Columbia University, ICOI offer ‘Innovations’

Organizations host first joint implant symposium

On Dec. 10 and 11, the International Congress of Oral Implantologists (ICOI) will co-host an implant symposium at Columbia University.

This two-day event was designed by Dr. Dennis Tarnow, director of implant education at Columbia University College of Dental Medicine.

This symposium, featuring a cadre of internationally known experts in implant dentistry, will provide you with a comprehensive overview of the most current research, materials and techniques in implant dentistry.

Topics covered will include new and innovative hard- and soft-tissue regenerative techniques, new pharmaceutical approaches aimed at improving bone-quality aspects of the bone-implant interface and updates on tissue engineering, implant surface design and geometry.

The most recent technologies in improved bone anchorage will be discussed, as well as clinical investigations measuring peri-implant osseous and soft tissue.

Screw-retained, implant-supported fixed partial denture (FPD)

By Michael Sawoski, DMD, MD, MS, and Dov M. Almog, DMD

A screw-retained implant-supported fixed partial denture (FPD) has certain physical advantages. However, according to several studies they require precise positioning of the implant for optimal location of the screw access hole. Also, obtaining passivity of frameworks that are screw-retained is difficult due to dimensional discrepancies inherent in the fabrication process.

Anchorage of prosthetic fixed partial dentures to implants can be achieved in two ways: some clinicians cement the prosthetic construction to implant abutment, while others suggest that screw retention is preferable.

Screw-retained implant restorations have an advantage of predictable retention and retrievability, and the lack of potentially retained excessive sub-gingival cement.

On the other hand, a few disadvantages exist: obtaining passivity of screw-retained framework that is difficult due to dimensional discrepancies inherent in the fabrication process. Screw-retained units generally have screw access openings, which can compromise esthetics, weaken the porcelain around the openings and at cusp tips, and establish unstable occlusal contacts.

Cementation of implant restorations eliminates unaesthetic screw access holes. Cemented restorations also have the potential to compensate for any minor dimensional discrepancies in the fit of restorations to abutments, which can contribute to a lack of passivity.

It has the potential to reduce stress to splinted implants because the effects of minor misfit of the framework are not transferred directly to the implants, as is the case with prosthetic-retaining screws. In addition, the exposure of screw access holes in esthetic areas of the mouth can be avoided. On the other hand, any excess retained cement extruding from the prosthesis/abutment interface, especially when located sub-gingivally, can cause inflammation, infection and periodontal complications.

As more and more dental practitioners are focusing on implant-supported fixed partial dentures, restoring dentists need to understand the restorative options they may have.

Many dental practitioners and dental labs will persistently use a screw-retained implant-supported fixed partial denture, and thereby promote choices that offer the utmost in serviceability, cosmetic result and maintenance of optimized bite possible.

At the same time, in recent years, the utilization of adjunctive state-of-the-art cone-beam CT and technologies and 3-D derived virtual planning software solutions altered the manner in which we pulled together diagnostic data, planned and executed both simple and complex implant cases.
Tell us what you think!

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Corrections

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As a result, more and more implant trajectories are consistent with the planned prosthetic trajectories. Yet, some cases are still driven by the residual bone trajectories and are left to the restoring dentists’ decision as far as the final restorative option.

In other words, when the implant trajectories are inconsistent with the planned prosthetic trajectories, the screw-retained implant-supported fixed partial denture systems offer an opportunity to minimize any controversy between the surgeons, restorative dentists and the labs, creating greater understanding, appreciation and professional camaraderie.

Case report
Patient presented for implant-support ed FPD after having teeth #8, 9 and 10 extracted with socket preservation.

A CBCT study was performed with the iCAT CBCT machine (Imaging Sciences International, Hatfield, Pa.) and revealed reasonable alveolar dimensions, both vertical and horizontal.

However, by utilizing ImplantMaster® software (Dent Imaging, Inc., Foster City, Calif.), it was discovered that the residual bone trajectory and the planned prosthetic trajectory were in conflict, that is, projecting a compromised restorative trajectory lingually in implant site #9 and buccally in implant site #11 (Fig. 1).

Nevertheless, following a treatment planning conference, rather than considering bone grafting, a decision was made to proceed with these angulations and a 3-D reconstruction of the patient’s anatomy was attained and a virtual surgical guidance template was designed and computer-manufactured with precise drilling holes’ distribution and trajectory for implants #9 & 11.

The palatal trajectory of the implant in tooth position #9, the patient’s deep bite which resulted in severely limited space for prosthetic components, dictated a screw-retained prosthetic FPD construction solution for the case.

The extremely buccal angulation of the implant replacing tooth #11 resulted in a buccally located screw access opening, which compromised esthetics and potentially weakened the porcelain around the screw opening in the proposed screw-retained three-unit FPD.

The esthetic dilemma could be solved by either gold plating of the metal portion of the screw chamber, which can reduce the need for opaque composite material, or by metal cut back to hide the non-esthetic metal. We chose to overcome this esthetic and structural obstacle by using a separate telescopic crown design to cover the metal substructure of the screw-retained in #11 location.

Conclusion
As more and more dental practitioners are focusing on implant-supported fixed restorations, restoring dentists need to understand the restorative options they may have to deal with.

Dental practitioners and dental labs need to be prepared to use a screw-retained implant-supported fixed partial denture, and thereby promote choices that offer the utmost in serviceability, cosmetic result and maintenance of optimized bite.

References
3 Guichet DL, Caputo AA, Choi H, Sorensen JA. Porcelain around the screw opening in tooth position #9, the patient’s deep bite which resulted in severely limited space for prosthetic components, dictated a screw-retained prosthetic FPD construction solution for the case.

5 Guichet DL, Caputo AA, Choi H, Sorensen JA. Porcelain around the screw opening in tooth position #9, the patient’s deep bite which resulted in severely limited space for prosthetic components, dictated a screw-retained prosthetic FPD construction solution for the case.


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The California Implant Institute was developed in 2001 by Dr. Louie Al-Faraje to provide quality continuing education on the subject of dental implants and related topics using a hands-on approach.

As director, Al-Faraje has trained more than 1,000 clinicians in a hands-on, yearly forum of education in implant dentistry. Al-Faraje holds diplomate status at the American Board of Oral Implantology, fellowship status at the American Academy of Implant Dentistry and fellowship status at the International Congress of Oral Implantologists.

The California Implant Institute offers a one-year comprehensive fellowship program in implant dentistry. This program is made of four sessions designed to provide dentists with practical information that is immediately useful to them, their staff and their patients. The four sessions combined offer more than 160 hours of lectures, laboratory sessions and live surgical demonstrations.

The goal of the faculty team, which is composed of some of the most respected instructors from the United States and around the world, is to provide you with comprehensive knowledge that will enrich your practice and improve your clinical skills so you can confidently perform predictable, prosthetically driven implant dentistry.

**Session one topics**
During the first session of this one-year, comprehensive, hands-on implant training program, the following topics are covered: anatomy, bone physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, step-by-step implant surgical placement protocols, impression techniques, restorative steps for implant crown and bridge and more.

**Session two topics**
During session two, computer-guided implant placement and restoration using SimPlant® software, immediate-load techniques for single and full-arch cases, biology of osseointegration, mini implants, bone grafting before, during and after implant placement and pharmacology will be discussed. Implant prosthodontics for fully edentulous patients, high-water design, bar-overdenture, CAD/CAM designs, etc., will highlight the prosthetic portion of this session.

**Session three topics**
Advanced implant surgical techniques such as alveolar ridge expansion with split cortical technique, guided bone regeneration, sinus lift through the osteotomy site and more are covered in this session. Hands-on pig jaw workshops using regenerative materials are performed by the class, and there are live surgery demonstrations by faculty.

**Session four topics**
This session will focus on sinus lift through the lateral window, ramus block graft and chin block graft as well as the J-Block grafting procedure. There will also be a focus on PRP and other advanced bone grafting materials, such as rh-RM2/ACS grafts with titanium mesh. The final graduation examination and certification ceremony will conclude this comprehensive implant training program.

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Botox can optimize the cosmetic appeal of dental implant surgery, says AAID speaker

A significant majority of dental implant patients are older with facial aging and their dentists may need to consider the benefits of rejuvenation techniques, such as Botox, for maximizing the cosmetic outcomes of the procedure, according to a leading cosmetic surgeon speaking at the American Academy of Implant Dentistry annual meeting in October.

Joseph Niamtu III, DMD, is an oral and maxillofacial surgeon who transformed the main focus of his Virginia-based practice to cosmetic facial surgery.

He told the AAID audience that for many dental implant patients, restoring facial volume is as critical as the dental restoration for achieving optimal cosmetic outcomes.

“The face is the frame for cosmetic dentistry, and dentists should consider the benefits of facial volume restoration when performing implant surgery on older patients with facial aging,” Niamtu said. “The standard today requires consideration of facial structures and volume restoration to maximize patient satisfaction with cosmetic and restorative dental procedures.”

Niamtu said all states allow dentists to give Botox injections for purely dental reasons, such as relieving temporomanidibular (TMJ) pain but not for cosmetic purposes. He added that approximately 8 percent of dentists in North America now provide Botox cosmetic treatment for patients, and the number is growing as state dental boards lobby to allow dentists to use the agent for cosmetic dentistry.

Most dentists, however, still are not aware of the considerable benefits Botox offers for cosmetic dental treatment, according to Niamtu.

“How often do we see perfectly restored teeth framed by thin or wrinkled lips?” he asked. “Soft tissues around the mouth are just as important as nicely restored white teeth in creating an attractive smile.”

Also, for older dental implant patients with facial aging, the corners of the mouth begin to turn down and wrinkles appear around the lips.

Niamtu advised that Botox can be used by dentists to relax affected muscles to raise mouth corners and smooth wrinkles to assure successful and satisfying outcomes.

Niamtu said Botox therapy is a natural and logical expansion for dental practices.

“Dentists have as much training and knowledge in the oral and maxillofacial area as dermatologists and other providers, so they, with proper training, can be as proficient in administering Botox, Restylane and other filling agents. This clearly is the new future for the achieving optimal esthetic outcomes in the delivery of cosmetic and restorative dental care.”

About AAID

Based in Chicago, AAID is the first organization dedicated to maintaining the highest standards of implant dentistry by supporting research and education to advance comprehensive implant knowledge.

Dr. Joseph Niamtu III speaks at the AAID’s annual meeting in Boston. (Photo/ Sierra Rendon, Managing Editor)
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Scenes from the AAID in Boston

Art Campagnoli, right, speaks with John Freer at the ACE Surgical booth.

Patricia Bradyhouse, Nazanin Ghafoori and Elizabeth Hanson introduce to AAID attendees the Osstell meters, which make it possible not only to measure the initial implant stability but also to monitor the development of osseointegration over time.

Dr. Michael Peleg speaks to a sold-out audience at a hands-on workshop, ‘Immediate Implant Placement in Fresh Extraction Sites,’ sponsored by MIS.

Josh DeLauter and Molly Usrey of BioHorizons worked with AAID attendees to explain the company’s implants, surgical-planning software and tissue-regeneration solutions.

Implant Direct President Gerald Niznick, center, shows attendees how the company’s System of Systems can incorporate multiple implant systems.

Astra Tech introduces the OsseoSpeed™ TX to AAID attendees at the annual meeting in Boston during October.

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mucosal architecture. Recommendations for wound healing, bone biology and biomechanics will be reviewed, as well as immediate loading in different clinical situations, case selection processes and step-by-step surgical procedures to achieve a predictable result.

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• understand how to create and maintain natural hard- and soft-tissue relationships.
• predictably achieve maintainable periodontal, occlusal and esthetic outcomes.
• understand the risk factors in anterior implant therapy.
• become familiar with the complexities of when to extract or save a tooth.

Course agenda

Friday, Dec. 10

• 8 a.m.: Registration, breakfast and viewing of sponsor booths
• 8:45 a.m.: Welcome and introductions from Ira B. Lamster, DDS, MMSc, dean, College of Dental Medicine, Kenneth Judy, DDS, co-chairman, International Congress of Oral Implantologists and Dennis Tarnow, DDS, scientific chairman; clinical professor of dental medicine, director of implant education, College of Dental Medicine
• 9 a.m.: “Should We Be Using Zirconium Implants, Frameworks And Abutments?” (Joerg Strub, DMD, PhD)
• 9:50 a.m.: “Immediate Loading: What Applications Can We Expect In The Future?” (Tiziano Testori, MD, DDS)
• 10:40 a.m.: Break
• 11:10 a.m.: “The Use of rhBMP-2 In Various Clinical Applications for Augmentation of the Deficient Alveolar Ridge.” (Peter Moy, DMD)
• Noon: “Recent Advances in Implant Surface Science — The Next Generation of the UCLA Abutments.” (John Beumer, DDS)
• 12:50 p.m.: Lunch
• 1:50 p.m.: “Novel Solutions for Natural Smiles.” (Michael K. McGuire, DDS)
• 2:20 p.m.: “Advanced Implant Placement Protocols: Dealing with Implant Stability and Infected Sites.” (Alan M. Meltzer, DMD, MScD)
• 3:10 p.m.: Break
• 3:40 p.m.: “Treatment Planning 2011 and Beyond: Choices, Options and Solutions for Complex Esthetic Challenges.” (David Garber, DMD, and Maurice Salama, DMD)
• 5:20 p.m.: Closing remarks

Saturday, Dec. 11

• 7:30 a.m.: Registration, breakfast and viewing of sponsor booths
• 8:10 a.m.: “Bone Morphogenetic Protein-2: Reconstruction of the Maxilla and Mandible.” (Sidney B. Eisig, DDS)
• 9 a.m.: “Experimental Determination of Peri-implant Mucosal Stability and its Interpretation.” (Lyndon Cooper, DDS, PhD)
• 10:40 a.m.: Break
• 11:15 a.m.: “Survival, Success and Sense: The Interrelationship Between Dental Implant Specifications, Treatment Protocols and Clinical Outcome.” (Neil Meredith, BDS, MSc, PhD, RCS)
• 12:05 p.m.: “Decision Making Process for the Prosthetic Approach — Hybrid vs. Pink Porcelain.” (Axel Kirsch, DDS, DMD)
• 12:55 p.m.: Closing remarks

(Source: ICOI)
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Dr. Michael R. Clark, Periodontist, San Diego, CA

Before attending the Fellowship Program at the California Implant Institute I though I will never be able to place implants, but after taking the Fellowship Program with Dr. Al-Faraje I placed over 100 implants in the period of one year. I would highly recommend the program to all my colleagues.
Asmath Noor GP, Norwalk, California

Dr. Faraje offers highly sophisticated courses in Implant dentistry. He distills his experience and delivers the course material to the point, and sharing all aspects of care and patient management. The information is thorough, and perspective offered have the potential of being an asset to a clinician of any level of experience. I enjoyed spending my time learning from him.
Amit Batheja B.D.S., D.D.S., Endodontist. Los Angeles, CA

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Scenes from the AAP in Honolulu

AAP attendees explore the many booths at the exhibition hall during the AAP’s annual meeting in Honolulu.

NeoBioTech introduces attendees to its SCA Kit, a surgical implant kit.

AAP attendees stop by to hear more about Straumann products.

AAP attendees ask questions at the Osteogenics booth.

Camlog brought its implant products to share with AAP attendees.

Sybron Implant Solutions shared with attendees the SybronPRO.

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Learn about implant aesthetics with Dr. Paul Weigl during your lunch hour!

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Weigl graduated from the University of Munich Dental School in 1989.

Since 1992, he has worked as an assistant professor and director of preclinical studies for the Department of Prosthodontics of the Johann Wolfgang Goethe-University Frankfurt am Main.

Weigl has a special focus in the field of prosthetics on implants. He is also a senior specialist at the Department of Oral Surgery and Implant Dentistry, University of Frankfurt.

Additionally, he runs a research-and-development project to develop a fully automatic, working CAD/CAM process to manufacture complete crowns and bridges and to develop a new femtosecond laser-based device for diagnosis and minimally invasive therapy of caries.

This webinar provides one ADA CERP C.E. credit. The fee is $95 and attendees can register at www.DTstudyclub.com under Online Courses.

Dr. Paul Weigl will teach on ‘Brilliant Implant Aesthetics’ on Dec. 9. (Photo/Provided by DT Study Club)
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Sarasota, FL
March 25-26
Vancouver, BC
April 1-2
Kelowna, BC
April 1-2
Regina, SK
April 15-16
Grande Prairie, AB
April 29-30

LVI, THE AURUM GROUP AND MICRODENTAL PRESENT:

2011 EVENTS

Park City, UT
February 11-12
Phoenix, AZ
March 4-5
Madison, WI
March 4-5
Shreveport, LA
April 1-2
Yuma, AZ
April 1-2
Racine, WI
April 8-9

LVI & MICRODENTAL PRESENT:

2011 EVENTS

Houston, TX
February 25-26
Lubbock, TX
March 4-5
Santa Barbara, CA
March 4-5
Arcadia, CA
March 25-26
Galveston, TX
April 15-16

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ADA CERP® Continuing Education Recognition Program

LVI Global is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. ADA Global designates this activity for 11 continuing education credits.
BIOMET 3i embraces environmentally friendly initiatives by offering an electronic journal

BIOMET 3i announces a new website for its Journal of Implant and Reconstructive Dentistry® (JIRD).

BIOMET 3i is embracing environmentally friendly ways of offering timely, relevant articles focusing on implant and reconstructive dentistry by renowned authors from around the globe by way of a new electronic version of JIRD.

The e-JIRD website offers expanded content, archives of previous issues and interactive, web-exclusive elements, such as treatment videos and interviews with leading clinicians in the fields of dental implant and reconstructive dentistry.

It is available in a multimedia flipbook format to view online as a downloadable PDF and also in an iPad compatible format. e-JIRD subscribers can access the site at any time and are notified via e-mail once new issues are available.

Please visit the journal online at www.JIRD-online.com and sign up for e-JIRD, a free electronic subscription to the journal.

About BIOMET 3i

BIOMET 3i, a division of Biomet, Inc., is a leading manufacturer of dental implants, abutments and related products. Since its inception in 1987, BIOMET 3i has been on the forefront in developing, manufacturing and distributing oral reconstructive products, including dental implant components and bone and tissue regenerative materials.

The company also provides educational programs and seminars for dental professionals around the world. BIOMET 3i is based in Palm Beach Gardens, Fla., with operations throughout North America, Latin America, Europe and Asia-Pacific.

For more information about BIOMET 3i, please visit www.biomet3i.com or contact the company at (800) 342-5454; outside the U.S. dial (561) 776-6700.

J. Morita launches new global website


This redesigned, consolidated website incorporates all Morita companies including offices in North and South America, Asia, Europe, Australia/New Zealand, Africa and the Middle East.

It has been updated to better communicate the company’s market position as a global leader and to enhance the customer’s experience with its core products.

Visitors are able to choose a region anywhere in the world and select from among several languages. Customized for each region, users will find events, products and resources available geographically for each location.

North American customers and dealers will find an abundance of information, including instructional videos, continuing education, articles, press releases, upcoming tradeshows, ordering information and a dealer support section with product images, literature request forms and more.

“As a global company, one of our objectives was to create a consistent user experience and single point of access when visiting a Morita website,” said Steven White, senior vice president of sales and marketing. “Implementing this new site will help us reinforce the corporate brand and demonstrate the extensive, worldwide presence of Morita.”
Zimmer Drill Stop Kit improves surgical control and predictability

Zimmer Dental, a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, is pleased to announce the availability of the new Zimmer® Drill Stop Kit.

This easy-to-use and durable instrumentation set facilitates bone level depth control, thereby reducing chair time and enhancing surgical confidence during osteotomy procedures.

Intended to alleviate the stress and uncertainty associated with traditional instrumentation and depth-control methods, the Zimmer Drill Stop Kit offers a cost-efficient and convenient solution to clinicians.

In particular, the Zimmer Drill Stop Kit should increase a clinician’s confidence in controlling and predicting drilling depths, and accelerate and simplify the preparation of the osteotomy.

With securely fitted, length-specific stops, the Zimmer Drill Stop Kit is designed to simplify and expedite the drilling process, thereby benefiting both clinicians and patients.

“Pick-and-go,” easy-to-follow color-coding and organization, and a host of other time-saving features, distinguish the Kit from competitive depth control solutions.

For decades, Zimmer Dental has gained the trust of thousands of clinicians worldwide who count on its comprehensive line of scientifically proven products to deliver successful patient outcomes and the best value in the industry.

By streamlining the surgical process with a user-friendly Zimmer Drill Stop Kit, Zimmer Dental has again reinforced its commitment to offering meaningful solutions to clinicians and enhancing patient safety.

You may contact a Zimmer Dental sales consultant or customer service at (800) 854-7019, (760) 929-4300 (for outside the United States), or visit the company’s website at www.zimmerdental.com for more information.
Introducing The **NEW** Low Profile Abutment

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