BVMKA-HH / ABCOMF-TC SPRING MEETING 2026

“BACK TO THE BASICS: ORAL AND CONGENITAL SURGERY FIRST!”

Belgian Society of Oral & Maxillo Facial Surgery
Head & Neck

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1.INTRO

BACK TO THE BASICS: ORAL AND CONGENITAL SURGERY FIRST!

Dear colleagues, dear trainees,

A warm welcome to this meeting dedicated to oral and congenital surgery.
It is truly encouraging to see your continued engagement with the evolution of our specialty. By investing in knowledge and collaboration, we collectively improve the quality of care we deliver—every single day. To support you in this journey, we would like to start with a simple yet essential concept: back to basics.

Oral surgery remains a cornerstone of our field and represents a major part of our daily clinical practice. Congenital surgery, on the other hand, lies at the very foundation of our specialty. Although aspects of this domain are shared with other disciplines, maxillofacial surgeons in Belgium continue to play a leading and indispensable role.

With this meeting, we aim to highlight key topics within both domains. The program begins with essential insights and practical fundamentals in each area, followed by presentations from distinguished keynote speakers who will guide us through current developments and future perspectives in both oral and congenital surgery.

I sincerely hope you enjoy the lectures and discussions throughout the day.
Wishing you an inspiring and collegial meeting—because together, we move our field forward.

We also look forward to welcoming you in November at the Athum meeting (Sheraton, 21/11/26).

Sincerely yours,
Geert Van Hemelen, MD, DDS, FEBOMS
Scientific President BVMKA-HH/ABCOMF-TC

2.VENUE

Saturday 21 march 2026

Sheraton Hotel - Brussels Airport
Luchthaven Brussel, 1930 Brussel

WIFI NETWORK: MARRIOTTBONVOY_CONFERENCE
WIFI code : OMFS2026

3. OUR PARTNERS

4.PROGRAM

08u30 | Welcome
09u00 – 09u05 | Geert Van Hemelen
- Opening

09u05 – 09u30 | Keynote:
Prof. Dr. Robin Willaert | UZ/KU Leuven
- ***Osteoradionecrosis: controversies and clinical decision-making***

09u30 - 09u40 | Cynthia Watteeuw
- *Tongue-Tie ; Tie-Break*

09u40 - 09u50 | Marie Coppens
- *Tooth extractions in young patients treated with antiresorptive agents: A monocentric retrospective study*

09u50 - 10u00 | Araceli Diez-Fraile
- *Postoperative morbidity after third molar surgery under conscious sedation: insights from a quality-indicator case series*

10u00 - 10u10 | Aaron De Poortere
- *Intraoral Transposition for Congenital Parotid Fistula*

10u10 - 10u20 | Justine Neyt
- *Clinical Use and Interpretation of Implant Stability Measurements: A Systematic Review of Osstell-Derived ISQ Values*

10u20 -10u30 | Eva Van de Mierop
- *Metastasis of Malignant Tumors to the Oral Cavity*

10u30 – 10u50 | Break
10u50 - 11u20 | Keynote:
Dr. Alexander Schryvers | Alexander Clinic Antwerp
- ***Key aspects in the acute treatment of dental trauma***

11u20 - 11u30 | Antoine Jost
- *How innovating Dentoalveolar Trauma Care could modify basic oral surgery*

11u30 - 11u40 | Zita Benoy

- Intentional reïmplantation as a solution for deep lesions and fracture lines

11u40 - 11u50 | Estefany Torres

- Fully guided autogenous transalveolar transplantation

11u50 - 12u00 | Paulien Schillemans

- *Contemporary Apicoectomy in Oral and Maxillofacial Surgery: Literature Review and Surgical Protocol University Hospitals Leuven*

12u00 - 12u10 | Simon Corthals

- *Full "in-house" three-dimensional craniosynostosis planning and protocol: technical note and illustrative case series*

12u10 - 12u20 | Olivia Maleux

- *Trends in 30 years of craniofacial surgery at a single tertiary care center*

12u20 - 12u30 | Hares Madadi

- *Open Versus Endoscopic-Assisted Surgery for Craniosynostosis in Infants: A Retrospective Single-Center Study*

12u30 - 13u00 | Keynote:

Dr. Eric Arnaud | Necker-Enfants Malades Hospital, Paris

- ***Aesthetic craniofacial surgery***

13u00 – 14u00 | Lunch

14u00 – 14u20 | Meeting

14u20 – 14u50 | Keynote:

Prof. Dr. Nasser Nadjmi | UZA

- ***A holistic approach to cleft care***

14u50 – 15u00 | Sofie Teblick

- *Evaluation of palatal bone regeneration using CBCT-images in bilateral cleft palate patients following a two-stage palatoplasty with a modified Furlow procedure*

15u00 – 15u10 | Sophie Moerman

- Nasoalveolar Molding Treatment in Cleft Patients

15u10 – 15u20 | Pieter-Jan Verhelst

- Three-dimensional accuracy of 3D planning for secondary alveolar bone grafting in cleft lip and palate patients.

15u20 – 15u30 | Pieter-Jan Verhelst

- RED frame soft tissue stretching combined with TMJ replacement in complex paediatric mandibular micrognathia

15u30 – 16u00 | Break

16u00 – 16u10 | Anton Peene

- *Impact of Virtual Surgical Planning on Craniosynostosis Surgery Outcomes*

16u10 – 16u20 | Bendahmane Mahdi

- *Orthognathic surgery-related infection in a penicillin-labeled patient : Microbiological evidence against the systematic use of clindamycin*

16u20 – 16u30 | Johanna Van Butsele

- *Differences in guidelines regarding squamous cell carcinoma of the lower lip*

16u30 – 16u40 | Robbe Winters

- *The Belgian medical portfolio: what to expect*

16u40 - 16u50 | Margaux Nys

- *Open management of intracapsular condylar head fractures: A longitudinal series of 120 condyles*

16u50 – 17u10 | Closing

5.FALL SYMPOSIUM 2026

We would like to inform you in advance of the date of our next symposium, entitled "*Redefining the Future of Implantology and Prosthetics*." We invite you to reserve **21 November 2026** in your calendar.

Further details will be shared at a later stage. We very much hope to welcome you again at this upcoming edition.

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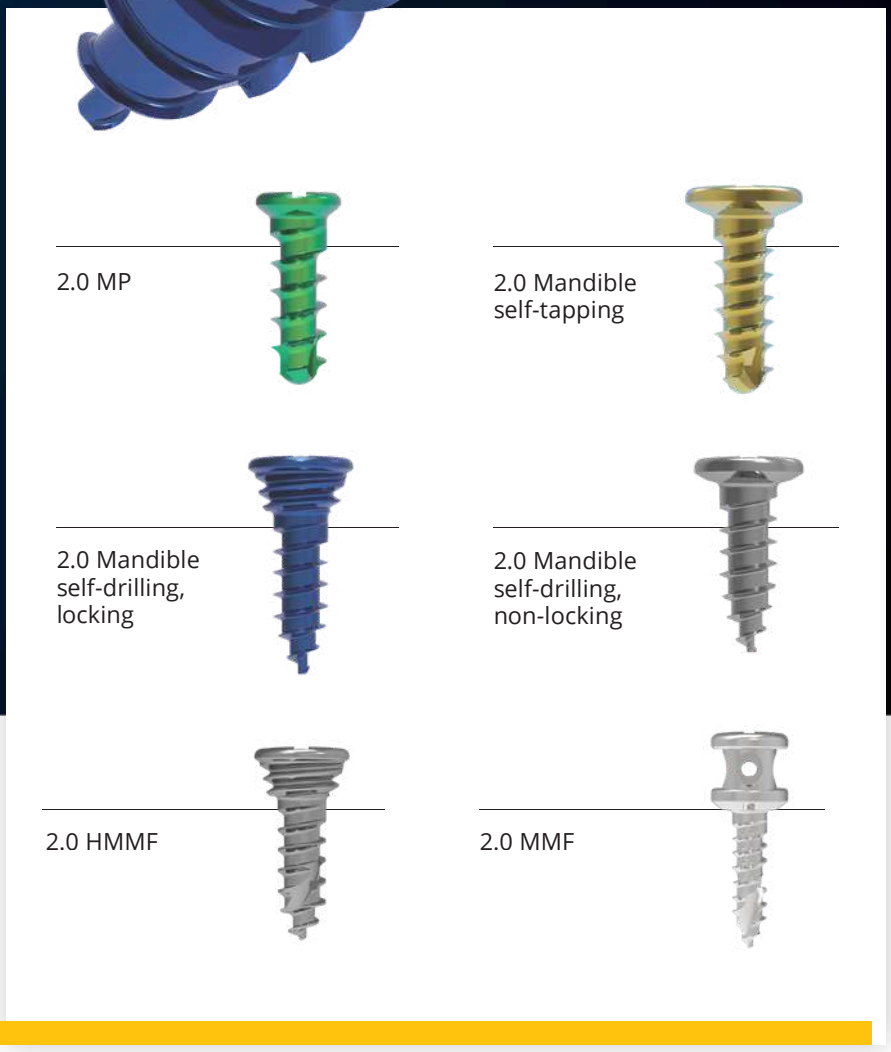

For more information, contact **Ilse Paulis**

Patent

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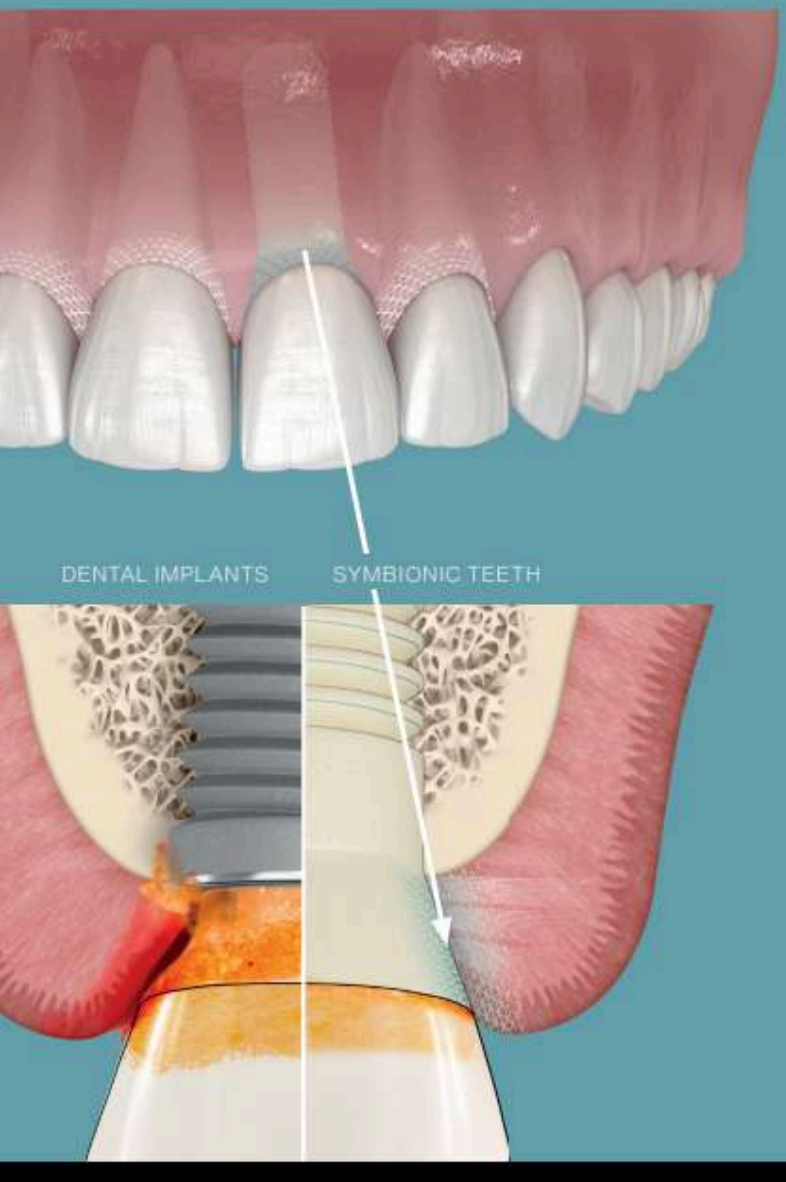

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Brunello et al., 2022
Karapataki et al., 2023

Systematic review of literature on peri-implant diseases

Derks & Tomasi, 2015

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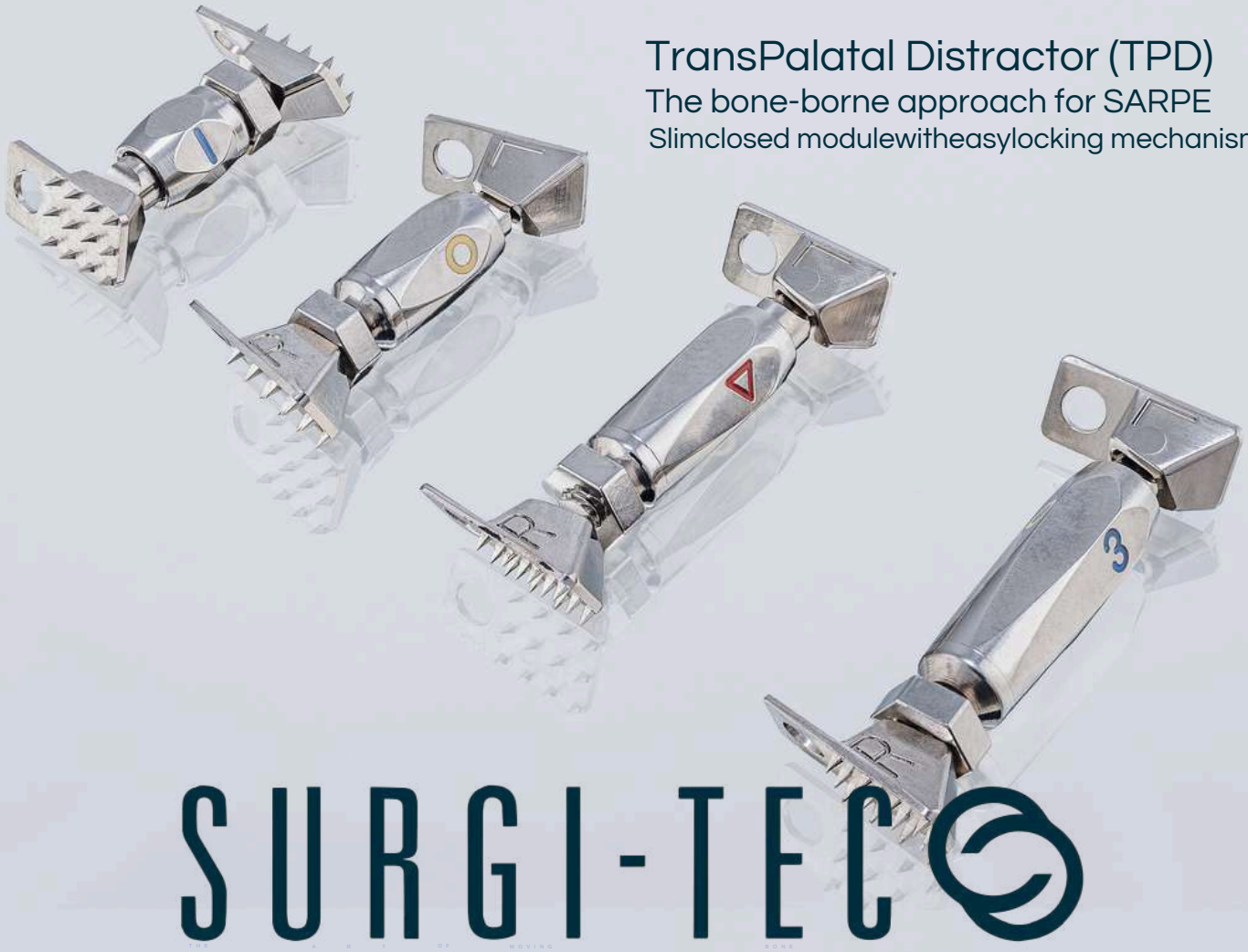

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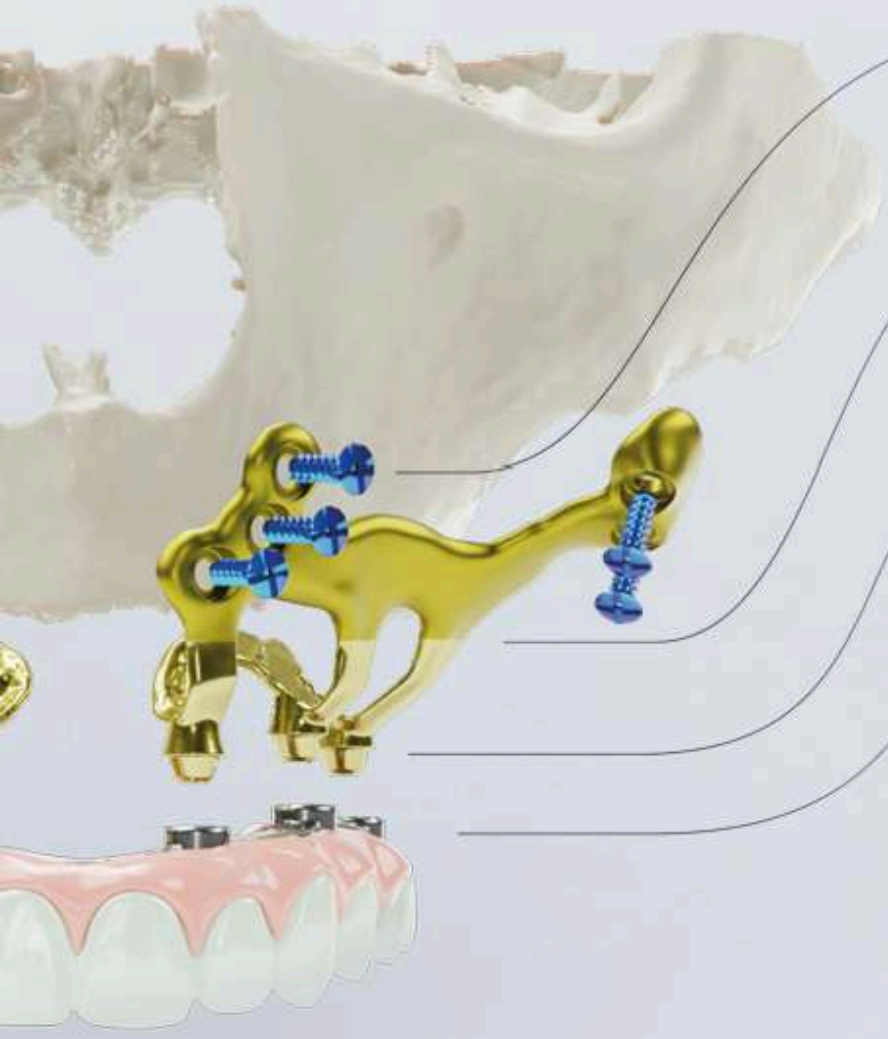

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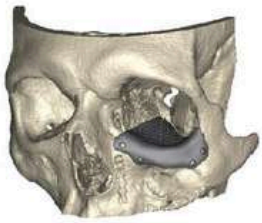

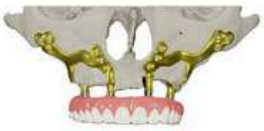

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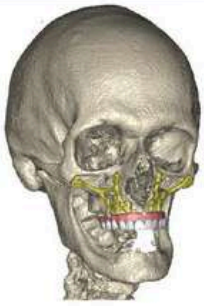

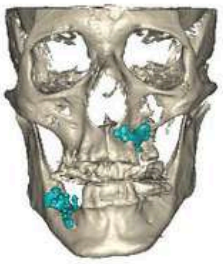

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1. Atieh MA, Ibrahim HM, Atieh AH. Platform switching for marginal bone preservation around dental implants: a systematic review and meta-analysis. J Periodontol. 2010 Oct;81(10):1350-66. doi: 10.1902/jop.2010.100232. PMID: 20575657.
2. Canullo L, Fedele GR, Iannello G, Jepsen S. Platform switching and marginal bone-level alterations: the results of a randomized-controlled trial. Clin Oral Implants Res. 2010 Jan;21(1):115-21. doi: 10.1111/j.1600-0501.2009.01867.x. PMID: 20070752.
3. Tomar S, Saxena D, Kaur N. Marginal bone loss around implants with platform switching and platform matched connection: A systematic review. J Prosthet Dent. 2025 Jul;134(1):109-113. doi: 10.1016/j.prosdent.2023.09.009. Epub 2023 Oct 19. PMID: 37863776.
4. Compared to Nobel Biocare multi-platform implant systems

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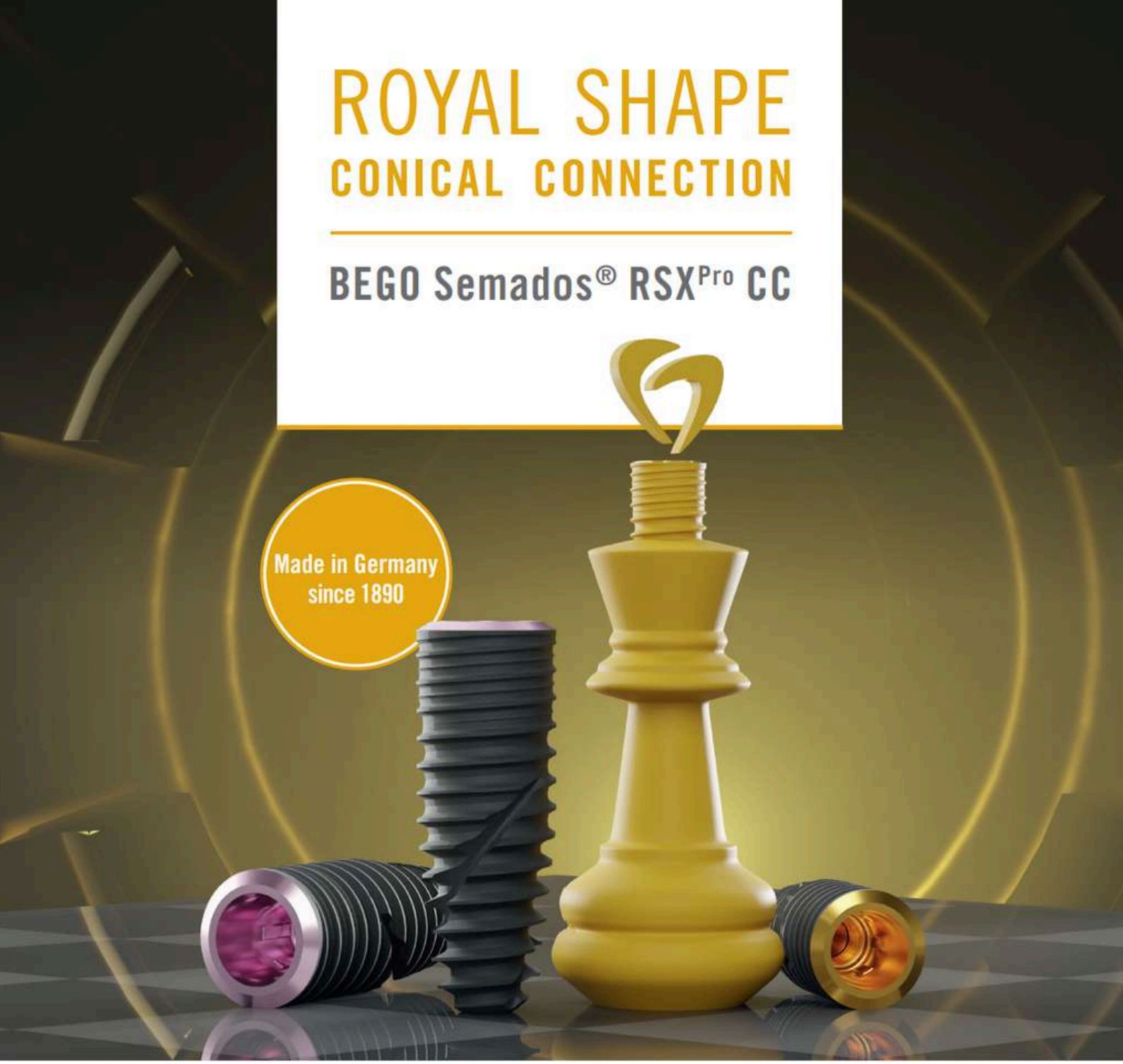

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ABSTRACTS

09u05 - 09u30: Keynote lecture

01.

Osteoradionecrosis: controversies and clinical decision-making

Prof. Dr. Robin Willaert | UZ/KU Leuven

Abstract:

Osteoradionecrosis (ORN) remains one of the most challenging late complications of radiotherapy in the head and neck region. Despite advances in radiotherapy techniques, the condition continues to present significant diagnostic and therapeutic difficulties in clinical practice. Considerable variability exists in how ORN is defined, diagnosed, and staged across the literature and in daily clinical care. These inconsistencies often complicate decision-making and may lead to differences in treatment strategies among clinicians.

This seminar aims to provide a comprehensive overview of osteoradionecrosis, focusing on current concepts in diagnosis, treatment, and prevention. Particular attention will be given to the challenges clinicians encounter when translating existing evidence into practice. Diagnostic criteria, imaging modalities, and staging systems will be discussed in relation to their clinical applicability and limitations. In addition, contemporary treatment approaches—ranging from conservative management to surgical interventions—will be reviewed. Preventive strategies before and after radiotherapy will also be addressed.

The presentation will emphasize areas where consensus remains limited and where clinical guidelines are unclear or evolving. By highlighting these uncertainties, the seminar seeks to stimulate discussion and promote a more critical understanding of current management strategies for osteoradionecrosis.

09u30-09u40

02.

Tongue-Tie ; Tie-Break

Authors:
Watteeuw, C.; Aubert C.; Kovacs B.

HUB – Hôpital Universitaire des Enfants Reine Fabiola

Keywords:
Lingual frenulum; ankyloglossia; breastfeeding; pediatric obstructive sleep apnea; phonation; maxillary growth

Objectives:
Restrictive lingual frenulum is increasingly diagnosed in infants and young children, but its clinical relevance remains debated and is often limited to breastfeeding difficulties. Recent data suggest broader functional consequences, including a potential risk of phonation disorders, pediatric obstructive sleep apnea (OSA), and craniofacial growth disturbances.

Material and Methods:
More than 25 years of clinical experience at the Hôpital Universitaire Des Enfants Reine Fabiola were combined with a review of the recent literature, prioritizing systematic reviews, meta-analyses, and clinically relevant studies in non-syndromic pediatric populations. Data were analyzed according to four functional domains: breastfeeding, pediatric and adult OSA, phonation, and maxillary growth.

Results:
Restrictive lingual frenulum is sporadically associated with breastfeeding difficulties, with significant improvement reported after frenotomy. Altered tongue posture may contribute to phonation disorders, maxillary hypodevelopment, and/or the development of OSA. When the indication is appropriately established, the surgical procedure is brief and associated with low morbidity.

Conclusion:
Frenectomy is a simple, rapid, and low-morbidity procedure with a highly favorable benefit–risk ratio. Beyond breastfeeding, it may contribute to the prevention of functional consequences affecting phonation, maxillary growth, and the potential development of OSA. The key issue is not the procedure itself but appropriate patient selection: when correctly targeted, frenectomy represents a relevant and still underutilized therapeutic tool in the management of orofacial development.

09u40-09u50

03.

Tooth extractions in young patients treated with antiresorptive agents: A monocentric retrospective study

Authors:
Coppens M.[1,2], Brijs K.[1], Van der Cruyssen F.[1,3], Verhelst P-J.[1,3], Dormaar J.[1], Van Mierlo A.[1], Meeus J.[1,3], Willaert R.[1,3], Coropciuc R.[1,3]

[1] Department of Oral and Maxillofacial Surgery, Leuven University Hospital, Leuven, Belgium
[2] Department of Oral and Maxillofacial Surgery, Antwerp University Hospital, Antwerp, Belgium
[3] OMFS-IMPATH Research Group, Department of Imaging and Pathology, KU Leuven, Leuven, Belgium

Keywords: bone-resorption inhibitors, bisphosphonates, denosumab, MRONJ, skeletal disorder

Objectives: Tooth extraction in patients treated with antiresorptive agents is a known risk factor for the development of medication-related osteonecrosis of the jaw (MRONJ). Most patients at risk belong to an older population, as the indications for antiresorptive agents are typically age-related diseases such as osteoporosis or metastatic bone disease. In contrast, the risk of MRONJ in younger patients is poorly documented. While tooth extractions are common in this population, particularly third molar extractions, treatment with antiresorptive agents is rare. In young patients, these drugs are mainly prescribed for specific skeletal disorders such as osteogenesis imperfecta, giant cell tumor of the bone, central giant cell granuloma, fibrous dysplasia, and juvenile Paget's disease.
This monocentric retrospective study aims to evaluate our clinical experience with tooth extractions in young patients receiving bisphosphonates or denosumab and to assess whether wound healing is compromised in this population.
Material and Methods: A retrospective monocentric study was conducted at the Department of Oral and Maxillofacial Surgery of the University Hospitals Leuven over a 10-year period (2016–2025). Patients younger than 30 years, without a history of oncological disease with bone metastases, and receiving antiresorptive agents were included. All patients underwent one or more tooth extractions under local anesthesia, sedation, or general anesthesia. Collected data included demographic characteristics, underlying pathology, type and duration of antiresorptive therapy, indication for extraction, applied preventive measures, and postoperative complications.
Results: A descriptive analysis is presented outlining patient characteristics, antiresorptive treatment parameters, occurrence of MRONJ and preventive measures.
Conclusion: This study reports the experience of a tertiary referral center with tooth extractions in a young population receiving antiresorptive drugs. The findings provide insight into postoperative wound healing in this specific group and may be compared with existing data on MRONJ in oncologic and osteoporotic populations.

09u50-10u00

04.

Postoperative morbidity after third molar surgery under conscious sedation: insights from a quality-indicator case series

Authors:
Diez-Fraile, A.[1,2]; Abeloos, J.[1]; Croonenborghs, T. M.[3]; De Backer, T.[1,4]; De Ceulaer, J.[1,4]; De Clercq, C.[1]; De Ketelaere, F.[3]; Desmedt, M.[1,4]; Lamoral, P.[1,3]; Nagy, K. [1,5]; Neyt, N.[1,4]; Spaas, C.[1,4]; Supply, K.[3]; Swennen, G.[1]; Veys, B.[1,3].

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[2] Clinical Research Scientist, Division of Maxillo-Facial Surgery, AZ Sint Jan Brugge, Belgium.
[3] Division of Maxillo-Facial Surgery, Department of Surgery, AZ Sint-Lucas Brugge, Belgium.
[4] Division of Maxillo-Facial Surgery, Department of Surgery, AZ ZENO, Knokke, Belgium.
[5] Semmelweis University School of Medicine, Budapest, Hungary.

***Keywords*:** third molar extraction, postoperative complications, conscious sedation, quality indicators, postoperative morbidity, quality assessment.

Objectives:
Postoperative complications after third molar surgery may lead to unplanned care and serve as relevant quality indicators in oral and maxillofacial surgery pathways. This study aimed to describe the incidence, timing, severity, and healthcare utilization of postoperative complications following third molar extractions under conscious sedation, differentiating early and late events.

Materials and Methods:
A retrospective observational analysis of prospectively collected quality-indicator data was conducted over 7 years at AZ Sint-Jan Bruges. Postoperative complications following exclusive third molar extractions were identified through institutional quality monitoring and verified using the hospital information system. Early (≤30 days) and late (>30 days) events were recorded separately. The total number of eligible procedures was retrieved from the institutional sedation database to calculate early-complication incidence. Complications were classified according to onset timing and Clavien-Dindo severity. Documentation of preventive measures, including alveolar dressings and postoperative antibiotics, was recorded when available.

Results:
Patients with postoperative complications were identified and categorized as early or late events. The incidence of early complications, severity distribution, timing of onset, associated healthcare utilization, and variation in preventive practices will be presented. Early and late complications will be presented separately.

Conclusion:
Postoperative morbidity after third molar extraction under conscious sedation is a quality indicator and frequently results in unplanned care. Differentiating early and late complications provides insight into different phases of postoperative risk and underscores the importance of standardized preventive strategies and structured follow-up. Quality-indicator monitoring offers a practical framework for documenting morbidity and benchmarking outcomes in a tertiary referral setting.

10u00-10u10

05.

Intraoral Transposition for Congenital Parotid Fistula

Authors:
De Poortere A.[1,2]; Van de Casteele E.[1,2]; Van Hemelen G.[1]; Bila M.[1,2]; Corthouts P.[1]; da Costa Senior O.[1]; De Vos W.[1,2]; Dielen D.[1]; Govaerts D.[1]; Jonkergouw J.[1]; Renier L.[1]; Stevens S.[1]; Van de Perre J.[1]; Vanhove F.[1]; Winderickx P.[1]; Van Genechten M.[1]; Vercruysse H. Jr.[1,2]; Nadjmi N.[1,2]

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Keywords:
congenital parotid fistula, ear tags, embryology, surgery, intraoral transposition,

Introduction:
Congenital parotid fistulas are rare developmental anomalies. With only a few cases reported in English literature, these lesions often present diagnostic and therapeutic challenges.

Case presentation & discussion:
This lecture presents the case of an 18-year-old female with a congenital parotid fistula and associated ipsilateral preauricular ear tags. Surgical correction was achieved through intraoral transposition of the fistulous tract. Embryological considerations, clinical presentation and management options are discussed. In conclusion, intraoral transposition represents a safe and effective technique for managing congenital parotid fistula, yielding favorable functional and cosmetic outcomes.

10u10-10u20

06.

Clinical Use and Interpretation of Implant Stability Measurements: A Systematic Review of Osstell Derived ISQ Values

Authors:
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Keywords: Dental implants; Implant stability; Implant Stability Quotient (ISQ); Resonance frequency analysis; Osstell; Immediate loading; Clinical decision-making

Objectives:
Implant stability is central to successful osseointegration and frequently guides decisions on implant loading. Resonance frequency analysis (RFA) using the Osstell system is widely applied in daily practice to quantify stability through the implant stability quotient (ISQ). Despite its technical reliability, clinicians are often confronted with fluctuating or intermediate ISQ values for which clear clinical guidance is lacking. In particular, the relevance of serial stability measurements and the role of ISQ values in supporting immediate loading remain debated. This study aims to explore the clinical value of Osstell derived ISQ measurements by addressing two questions: (1) whether serial stability measurements performed at implant placement, during healing, and at second-stage surgery provide clinically meaningful information beyond a single primary stability measurement; and (2) whether ISQ measurements add value in standard two-stage protocols compared with immediate loading, including the role of proposed ISQ threshold values.

Material and Methods: A systematic review will be conducted in accordance with PRISMA guidelines. PubMed/MEDLINE will be searched for clinical human studies reporting Osstell-derived ISQ measurements in relation to implant survival, osseointegration, and loading protocols. In parallel, a structured questionnaire will be distributed among oral and maxillofacial surgeons to document how ISQ measurements are currently used and interpreted in daily clinical practice. The survey is intended to complement the literature by providing insight into real-world decision-making.

Results: Preliminary screening of the literature suggests substantial heterogeneity in study design, timing of measurements, and reported ISQ values. Proposed ISQ thresholds for safe or immediate loading vary widely, and consistent clinical recommendations are lacking.

Conclusion: Although Osstell-based implant stability measurements are firmly embedded in clinical practice, their role in guiding treatment decisions remains incompletely defined. By combining a systematic review with an evaluation of current clinical practice, this study seeks to stimulate critical reflection on how implant stability measurements are interpreted and used, and to identify areas where further clarification is needed

10u20-10u30

07.

Metastasis of Malignant Tumors to the Oral Cavity

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***Keywords*:** Oral metastasis, malignant tumor, case series, poor prognosis, systemic malignancy

***Objectives*:** Oral metastases are rare, accounting for approximately 1% of all oral malignancies. Despite their low incidence, they are clinically significant as they often indicate advanced systemic malignancy. In about one-third of patients, the oral lesion represents the first clinical manifestation of a primary tumor elsewhere. This underscores the importance of clinical vigilance when evaluating atypical oral swellings.

***Material and Methods*:** A retrospective case series was conducted including patients who presented with rapidly growing oral lesions between 2024-2025. Clinical records were reviewed for patient demographics, presenting symptoms, medical history, primary tumor origin, diagnostic considerations, treatment approach, and clinical outcome. All patients underwent clinical examination, imaging, and histopathological confirmation of metastatic disease.

Results: Five patients aged 63–88 years were identified. Presenting symptoms included oral swelling, pain, halitosis, dysphagia, and speech impairment. In two patients, the oral lesion was the first clinical manifestation of an underlying primary malignancy, both originating from lung carcinoma. The remaining three patients had known primary tumors, including hepatocellular carcinoma and colorectal adenocarcinoma. Differential diagnoses initially included primary oral malignancies and benign reactive lesions. Almost all patients underwent palliative surgical debulking to relieve symptoms. Survival after diagnosis was limited, with all patients dying within a few months.

Conclusion: These cases highlight the importance of including oral metastases in the differential diagnosis of rapidly growing oral masses. Early recognition facilitates timely implementation of supportive care. Although rare, oral metastases are indicative of advanced systemic malignancy with poor prognosis.

10u50 - 11u20: Keynote lecture

08.

Key aspects in the acute treatment of dental trauma

Dr. Alexander Schryvers | Alexander Clinic Antwerp

Abstract:

Dental trauma occurs frequently in young patients and managing these cases can be particularly challenging. This is especially true when implant placement is considered and long term prognosis comes into play. In this lecture, we will focus on what can be done during the first appointment(s) after a traumatic injury. The goal is to optimize healing and improve long term outcomes, so we can preserve as many teeth as possible.

We will discuss practical and evidence based decision making in the acute phase. This includes when and how to place a splint. We will also cover how to choose the right splint type and duration, and how to avoid common pitfalls that compromise periodontal and pulpal healing. In addition, we will address the early recognition, prevention, and management of external root resorption after trauma. Timely intervention can make a major difference in prognosis. Finally, we will highlight the role of photobiomodulation therapy (PBMT) as an adjunct to support tissue healing. It can help reduce inflammation and discomfort and may improve clinical outcomes.

11u20 - 11u30

09.

How innovating Dentoalveolar Trauma Care could modify basic oral surgery

Authors:
Jost, A.[1]; Winters, R.[1]; Groeneveldt, L.[1]; Gilles, R.1; Gilon, Y.[1]

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Keywords: dentoalveolar, trauma, innovations, crevicular fluid

This talk reviews recent research on biologically driven management of dentoalveolar trauma in children and adolescents. We will explore current experimental and early clinical data on stem cell–based regenerative therapies, bioactive scaffolds, and the analysis of gingival crevicular fluid as a noninvasive source of diagnostic and prognostic biomarkers. The goal is to provide maxillofacial surgeons with an up-to-date, concise overview about these innovations.

11u30 - 11u40

10.

Intentional reïmplantation as a solution for deep lesions and fracture lines

Authors:
Benoy Z.[1]; Meeus J.[2]; Torres A.[3]; Pedano S.[4]

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Keywords: Intentional replantation, dental trauma management, deep fracture lines, tooth preservation

Objectives: Deep fracture lines caused by trauma or extensive carious lesions extending to the level of the alveolar bone form a daily clinical challenge for endodontists and maxillofacial surgeons. In such cases, conventional root canal treatment and restorative procedures are often technically challenging, leading to extraction as the preferred treatment option. However, this is not always desirable, particularly in young patients for whom implant placement may not (yet) be feasible. The objective of this presentation is to illustrate intentional replantation as a viable treatment alternative for teeth with an otherwise poor prognosis.

Material and Methods: Intentional replantation is performed through an atraumatic extraction of the affected tooth, for example using the Benex extraction system, followed by immediate replantation into the alveolus. By rotating or repositioning the tooth in a more coronal position within the socket, the fracture line or lesion can be moved coronally, allowing subsequent endodontic and restorative treatment. Stabilization is achieved by splinting to adjacent teeth for 4-6 weeks. This is followed by definitive endodontic (re)treatment and restorative management.

Results: With follow-up up to 3 years, we found that intentional replantation enabled preservation of teeth that would otherwise have been indicated for extraction.

Conclusion: When carefully selected and performed using an atraumatic approach, intentional replantation represents a valuable treatment alternative for teeth with an unfavorable prognosis. This selection includes selecting teeth that will be easy to extract, with low possibility of root fracture during the treatment.
Long-term prognosis is influenced by several (post-)operative factors, including patient cooperation, oral hygiene and extra-oral time during treatment. Despite appropriate case selection and execution, complications may occur, such as persistent inflammation, external cervical resorption, or ankylosis. Careful follow-up and patient compliance therefore remain essential for a favorable outcome.

11u40 - 11u50

11.

Fully guided autogenous transalveolar transplantation

Authors:
Torres, E.[1-2] ; Willaert R. [1-2], Verhelst, P-J. [1-2], Van der Cruyssen, F. [1-2], Dormaar, J. [1-2], Coropciuc R. [1-2], Van Mierlo, A. [1-2], Shaheen, E[1-2]; Meeus, J. [1-2]

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Keywords: guided autogenous transalveolar transplantation, guided surgery, surgical template, 3D planning

Objectives: Conventional autogenous tooth transplantation involves relocating an erupted or impacted tooth from its original position to an extraction socket or a surgically prepared recipient site. Accurate preparation of the recipient site is crucial for the success of the procedure. The use of three-dimensional (3D) surgical templates in combination with a 3D-printed tooth replica may enhance the precision of osteotomy preparation, reduce unnecessary bone removal and facilitate the surgical workflow. This case report presents a guided autogenous transalveolar transplantation of an impacted mandibular canine (element 33) to its anatomical position in a 13-year-old female patient.

Material and Methods: Cone beam computed tomography (CBCT) was used to assess the morphology and dimensions of the donor tooth and recipient site. After segmentation (Mimics Innovation Suite), the optimal final position of the tooth was determined and exported as a STL file. This file was imported into a dental implant planning software (DTX), where two separate surgical plans were created: one for the vestibular outline and one for the lingual outline to guide the corresponding osteotomies. An intraoral surface scan (TRIOS) was used to design two corresponding surgical templates, which were 3D printed together with a tooth replica.

Results: The impacted donor tooth was surgically exposed and luxated as atraumatically as possible, preserving the periodontal ligament and the dental follicle. The recipient site was subsequently prepared using the vestibular and lingual surgical guides. The 3D-printed tooth replica was used to verify the accuracy and fit of the prepared site. An adequate fit was achieved, allowing successful transplantation of the donor tooth. Endodontic treatment was performed four weeks postoperatively. Regular clinical follow-up demonstrated uneventful healing.

Conclusion: Guided autogenous tooth transplantation using drill guides and 3D-printed tooth replicas represents a valuable alternative technique. This approach improves the precision of recipient site preparation, minimizes surgical trauma and bone loss and may reduce overall surgical time.

11u50 - 12u00

12.

Contemporary Apicoectomy in Oral and Maxillofacial Surgery: Literature Review and Surgical Protocol University Hospitals Leuven

Authors:
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Keywords:
Apicoectomy; Periapical surgery; Surgical technique; Surgical magnification; Literature review

Objectives:
Apicoectomy is a well-established procedure within oral and maxillofacial surgery. In recent decades, increasing evidence has supported microsurgical principles such as magnification, minimal osteotomy, ultrasonic root-end preparation and biocompatible retrograde filling materials. Accurate three-dimensional diagnosis using cone beam computed tomography (CBCT) has become an important adjunct in case selection and preoperative planning. Reported clinical practice, however, remains heterogeneous. This study aims to review contemporary evidence on apicoectomy techniques and to outline the current diagnostic and surgical approach applied at our institution.

Material and Methods:
A focused narrative review of the recent literature on periapical surgery was performed, analysing reported surgical protocols and outcome measures of conventional versus microsurgical techniques. In addition, the standardized apicoectomy protocol currently used at University Hospitals Leuven (UZ Leuven) was described, including CBCT-based preoperative assessment, flap design, osteotomy, root-end management and use of magnification.

Results:
The literature consistently describes improved visualization and refined root-end preparation as key elements of modern apicoectomy. Contemporary reports emphasize CBCT-supported diagnosis and planning, conservative bone removal, perpendicular root resection, ultrasonic retropreparation and the use of bioactive retrograde filling materials. Variability persists regarding the routine use of optical magnification and microsurgical instrumentation across published clinical series.

Conclusion:
Current evidence shows a trend toward more refined, minimally invasive apicoectomy techniques including CBCT-supported diagnosis, ultrasonic retroprepation and optical magnification. Describing institutional surgical protocols alongside published data may facilitate critical appraisal of technique selection and stimulate further standardization and interdisciplinary exchange within oral and maxillofacial surgery.

12u00 - 12u10

13.

Full “in-house” three-dimensional craniosynostosis planning and protocol: technical note and illustrative case series

Authors:
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Keywords: Craniosynostosis, virtual 3D planning, customized

Objectives:
Craniosynostosis is a skull deformity characterized by the early and pathologic fusion of cranial sutures. Three-dimensional (3D) virtual surgical planning proved to be useful to plan osteotomies, to simulate and transfer the new position of the fronto-orbital bone fragments. This presentations shows the evolution of a full “in-house” 3D virtual customized planning and transfer in patients with craniosynostosis.

Materials and Methods:
The surgery consisted of fronto-orbital remodeling. 3D virtual surgical planning and transfer are illustrated in different types of primary and secondary patients with craniosynostosis. “In-house” 3D virtual planning, design of cutting guides and templates using both commercial available (Mimics) and open-source (Meshmixer & Blender) software packages is discussed. Printing of the anatomic models, guides and templates was done in a local 3D printing company (3D Infinity, Nazareth, Belgium). After surgical fronto-orbital remodeling the patients’ head was scanned in the operating room with a mobile laser surface scanner in order to 3D print a personalized helmet for skull protection.

Results:
A nice anatomic head contour could be obtained perioperatively in both the primary and secondary craniosynostosis cases. Only one of the patients presented with a postoperative superficial wound problem 15 days after surgery and was resolved with renewed closure of the wound under general anesthesia. Furthermore, no additional complications occurred.

Conclusion:
Fully integrated “in-house” 3D virtual planning, transfer with cutting guides and templates and manufacturing of an individualized 3D printed protection helmet was feasible and could be realized at low cost.

12u10 - 12u20

14.

Trends in 30 years of craniofacial surgery at a single tertiary care center

Authors:
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Background: Management of craniosynostosis has evolved rapidly over the last decades, with a wide range of surgical approaches (open or endoscopically) and sometimes followed by adjuvant helmet therapy. These procedures usually take place early in infancy to address a possible raised intracranial pressure, improve eye globe support and normalize the appearance. Long-term data on surgical outcomes remain limited.

Objective: This study aims to give an overview on trends in types of craniofacial surgeries, complications and reinterventions over a 30-year period at a tertiary care center.

Methods: A retrospective cohort study was conducted, including 353 (310 non-syndromic, 43 syndromic) patients treated between 1994 and 2023. Pathology and outcome variables were analyzed across six 5-year periods, using the Leeds classification for complications and the Whitaker grade for aesthetic outcome.

Results: In non-syndromic patients, scaphocephaly (59.7%) was the most common phenotype and 92.5% of scaphocephaly cases were treated with suturectomy. Fronto-orbital remodeling was the preferred approach for anterior plagiocephaly. Mean hospital stay was 6.0 days and mean ICU stay 0.6 days. 86.9% of patients had no complications and 89.3% of scaphocephaly patients achieved good aesthetic outcomes, Whitaker grade I. Reintervention rates ranged from 7.0% in scaphocephaly to 19.2% in complex deformities. In syndromic patients, more complex fusion patterns are seen leading to mostly brachycephaly, oxycephaly and other complex cranial vault expansions. Fronto-orbital remodeling was the preferred treatment option. Mean hospital stay was 9.0 days and mean ICU stay 1.9 days. Complications occurred in 35.3% of cases, none of them exceeding a Leeds class 3. and approximately 30% required reintervention. Additionally, of the syndromic patients 25–50% of patients needed orthognathic surgery at a later stage, with highest rates observed in Apert and Crouzon syndromes.

Conclusion: Over three decades, surgical techniques have been refined, leading to improved outcomes in craniosynostosis treatment. This study provides critical long-term data which will enable effective counseling for parents. Acknowledgement: The authors want to acknowledge Em. Prof. J. Schoenaers en Em. Prof. F. Van Calenbergh for their all their efforts in craniofacial care.

12u20 - 12u30

15.

Open Versus Endoscopic-Assisted Surgery for Craniosynostosis in Infants: A Retrospective Single-Center Study

Authors:
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Keywords:
Craniosynostosis; Endoscopic surgery; Open surgery; Suturectomy; Infant surgery; Perioperative outcomes

Objectives:
Craniosynostosis is traditionally treated using an open surgical approach; however, there is a growing shift toward minimally invasive endoscopic techniques due to potential perioperative advantages. The objective of this study was to compare the open versus endoscopic-assisted surgical approach used in our center for the treatment of craniosynostosis in infants, focusing on perioperative outcomes and complications.

Material and Methods:
This retrospective, single-center study included infants diagnosed with craniosynostosis who underwent surgical correction. Patients were divided into two groups based on surgical technique: an open approach via bicoronal incision and an endoscopic-assisted approach using suturectomy. Demographic data, operative time, length of hospital stay, duration of intensive care unit (ICU) admission, need for blood transfusion, need for opioids and postoperative complications were collected. Descriptive and comparative statistical analyses were performed.

Results:
A statistically significant difference was observed between the two groups: the endoscopic-assisted approach demonstrated shorter operative times, reduced length of hospital stay and shorter ICU admission compared to the open approach. The need for blood transfusion was significantly higher in the open surgery group. Additionally, a higher rate of postoperative complications was observed following the open technique.

Conclusion:
Endoscopic-assisted surgery represents a viable alternative to the traditional open approach for the treatment of craniosynostosis in infants, offering favorable perioperative outcomes and a lower complication rate. Further research is required to evaluate and compare long-term aesthetic outcomes between both surgical techniques.

12u30 - 13u00: Keynote lecture

16.

Aesthetic craniofacial surgery

Dr. Eric Arnaud | Necker-Enfants Malades Hospital, Paris

Abstract:

/

14u20 - 14u50: Keynote lecture

17.

A Holistic Approach to Cleft Care

Prof. Dr. Nasser Nadjmi | UZA

Abstract:

This presentation outlines a comprehensive, protocol-driven approach to managing cleft lip and palate, emphasizing long-term functional and aesthetic outcomes through a staged, multidisciplinary treatment strategy. Our protocol integrates surgical precision with early orthopedic intervention to optimize facial growth, speech development, and psychosocial well-being.

Treatment begins at 3 months of age with lip adhesion combined with presurgical orthopedics using a passive molding plate to facilitate improved alignment of the cleft segments. At 6 months, an anatomic approach to cleft lip repair is performed in conjunction with primary nasal tip correction, including reconstruction of the anterior nasal floor.

At 9 months, a robotic-assisted (TORCS) modified Furlow double-opposing Z-plasty is used for soft palate reconstruction, resulting in a significant reduction in the hard palate cleft width. Definitive hard palate closure is achieved at 18 months.
Early secondary alveolar bone grafting is performed between 5 and 6 years of age to support dental eruption and alveolar continuity.

Through detailed analysis of long-term outcomes, this protocol demonstrates the value of a holistic, timing-sensitive approach in achieving stable, functional, and aesthetically favorable results in cleft care.

14u50 - 15u00

18.

Evaluation of palatal bone regeneration using CBCT-images in bilateral cleft palate patients following a two-stage palatoplasty with a modified Furlow procedure

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Keywords: bilateral cleft lip and palate, bone regeneration, two-stage palatoplasty, Furlow Palatoplasty

Objectives: Hard palate clefts are commonly reconstructed using local mucoperiosteal flaps, while leaving the underlying bony defect unaddressed. In a previous study of unilateral cleft lip and palate patients treated with a two-stage palatoplasty using a modified Furlow technique, we demonstrated that spontaneous bone regeneration of the hard palate can occur without negative impact on transverse maxillary growth. The present study aimed to evaluate whether similar outcomes occur in patients with bilateral cleft lip and palate.

Material and Methods: A retrospective study of bilateral cleft lip and palate patients was performed. Cleft size was measured on plaster models obtained at the time of the palatoplasty. Around the time of the reconstruction of the alveolar processes, CBCT-images were used to evaluate the residual bony cleft. The presence of crossbites were examined on clinical photographs, to investigate the effect on transverse maxillary growth

Results: Twenty-two patients were included. At the age of six years, six patients (27%) demonstrated complete bony union of the hard palate. Partial osseous closure was observed in nine patients (41%), with a mean closure of 59% of the total hard palate length. Seven patients (32%) showed no ossification of the palatal defect. 66% of the patients with complete ossification and 55% of patients with partial ossification presented without a lateral crossbite.

Conclusion: In this cohort of bilateral cleft lip and palate patients, 68% demonstrated at least partial ossification of the hard palate following two-stage palatoplasty. These findings suggest that spontaneous bone regeneration of the palatal defect can also occur in bilateral cleft patients, although the association with transverse maxillary growth appears less pronounced than previously observed in unilateral cleft cases.

15u00 - 15u10

19.

Nasoalveolar Molding Treatment in Cleft Patients

Authors:
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Keywords: Cleft, nasoalveolar molding, orthodontics
Objectives: Nasoalveolar molding (NAM) is a presurgical infant orthopedic treatment that aligns the alveolar segments and realigns the soft and cartilaginous tissues of the lip and nose in patients with cleft lip and palate (CLP). This presentation describes presurgical NAM therapy in CLP cases illustrated with clinical experience from Bruges, and includes caregiver-reported outcomes from a survey performed at the Budapest Cleft Center.
Materials and Methods: The principles of molding the alveolar segments and nostrils are explained and illustrated with unilateral and bilateral CLP cases. Clinical indications, treatment timeline, and challenges of NAM treatment are discussed. Caregiver feedback was assessed through a 32-items questionnaire after completion of NAM therapy at the “Budapest Cleft Centre”. The questions addressed 4 domains: socio-economic background, cleft characteristics, therapy-related difficulties, and caregiver self-assessment.
Results: Clinical experience with NAM at the “Bruges Cleft and Craniofacial Centre” is presented, illustrated with representative cases. Survey results from families of children treated with NAM between 2010 and 2020 at the “Budapest Cleft Centre” are outlined: 58% had UCLP while 42% had BCLP. NAM therapy was covered by Health Insurance (83%). 35% of the patients had an allergic reaction against the adhesive, 35% were affected by wounds on their lips or noses. The way of feeding was variable. 17% of the parents were able to breastfeed. In all cases, parents were satisfied with the NAM therapy.
Conclusion: NAM offers clinical and nonclinical benefits in the treatment of CLP patients. This presentation highlights the central role of caregivers in NAM therapy and the associated burden of care, which appears manageable in routine clinical practice. An initial learning curve is expected, and outcomes depend on consistent clinical expertise and follow-up.

15u10 - 15u20

20.

Three-dimensional accuracy of 3D planning for secondary alveolar bone grafting in cleft lip and palate patients.

Authors:
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Objective:
The aim of this retrospective study was to quantitatively assess the accuracy of three-dimensional (3D) planning in secondary alveolar bone grafting (SABG) in children with cleft lip and palate (CLP) by comparing the planned graft volume and position with the postoperative outcome using 3D imaging.

Materials and Methods:
Fifteen patients with cleft lip and palate (19 graft sites) who underwent SABG at the Department of Oral and Maxillofacial Surgery, UZ Leuven, were included. Preoperative and immediate postoperative cone-beam computed tomography (CBCT) scans (acquired within 6 weeks postoperatively) were analyzed. Patients were divided into two groups based on the planning strategy used, a manual planning workflow and a semi-automated one. Volumetric and positional accuracy of the grafts were calculated to evaluate planning accuracy, and outcomes were compared between groups. Interobserver reliability was assessed using the intraclass correlation coefficient (ICC).

Results:
A statistically significant difference was observed between the planned bone graft volume and the achieved postoperative graft volume ($p = 0.014$). No significant differences were found between the planning groups. Interobserver reliability was excellent, with ICC values exceeding 0.90. Overall volumetric accuracy was 85% ± 43%, and positional accuracy was 75% ± 21%. Use of the semi-automatic planning protocol improved volumetric accuracy from 77% to 91%, while positional accuracy remained consistently high (>70%) across all patients.

Conclusions:
Three-dimensional planning for secondary alveolar bone grafting in patients with cleft lip and palate demonstrates good volumetric and positional accuracy. The implementation of a semi-automatic 3D planning protocol significantly improves volumetric accuracy without affecting positional accuracy. These findings support the clinical value of 3D planning in SABG as it helps in determining the necessary volume of bone for the graft.

15u20 - 15u30

21.

RED frame soft tissue stretching combined with TMJ replacement in complex paediatric mandibular micrognathia

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Introduction/Aims:
Extreme retrognathia in children caused by craniofacial syndromes or TMJ ankylosis can result in airway collapse, sleep apnoea, and tracheostomy dependency. This study presents a two-stage surgical approach for TMJ replacement using a rigid external distraction (RED) frame followed by patient-specific TMJ prostheses.

Materials and Methods:
First stage surgery involves mandibular mobilisation and the application of a RED frame to allow bony and soft tissue advancement. The second stage is placing custom TMJ prosthesis. This retrospective review assessed surgical indications, airway status, the stretching process, TMJR procedure, and outcomes.

Results/Statistics:
Six patients (5–20 at TMJR) underwent this approach in the last 5 years. Five had ankylosis-related micrognathia, and one had Treacher-Collins syndrome with bimaxillary retrognathia.
Four patients aimed for tracheostomy decannulation; three of these four have achieved this goal. Two patients with obstructive sleep apnoea improved significantly, with one discontinuing CPAP use. Mouth opening improved by 15 mm on average. Psychological benefits included improved quality of life and, in one case, progression from Makaton to verbal speech. Complications included post-operative wound infections, one additional stretching for insufficient tissue elasticity, and one prosthesis repositioning.

Conclusions/Clinical Relevance:
The RED frame-TMJR approach is a viable solution for severe mandibular retrognathia, enabling airway and functional improvements. Although care-intensive, it offers a solution for stable airway and mouth opening improvement in complex cases.

16u00 - 16u10

22.

Impact of Virtual Surgical Planning on Craniosynostosis Surgery Outcomes

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Keywords: Craniosynostosis, Craniofacial surgery, Fronto-orbital remodeling, Cranial vault remodeling, Virtual surgical planning, Surgical guides, 3D-printing, Peri-operative outcomes

Objectives: Fronto-orbital and cranial vault remodeling in craniosynostosis, has traditionally relied on surgeon experience and intraoperative decision making to normalize craniofacial dimensions. Virtual surgical planning (VSP) offers a structured alternative to this conventional workflow. This study aims to compare operative and early postoperative outcomes between VSP assisted and conventionally planned craniosynostosis procedures.

Material and Methods: Study participants were identified from medical records between 2015 and 2025. Patients who underwent craniosynostosis surgery with VSP formed the case group. Controls, patients who underwent surgery without VSP, were selected in reverse chronological order and matched for pathology, sex, and age. Surgical variables, intraoperative and early postoperative complications, and hospitalization parameters were extracted from the medical records. All analyses were performed using SPSS and R software.

Results: As concrete results are not yet available at the time of submission, we hypothesize that the use of VSP will reduce operative time and decrease the number of complications. Consequently, shorter stays in both the intensive care unit and the regular ward are expected for patients undergoing VSP assisted surgery. Final results are pending and will be presented at the Belgian Society of Oral and Maxillofacial Surgery Spring Symposium 2026.

Conclusion: This study is expected to provide insight into the potential benefits of virtual surgical planning in craniosynostosis surgery. Definitive conclusions will be presented at the Belgian Society of Oral and Maxillofacial Surgery Spring Symposium 2026.

16u10 - 16u20

23.

Orthognathic Surgery–Related Infection in a Penicillin-Labeled Patient: Microbiological Evidence Against the Systematic Use of Clindamycin

Author: Bendahmane Madhi

Introduction:

Postoperative infections following orthognathic surgery are uncommon but may result in significant morbidity. In patients labeled as penicillin-allergic, clindamycin remains widely used as an alternative for antibiotic prophylaxis, despite growing evidence questioning its reliability against the oral flora and hardware-associated infections in oral and maxillofacial surgery.

Case report:

We report the case of a 23-year-old woman who underwent bilateral mandibular advancement and centering osteotomies according to the Epker technique, with internal fixation using osteosynthesis plates. Due to a reported penicillin allergy, postoperative antibiotic prophylaxis with clindamycin was prescribed.

The postoperative course was complicated by persistent mandibular swelling, pain, and purulent discharge despite prolonged clindamycin therapy. Surgical revision with complete removal of the osteosynthesis material and osseous curettage was performed seven weeks postoperatively.

Perioperative microbiological analysis revealed a polymicrobial infection involving *Actinomyces odontolyticus* and *Streptococcus intermedius*. Antibiotic susceptibility testing demonstrated resistance of *Actinomyces odontolyticus* to clindamycin, with preserved susceptibility to beta-lactams, ceftriaxone, and tetracyclines. Prolonged culture of the removed osteosynthesis material subsequently isolated *Staphylococcus epidermidis* resistant to clindamycin, further supporting the inadequacy of the initial antibiotic strategy in the context of a hardware-associated infection.

A supervised penicillin re-challenge performed during hospitalization was negative, allowing initiation of oral amoxicillin for a total duration of six weeks, resulting in complete clinical and biological resolution.

Discussion:

This case illustrates that the increased risk of postoperative infection observed in patients labeled as penicillin-allergic is primarily related to the use of suboptimal alternative antibiotics rather than to the allergy itself. Clindamycin provides inconsistent coverage of the oral microbiota, particularly against *Actinomyces* species, which are frequently implicated in chronic, hardware-associated infections in maxillofacial surgery. Delayed confirmation of penicillin tolerance may postpone effective targeted therapy, thereby contributing to infection chronicity and the need for secondary surgical intervention.

Conclusion:

This report highlights the limitations of clindamycin as a systematic alternative to beta-lactam antibiotics in penicillin-labeled patients undergoing orthognathic surgery. It emphasizes the importance of rigorous allergy assessment, early microbiological sampling in cases of unfavorable postoperative evolution, and reconsideration of antibiotic prophylaxis strategies to reduce infectious morbidity in oral and maxillofacial surgery.

16u20 - 16u30

24.

Differences in guidelines regarding squamous cell carcinoma of the lower lip and its management

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Keywords:
squamous cell carcinoma, lower lip, management

***Introduction*:**
Treatment of lower-lip squamous cell carcinoma (SCC) is centered on complete surgical excision of the primary tumor, with management of the neck and adjuvant therapy determined by tumor stage and additional risk factors.
The incidence of cervical lymph node metastasis at initial presentation for SCC of the lower lip is generally reported as less than 10%, though some studies indicate a range of 3% to 29%. Adequate management of squamous cell carcinoma of the lower lip is crucial to reduce the risk of local recurrence and progression to destructive disease and to enhance survival.

Relevance and purpose:
Recommendations regarding the necessity of neck dissection differ among current guidelines. Dermatologydriven guidelines favor no elective neck dissection (watchful waiting) for cutaneous lowerlip SCC with a clinically N0 neck. Neck dissection is reserved for clinically evident regional disease, especially parotid metastasis or obvious neck nodes.
Oncologic guidelines recommend elective neck dissection in essentially all surgically treated cT1–T4, cN0 cases, with possible ultrasoundbased surveillance only in very carefully selected small T1N0 tumors.
Surgical guidelines assume that elective neck treatment should be offered, even if the neck is clinically N0.

***Material and Methods*:** Key concepts in the diagnosis and management of lower-lip SCC are illustrated through a review of the current literature and analysis of representative patient data. A comparison is made of the available guidelines.

16u30 - 16u40

25.

The Belgian medical portfolio: what to expect

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Keywords: portfolio, legislation, practice

The new Belgian so-called quality legislation was voted in 2019 and has been implemented as of the first of July 2022. Its vague definition and description have led to an evolution of this topic more or less under the radar of our professional group. However controversial it may be, this legislation now leaves us, maxillofacial surgeons, and all other healthcare professionals, with a new and unknown task. How do we prove to the Belgian government that our competence is worthy of our surgical practice, basic or advanced? And what if we fail to do so?

16u40 - 16u50

26.

Open management of intracapsular condylar head fractures: A longitudinal series of 120 condyles

Author:

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Background: The optimal management of intracapsular condylar head fractures remains debated, with closed treatment still commonly practiced. Open reduction and internal fixation (ORIF) offers the potential for anatomical reduction and early mobilisation but raises concerns regarding morbidity and technical complexity. This study evaluates functional, radiological, and patient-reported outcomes in a large longitudinal series of open intracapsular fracture management.

Methods: A retrospective analysis was conducted of 120 intracapsular condylar head fractures treated at a tertiary maxillofacial trauma centre between 2020 and January 2026. All cases were managed via an extended preauricular approach with positional screw fixation. Disc plication was performed based on intraoperative findings. Postoperative CT imaging and structured follow-up were undertaken. Outcomes assessed included maximum interincisal opening (MIO), occlusion, facial nerve function, radiological reduction and re-intervention rates.

Results: Mean postoperative mouth opening demonstrated progressive improvement over time, indicating sustained functional recovery. Radiological outcomes were predominantly anatomical or satisfactory, with no cases of inadequate reduction. Temporary facial nerve weakness occurred early postoperatively but resolved in all patients, and no permanent deficits were observed. Re-interventions were uncommon and primarily related to hardware removal or condylar resorption, with a small proportion requiring secondary TMJ replacement.

Conclusions: Open management of intracapsular condylar head fractures can achieve reproducible anatomical reduction, favourable functional recovery, and acceptable morbidity in a high-volume trauma setting. Continued longitudinal follow-up and comparative studies are needed to further define its role relative to closed treatment.