safety» (2023).

She has been running a private orthodontic practice since 2003 in the region of Eastern Attica.

Her scientific interests include early orthodontic treatment, the treatment of syndromes and skeletal anomalies, and the application of hygiene and safety standards in Dentistry.

She is a PhD Candidate at the Medical School of the Democritus University of Thrace.

## Hygiene & Safety in the Orthodontic Practice: Through the Eyes of the Patient

The proper implementation of Hygiene and Safety measures in the Orthodontic Practice significantly influences the positive or negative perception of patients seeking Orthodontic and Oral Health services.

Adherence to the relevant protocols is the responsibility not only of the Orthodontist but of the entire team (Orthodontic Team) working in the practice (administrative staff, clinical and laboratory assistants).

According to a recent study conducted at the Laboratory of Hygiene of the Medical School of Democritus University of Thrace, orthodontic patients exhibit increased awareness of issues related to Hygiene and Safety, particularly in the aftermath of the recent COVID-19 pandemic.

As a result, they respond positively to the presence of personnel in the Orthodontic Practice who are thoroughly informed and adequately trained in Hygiene and Safety.

Furthermore, both patients and their companions appear to value certification procedures, believe they are capable of assessing the degree of compliance with the relevant measures, and are willing, in the event of deficiencies, to follow the path of litigation.

The consistent and systematic application of fundamental Hygiene and Safety practices by the Orthodontic Team in daily operations, in order to meet patient expectations, is deemed necessary and beneficial for the proper function of an Orthodontic Practice.

## Gerassimos Angelopoulos



Dr Angelopoulos is a Scientific Associate of NKUA, where he earned his DDS and PhD. He completed postgraduate training in Orthodontics and Oral Physiology at the University of Toronto, where he was awarded the Aaron Posen Award. He has received the Harry Sicher Award from the American Association of Orthodontists (AAO) and multiple Invisalign Research Awards (2017, 2018, 2021). His lectures focus on clear aligner therapy, self-ligating brackets, and interdisciplinary orthodontics. He is President of the Hellenic Society for Orthodontic Aligners, Vice President of EOGME, a member of the Orthodontics Committee of KESY, a Scientific Committee member of the Attica Dental Association (OSA), AAO Ambassador for Greece, and a consultant to the World Federation of Orthodontists (WFO).

## The Orthodontic Assistant as a Key Player: Clinical Support and Operational Excellence

Behind every successful orthodontic clinic is a skilled and knowledgeable assistant. This presentation highlights the multifaceted role of the orthodontic assistant, from clinical support and patient interaction to the use of advanced tools such as 3D scanners.

Topics include practice organization, ergonomics, digital workflows, professional demeanor, communication, and the overall patient experience. Through practical examples and clear guidance, the session will inspire assistants to elevate their roles and become essential drivers of quality and efficiency in today's innovative orthodontic practices.

## Vasileios Stathopoulos



Vasileios Stathopoulos has received his Dental degree (1985) from the School of Dentistry, at the National & Kapodistrian University of Athens (NKUA), Greece. He received his Certificate in Orthodontics & his MSD from the University of Pacific, U.S.A. (1987). He has, also served as clinical instructor in the Orthodontic Department, at the NKUA (1989-1991).

He is a member in good standing in the GAOSR, the GSLO, the GOAS, the AAO & the WFO. The last thirty-five years he has served as member/ representative/chair:

- GAOSR representative in international fora,
- Board of Directors of the Regional Dental Society of Attica,
- OC in various orthodontic congresses,
- GA and of her Board of Directors of the Hellenic Dental Association (HDA),
- 6th district of Municipality of Athens,
- Committee for Orthodontics of the Central Health Board (KE.S.Y.),
- Consulting Committee of Liberal Professionals of eEFKA,
- Board of Directors of the Social Insurance Organization of Medical Providers (2012-2015),
- Board of Directors of the Insurance Organization of Liberal Professionals (2014-2015),
- General Assembly of the Council of European Dentists (CED 2019-),
- Chair of CED's Working Group of "Oral Health".

His interests include Obstructive sleep apnea and professional topics such as taxation, employment legal issues, and social security.

Since 1988 he holds a private practice limited to Orthodontics in Athens, Greece.

## What Really Matters from the Maze of National & European Legislation for the Modern Orthodontic Practice?

The aim of the presentation is to encode the basic information regarding the application and skills that are required by the dental assistant of a contemporary orthodontic office in the light of a continuously amending legal framework. Considering that the clinical orthodontic practice is now part of four (4) or more handed dentistry, the contribution of the dental assistant to the improvement of the quality of services is indisputable. The orthodontic assistant must be sufficiently qualified to fulfill the clinical, secretarial duties and poses communication skills to handle the patients, the parents and the office associates. There is a procedural approach in shaping the dental assistance's profile in Greece.

We will report, for example on the General Data Protection Regulation (2016/679/EU), on the European Health Data Space Regulation, the Medical Device Regulation (2017/715/EU) regarding medical devices, the Greek Dental Code of Ethics, the application of teledentistry, the framework of the "European Green Deal" which is enforcing a circular economy, the National Electronic Patient Record etc.

*Abstract Book*

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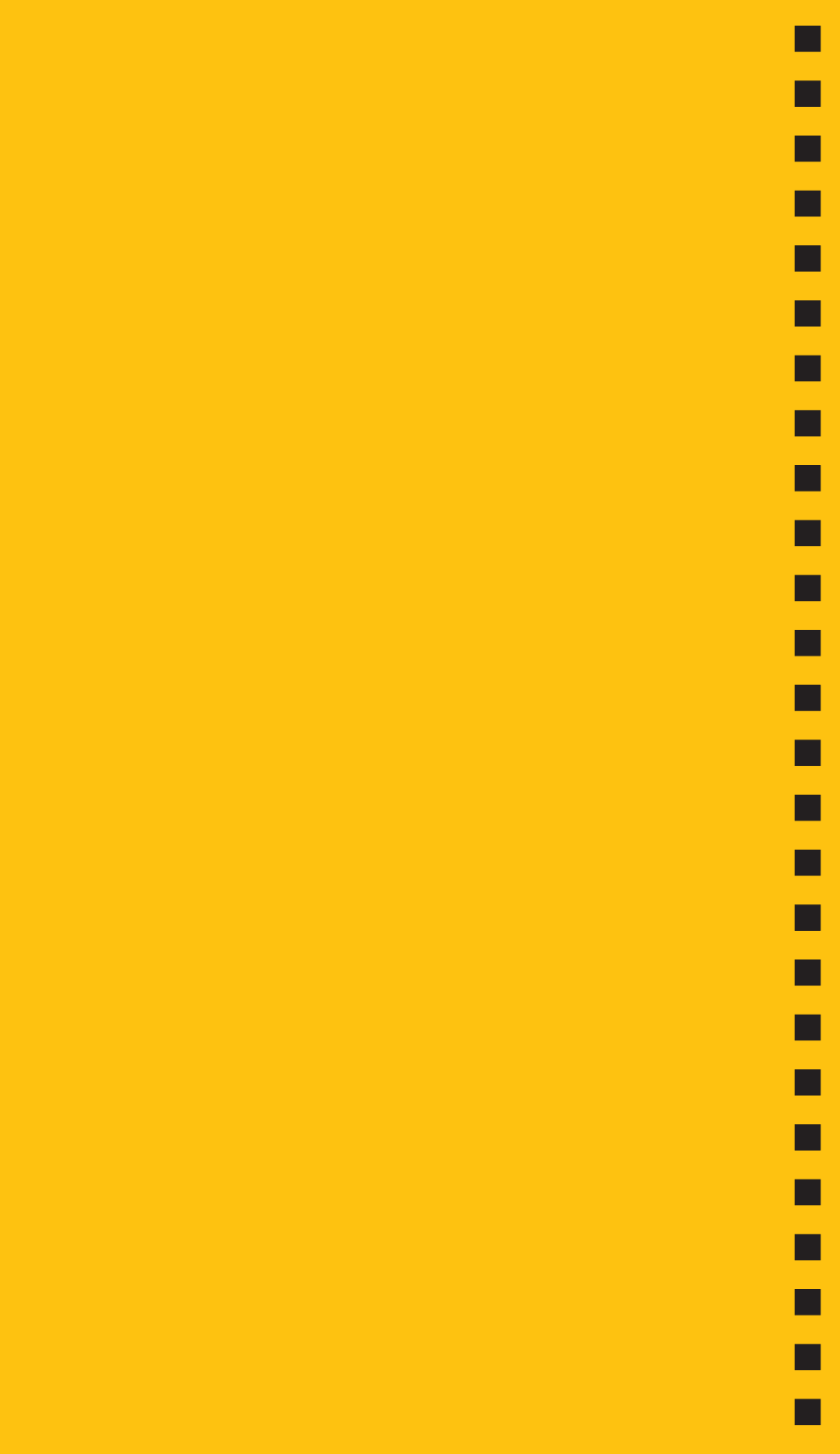
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RESEARCH



## ORAL PRESENTATIONS

### 1. EFFECT OF ORTHODONTIC TREATMENT WITH OR WITHOUT EXTRACTIONS ON THIRD MOLAR ANGULATION

**Kazanopoulos N.**, Xanthakis I., Balkoni K., Vastardi E., Konstantonis D.

Department of Orthodontics, School of Dentistry, National and Kapodistrian University of Athens

**Introduction:** The impact of orthodontic treatment with or without extractions on third molar angulation remains a subject of ongoing debate.

**Aim:** This study aims to evaluate the differences in the angulation of third molars between patients who underwent orthodontic treatment with or without extractions.

**Materials & Methods:** A systematic review and meta-analysis were conducted using the MEDLINE and Scopus databases for the period 2000-2024. A total of nine studies involving 865 patients were analyzed. The risk of bias was assessed using the PROBAST tool. Angular measurements were performed on panoramic radiographs, and data were pooled using a random-effects model.

**Results:** Patients who underwent extractions demonstrated a statistically significant reduction in the angulation of mandibular third molars in the M3L/M2L ( $-1.31^\circ$ ,  $p=0.003$ ) and M3L/PP ( $-4.85^\circ$ ,  $p=0.02$ ) angles. Combined analysis of all mandibular angles (M3L/M2L, M3L/PP, M3L/MP) showed a statistically significant overall reduction with SMD  $-0.36$  (95% CI:  $-0.57$  to  $-0.15$ ,  $p=0.004$ ). For maxillary third molars, a statistically significant reduction was observed in the M3U/PP angle ( $-5.72^\circ$ ,  $p=0.05$ ).

**Conclusions:** Orthodontic treatment involving extractions appears to improve inclination of third molars, particularly in mandibular third molars, with statistically significant changes in all evaluated angles. A statistically significant change was also observed in the M3U/PP angle of maxillary third molars. However, further high-quality prospective studies are needed to validate these findings

### 2. THREE-DIMENSIONAL ASSESSMENT OF POSTOPERATIVE STABILITY FOLLOWING SEGMENTAL LE FORT I OSTEOTOMY USING CBCT

**Lee, E.H.**, Kim, K.B., Foley P., McCray J., Movahead R.

Department of Orthodontics, Center for Advanced Dental Education, Saint Louis University

**Introduction:** Maxillary Transverse Deficiency (MTD) is common among adults with occlusal discrepancies, and it is prevalent in both non-syndromal and syndromal patients. Narrow and constricted maxillary arches are commonly seen in many orthodontic skeletal malocclusions and dentofacial deformities, as nearly 30% of adult orthodontic patients have MTD related to a posterior crossbite. Maxillary expansion can aid in the resolution of dental crowding and address transverse arch discrepancies; however, patients past pubertal growth exhibit little of the skeletal effects of traditional rapid palatal expanders due to partial or inter digitation of the mid palatal suture. In adult patients needing large amounts of expansion, surgical assistance may be necessary. Surgical procedures to address MTD have traditionally been grouped into two categories: a segmented maxilla during a Le Fort I osteotomy to reposition the individual segments in a widened position and surgically assisted rapid palatal expansion (SARPE). SARPE has been the

conventional treatment of choice used in adult patients to facilitate greater amounts of maxillary skeletal expansion, but it is useful when only transverse correction is needed. Instead, segmental osteotomy is the preferred choice for the correction of MTD when a single surgical procedure is used to address all maxillary-mandibular discrepancies, including vertical and sagittal corrections.

**Objective:** The aim of this study is to quantitatively evaluate the post-surgical stability of dental and skeletal movements in three dimensions using CBCT in patients treated with segmental Le Fort 1 osteotomy.

**Methods:** Thirty-five patients treated with segmental Le Fort 1 osteotomy were retrospectively collected from one oral surgeon (12 males/23 females;  $29.77 \pm 12.22$  years). Preoperatively (T1), postoperative (T2), and follow-up (T3) CBCT volumes were collected for each patient and compared using rapid voxel based superimposition. Sixteen landmarks were identified and used to evaluate dental and skeletal post-surgical changes of the maxillary segments. Pearson's correlation analysis was used to determine the correlation between the amount of post-surgical changes and the extent of the surgery.

**Results:** Statistically significant surgical changes were observed from T1-T2 in all measurements except for dental width and the vertical position of maxillary first molars. A moderate negative correlation ( $r = -0.450$ ) between posterior skeletal expansion and post-surgical relapse was found. There was a statistically significant increase in posterior and anterior alveolar bone width during T2-T3 ( $0.40 \pm 1.00$  mm and  $0.86 \pm 1.43$  mm, respectively). Posterior nasal spine moved superiorly  $-0.59 \pm 1.06$  mm and anteriorly  $0.40 \pm 0.92$  during the T2-T3. A point relapsed posteriorly by  $-0.40 \pm 0.67$  mm during the same period. The right and left greater palatine foramina relapsed posteriorly  $-0.28 \pm 0.75$  mm and  $-0.45 \pm 0.95$  mm, respectively.

**Conclusion:** Maxillary advancement by segmental Le Fort 1 osteotomy and rigid internal fixation is highly stable in the transverse and horizontal plane, with skeletal and dental changes experiencing less than 18% relapse. Vertical relapse of the right and left posterior maxillary segments during post-surgical stability was compensated by extrusion of the maxillary dentition.

### 3. RADIOGRAPHIC FINDINGS OF SYSTEMIC DISEASES IN CHILDHOOD AND ADOLESCENCE AFFECTING THE JAWS: CASE PRESENTATIONS

Rontogianni A.<sup>1</sup>, Tsiklakis K.<sup>2</sup>

<sup>1</sup> Division of Dental Technology, Department of Biomedical Sciences, University of West Attica, Athens, Greece

<sup>2</sup> Department of Oral Diagnosis and Radiology, School of Dentistry, National and Kapodistrian University of Athens, Greece.

**Introduction:** Certain systemic diseases that appear during childhood and adolescence often present with signs and symptoms in the orofacial region, which may represent the initial manifestation of the condition. Orthodontic evaluation, including regular and specialized imaging, can contribute to the early detection of systemic disorders that have not yet been diagnosed.

**Objective:** To highlight the role of the orthodontist in identifying imaging findings associated with systemic diseases, through the presentation of clinical cases.

**Materials & Methods:** Clinical cases demonstrating findings such as delayed tooth eruption, bone resorption, impaired growth, and jaw asymmetries will be presented. The orthodontist's detailed observations proved pivotal in facilitating the early referral and diagnosis of systemic diseases involving

the hematopoietic system, skeletal system, endocrine glands, and other related conditions.

**Conclusions:** The orthodontist, as a professional in direct and continuous contact with children and adolescents, can serve as an early detector of pathological conditions. Their diagnostic vigilance significantly contributes to the overall health of the patient.

#### 4. TAILORED ALIGNER BIOMECHANICS FOR GINGIVAL VS NON GINGIVAL OPEN BITE TREATMENT

**Angelopoulou A.**, Classen S., Gravia A., Angelopoulos G.

School of Dentistry, European University of Cyprus & School of Dentistry, National and Kapodistrian University of Athens, Athens, Greece

**Introduction:** Anterior open bite (AOB) poses unique challenges when excessive gingival display is present. Clear aligners offer a minimally invasive alternative, yet biomechanical strategies must be adjusted according to soft tissue characteristics to optimize stability and esthetics.

**Aim:** To demonstrate distinct aligner biomechanics for two AOB presentations: one with excessive gingival display and another without, and to compare treatment outcomes.

**Materials & Method:** Case 1: A 29 year old patient with vertical maxillary excess and AOB exhibited increased gingival display. Treatment involved posterior intrusion via aligners equipped with optimized attachment design. Adjunctive methods (temporary anchorage devices and botulinum toxin) were considered to enhance long term stability. Case 2: A 16.1 year old hyperdivergent patient presented with functional AOB due to tongue posture and oral habits, but minimal gingival display. Treatment employed anterior extrusion using aligners with power ridges and vertical elastics. Myofunctional therapy addressed habit control. Fixed retention was implemented to mitigate relapse risk.

**Results:** In Case 1, posterior intrusion reduced gingival display, improved occlusion, and enhanced facial balance. Optimized attachments allowed controlled tooth movement, with adjunctive support improving tissue response. In Case 2, anterior extrusion closed the bite, but stability depended on habit correction. Despite minimal soft tissue involvement, fixed retention and myofunctional exercises were essential to prevent relapse.

**Conclusions:** Clear aligners can effectively address AOB, but posterior intrusion offers greater stability in cases with excessive gingival display. Anterior extrusion is suitable when gingival display is minimal but requires rigorous habit management and retention protocols. Tailored biomechanics guided by soft tissue evaluation are critical for lasting success in AOB treatment with aligners.

#### 5. EFFECT OF ORTHODONTIC APPLIANCES ON THE SEVERITY OF SLEEP BRUXISM. A SYSTEMATIC REVIEW

**Zafeiropoulou E.**<sup>1</sup>, Katsanos K.<sup>1</sup>, Papaioannou S.<sup>1</sup>, Loukogiorgaki N.<sup>1</sup>, Kloukos D.<sup>1,2</sup>

<sup>1</sup> 251 Hellenic Air Force Hospital, Athens, Greece

<sup>2</sup> University of Bern, Bern, Switzerland

**Aims:** The aim of the current systematic review was to assess the available evidence on the effect of orthodontic treatment for the management of sleep bruxism (SB) in children and adults.

**Material & Methods:** Multiple electronic databases (MEDLINE/PubMed, Ovid

MEDLINE, Ovid Embase, LILACS, and Cochrane Library) were searched up to December 1st, 2024. Randomized controlled trials, non randomized clinical trials, observational studies of prospective and retrospective designs, and cross sectional studies reporting on the effect of all types of orthodontic appliances utilized for the management of SB, were considered eligible for inclusion. The quality of the included RCTs was assessed per the revised Cochrane risk of bias tool for randomized trials (RoB 2.0), whereas the risk of bias of the included cohort studies was assessed using the risk of Bias in non-randomized Studies of Interventions tool (ROBINS-I tool).

**Results:** Seven studies fulfilled the inclusion criteria. The risk of bias was deemed as unclear or high for most of the included studies. Orthodontic treatment seems to provide positive Results for the alleviation or severity of sleep bruxism. Orthodontic interventions mainly included aligners, but studies also reported on fixed appliances, palatal expansion and mandibular advancement with functional appliances. The Results of the included studies comparing different treatment modalities were heterogeneous and qualitatively reported.

**Conclusions:** Although orthodontic treatment seems to be effective for the management of sleep bruxism, an inter disciplinary approach is strongly recommended for the handling of SB patients overall.

**Disclosure of interest:** None declared

## 6. OPEN-BITE TREATMENT IN ADULTS WITH CLEAR ALIGNERS: PRESENTATION OF CLINICAL CASES

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**Introduction:** Anterior open bite (AOB) in adults presents diagnostic and therapeutic challenges, particularly when seeking non-surgical solutions. Etiology is multifactorial, involving hyperdivergent growth patterns, oral habits, respiratory factors, and neuromuscular imbalances. Advances in clear aligner therapy (CAT) allow controlled vertical movements, but treatment predictability varies depending on underlying factors and case severity.

**Objective:** To evaluate and compare clinical outcomes of three adult AOB cases treated with CAT, focusing on biomechanical strategies and the role of skeletal anchorage in vertical control and mandibular autorotation.

**Materials & Method:** Three non-growing patients (ages: 19-21) with dental AOB (-2 mm to -5 mm) were treated with CAT. Two cases involved sequential molar intrusion and anterior extrusion without skeletal anchorage. In the third case, maxillary mini-screws were placed bilaterally in the posterior region-buccally and palatally-to support molar intrusion. No extractions or surgery were performed. Cephalometric data, overbite measurements, and occlusal photos were assessed pre- and post-treatment.

**Results:** All three patients achieved a positive overbite (1.5-2.5 mm) and improved incisor display. Posterior vertical control was evident, with maxillary molar intrusion of 1.2-2.0 mm and 3.0 mm in the mini-screw case, contributing to mandibular autorotation. The skeletal anchorage case showed the greatest GoGn-SN angle reduction (-2.2°), indicating enhanced vertical control. Two cases remained stable at follow-up; one had recently completed treatment.

**Conclusion:** CAT is an effective method for mild to moderate AOB correction in adults. Skeletal anchorage improves vertical control and long-term stability

in cases with greater discrepancies. Accurate case selection and 3D planning are key for predictability.

## 7. REDUCTION OF THE CARBON FOOTPRINT WHEN UTILIZING CLEAR ALIGNERS IN ORTHODONTIC TREATMENTS

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**Introduction:** The use of clear aligners causes an increase in the carbon footprint. When incinerated, they release carcinogenic/possibly carcinogenic substances into the atmosphere. The extension of this problem becomes clear when we are confronted by the number of aligners (and respective 3D printed models) produced: as of June 30, 2024 around 18 million cases were treated solely by one of the major aligner companies. If average treatment requires 26 aligners, this would amount to 728 million plastic aligners and models.

**Objective:** The objective of this paper is to raise awareness to this subject and provide suggestions to decrease the carbon footprint created by the use of clear aligners.

**Materials & Method:** Data bases such as PubMed and the webpage of the American Association of Orthodontists were used to obtain relative literature. The key words used were: "clear aligners, carbon footprint, recycling, ecological impact".

**Results:** There are simple actions that can contribute to reducing the carbon footprint: the development of new materials based on nylon or biodegradable compounds, advancements in 3D printing technology, the use of directly 3D-printed aligners, the implementation of shape memory thermoformed aligners, printing a reduced number of aligners per treatment series, emphasizing the importance of patient compliance, setting realistic treatment goals, and utilizing auxiliaries techniques to accelerate treatment outcomes.

**Conclusion:** Given that, at present, the recycling of clear aligners is difficult, if not unfeasible, the most realistic strategy for reducing the carbon footprint from the clinician's side appears to be focusing on the reduction in the amount of plastic used in treatments with orthodontic aligners.

## 8. SURGICAL AND ORTHODONTIC MANAGEMENT OF A PATIENT WITH CLEIDOCRANIAL DYSPLASIA

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Cleidocranial dysplasia (CCD) is a rare generalized heritable bone disorder associated with hypoplasia or aplasia of clavicles, delayed closure of fontanels, brachycephalic skull, and a variety of dental abnormalities including delayed exfoliation of primary dentition, delayed eruption of permanent teeth, multiple supernumerary teeth and morphologic abnormalities of the maxilla and mandible. The disorder is caused by mutations in the RUNX2 or CBFA1 gene, on the short arm of chromosome 6p21. This gene normally guides chondrocytes maturation, osteoblast differentiation and appropriate bone formation. This condition initially was thought to involve only membranous bones undergoing intramembranous ossification (e.g. clavicles, skull and flat bones), but it is now known to affect endochondral ossification as well.

Both acellular and cellular cementum is present in deciduous teeth, whereas in permanent teeth, cellular cementum is lacking and acellular cementum is partially hyperplastic. Abnormal aberrations of these functions might explain the distinct dental anomalies associated with this disorder. The prevalence of CCD is estimated one per million, without sex or ethnic predilection. The purpose of this presentation is to describe the surgical and orthodontic treatment of a 18-year old male patient. The paternal medical and dental history was positive for this dysplasia. The severe malocclusion prompted the parents of the patient to ask for his dental management. The retention of supernumerary teeth was extended about 6 years. Therapy included removal of deciduous and permanent non- restorable teeth, surgical repositioning, ortho- and heterotopic autotransplantations, and finally orthodontic treatment with edgewise appliances. Only one single Implant tooth replacement is necessary to finalize the dental treatment.

## POSTER PRESENTATIONS

### 1. TOOTH TRANSPOSITION IN THE MAXILLA: MAINTENANCE OR REPOSITIONING?

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**Introduction:** Tooth transposition is defined as the positional exchange between two adjacent teeth. It is described as incomplete when only the crowns are involved and complete when both crowns and roots are transposed.

**Objective:** This study aims to present the diagnostic approach in two cases of maxillary tooth transposition with different treatment strategies.

**Materials & Methods:** Two cases from the postgraduate orthodontic clinic of the National and Kapodistrian University of Athens were analyzed. The first involved an 11-year-old male with maxillary canine-first premolar transposition, and the second a 12-year-old female with maxillary canine-lateral incisor transposition. Diagnostic procedures included extraoral and intraoral photographs and radiographic imaging.

**Results:** Dental transposition occurs with a prevalence of 0.33-0.5%, showing a female predominance (60%). It is more common in the maxilla, particularly between the canine and first premolar (58-70%), and less frequently between the canine and lateral incisor (20%). In the first case, the transposition was maintained; in the second, it was corrected. The relationship of the canine to the adjacent tooth roots was decisive in treatment planning.

**Conclusions:** Early diagnosis of dental transposition is essential for optimal therapeutic outcomes and for minimizing potential complications. CBCT is often necessary to accurately assess tooth positioning. Orthodontic treatment planning must take into account smile aesthetics, occlusion, treatment duration, complexity of the case, and patient compliance.

### 2. SEQUENTIAL DISTALIZATION PROTOCOL IN THE MANAGEMENT OF CLASS II DIVISION 2 MALOCCLUSION IN AN ADULT PATIENT USING CLEAR ALIGNERS

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**Introduction:** The treatment of Class II discrepancies in adult patients has always been particularly challenging, primarily due to the absence of remaining skeletal growth and demanding anchorage alternatives. One of the key objectives in managing these cases is the distalization of the maxillary molars, a movement that traditionally required complex mechanics. With the advancement and widespread use of clear aligner therapy, this goal can now be approached with greater control, efficiency, and patient comfort.

**Aim:** This case report aims to demonstrate how aligners, using sequential distalization protocol, can be effectively used in the treatment of adult Class II Division 2 malocclusions.

**Materials & Methods:** A 20-year-old female patient presented with an Angle's Class II Division 2 malocclusion, characterized by a retrognathic mandible, severely retroclined upper incisors, moderate crowding in both arches, a 100% deep bite, an accentuated curve of Spee, and a 2 mm upper midline deviation to the left. Treatment planning focused on utilizing

Invisalign aligner therapy for distalization of the upper molars and retraction of the upper dentition, aiming to achieve the desired outcomes without the use of auxiliary orthodontic appliances.

**Results:** A harmonious facial appearance and occlusion were achieved. Treatment modalities, staging, and clinical insights will be discussed regarding the orthodontic management of this type of malocclusion.

**Conclusion:** Aligners expand the treatment possibilities for complex Class II cases that might otherwise necessitate camouflage therapy or orthognathic surgery. They provide aesthetic benefits, improved oral hygiene, and increased convenience for adult patients, although their effectiveness remains highly dependent on patient compliance.

### 3. AUTOTRANSPLANTATION OF A MANDIBULAR PREMOLAR USING CONTEMPORARY TECHNIQUES: A CASE REPORT

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**Introduction:** Transplantation of developing premolars is a well-documented procedure in the literature, successfully performed to replace hopeless teeth, particularly in young patients. When properly planned and executed at the optimal time, this treatment option offers functional, esthetic, and biological benefits, including preservation of the alveolar bone and periodontal health. This report presents the case of a growing patient who underwent autotransplantation of a mandibular premolar to the maxillary anterior region following the traumatic loss of a central incisor.

**Case Presentation:** A 10-year-old patient presented with a partially intruded maxillary right central incisor due to traumatic injury. Forced orthodontic traction was applied to reposition and stabilize the affected tooth. Despite these efforts, after 18 months, signs of ankylosis became evident, accompanied by progressive infra-occlusion. Given the compromised prognosis, extraction of the tooth was indicated. A second lower premolar at the three-quarter root development stage was selected for autotransplantation to the maxillary anterior segment. A digital prototype of the donor tooth was created and the recipient site was surgically prepared in alignment with the 3D-printed model, facilitating an accurate fit. The donor tooth was transplanted with minimal extraoral time, reducing the risk of periodontal damage. The restorative phase included laminate bonding via resin injection technique, followed by orthodontic treatment to close residual space and re-establish dental and facial symmetry.

**Conclusion:** This case highlights the value of autotransplantation as a viable treatment alternative in pediatric patients with traumatic tooth loss. It also demonstrates that modern technologies in dentistry can lead to a successful and more predictable outcome.

### 4. ORTHOGNATHIC SURGERY OF A CLEFT PALATE CLASS III PATIENT: A CASE REPORT

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**Introduction:** Patients with cleft palate often present with skeletal class III malocclusion, the management of which may require a combination of orthodontic treatment and orthognathic surgery.

**Objective:** The aim of this presentation is to report a clinical case involving a 20-year-old female patient who was referred from the Pediatric Dentistry Clinic to the postgraduate clinic of the Department of Orthodontics NKUA. The patient exhibited a cleft palate with incomplete closure at the age of 6, maxillary hypoplasia with a skeletal class III pattern, and molar incisor hypomineralization.

**Materials & Methods:** To establish a comprehensive diagnostic record, extraoral and intraoral photographs were obtained, along with the necessary radiographs.

**Results:** Following the evaluation of the diagnostic record, it was determined that the optimal treatment approach would be a combination of orthodontic treatment and orthognathic surgery. During the pre-surgical orthodontic phase, the patient underwent extraction of the upper first premolars to allow maxillary advancement. The surgical plan included a 5 mm maxillary advancement and a 3 mm mandibular posterior repositioning. Upon removal of the orthodontic appliances and placement of fixed retainers, internal bleaching of 21 was performed due to discoloration from previous dental trauma, along with restorations of the upper lateral incisors, which exhibited microdontia.

**Conclusions:** Despite the existence of some general guidelines, the management of such complex cases remains a challenge in orthodontic clinical practice, with the current literature still being limited. Successful treatment often requires interdisciplinary collaboration to ensure timely and evidence-based therapeutic intervention.

## 5. TREATMENT OF A SEVERE CLASS III MALOCCLUSION WITH COMBINED ORTHODONTICS AND ORTHOGNATHIC SURGERY

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**EisaIntroduction:** The orthodontic treatment of a severe skeletal Class III malocclusion in adults often requires a combination of orthodontics and orthognathic surgery.

**Purpose:** The purpose of this work is to present a case of a 32-year-old adult patient who exhibited a severe skeletal Class III malocclusion and was treated with a combination of orthodontics and orthognathic surgery.

**Materials & Methods:** The patient presented with a deficient maxilla and a prognathic mandible with a negative horizontal overjet of -10.7 mm. Fixed edgewise appliance were used to align the dental arches and to eliminate dental compensations. A surgical plan was developed in collaboration with the maxillofacial surgeon. In the maxilla, via Le Fort I osteotomy, a 5 mm advancement, 2 mm intrusion, and 0.5 mm shift to the right were performed. The posterior repositioning of the mandible by 7.2 mm was achieved through bilateral sagittal split osteotomy. In addition to the anteroposterior improvement, correction of the midline and the occlusal plane inclination were achieved.

**Results:** At treatment's end the patient displayed harmonious skeletal anatomy with ideal Class I molar and canine occlusion. The patient reports significant improvement in speech and mastication.

**Conclusion:** In cases of severe skeletal discrepancies, close collaboration between the orthodontist and the maxillofacial surgeon, thorough analysis of diagnostic elements, and careful treatment planning are crucial factors for achieving an excellent outcome.

## 6. MONOZYGOTIC TWINS WITH CLEIDOCRANIAL DYSPLASIA: CASES PRESENTATION

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**Introduction:** Cleidocranial dysplasia (CCD) is an autosomal dominant disorder characterized by the presence of craniofacial, skeletal, and dental anomalies, including clavicle aplasia or hypoplasia, delayed suture closure, short stature, midfacial hypoplasia, brachycephaly, and supernumerary teeth. CCD is caused by mutations in the Runx2 gene, which encodes a transcription factor that activates osteoblast differentiation and bone morphogenesis. Despite the autosomal dominant nature of CCD, which is inherited from the mother, the phenotypic characteristics of the disease show a wide spectrum of manifestations even in individuals within the same family.

**Purpose:** The aim of this presentation is to describe the clinical manifestations of CCD and report the orthodontic treatment plans in two young monozygotic twin patients.

**Subjects & Methods:** Two 13-year-old monozygotic twin sisters were referred to the Postgraduate Orthodontic Clinic of the NKUA, seeking orthodontic treatment. A medical and dental history was obtained and comprehensive clinical and radiographic examinations were performed.

**Results:** The young patients present a characteristic appearance with short stature, narrow chest and broad forehead. Extraoral examination revealed a normal/average facial type, harmonious profile, hypertelorism, broad nasal bridge and maxillary hypoplasia. Intraoral examination combined with panoramic radiography and cephalometric analysis revealed a Class I skeletal and dental malocclusion, localized crossbite, impacted permanent maxillary and mandibular central and lateral incisors, retained deciduous teeth with associated failure of eruption of their permanent successors. The orthodontic treatment plan included surgical exposure of the impacted teeth in combination with fixed orthodontic appliances.

**Conclusions:** The functional and aesthetic consequences of CCD can significantly reduce the quality of life of these patients. Orthodontic treatment is possible in patients with CCD, however, an individualized treatment plan is required.

## 7. REVISITING CLASS II NON-EXTRACTION TREATMENT IN ADULTS: A CUTTING-EDGE APPROACH USING ALIGNERS AND TEMPORARY ANCHORAGE DEVICES

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**Introduction:** Treatment with clear aligners is widely applied in adult patients. The combination of this method with the use of temporary anchorage devices (TADs) can lead to successful outcomes in cases that would possibly require extractions if treated with fixed orthodontic appliances.

**Purpose:** The purpose of this study is to present a case of a young adult with Class II, Division 1 malocclusion (full step), which was treated using a combination of clear aligners and TADs.

**Materials & Methods:** The patient began orthodontic treatment at the age of 24. The third molars were extracted. A stepwise distalization of all maxillary teeth was designed in order to achieve Class I relationship. After the appropriate intraoral scans, 3 successive series of clear aligners were manufactured. When the first upper molars were moved to Class I position, two 8 mm TADs were placed between the first and second upper molars to reinforce anchorage. The remaining upper teeth were retracted with elastics applied from the TADs to the cuts of the aligners in the canine area.

**Results:** At the end of the treatment, the patient presents an ideal Class I canine and molar relationship.

**Conclusion:** The combination of clear aligners and TADs can achieve gradual distalization of the maxillary teeth and establish an ideal Class I occlusion, even in adult patients.

## 8. CONGENITALLY MISSING PERMANENT LOWER CENTRAL INCISORS - PRESENTATION OF TWO CASES

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**Introduction:** The esthetic and functional rehabilitation of bilateral lower central incisor agenesis is challenging in clinical practice, mainly due to mandibular anatomical limitations and the small clinical crown size of these teeth.

**Aim:** This study aspires to present two clinical cases featuring agenesis of both permanent lower central incisors and the treatment plan that was implemented.

**Materials & Methods:** Two clinical cases with congenital absence of mandibular permanent central incisors are presented. In both cases, the selected treatment plan involved closing the space with fixed orthodontic appliances and restoring the residual space with a Maryland-type bridge substituting a single lower central incisor.

**Results:** Both cases completed the orthodontic treatment achieving a harmonious occlusion in Angle Class I molar and canine relationship. A prosthetic restoration with a Maryland-type, metal-ceramic bridge came next, that also served as fixed retention in the lower anterior segment.

**Conclusion:** The treatment outcome of both cases was esthetically, functionally and biologically acceptable. It is the preferred choice for fixed restoration in young, still growing patients and has a minimal impact on the adjacent teeth. Therefore, an implant-supported restoration could be provided in the future.

## 9. LONG-TERM EFFECTS OF ORTHODONTIC TREATMENT, WITH OR WITHOUT SURGICAL INTERVENTIONS, FOR THE MANAGEMENT OF OBSTRUCTIVE SLEEP APNOEA. A SYSTEMATIC REVIEW.

**Papaioannou S.<sup>1</sup>, Zafeiropoulou E.<sup>1</sup>, Loukogiorgaki N.<sup>1</sup>, Papaioannou F.<sup>1</sup>, Kloukos D.<sup>1,2</sup>**

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**Aims:** The aim of the current systematic review was to assess the available evidence on the long-term effect of orthodontic treatment alone or in conjunction to surgical procedures for the management of obstructive sleep apnoea (OSA) in children and adults.

**Material & Methods:** Multiple electronic databases (MEDLINE/PubMed, Ovid MEDLINE, Ovid Embase, LILACS, and Cochrane Library) were searched up to December 1st, 2024. Randomized controlled trials, non randomized clinical trials, observational studies of prospective and retrospective designs, and cross sectional studies reporting on long-term effects, i.e. evaluation in follow-up period of more than 24 months after orthodontic treatment alone or in conjunction to surgical procedures for the management of obstructive sleep apnoea, were considered eligible for inclusion. The quality of the included RCTs was assessed per the revised Cochrane risk of bias tool for randomized trials (RoB 2.0), whereas the risk of bias of the included cohort studies was assessed using the Risk Of Bias In Non-randomized Studies of Interventions tool (ROBINS-I).

**Results:** Sixteen studies fulfilled the inclusion criteria. The risk of bias was deemed as unclear or high for most of the included studies. Orthodontic treatment with or without adjacent surgical intervention seems to provide stable Results in the long-term. Orthodontic interventions mainly included palatal expansion and mandibular advancement with functional appliances. The Results of the included studies comparing different treatment modalities were heterogeneous and qualitatively reported.

**Conclusions:** Although orthodontic treatment seems to be effective even in the long-term for the management of OSA, an inter-disciplinary approach is strongly recommended for the handling of OSA patients overall.

**Disclosure of interest:** None declared.

## 10. NON-COMPLIANCE TREATMENT OF CLASS II MALOCCLUSION - TWO DIFFERENT TECHNIQUES

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**Introduction:** Treating the Angle Class II malocclusion is common in the clinical orthodontist's daily practice. Occasionally, insufficient compliance on the part of the patient may effect failure or an inferior treatment outcome.

**Aim:** The aim of the present study is to present two plans of treatment that have been implemented in the correction of Angle Class II malocclusion, using different fixed non-compliance appliances.

**Materials & Methods:** Two clinical cases are presented. Case 1 was initially treated with a low-pull cervical headgear albeit with limited success and later

using fixed appliances on both dental arches. Due to inadequate compliance, it was decided to apply the Biobite corrector device. Case 2 was treated with fixed appliances on both dental arches and, also, the application of the Powerscope device.

**Results:** Eventually, both treatment plans led to desired, ideal occlusal relationship between the dental arches, with proper molar and canine Angle class I relationship. Proper retention was used and the treatment outcome was considered stable in the long term.

**Conclusion:** Non-compliance devices function continuously not requiring active participation of the patient, in comparison to removable appliances. Their success is mainly attributed on the induction of movement within the alveolus.

## 11. ONE-PHASE CLASS III ORTHODONTIC CORRECTION IN A CLEFT PATIENT: CASE REPORT

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**Introduction:** Cleft represents the most common congenital craniofacial malformation. The management is complex, typically requiring long-term orthodontic treatment and, in many cases, surgical interventions.

**AIM:** To present a clinical case of a patient with Class III malocclusion and cleft lip and palate, successfully treated in a single phase, using fixed orthodontic appliances, without orthognathic surgery.

**Materials & Methods:** A 14-years-old male presented with left-sided cleft lip and palate, severe transverse maxillary deficiency, combined with both anterior and posterior crossbite. Clinical examination and radiographs, confirmed agenesis of tooth #22 and a hypoplastic, palatally displaced #12, with complete lack of space for both. Cephalometric analysis revealed SNA:82,5° SNB:85° ANB:-2,5°. Treatment included fixed orthodontic appliances for maxillary expansion, correction of the crossbite and space creation for lateral incisors. Tooth #12 was repositioned buccally through traction. The agenesis of #22 was managed with preparation of space for future prosthetic replacement with Maryland Bridge. Despite treatment completion after 2.5 years, prosthodontic restoration is pending due to financial limitations. Appliances remain in place for space preservation.

**Results:** Class III malocclusion and crossbite were fully corrected, resulting in a great Class I occlusion on both sides. Buccal movement of #22 was also successful. The planned prosthetic replacement of #22 will further enhance the final outcome.

**Conclusions:** The orthodontic treatment of cleft patients can be, under specific conditions, successful without extended treatment time or surgical procedure, providing great functional and aesthetic Results.

## 12. FIXED RETENTION SUFFICIENT TO PREVENT RELAPSE AND UNWANTED TOOTH MOVEMENTS AFTER ORTHODONTIC TREATMENT?

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**Introduction:** Maintaining the stability of orthodontic outcomes remains a clinical challenge. Permanent retention with fixed retainers is widely used to prevent relapse; however, its effectiveness is influenced by factors such as material properties, bonding technique, and frequency of follow-up evaluations. The increasing use of Fiber-Reinforced Composites (FRC) and CAD/CAM technologies necessitates a re-evaluation of conventional fixed retainers made from multi-stranded stainless steel wire (MSS).

**Objectives:** The aim of this poster presentation is to investigate failure rates, relapse tendencies, and factors affecting retention success according to the type of the retainer. Clinical cases of unwanted tooth movements are also presented, even in apparently intact fixed retainers.

**Materials & Methods:** A literature review was performed (PubMed, Google Scholar, Scopus) using keywords: "fixed retainers", "orthodontic retention", "relapse", "failure rates", "unwanted movements". Relevant clinical cases were concurrently evaluated.

**Results:** Failure rates ranged from 7.3% to 50%, with failures occurring most frequently within 3-6 months. MSS retainers exhibited more frequent fractures, FRC retainers showed higher rates of debonding, while CAD/CAM retainers provided precision but no clear superiority in stability. Cases of unwanted tooth movements were reported despite intact appearance of the retention devices.

**Conclusions:** Relapse and unwanted tooth movements are multifactorial phenomena. No retention type guarantees complete relapse prevention. Proper bonding technique, material selection, and regular monitoring remain critical for long-term stability.

### 13. ACCURACY OF COMBINING INTRAORAL AND FACIAL SCAN IN A SINGLE ORTHODONTIC PATIENT'S DIGITAL MODEL

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**Introduction:** The advancements in digital technology have provided new possibilities in 3D face scanning and a more accessible alternative, allowing image acquisition to be completed within seconds at inexpensive prices.

**Objectives:** To validate the accuracy of integration of intraoral scan to the facial scan acquired by the EM3D application, utilising the Blue-Sky Plan 4 software, creating a digital model of an orthodontic patient, by comparing the same linear measurements on real photographs and images from the digital model of the patient.

**Materials & Methods:** 30 patients (20 females and 10 males; age range 12-30 years) undergoing orthodontic treatment with fixed appliances were recruited in this prospective cross-sectional study from December 2024 to February 2025. Five facial landmarks were marked on each patient: Trignon right, cheilion right and left, subnasale and pronasale. Intraoral scan and facial scan were performed at the same appointment. Facial scan was conducted using an iPhone 13 Pro with the EM3D face scanning application which utilizes the iPhone's TrueDepth camera technology, while the patient was

smiling. The STL (Stereolithography) and OBJ (Object) files (acquired from intraoral and facial scan respectively) were combined in a digital model using the Blue Sky Plan 4 software. Lateral and frontal photographs of the patient's face, while smiling, were also acquired. Eight linear measurements (Tragion right - bracket #11, Tragion right - incisal #11, Cheilion right - #13, Cheilion left - #13, Subnasale - #11, Subnasale - #21, Pronasale - #11, Pronasale - #21) were digitally performed on the real and digital photographs of the patients using the facial landmarks and certain points on teeth and braces. Paired sample t-test and Wilcoxon signed-rank test were used for statistical analysis.

**Results:** Significantly statistical difference was detected only in one (Cheilion right - #13) measurement ( $p = 0.004$ ).

**Conclusions:** Combining intraoral and facial scan using a special software provides a clinically useful digital model of an orthodontic patient for diagnosis, treatment planning and outcome assessment.

#### 14. HYBRID CLEAR ALIGNER–SURGERY APPROACH FOR COMPLEX CLASS II DIVISION 2 MALOCCLUSION

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**Introduction:** Managing complex Class II Division 2 malocclusions in adults presents significant orthodontic and surgical challenges. Emerging protocols integrate clear aligners with orthognathic surgery to enhance functional and esthetic outcomes.

**Aim:** To present an interdisciplinary approach for treating a complex malocclusion using a hybrid method combining clear aligners, fixed appliances, and surgery, supported by a literature review.

**Materials & Methods:** A 48-year-old male exhibited Class II Division 2 malocclusion, mandibular retrognathism, 100% overbite, telescopic occlusion between #27 and #37, and severe incisor retroclination. He also lacked several posterior teeth (#16, #36, #46, #48). A combined approach included 2D lingual brackets on anterior teeth for torque and bite correction, sectional mechanics for molars, and 91 pairs of clear aligners for alignment. A bilateral sagittal split osteotomy (BSSO) advanced the mandible, and implant placement followed space creation at #46. Records included panoramic/lateral cephalometric radiographs, CBCT, photographs, and digital scans over a three-year period. A PubMed search (2004-2024) identified 10 relevant studies on aligner-assisted surgical treatment.

**Results:** The hybrid method achieved improved occlusion, function, and facial balance. The literature supports that clear aligners, when combined with selective fixed mechanics and surgery, yield outcomes comparable to traditional techniques, especially in experienced hands.

**Conclusions:** A multidisciplinary, hybrid treatment protocol can successfully address complex malocclusions. While early outcomes are promising, larger studies are needed to validate long-term stability and standardize treatment protocols.

## 15. FUNCTIONAL PSEUDO-CLASS III MALOCCLUSION - PRESENTATION OF TWO DIFFERENT TREATMENT PLANS

Whballa S.<sup>1</sup>, Lyros I.<sup>2</sup>, Kotantoula G.<sup>3</sup>, Vastardis H.<sup>4</sup>

<sup>1</sup> DDS, Private practice, School of Dentistry, NKUA

<sup>2</sup> PhD, Research Associate, Department of Orthodontics, School of Dentistry, NKUA

<sup>3</sup> PhD candidate, Department of Orthodontics, School of Dentistry, NKUA

<sup>4</sup> Associate Professor, Department of Orthodontics, School of Dentistry, NKUA

**Introduction:** In everyday clinical practice, orthodontist faces challenging cases with malocclusions, one of which is the functional class III malocclusion. Known as pseudo-class III usually appears during mixed dentition due to anterior displacement of the mandible caused by occlusal interferences of anterior teeth.

**Aim:** The objective of this study is to highlight two different treatment alternatives for pseudo-class III malocclusion emphasizing the importance of early diagnosis.

**Materials & Methods:** Two clinical cases are demonstrated: Case no.1 was treated exclusively with the use of fixed appliances in both arches. Case no.2 was treated in two phases. At first Hawley appliance with screw and springs was used to correct the anterior crossbite. Phase II of case no.2 was completed with fixed appliances.

**Results:** Both treatment protocols led to the achievement of Class I molar and canine relationship after dealing with the anterior crossbite. Additionally, skeletal relations were improved preventing the dental discrepancy from evolving into a true class III skeletal discrepancy. Using retainers, treatment outcomes remained stable.

**Conclusion:** Early treatment of the pseudo-class III is crucial for avoiding the establishment of the true skeletal class III. The clinical success of the aforementioned cases is due to the individualized and well-executed treatment plan. These cases highlight treatment alternatives and advise on the most appropriate plan to achieve the optimal result.

## 16. TREATMENT WITH CLEAR ALIGNERS IN COMPLEX ADULT MALOCCLUSIONS

Damanaki D.A., Damanakis G., Vastardis H.

School of Dentistry, National and Kapodistrian University of Athens

**Introduction:** Clear orthodontic aligners, fabricated with the CAD CAM system, offer aesthetics, comfort and improved oral hygiene, hence increased use by adult patients. Aligners can achieve a variety of orthodontic movements, in treatments of both simple and complex malocclusions.

**Aim:** The goal of the present assignment is the evaluation of the orthodontic treatment of two demanding cases with Spark clear aligners.

**Materials & Method:** X-rays and photographs of two 40-year-old male patients were used. They underwent orthodontic treatment following the required extractions of the upper and lower first premolars and the positioning of resin attachments, and the outcomes were assessed.

**Results:** The orthodontic treatment was successful and completed in approximately 18 months. The patients were cooperative, and did not report symptoms, such as difficulty in oral hygiene, pain or general discomfort. The final positions of the teeth were the desired ones not only aesthetically,

but also functionally.

**Conclusions:** Treatment with clear aligners is selected for a wide range of orthodontic cases and is dependent on the complexity of the case and the patient's cooperation. Although the force is applied on all the teeth, specific movements are achieved with more difficulty. Thus, the predictability, the plan and the outcome of the treatment are affected. The force applied by the aligners depends on the biomechanical characteristics of the aligner's material and the resin attachments. Therefore, more research is needed on the materials and the attachments' morphology of the aligners, the range of movements achieved and factors regarding the patient, to optimize treatment.

## 17. THE TYPES OF RESIN ATTACHMENTS IN TREATMENT WITH CLEAR ORTHODONTIC ALIGNERS

Damanakis G., **Damanaki D.A.**, Kanavakis G.

School of Dentistry, National and Kapodistrian University of Athens

**Introduction:** Clear orthodontic aligners made using CAD/CAM technology provide aesthetics, comfort, and improved oral hygiene, leading to greater use among adults. They can facilitate a broad spectrum of orthodontic movements, addressing simple and some complex malocclusions by using resin attachments, enhancing treatment effectiveness.

**Aim:** The goal of the present assignment is to present the types of resin attachments and their role in orthodontic movements with clear aligners.

**Materials & Method:** Literature review was conducted via PubMed and was summarized within English articles without temporal confinement using some key terms, such as «clear aligner attachments» and «Spark attachments».

**Results:** Resin attachments are classified as conventional and optimized, varying in shape and dimension. The choice of type depends on the tooth involved and the desired movement.

- Incisors: rectangular and ellipsoid
- Canines: beveled optimized or conventional
- Premolars: optimized or rectangular
- Molars: vertical or horizontal, conventional or optimized, or a combination of them

Buccal or lingual placement influences force distribution and the efficiency of the treatment.

**Conclusions:** Attachment types react differently, depending on clinical application. They increase retention, ensure stability and facilitate complex movements, with the most common types being optimized, ellipsoid, rectangular and beveled. Movement predictability may differ from the software simulation, due to incorrect use of the attachments. Accurate selection of shape, placement and number improves treatment precision and biological safety. Therefore, further research is needed on resin attachments characteristics to optimize treatment.

## 18. PRIMARY FAILURE OF ERUPTION. A CASE FAMILY SERIES.»

**Vlachou E.M.**, Lyros I., Korneli-Siarava A., Aravantinou-Koutsouvi A., Lykogeorgos T., Morali A., Tsolakis I.A.

Department of Orthodontics, School of Dentistry, National and Kapodistrian University of Athens, Greece

Department of Orthodontics, School of Dentistry, Aristotle University of Thessaloniki, Greece

**Introduction:** Delayed tooth eruption culminating in ankylosis is an intriguing

occurrence in orthodontists, occurring in approximately 1.7% of the Caucasians. In families with a known PTH1R gene mutation, the penetrance is high, often exceeding 80%, among trait carriers. Although the condition may affect both primary and permanent teeth, the permanent mandibular second molars (0.06%) and the permanent first molars (0.01%) are most commonly affected.

**Aim:** This presentation aims to study tooth ankylosis as connected with delayed eruption, to discuss the therapeutic approach and highlight the genetic background of the condition.

**Materials & Methods:** Three patients, members of the same family, were selected for this study. Two of them underwent orthodontic treatment with fixed appliances, while the third was decided to proceed without orthodontic treatment.

**Results:** Two individuals among three siblings manifested primary failure of tooth eruption. The patient with normal tooth eruption, an Angle class I occlusion was achieved following orthodontic treatment. In the first case featuring primary failure of eruption, orthodontic treatment was implemented due to the co-existing anterior crossbite and posterior open bite. Despite orthodontic traction, the ankylosed teeth failed to move. Thus, only the traumatic incisor relationship was addressed, surgical and prosthetic rehabilitation pending until the patient's completion of growth. The second case with failed eruption, was decided to proceed without orthodontic treatment, and be treated surgically and prosthetically after the end of growth.

**Conclusion:** The rate of primary failure of eruption occurring in more than a single family member appears increased in case of confirmed genetic background.

## 19. OPTIMIZING VERTICAL TOOTH MOVEMENT WITH ALIGNERS AND LINGUAL BRACKETS COMBINATION

Theodorou M.<sup>1</sup>, Angelopoulos G.<sup>2</sup>

<sup>1</sup> Undergraduate Student, School of Dentistry, NKUA

<sup>2</sup> Research Associate, School of Dentistry, NKUA

**Introduction:** Orthodontics has evolved significantly, with clear aligners now being a widely accepted treatment option due to their aesthetics, comfort, and removability. However, they present limited predictability in certain movements, such as vertical tooth movement. Two-dimensional (2D) lingual brackets have been proposed as an adjunct technique that enhances biomechanical control, especially in cases of increased overbite.

**AIM:** This study aims to highlight the indications and advantages of the combined use of clear aligners and cost-effective 2D lingual brackets through the presentation of a relevant clinical case.

**Materials & Methods:** A literature review was conducted using the keywords «2D lingual brackets and aligners» in databases (PubMed, Scopus, Google Scholar, Cochrane Library). Of the 13 articles retrieved, 4 met the inclusion criteria. Additionally, a clinical case of increased overbite successfully treated with the combined approach is presented.

**Results:** The 2D lingual brackets proved to be more effective for vertical movements, particularly when the goal is relative intrusion through proclination of the lower incisors, temporary premature contact of the anterior teeth, and disclusion of the posterior teeth.

**Conclusions:** The combination of these two techniques enhances the

predictability of vertical tooth movement, offering both functional and aesthetic advantages. It allows for the stabilization of selected teeth and precise guidance in complex cases, especially in the presence of skeletal discrepancies. This is an innovative, aesthetically acceptable, and biomechanically robust approach for the personalized management of complex orthodontic cases.

## 20. ORTHODONTIC ROOT REPOSITIONING FOR GINGIVAL RECESSION: CLINICAL CASE ANALYSIS

**Classen S.**, Lappas K., Angelopoulos A., Angelopoulos G.

School of Dentistry, European University of Cyprus & School of Dentistry, National and Kapodistrian University of Athens, Athens, Greece

**Introduction:** Gingival recession (GR) is characterized by apical migration of the gingival margin beyond the cemento-enamel junction, exposing root surfaces and compromising esthetics and periodontal health. Orthodontic movement outside alveolar boundaries can exacerbate GR, whereas repositioning teeth within the alveolar envelope may facilitate recession improvement.

**Aim:** To demonstrate the potential for spontaneous GR reduction via orthodontic root repositioning in two adult patients.

**Materials & Method:** Case 1: A 28-year-old male with Miller Class II recession on tooth #41, secondary to buccal root displacement from orthodontic relapse. Fixed appliances delivered controlled lingual root torque.

**Case 2:** A 52-year-old patient presented with an anterior crossbite and minimal attached gingiva on the lower incisors. Orthodontic alignment was performed to realign mandibular incisors within the alveolar housing.

**Results:** In Case 1, lingual root movement induced coronal migration of gingival tissues (creeping attachment), achieving partial root coverage without grafting. Contributing factors included limited interproximal attachment loss (Cairo RT1), young age, and excellent oral hygiene.

In Case 2, incisor repositioning within alveolar bone yielded stable and esthetic gingival margins. Minimal attached gingiva did not hinder soft tissue adaptation when root position was optimized.

**Conclusions:** Orthodontic root repositioning can serve as a non-invasive adjunct in managing localized GR by facilitating creeping attachment in suitable biotypes. Thorough diagnosis, periodontal evaluation, and interdisciplinary collaboration are essential. In cases of thin biotype or advanced bone loss, adjunctive soft tissue grafting remains necessary for long-term stability.

## 21. FANCONI-BICKEL SYNDROME: A CASE REPORT

**Alexiou A.**<sup>1</sup>, Karamani I.<sup>1</sup>, Nasika M.<sup>2</sup>, Konstantonis D.<sup>2</sup>

<sup>1</sup> Postgraduate student, Department of Orthodontics, NKUA, Greece

<sup>2</sup> Research Associate, Department of Orthodontics, NKUA, Greece

**Introduction:** Fanconi-Bickel syndrome (FBS) is a rare autosomal recessive disorder of carbohydrate metabolism. The defect in the GLUT-2 receptors in the hepatocytes, pancreas and renal tubules leads to symptoms secondary to glycogen storage, glucose metabolism and renal tubular dysfunction.

**Aim:** The aim of this presentation is to describe the characteristics and facial/oral manifestations of FBS and to report on the orthodontic treatment plan for a young female patient.

**Materials & Method:** A 16-year-old adolescent female was referred to the Postgraduate Orthodontic Clinic of the NKUA in Greece, seeking orthodontic treatment. Medical and dental records were obtained and comprehensive clinical and radiographic examinations were performed.

**Results:** Craniofacial features of FBS may include: cherubic face, hypertelorism, long eyelashes and broad nose. Dental/oral manifestations may include: hypoplastic alveolar ridges, delayed tooth development and eruption, enlarged pulp spaces, clinically normal teeth and dentin dysplasia. The 16-year-old patient presented with a short stature, protuberant abdomen, Harrison's sulcus and wrist widening. Extraoral examination of the patient revealed a round face, convex profile, frontal bossing and broad mouth. She presented with a skeletal/dental Class I, posterior and anterior crossbites, crowding and impacted permanent maxillary canines. Patient's orthodontic treatment plan includes fixed orthodontic appliances, surgical exposure of the impacted teeth and extractions of the upper first premolars.

**Conclusion:** The functional and esthetic implications of FBS may considerably reduce the quality of life of these patients. While orthodontic treatment is possible in FBS patients, a tailored approach is necessary to address each patient's specific needs.

## 22. EFFECTIVE SOLUTIONS FOR TROUBLE SHOOTING/DETAILING USING CLEAR IN-OFFICE ALIGNERS

**Papaioannou E.<sup>1</sup>, Papaioannou C.<sup>1</sup>, Diamantis D.<sup>2</sup>, Jaco-Papaioannou M.G.<sup>3</sup>**

<sup>1</sup> Undergraduate dental student, National Kapodistrian University of Athens

<sup>2</sup> Undergraduate medical student, Ruhr University Bochum

<sup>3</sup> Orthodontist, Tufts University

**Introduction:** Sometimes, towards the end of treatment, orthodontists are called to debond a patient, even though the detailing of the final position of the teeth is still not finished. The patients rarely agree to undergo re-bonding of the brackets to finalise the orthodontic treatment. In other cases, during the retention phase, relapse may occur due to lack of compliance in wearing the retainers. In such situations, the "bootstrap" technique can be applied with a modified aligner sequence, in order to resolve the issue quicker by using in-office clear aligners.

**Purpose:** The purpose of this project is to present a simple method for correcting the final position of the teeth or accelerating the completion of orthodontic treatment using in-office clear aligners.

**Materials & Methods:** The digital treatment plan is performed with the use of the orthodontist's preferred software. Instead of following all the stages, as conventionally done, only the final aligner is printed and used, combined with the placement of buttons to implement the "bootstrap" technique.

**Results:** The desired final tooth position is achieved with less steps and the use of a smaller number of aligners by the patient.

**Conclusions:** With this technique, mild orthodontic issues can be addressed, and treatment can be completed faster when compared to the conventional sequence. At the same time, laboratory time is minimised, costs are reduced (due to lower material consumption) and there is less environmental impact (by avoiding the printing of additional 3D-printed models and aligners, which are not recyclable).

# Congress Information



OLYMPIA HALL



TEMPLARS HALL

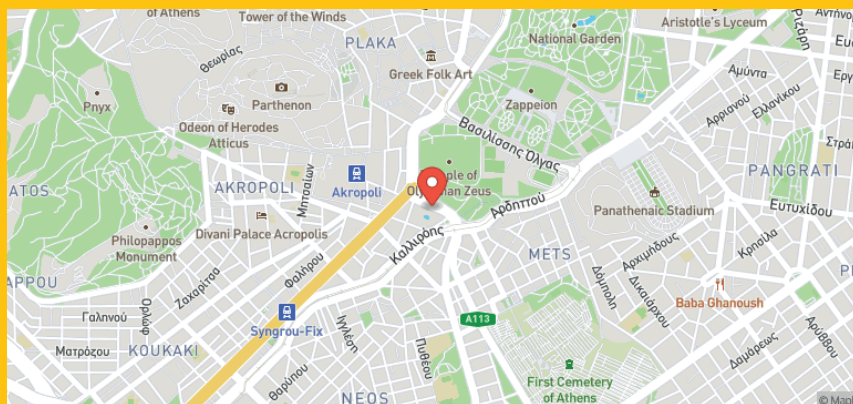


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## **Congress Venue**

The 18th P.O.C. will be hosted by Royal Olympic, in Athens, Greece, tel.: +30 210 9288400, e-mail: <https://www.royalolympic.com>

## **Congress Dates**

Pre-Congress Seminar: Friday, September 19th, 2025

Congress: Saturday, 20th and Sunday, September 21st, 2025

Post-Congress Seminar: Sunday, September 21st, 2025

## **Congress Secretariat**

Prior to the Congress and one month after that, all inquiries should be addressed to: Welcome Congress, 11 25th Martiou str, Chalandri, Athens, Tel. +302112105553, e-mail: [maria.rantou@welcomecongress.gr](mailto:maria.rantou@welcomecongress.gr)

During the Congress the secretariat will be operating at the exhibition area from 8:30 to 17:30 pm.

## **Language**

The Congress is bilingual (English/Greek).

## **Book of Abstracts**

The book of abstracts containing all abstracts of free topic oral presentations and posters is contained in this issue of the Congress Program.

## **Audiovisual Equipment**

The Congress Hall is equipped with data video projector and screens. A reception desk for acceptance and checking of USB sticks will be located nearby the Secretariat. Speakers are kindly requested to hand out their material and test the projection during the coffee break prior to their respective presentation.

## **Attendees Badges**

To attend the Congress and have access to the Exhibition it is mandatory to show the congress badge. The badges will have a barcode that the attendees will scan upon their entering and exiting the congress rooms. The scanning recording will provide the total hours attended for each congress attendee and will be the main criterion for the CME accreditation and Attendance Certificate.

## **Exhibition**

A large exhibition of orthodontic products and services will be open adjacent to the Congress Hall area during the Congress.

## **Cell Telephones**

Turn your cell phone off or on silent before entering the lecture hall. If you must use your cell phone, be courteous and leave the lecture hall first.

## **Letter of invitation**

Persons requiring an invitation letter in order to attend the Congress may write to the Congress Secretariat. This procedure aims in assisting participants who need to obtain a visa in permission to attend the Congress and should not be considered as an official invitation covering fees or other expenses.

## **Photography and Recording**

Photographing or recording of oral and poster presentations is not allowed. A professional photographer will document the main congress events and the photographs will be available for purchase after the congress from the organizing committee.

## **Name Badges and Entry Tickets**

Participants and accompanying persons are obliged to wear the official congress name badges at all congress events. An additional fee will be charged for reproduction of lost name badges. Entry tickets to social events should be shown upon entrance to each event.

## **Certificate of Attendance**

The Attendance Certificates will be sent via email after the end of the Congress. The Greek CME Credits will be displayed on each certificate. To be eligible for CME Credits an attendee must watch the 60% of the duration of the Scientific Program and meet the relevant requirements.

## **Liability and Insurance**

The organizers cannot be held responsible for any claim concerning liability, injury or damage to persons or properties, illness, non-appearance of speakers etc. Participants and exhibitors are, therefore, kindly requested to take out their own insurance. No additional claims will be accepted.

## **Cancellation Policy for Registration**

Cancellations are accepted with no cancellation fee until July 31<sup>st</sup>, 2025. After that date, 100% cancellation fees apply. Submit your cancellation in writing to the secretariat via e-mail: [maria.rantou@welcomecongress.gr](mailto:maria.rantou@welcomecongress.gr). Telephone cancellations will not be accepted.

Your cancellation/refund request should include your name, registration confirmation number and the reason for the refund. All refund requests are subject to approval by the G.A.O.S.R. All approved refunds will be processed within thirty (30) days after the approval. Registration cancellations and registration fee refunds will not be processed on-site during the congress session.

## **Cancellation policy for Accommodation**

Please contact the Congress Secretariat regarding your hotel's individual cancellation policy.

## **Important Notices**

G.A.O.S.R. cannot be responsible for registration and housing materials lost in the mail or for the postmark on mailed Registration and / or Housing Forms. You may wish to send your completed form with payment via certified mail to guarantee delivery, especially if it sent close to the deadline date. G.A.O.S.R. is only responsible for the registration and / or housing materials after they are received.

G.A.O.S.R. encourages you to keep a date-stamped printout of your online registration form for your records.

## GENERAL INFORMATION

### **ATHENS, The capital city**

You will have the chance to visit the oldest inhabited city in the world, the cradle of democracy and western civilization as we know it today, which begun as a small fortified village built on the top of Acropolis rock as far back as 3.000 years BC. Naturally, Athens is full of museums and archaeological sites of the outmost interest, and one can almost follow the glory that Athens had through a visit to Acropolis Museum, the Parthenon and the national Archeological Museum. From then on, Athens grew steadily to the very large city that it is today, boasting a population for the whole area of around 4,5 millions. Athens apart from hosting the Olympic Games 2004 is also a cosmopolitan city that offers to visitors unlimited possibilities for excursions, sightseeing and nightlife.

### **On arriving Athens**

All international flights arrive at the Athens International Airport El. Venizelos which is located 33 km southeast of Athens and about 50 Km from congress venue.

### **Passport & Visas**

A valid passport is required for entering Greece for the non-EU citizens. An identify card is sufficient for the citizens of the EU member countries. Please consult the nearest Greek Consulate for specific details.

### **Transportation**

The sub-way connects several major points in Athens and additionally the public transportation is serviced by trolley buses, tram and buses. Airport bus serves every 20 minutes on a 24 hour basis. Taxis are easy to find and compared to other European countries are not as expensive. Cars for hire are available at the airport. The Congress Secretariat can also help you rent a car. Please visit the official website of the Athens international airport for more information on transportation and passenger services

### **Banks**

Banking hours for the public are Monday to Thursday 8.00' to 14.00' and Friday 8.00' to 1.30'. However, some centrally located banks provide «afternoon tourist services».

### **Currency**

Euro is the European and Greek currency.

The eight denominations of coins vary in size, colour and thickness according to their values, which are 1, 2, 5, 10, 20 and 50 cents or EUR 1 and EUR 2. One euro is divided into 100 cents. Bank notes are in denominations of 5, 10, 20, 50, 100, 200 and 500 Euros.

### **Climate-Clothing**

In late September and October, Greece has a warm Mediterranean climate with an average temperature of 20o C and possible light showers. Light clothes are recommended but a sweater or jacket may occasionally be needed. Casual informal clothing is appropriate for all occasions.

### **Power Supply**

The power supply in Greece is 220 Volts/50 Hz. The plugs have 2 or 3 round pins similar to those in many European countries.



## SOCIAL PROGRAMME

- Opening Ceremony that will be held on Saturday the 20th at 13.15. (Included in the congress participation fee).
- Gala dinner that will be held on Saturday the 20th at 20.00 (attending cost 75 €).



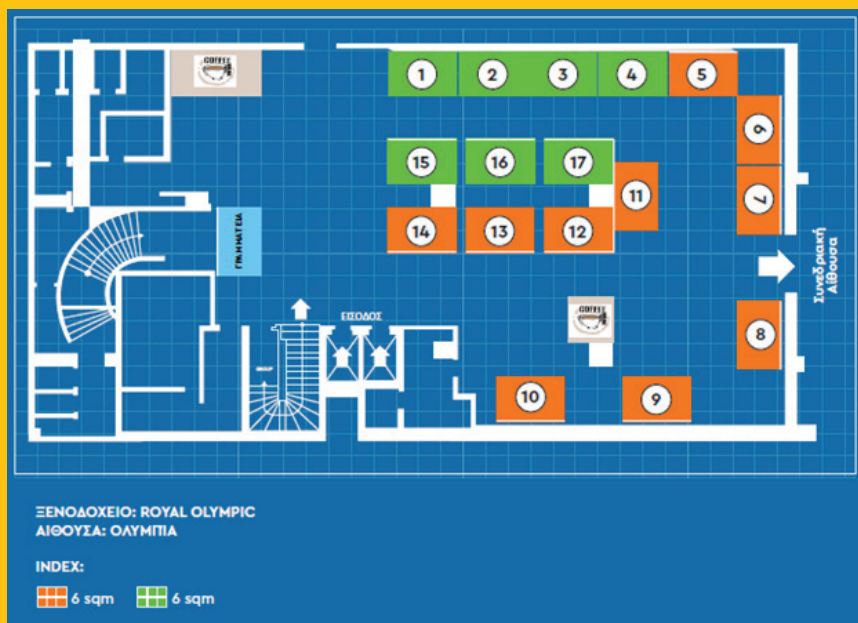
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## Floor plan of the exhibit hall



Exhibition area

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| DèsVu                                         | 5A    | Grigoriou Lampraki 225<br>Koridallos 18120. info@desvu.gr                                              | 210-4952548                |
| The Smile of the Children"<br>ORGANIZATION    | 5B    | info@hamogelo.gr                                                                                       | 210-7647760                |
| UNISHAPE                                      | 6     | Monasteriou 183, Thessaloniki 546 27,<br>info@unishape.gr                                              | 2310-542917                |
| MEMODENT S.A.                                 | 7     | Veranzerou 4, Athens, 106 77<br>dental@memodent.gr                                                     | 210-3304050<br>210-3811793 |
| AMERICAN ORTHODONTICS                         | 8     | axera@americanortho.com                                                                                |                            |
| VETTOS DENTAL LAB                             | 9     | Fidippidou 31, Goudi 11527 Athens,<br>info@ortholab.gr                                                 | 210-5230152                |
| Angel Aligner                                 | 10    | Filippos Mpakatselos                                                                                   | 6908070459                 |
| INTELLIGENT DENTISTRY GENESIS<br>(BE ALIGNED) | 11    | Dimarheiou 3, Metamorfosi<br>TK: 14452, info@bealigned.dental                                          | 210-2845734                |
| UNIDENT K. TZIVELEKAS                         | 12    | Grammou 40, Vrilissia, 152 35<br>info@ktzivelekas.gr                                                   | 210-6858070<br>210-6858099 |
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| ORTHOCENTER<br>K. ELAIOTRIVIARI & CO.         | 14    | Apostoli 21-23, Chalkida, 341 00<br>info@ortho-center.gr                                               | 22210-20410                |
| DENTAL LINK                                   | 15    | Menandrou 58, Athens, 104 32<br>dentalink.stefa@gmail.com                                              | 210-5242955                |
| ORTHOSHOP                                     | 16    | Chr. Evag. Douni 23, Koropi 19441,<br>info@orthoshop.gr                                                | 210-9958506                |
| SPARK                                         | 17    | ORMCO B.V., Amsterdamseweg 51B,<br>3812 RP Amersfoort,<br>The Netherlands<br>dario.manni@envistaco.com | +39 3402153674             |

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The President and the Organizing Committee of the Conference express their gratitude to all companies providing dental and orthodontic products and services for their participation, which contributes to the success of the Conference.

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