Dental implants can be successful with less root than crown

Dental implants are now a common way to replace a tooth. But a dentist must first determine that an implant restoration can be successful for a particular patient.

As an indicator, dentists use the crown-to-root ratio — how much of the tooth extends above the jawbone and how much is in the bone. However, the ideal crown-to-implant ratio for the replacement tooth has yet to be determined.

A new study in the current issue of the Journal of Oral Implantology evaluated the health of implants that had been in place more than five years. By examining the crown-to-implant ratios in these cases, the authors found that this factor was not as important to the success of implants as previously thought.

Radiographs were used to examine 309 single-tooth short-length implant-supported restorations in 194 patients. All the implants had been surgically placed between February 1997 and December 2005.

The ideal crown-to-root ratio for a tooth to serve as an abutment for a partial denture is considered 1 to...
2 — twice as much root as crown. But previous studies have given mixed results about ratios for implanted teeth. Excessive crown-to-implant ratios have been named as detrimental to long-term survival of an implant, while disproportionate ratios have been noted in high rates of implant survival.

The current study found an average crown-to-implant ratio of 2 to 1. Natural teeth with such ratios would often be recommended for extraction and replacement. The authors found that stable implants could be produced with less of the tooth serving as root. Additionally, the study found no statistically significant relationship between increasing crown-to-implant ratios and decreasing bone-to-implant contact levels around the implant.


About the Journal of Oral Implantology
The Journal of Oral Implantology (JOI) is the official publication of the American Academy of Implant Dentistry and of the American Academy of Implant Prosthodontics. It is dedicated to providing valuable information to general dentists, oral surgeons, prosthodontists, periodontists, scientists, clinicians, laboratory owners and technicians, manufacturers and educators. The JOI distinguishes itself as the first and oldest journal in the world devoted exclusively to implant dentistry. For more information about the journal or society, visit www.joionline.org.

Corrections
Implant Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.
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Implants see fastest growth in emerging markets

By Daniel Zimmermann, Group Editor

Premium manufacturers are driving the market for dental implants and bone-craft substitutes in countries such as China and India, according to iData Research.

In a market report, the Canada-based consulting company has forecasted the market volume of both countries for dental implants to exceed $400 million by the year 2017.

Strong double-digit growth rates were also predicted for Brazil, another potent global emerging market.

The rapid growth of dental implants will also drive the market for dental biomaterials and bone-craft substitutes, the report states.

The number of procedures using these materials is expected to reach almost 400,000 in both countries by 2017.

“The de-regulation of dental care services in China and India has fueled growth of private dental clinics in major urban centers,” said Dr. Kamran Zamanian, CEO of iData.

“In addition, the low cost of labor has kept implant procedural costs relatively low, promoting dental tourism from countries such as Japan, South Korea and Australia.”

Markets in China and India are currently dominated by a few foreign manufacturers such as Dentsply-Friadent, Nobel Biocare or Straumann.

The Swiss-based company particularly has increased its market share in China and South Eastern Asia with the introduction of products including the Bone Level Implant and SLActive dental implant surface technology.

Global business consultant Frost & Sullivan recently awarded the company with its 2010 Asia Pacific Dental Implant Company of the Year Award for superior performance in different areas such as strategic product development.

Europe still holds the largest share of the $3.2 billion global dental implant market followed by the United States, Korea and Japan.

The market itself is projected to grow by more than 20 percent during the next five years.

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Healthy gums may lead to healthy lungs

Maintaining periodontal health may contribute to a healthy respiratory system, according to research published in the Journal of Periodontology. A new study suggests that periodontal disease may increase the risk for respiratory infections, such as chronic obstructive pulmonary disease (COPD) and pneumonia. These infections, which are caused when bacteria from the upper throat are inhaled into the lower respiratory tract, can be severely debilitating and are one of the leading causes of death in the United States.

The study included 200 participants between the ages of 20 and 60 with at least 20 natural teeth, Half of the participants were hospitalized patients with a respiratory disease such as pneumonia, COPD or acute bronchitis, and the other half were healthy control subjects with no history of respiratory disease. Each participant underwent a comprehensive oral evaluation to measure periodontal health status.

The study found that patients with respiratory diseases had worse periodontal health than the control group, suggesting a relationship between respiratory disease and periodontal disease. Researchers suspect that the presence of oral pathogens associated with periodontal disease may increase a patient’s risk of developing or exacerbating respiratory disease. However, the study authors note that additional studies are needed to more conclusively understand this link.

“Pulmonary diseases can be severely disabling and debilitating,” said Donald S. Clem, DDS, president of the American Academy of Periodontology. “By working with...
Session: ‘How to avoid implant catastrophes’

Catastrophic implant failure will be the topic of the Academy of Osseointegration’s 2011 Annual Meeting’s closing session, as academy members and guests review “Major Catastrophes and How to Avoid or Handle Them,” on Saturday, March 5.

“Exploring catastrophic failures helps to further our professional knowledge, since we tend to learn most from mistakes,” explained Annual Meeting Program Committee Chair Dr. Tara Aghaloo of Los Angeles. “This session will offer an excellent educational opportunity for clinicians, whether they are new to the field or have many years of experience.”

Attorney Michael Ragan will open the program with a presentation on implant claims, damages and remedies. Other AO annual Meeting highlights will include:

• “Two-Track” Scientific Program: The Surgical Track will explore prosthetic concepts, computer-guided implant dentistry, hard- and soft-tissue augmentation and how to determine success. The Restorative Track will cover maxillary overdentures, short implants, digital impressions and CAD/CAM restorations and other surgical concepts. (Saturday, March 5).

• Round Table Clinics: Fifteen separate sessions offer attendees the opportunity to discuss diverse implant dentistry topics — everything from stem cell-based treatments and advances in ridge expansion to maxillary sinus augmentation in small, informal settings with presenters. (Friday, March 4)

• Limited Attendance Lectures: Thirteen limited attendance lectures will increase interaction between annual meeting attendees and world-class clinicians on a range of topics. Sessions include implant esthetics, treatment planning for complex implant restorations, management of failed sinus grafts, implant prosthodontics and more. (Friday, March 4)

• Corporate Forum: AO’s 2011 Corporate Forums will feature manufacturer-hosted educational sessions that showcase the latest research, products, techniques and developments. (Thursday, March 3)

• Allied Staff Program: The AO Annual Meeting’s Allied Staff Programs offer concurrent sessions designed for dental lab technicians and hygienists. The daylong series of programs will focus on topics that range from growing a surgical implant practice and contemporary implant maintenance to CAD/CAM information and new products. (Saturday, March 5)

Allied staff sessions will emphasize the importance of the team approach to patient care,” Aghaloo said. “New technologies and clinical applications are being introduced at an increasingly rapid rate. It is essential that allied staff professionals understand these concepts and how they apply to implant dental practices.”

Complete program and registration information for the 2011 AO Annual Meeting is available online at the academy’s website at www.osseo.org .

(Source: Academy of Osseointegration)
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osseo.org
Management of two implants in the esthetic zone

By Saghi Parham, DDS

A medically and periodontally stable 24-year-old woman presented with two failing root canals on teeth #8 and #9. Her dental records indicated both teeth were endodontically treated twice before. The first root canals were performed when she was 18 years old due to a trauma incident and again six years later.

Two weeks prior to presenting at our office, the patient stated she had another accident causing trauma to her two maxillary centrals. A new series of radiographs revealed apical infections on both teeth (Fig. 1). Both teeth were deemed restoratively hopeless (Fig. 2).

Treatment plan
The patient was given the option to have a removable partial denture, fixed partial denture or implants. The following treatment was performed:

• Extraction of teeth #8 and #9 and maxillary periodontal esthetic osseous surgery.
• Temporization with a resin-bonded fixed partial denture during healing period.
• Placement of implants for #8 and #9.
• Six-month healing period.
• Placement of final implant crowns.
• Extraction and socket preservation.

The teeth were extracted followed by a thorough degranulation and debridement of the extraction sites. No dehiscence or fenestration was detected, and no graft material was placed in the extraction sites. The space was then temporized with a resin-bonded fixed partial denture (Fig. 5).

Esthetic periodontal osseous surgery
The primary goal for this procedure was to eliminate the “gummy smile.” Osteoplasty was followed by approximately 1 to 1.5 mm of osteotomy. The flap was repositioned apically (Figs. 4 and 5).

Implant placement
After osteotomy preparation, two internal-hex implants with S.L.A. (sand-blasted with large grit and acid etching) surfaces were placed (Fig. 6).

A 3.8 mm x 12 mm implant was placed into site #8 and a 3.4 mm x 12 mm implant was placed into site #9 (Implantium S.L.A. implant by Den-tium USA, Cypress, Calif.). Primary stability was achieved, and healing abutments were placed. The site was re-temporized using the same.
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resin-bonded fixed partial denture that was used during the first healing phase.

Final prosthetics

Final restoration of both #8 and #9 implants was performed at six months. The marginal height and contours of both implants matched, and a periapical radiograph revealed sufficient bone height around the fixtures (Figure 7).

The patient was happy with the functional and esthetic results (Figure 8).

Fig. 3: Temporary resin-bonded fixed partial denture.
Fig. 4: Esthetic periodontal osseous surgery.
Fig. 5: Results of esthetic gum lift.
Fig. 6: Radiograph showing placement of two implants in spaces #8 and #9.
Fig. 7: Radiograph showing finalized implant prosthetics.

Fig. 8: Final smile.

About the author

Dr. Saghi Parham received a bachelor of science degree with a major in biology from the University of California, Los Angeles. She received her doctor of dental surgery degree from the University of Southern California, School of Dentistry.
Coming into its second year, the organizers of Dental Tribune Study Club (DTSC) at www.DTStudyClub.com have planned events both online and offline across the globe.

DTSC is an educational-based online community that inspires new possibilities while creating higher expectations in online learning. A participant of a recent live webinar summed it up by offering: “The live and interactive webinar enabled me to ask the speaker questions and share with colleagues around the world. The international faculty exposes me to global opinion leaders, who aren’t really accessible to experience live. Plus, I did this in my pajamas!” (M.R., Ontario, Canada)

Individual webinars
DTSC offers international C.E.-accredited lectures that are live and interactive, as well as archived ones that bring local events to global audiences. Check out the C.E. listing under the menu option “Online Courses.”

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In the “Getting started in ...” lecture series, leading specialists provide a general overview of a selected field of dentistry for those who are interested in “getting started in” that area.

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DTSC C.E. Symposia are featured at major dental meetings around the world, including the FDI, IDEM and GNYDM events. The symposia feature quality ADA CERP C.E.-accredited programs, offering visitors an opportunity to learn in a focused environment with no registration fee.

Cannot make it to the event? Not to worry — the symposia are also recorded and offered online as individual C.E.-accredited webinars.

First Impressions video reviews
www.DTStudyClub.com features an online “video column” called First Impressions™, in which opinion leaders present focused web-based product reviews based upon first-hand clinical experience.

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For additional details, please contact Julia Wehkamp at j.wehkamp@dtstudyclub.com or (416) 907-9836.
Join the California Implant Institute

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 procedures. There will also be a focus on PRP and other advanced bone grafting materials, such as rh-BMP2/ACS grafts with titanium mesh. The final graduation examination and certification ceremony will conclude this comprehensive implant training program.

For more information or to register, contact Jennifer Bettencourt at (858) 496-0574 or visit www.implanteducation.net.
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Boston a perfect backdrop for Aacd’s annual session

Cosmetic dentistry event to take place May 18–21

Described as a welcome contradiction, the hip yet historic Boston will serve as the perfect backdrop for the American Academy of Cosmetic Dentistry’s annual scientific session, which will take place May 18–21 at the Hynes Convention Center.

The conference, themed “The Rise of Collaboration,” will offer attendees more than just the cosmetic dentistry profession’s best lectures, workshops and networking opportunities — it also offers the chance for attendees and their guests to spend a week in a thriving city.

“The backdrop of a great city, an easily accessible convention center from our hotel and an amazing line-up of speakers makes this meeting one of the best we’ve ever had,” said Sandy Roth of the AACD Professional Education Committee.

Boston is New England’s largest city and is unofficially known as the “Capital of New England” because of its strong economy and unique culture.

Attendees will enjoy getting to know Boston, or becoming reacquainted with the city, during a welcome reception hosted by the Aacd at Jillian’s of Boston, a local staple that offers sports-style entertainment and dining.

A Beacon Hill Homes and Walking Tour also will be offered May 18 as part of the conference’s guest program.

Baseball fans will want to note that the Boston Red Sox will be home when the Aacd is in town.

Another point of interest is Boston’s Newbury Street, which is filled with bars and restaurants offering outdoor patios. The Boston Public Garden also is a must-see as it prepares for the Flower Show.

“Boston is one of the quintessential cities in America,” said Hugh Flax, DDS, Aacd president. “Steeped with culture and history, our Aacd members will be surrounded with world-class shopping, historical scenery and eating possibilities that will make the educational experience in Boston unforgettable. My team can’t wait to get there. I’m looking forward to seeing you too.”

About the Aacd

The Aacd is the world’s largest non-profit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthetics and function.

Composed of more than 6,500 cosmetic dental professionals in 70 countries worldwide, the Aacd fulfills its mission by offering an array of educational opportunities, promoting and supporting a respected accreditation credential, serving as a user-friendly and inviting forum for the creative exchange of knowledge and ideas, and providing accurate and useful information to the public and the profession.

Following a record-breaking attendance year in 2010, more than 12,000 delegates are expected to attend the 40th annual Journées dentaires internationales du Québec (JDIQ) to be held in Montreal, Canada, from May 27–31, 2011.

Canada’s largest annual meeting, JDIQ has grown exponentially in recent years. With close to 4,000 dentists in attendance from all corners of the world and 225 exhibitors occupying 115,000 square feet of exhibition space, this year’s meeting is shaping up to be better than ever.

Featured speakers this year include Dr. Ronald Jackson discussing “Esthetic Restorative Excellence,” Dr. Clifford Ruddle presenting “Creating Endodontic Excellence,” Dr. Howard Glazer lecturing on “What’s Hot and What’s Getting Hotter,” Dr. David Hornbrook on “Hot Topics in Esthetic and Restorative Dentistry,” Dr. Paul Child presenting “New Products, Trends and Techniques” and Dr. Edward McLaren speaking on “Esthetics and Ceramics,” just to name a few.

A surprise this year will feature leaders from four leading implant companies in a no-holds barred panel discussion on “Implant Dentistry — Myths and Realities.”

In addition, there will be workshop presentations on composite resins, rotary endodontic systems, suturing techniques and periodontal and oral surgery as well as the Invisalign system. All lectures are CERP approved for continuing education credits.

The exhibit hall, open for two days on May 30 and May 31 and highlighted by top dental representatives displaying new products, materials and techniques, will feature lecture presentations in the “Dental Industry Showcase.”

Furthermore, a Formula 1 race car simulator will be open for all to enjoy as you race around the track at top speeds!

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Clinical evaluation and laboratory comparison of chairside CAD/CAM systems

Bluestone Center for Clinical Research at the New York University College of Dentistry recently released the results of several projects that evaluated the clinical efficacy and performance of the E4D Dentist System (D4D Technologies) and compared the fit and strength of restorations produced by the E4D Dentist System with those from a competitive chairside CAD/CAM system.

In the clinical evaluation, the investigators reported the E4D Dentist System was “… easy to learn by both experienced and inexperienced CAD/CAM users. Restorations were captured (scanned), designed, milled, occlusion adjusted and inserted in an average of less than 45 minutes. One hundred percent of all restorations created were found to be clinically acceptable by an independent examiner.”

In a separate in-vitro investigation, full coverage restorations of similar design were fabricated by the E4D Dentist System and a competitive system, seated onto composite dies using resin-based cements and then sectioned for fit analysis. The analysis showed that the E4D fabricated crowns exhibited a reduced and more homogeneous fit at all measured positions (buccal, lingual and center). The results demonstrated a mean marginal fit of less than 20 microns, with an upper limit of 50 microns for E4D restorations and a mean marginal fit of 85 microns with an upper limit of 68 microns for the competitive system.

In a subsequent in-vitro evaluation, the mouth-motion fatigue reliability and failure modes of monolithic crowns (IPS Empress CAD, Ivoclar Vivadent) fabricated by the E4D Dentist System and a competitive system were evaluated. Results from the single load to failure provided a value of 1175 N for the E4D fabricated restorations and 1087 N for the competitive system. In the fatigue failure evaluation, no statistical difference was noted between the two systems.

Dr. Gary Severance, D4D Technologies’ vice president of clinical affairs, said: “Clinicians who currently embrace chairside CAD/CAM dentistry and those who may have been cautious in the past due to misconceptions regarding the integrity and ease of use of such systems will be encouraged by these results. We are grateful to researchers at NYU’s dental school for their contribution and effort and for making their findings available to the profession.”

It should be noted that different operators fabricated the samples from each system.

The authors of the reports are Van P. Thompson, E. Dianne Rekow, Mark Wolff and Nelson RFA Silva. Copies of the complete reports are available online at www.e4d.com/resources/nyuReports.php.

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Zimmer Dental Inc., a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, Inc., is pleased to announce the availability of the Sinus Crestal Approach Kit and Sinus Lateral Approach Kit for minimally invasive and streamlined sinus lift procedures. Stemming from an exclusive U.S. distribution agreement with Neobiotech Co., Ltd, the two kits are the latest additions to Zimmer Dental’s expanding sinus lift instrumentation portfolio.

The Sinus Lateral Approach Kit offers a complete solution for accessing the sinus via opening the lateral wall. The result is minimal flap size and a smaller window than conventional techniques. The Sinus Lateral Approach Kit’s reamers can be used with a standard surgical motor handpiece (2,000 rpm) for an expedient osteotomy.

The tapered trunk on the kit’s LS-reamer is designed to control drilling depth up to 3.5 mm without the use of drill stops, and the special blade design creates a thin bone disc that protects the Schneiderian membrane. In addition, the C-reamer can be used to cut through the lateral wall and save a piece of circular bone that can be used to close the opening after the procedure.

Like the Sinus Lateral Approach Kit, Sinus Crestal Approach Kit offers a minimally invasive option for sinus lift procedures. The unique drill design of the Sinus Crestal Approach Kit’s S-reamer head (800-1200 rpm) also leaves a thin bone disk between the Schneiderian membrane and the reamer for optimum protection, and it can be used in misaligned and septum cases.

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BIOMET 3i recognized for contributions to DDS

BIOMET 3i has been honored with an award for its significant contributions to Donated Dental Services (DDS), a program of Dental Lifeline Network. Dental Lifeline Network, formerly known as the National Foundation of Dentistry for the Handicapped, is a charitable affiliate of the ADA. Through DDS and other programs, the organization provides comprehensive dental care to people who are disabled, elderly or medically at-risk and has a nationwide volunteer network of 15,000 dentists and 3,000 laboratories.

“The outstanding support of BIOMET 3i has helped DDS reach today’s milestone of providing dental therapies valued at $181 million to 100,000 people in 50 states,” Fred Leviton, president of Dental Lifeline Network, noted. Leviton went on to say: “Since we first approached BIOMET 3i years ago, the company has provided hundreds of dental implants, never once refusing a request on behalf of our patients. As the need for implants increased, BIOMET 3i became a role model for other implant companies, enabling us to expand our services to those in need. We are profoundly grateful for its partnership.”

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 United States, dial (561) 776-6700.

About Dental Lifeline Network
Dental Lifeline Network is a 55-year-old, national humanitarian network dedicated to transforming lives through the delivery of life-saving and dignity-enhancing dentistry services for individuals who are disabled, elderly or medically at-risk. Donated Dental Services (DDS), a program of Dental Lifeline Network, involves more than 15,000 volunteer dentists and 3,000 volunteer laboratories and has arranged for $181 million in donated dental therapies for 100,000 of society’s most vulnerable individuals in all 50 states.
Less pain for your patients.
Less chairside time for you.

INTRODUCING
Mucograft®
collagen matrix

Mucograft® is a pure and highly biocompatible porcine collagen matrix which provides an alternative to autologous soft tissue grafts. The spongious nature of Mucograft® favors early vascularization and integration of soft tissue. It degrades naturally, without device related inflammation, for optimal soft tissue regeneration. Mucograft® collagen matrix provides many clinical benefits:

For your patients...
→ Patients treated with Mucograft® require 6x less ibuprofen than those treated with a connective tissue graft
→ Patients treated with Mucograft® are equally satisfied with esthetic outcomes when compared to connective tissue grafts

For you...
→ Surgical procedures with Mucograft® are 16 minutes shorter in duration on average when compared to those involving connective tissue grafts
→ Mucograft® handles similarly to autologous tissue, is ready to use and does not require several minutes of washing prior to surgery

Ask about our limited time, introductory special!

Mucograft® is indicated for covering of implants placed in immediate or delayed extraction sockets; localized gingival augmentation to increase keratinized tissue (KT) around teeth and implants; alveolar ridge reconstruction for prosthetic treatment; recession defects for root coverage.

For full prescribing information, please visit us online at www.osteohealth.com or call 1-800-874-2334

References:

Learn more about Osteohealth’s complete line of products at the Academy of Osseointegration Annual Meeting! Attend our corporate forum sessions on March 3 or visit us at Booth #721.
Materialise Dental launches DentalPlanit

There’s a growing need to simplify the interaction between imaging providers and clinicians. Similarly, clinicians increasingly request treatment planning assistance with regards to performing guided surgery and SurgiGuide® online ordering. That’s why Materialise Dental is launching a free online space called DentalPlanit®.

Efficient patient-case management for dental professionals
DentalPlanit makes dental professionals’ lives easier. It facilitates the method of searching for and working with any imaging provider, whether large or small.

Everything flows together in one seamless process — managing and tracing patient cases takes no time at all as vital information is at one’s fingertips. Even an all-round treatment planning assistance service called PlanAssist is part of the deal. Clinicians can request full-fledged treatment-planning assistance during live PlanAssist sessions. Or they can choose to have a treatment-plan suggestion delivered to them. Tailored treatment-planning services are thus provided upon request.

During a patient visit, the scan procedure is swiftly scheduled online via the DentalPlanit directory by choosing a favorite imaging partner or one that is nearest to the patient. Next, the scan procedure can be tracked online and an automatic notification informs the clinic as soon as the 3-D patient images are available. The images can then be opened instantly with the clinic’s preferred implant planning software. "3-D patient images are necessary for most of my implant procedures. With DentalPlanit, this information is kept in one place, making it easy to access,” says Neil Matthews, a Rochester, Mich., prosthodontist.

Time- and money-saving procedures for imaging providers
Imaging providers can send images to their customers via DentalPlanit with amazing efficiency, according to Materialise Dental. Expensive IT resources and infrastructure are no longer needed to ensure secure online communication with referrals. By using DentalPlanit, imaging companies gain both time and money.

"Also on DentalPlanit, imaging companies can advertise their services to dentists in a much larger area than they could cover through their own marketing channels," said Cassandra Gozin, product manager at Materialise Dental.

Thanks to DentalPlanit, imaging providers can offer their services to dentists. These services include the delivery of standard CT images or files, which are ready to be used in market-leading implant planning software such as SimPlant®, Facilitate™ and ExpertEase™. DentalPlanit doesn’t require any additional efforts from the imaging company or the clinician and is accessible via www.dentalplanit.com.
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4-Day Hands-On & Live Surgery in Los Angeles with Dr. Sascha A. Jovanovic
Learn the latest implant techniques. Each course has a didactic and a clinical hands-on and/or live patient surgery component. Courses can be taken separately or together as a comprehensive update program. This course is the best short-term implant program to get you to the next level in implant surgery and to improve your confidence level in hard and soft tissue grafting and the management of complications.

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“I have taken 100 hrs of CE in the last year alone. I have to say the 4 hands-on courses I took at gIDE were the best investment to date. The gIDE Institute and Dr. Jovanovic provide the most cutting-edge, relevant information you will find out there. Worth every penny.” - Dr. Joseph C. Weber, General Practitioner - Santa Barbara, CA

Register Online at www.gIDEdental.com. Contact info@gIDEdental.com or Call +1 310 696 9025
Exactech has recently expanded its family of bone-grafting products to continue offering cost-effective options for high-quality bone-grafting performance.

Exactech’s Oralife products include DBM, cortical particulate, cancellous particulate and, now, a pre-mixed 50:50 cortical-cancellous particulate option.

Mixed cortical and cancellous particles provide the combined excellence of structural strength and volume while also providing the environment for the infiltration of blood cells and the remodeling process that promotes bone growth.

In addition to the new mixed option, smaller particle sizes of 0.25-1 mm are available for cortical, cancellous and the cortical-cancellous mix.

Oralife allografts may be used in clinical situations where human allograft is appropriate, such as periodontal defects and sinus-grafting procedures, extraction sockets, intrabony defects and in conjunction with dental implant placement.1

All Oralife products are single-donor grafts that are recovered and processed in accordance with FDA and AATB guidelines using Allowash® Technology.

These products are aseptically-processed human allografts that are pre- and post-processing microbial tested.

Oralife joins Exactech’s flagship regenerative products, Regenaform® and Regenafil® allograft, to continue to offer simple, predictable results. Both products have been clinically shown to induce bone formation and facilitate bone growth.

Offering only an optimum DBM concentration that is demonstrated by histology* to meet high osteoinductive standards after sterilization ensures the overall quality and regeneration you’ve come to expect in Exactech’s bone paste products.2

References

Nobel Biocare’s new product catalog is now available

Nobel Biocare has now released its new, user-friendly product catalog 2011 with up-to-date content, illustrations and detailed product information.

The new product catalog provides a comprehensive source of the company’s extensive assortment of dental products. The product catalog, featuring updated images, graphics, product information and a user-friendly design, allows users to easily find and order the products they need.

The product catalog also includes flow charts and decision trees to support dental professionals in making the right product decisions.

Highlights of the new product catalog include:

• Recently extended product lines, NobelReplace and Replace Select.
• Information about Nobel Biocare’s heritage and production facilities worldwide.
• Tabs with chapter information on every page for easy navigation.
• View and interact with the online catalog by turning its pages, zooming in and searching for products using keywords.

To receive your own copy of Nobel Biocare’s comprehensive product catalog, please contact your local sales representative.

Nobel Biocare is the world leader in innovative restorative and esthetic dental solutions, providing dental professionals with advanced science-based tooth-to-root solutions.

(Source: Nobel Biocare)
Aseptico ELITE motor system redefines value and performance

The ELITE all-in-one motor system from Aseptico (model AEU-7000L-70V) is said to be ideal for a number of dental specialties, including implant, endo, restoration and oral surgery, resulting in a superior return on investment.

Features include:
- A powerful, 40K rpm, autoclavable micromotor with LED illumination at any speed. Unlike conventional fiber optic bulbs, the integrated LED provides tens of thousands of operating hours.
- An advanced dynamometer calibration system that automatically detects the properties of individual implant or endo reduction handpieces for highly accurate speed, torque, and efficiency results at the time of treatment. This means that almost every brand of new or existing reduction handpiece from 1:61 – 32:1 (implant) and 4:1 – 16:1 (endo) can be used.
- Torque control is adjustable up to 60 Ncm, ensuring compatibility with every implant system in the market.
- Endo functionality that exceeds any competing hybrid system (on-board file library, torque in g-cm, auto-stop-reverse, etc.).
- Twelve programmable preset buttons (six implant/six endo) are available for saving preferred ratio, speed, torque, irrigation, motor direction settings and even display names.
- Upgradable software ensures longevity of the device.

The ELITE performs the complete implant procedure using a 20:1 reduction contra angle, such as the new AHP-85MBFO-CX Mont Blanc Fiber Optic Handpiece with Depth Control. The micromotor is also compatible with most brands of lighted and non-lighted handpieces (such as the AHP-85MB-X or AHP-85MB-CX Mont Blanc and the AHP-85P-I Impulsion). The ELITE may also be used with 8:1 endo, 1:1 standard, 1:2 and 1:5 increaser handpieces for a multitude of dental applications.

The ELITE will debut at the Chicago Midwinter (Feb. 24-26) and IDS Cologne (Mar. 22 – 26).

For information about pre-ordering the ELITE and details about the company’s full range of surgical motors and accessories, visit www.Aseptico.com, call (866) 244-2954 or (425) 487-3157, or e-mail info@aseptico.com.

Aseptico’s ELITE all-in-one motor system. (Photo/Provided by Aseptico)
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A DIFFERENT KIND OF IMPLANT

Reliable & versatile, the OCO Biomedical system can be utilized for a variety of implant needs. With our proven implant body design you can easily progress from mini to full size one-piece or two-stage implants for selective loading.

- Dual Stabilization™ Design
- Simple Placement Procedure
- Flexible & Progressive System
- Competitively Priced
- Made in the USA

OCO’s patent-pending bull-nose auger tip locks the apex of the implant by pulling bone up and around the threads stimulating bone growth.

IMPLANT COURSES

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April 2nd - Vancouver, BC
April 16th - Atlanta, GA
May 21st - Toronto, ON
May 28-29th - Denver, CO
June 16th - Raleigh, NC
July 23rd - San Diego, CA
Aug 13-14th - Chicago, IL

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The Dynamic Abutment® system developed by Talladium is a revolutionary concept in the dental field. It consists of two individual pieces connected by a joint that allows full freedom of movement in circumference between 0 degrees and 20 degrees. This becomes an essential tool in overcoming angulation issues in implant dentistry.

Additional benefits include:

• Cast-to-abutments on a Tilite® milled base.
• Precision on desired angulation.
• Cost reduction.
• Improvement of the restoration function.

For more information on the Dynamic Abutment, call Talladium at (800) 221-6449, ext. 182.
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