

## Europerio 6, Stockholm EFP press conference and GABA Symposium Halitosis

### Pictures from the EFP press conference



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### EFP press conference

#### Speakers



#### **Professor Iain L. C. Chapple – Patients with periodontal disease die younger?**

Professor Chapple (University of Birmingham) described the coherence of periodontal disease and premature mortality. Evidence has emerged over the last decade that periodontitis is associated with an elevated risk of systemic inflammatory diseases that are associated with premature mortality.

- » [Article](#)
- » [CV](#)
- » [Video \(01:13 Min\)](#)



#### **Professor Stefan Renvert – Peri-implantitis – a ticking bomb?**

Professor Renvert (Kristianstad University) described the issue of biological complications that can occur around implants. For many years, implants were considered to be “teeth for life” if the implant was successfully osseointegrated, and infections around implants were considered to be a rare phenomenon. During the last years it has

however been obvious that biological complications do occur around implants and that this may be a frequent problem for patients that have had their implants for many years.

- » [Article](#)
- » [CV](#)
- » [Video \(01:19 Min\)](#)



**Professor Mariano Sanz – Periodontal diseases can be treated successfully and the natural dental dentition can be preserved**

Professor Sanz (Universidad Complutense Madrid) spoke about periodontal diseases and how they can be treated. When the disease is diagnosed early, its non-surgical therapy successfully eliminates the infection causing the chronic inflammation and tissue destruction. However, when the disease is diagnosed in the most advanced stages, its therapy often needs more elaborate curative treatments.

- » [Article](#)
- » [CV](#)
- » [Video \(02:38 Min\)](#)



**Professor Edwin G. Winkel – Bad breath, a treatable taboo**

Professor Winkel (University of Groningen) pointed out the causes of halitosis and how patients with halitosis can be handled in the dental office. Most reports now agree that the most frequent sources of halitosis (80 to 90 %) exist within the oral cavity and include bacterial reservoirs such as the dorsum of the tongue, saliva and periodontal pockets. Intra-oral halitosis is an enormous social handicap that can be treated effectively, especially by the use of a tongue scraper and certain mouth-rinses.

- » [Article](#)
- » [CV](#)
- » [Video \(01:01 Min\)](#)

## GABA Symposium Halitosis



### Halitosis e-learning

» [www.elearninghalitosis.com](http://www.elearninghalitosis.com)

## Pictures from the GABA Symposium Halitosis



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## Speakers



### **Professor Crispian Scully – Clinical and dental aspects of halitosis**

Professor Scully (UCL-Eastman Dental Institute) described the etiology of halitosis, how it can be measured and how it can be treated.

Malodour originates from the mouth, mainly from poor oral hygiene, ulcers or infections, in about 85% of patients affected. The odiferous products responsible appear to be (partly) produced endogenously and/or in the mouth and usually arise from microbial action involving a range of micro-organisms.

» [Article](#)

» [CV](#)

» [Video \(02:34 Min\)](#)

### **Professor M. Quirynen – Characteristics of 2000 patients visiting a multidisciplinary halitosis clinic**

Professor Quirynen (University of Leuven) presented the results of a study of 2000 patients



visiting a multidisciplinary halitosis clinic. For 76% an intra-oral cause was found. Pseudo-halitosis/halitophobia was diagnosed in 16% of the subjects. ENT/extra-oral causes were detected in 4% of the patients. A multidisciplinary approach remains therefore the method of choice to come to the right diagnosis and treatment for each individual patient.

- » [Article](#)
- » [CV](#)
- » [Video \(02:54 Min\)](#)



### **Professor David Herrera - Specific bacterial species and oral halitosis: evidence for an association**

Professor Herrera (University Complutense, Madrid) pointed out the hypothesis that specific bacterial species may be associated to oral halitosis, based on the fact that certain bacterial species are more capable of producing odoriferous gases than others. He presented available data assessing the association of specific bacterial species with oral halitosis.

- » [Article](#)
- » [CV](#)
- » [Video \(01:06 Min\)](#)



### **Professor John Greenman – Biofilms and malodour**

Professor Greenman (University of the West of England) described the coherence of biofilms and oral malodour. Since all processes in the mouth are continuous, it seems likely that a continuous [high, intermediate or low] level of malodour assumes a continuous [high, intermediate or low] generation rate. It has also been shown that oral malodour correlates strongly with microbial population numbers (i.e. quantity of cells or load) that can be recovered from the tongue surface biofilm. In other words, the amount or thickness (aerial density) of an individual's biofilm is the most important

predictor of bad breath.

[» Article](#)

[» CV](#)

[» Video \(01:49 Min\)](#)

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## Press Release

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### **New solution to oral malodour: meridol HALITOSIS mouthrinse**

3-week in-vivo study demonstrates: new product can significantly reduce oral malodour.

[» Detail Press Release](#)

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## Press contact

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