INDUSTRY CLINICAL

ICOI returns to Chicago

Windy City welcomes ICOI Implant Prosthetic Symposium in August

By Craig Johnson, ICOI Executive Director

The International Congress of Oral Implantologists (ICOI) will return to one of its favorite locales for its 14th annual Implant Prosthetic Summer Symposium. The dates to add to your calendar are Aug. 18-20, and the venue will be the Downtown Marriott Hotel on Michigan Avenue in the heart of Chicago. Just steps from the famous Navy Pier and the excitement of summer in the city, this meeting promises both educational enrichment and social opportunities.

ICOI returns to Chicago

JOI: Gene combination identified as risk factor in success of dental implants

The health of the surrounding tissue affects the success of a dental implant. Identifying and reducing risk factors is therefore a key step in implant process. Now a combination of genes has been identified as a possible indicator of greater tissue destruction leading to negative outcomes for implants.

The authors of an article in the Journal of Oral Implantology report on a study of individuals with the combination of interleukin (IL)-1 allele 2 at IL-1α−889 and IL-1β+3954. These people are “genotype positive” and susceptible to increased periodontal tissue destruction.

Peri-implantitis, or the process of tissue inflammation and destruction around failing implants, is very similar to periodontal disease. The researchers sought to find any association of these genotypes with the severity of peri-implantitis progression and the effect of this combination on treatment outcomes.

This study compared two groups of patients, all of whom had implants. The first group consisted of 25 patients with peri-implantitis, while the second group of 25 patients had healthy tissue. Seventeen patients from the first group and five from the second group were genotype positive.

Patients in the first group, those with peri-implantitis, took part in a treatment and maintenance program. The genotype-positive patients in this group experienced greater periodontal tissue destruction and increased discharge from tissues. The genotype-negative patients responded better to treatment. Statistically significant differences were noted between the groups.

The combination of these two alleles in patients with inflamed periodontal tissues denotes a risk factor that can lead to further tissue destruction. Patients with the specific genotype can have exaggerated local inflammation. Gene polymorphism may affect the outcomes of treatment for peri-implantitis in genotype-positive people and affect the long-term success of implants.

The Chicago program’s goal is about education for everyone on the implant team. Formulated with the original vision of ICOI’s Implant Prosthetic Symposium, the mission is to highlight the restorative opportunities.

For nearly 100 years, dentists have relied on 2-D radiographic imaging for diagnosis and treatment planning. With the 1999 introduction of cone-beam computed tomography (CBCT), all dentists now have tools available for more accurate diagnosis and treatment.1 The ability to look at a tooth in any direction and orientation, as well as in 3-D, eliminates much of the guesswork commonly experienced with 2-D radiographs.

We have been limited in most cases to only a buccal-lingual view provided by periapicals, bitewings and panoramic radiographs with the occasional axial view of an occlusal film. Medical CT scans and images began in the early 1970s and were sometimes used by dentists, offering our first multi-planer views.2 The adoption of 3-D cone-beam imaging is appropriate and has important advantages for all modalities of dentistry. From every specialist to the general dentist, the increased amount of radiographic information as well as increased accuracy will aid in the most sound diagnosis possible.

CBCT description

CBCT is a single or partial rotation of an X-ray source around the head, capturing X-rays on various flat panel arrays and sensors. The information is converted to a series of axial slices by computed tomography and stored as DIComs that can be manipulated for diagnostic purposes.

Chicago is the site for the ICOI’s 14th annual Implant Prosthetic Summer Symposium. (Photo/Christiane Ferret, Dental Tribune)

Chicago is the site for the ICOI’s 14th annual Implant Prosthetic Summer Symposium. (Photo/Christiane Ferret, Dental Tribune)
virtual anatomy in the computer.

With the use of sophisticated software, the dentist is able to view information in several different views, including: axial slices (head-to-toe orientation), coronal slices (front-to-back orientation), sagittal slices (side-to-side orientation) all known as multi-planer reconstructions (MPR). The thickness of each slice can be varied to include more or less information.

Because the voxels (volumetric pixels 5-D) are isotropic, other MPR images can be generated by slices drawn at any angle, curve or thickness through the scan to view areas critical to the final diagnosis.2,4,5

The final view offered by CBCT is a 4-D view that can be rotated and viewed in any direction.

Once again through software manipulation, 5-D images can be viewed as conventional radiographs, maximum intensity projections (MIP), soft-tissue projections and a variety of other views.

This nearly endless ability to manipulate the data aids in the diagnosis and identification of disease, nerve canals, sinus morphology, dental caries, bone density, fractures, endodontic pathology, implant placement criteria, periodontal defects, bone pathology, fractured teeth, iatrogenic trauma, TMJ morphology and disease, third molar position and many more healthy or diseased conditions.

The first and primary use of CBCT for early adopters was implant placement. As the scope and the value of the information became better known, dentists of all branches began to see the value of MPRs and 3-D renderings including periodontics, endodontics, oral surgery, treatment of TMI, orthodontics, implantology and general dentistry.2,5,6

Clinical peri-apical and panoram-

Fig. 2: Periapical does not show the sinus anatomy or the width of the bone.

Fig. 3: MPR showing post op of sinus graft and implant placement.

Fig. 4: The 3-D CBCT showing anatomy of the maxillary sinuses.

Early CBCT adoption with implants

The first and primary use of CBCT for early adopters was implant placement. As the scope and the value of the information became better known, dentists of all branches began to see the value of MPRs and 3-D renderings including periodontics, endodontics, oral surgery, treatment of TMI, orthodontics, implantology and general dentistry.2,5,6

Clinical peri-apical and panoram-
SUMMER 2011 BEST BUYS
COMPARE OUR EVERYDAY LOW PRICES
SAVE ON OVER 850 EVERYDAY ITEMS
FREE SHIPPING

Purchases from this catalog will receive FREE Shipping!*

Download the catalog now at acesurgical.com

* FREE GROUND SHIPPING ON ALL THE PRODUCTS FOUND INSIDE THIS CATALOG.
   Free shipping on the products in this catalog is only valid from July 1st - Sept 31, 2011.
   Additional items ordered that are not in this catalog will be charged our normal UPS rates.
   Orders must be $400 or more to be eligible for free shipping.

ACE Surgical Supply Company, Inc. • 1034 Pearl Street, Brockton, MA 02301
ic radiographs for the placement of implants can be misleading with elongation, foreshortening, superimposition and geometrically incorrect data. A look at the implant in the periapical shows no obvious disease to an existing integrated implant. Clinically, a buccal fistula was present with exudate and slight pain. The CBCT scan (Fig. 1) reveals a more accurate view showing a buccal defect on a sagittal MPR. A surgical flap revealed a dehiscence of the coating of the implant. Removal of the foreign body resulted in an asymptomatic and healthy patient.

The evaluation of the available bone for the initial implant placement can be crucial for the long-term success of the case. If there is inadequate bone available, grafting may be a necessity. CBCT studies render the most accurate information available at a low radiation dose. The periapical shows an obvious lack of bone height, but does not show the buccal-lingual dimensions or an accurate view of the sinus morphology (Fig. 2). The MPR view of the CBCT shows all necessary measurements to perform the sinus lift and grafting with the immediate placement of the implant fixture (Fig. 5). 3-D views show the floor of the sinus and any soft-tissue pathology (Fig. 4). Having accurate measurements in all dimensions is an advantage of CBCT scanning.

CBCT and endodontics

Endodontics is a field that is rapidly adopting the use of CBCT and for good reason. The inherent geometric deficiencies of 2-D radiographs make the CBCT scan a valuable adjunct to investigate the root morphology in both 3-D and MPR. The typical periapical will show superimposed canals in the anteriors, bicuspids and molars as well as unwanted bone densities both buccal and lingual to the affected tooth making the image quality poor.

The ability to view MPR slices in cross-section, long axis and oblique directions gives the ability to follow all canals in any direction and show their relationship and measurements from other known structures. This virtual tour of the root morphology is a great benefit to the final treatment outcome (Fig. 5).

Post root-canal infection can be difficult to diagnose with the standard periapical. The endodontic fills may appear to be normal even though other clinical findings and symptoms are abnormal. The patient presents several months post root-canal treatment with pain on palpation and pressure and avoids this side of the mouth. A periapical radiograph shows minimal pathology (Fig. 6). The roots appear to be filled and a small puff of sealer extends through the apex of the mesial roots. The distal root structure and fill appear normal. There is little indication of periapical radiolucency only a widening of the periodontal ligaments of the mesial roots.

A CBCT scan reveals a completely different picture. The coronal MPR reveals a short fill near the apex of the mesial lingual root and a large radiolucency (Figs. 7, 8) not visible on the periapical radiograph (Fig. 6).

Missed canals are difficult to see in a buccal-lingual projection of the periapical radiograph as on canal is superimposed on the other (Fig. 9). Often, as viewed in this radiograph, we see periapical pathology with an apparent normally filled canal. CBCT scans allow dentists to look for pathology in MPR planes to identify the actual problem before invasive procedures are performed on the patient. The axial view shows a lingual canal exists and is untreated. The coronal view confirms the diagnosis and treatment can be completed (Fig. 10).

Today’s endodontists, as well as general dentists, are benefiting from the diagnostic capabilities of the high-resolution CBCT scanners available over conventional 2-D periapical.

Oral surgery

Oral surgery, with its inherent invasive nature, can be better served using CBCT with MPR as well as 3-D images. The ability to perform virtual surgery is a benefit to both the doctor and the patient. Doctors have the advantage of seeing morphology and landmarks in real time and space with accurate measurements, and patients will gain a better understanding of the problems and the solutions their doctors are offering them.

Third-molar extractions can be risky based on 2-D and panoramic radiographs. These radiographs can often superimpose nerves and sinuses over root structures. Dentists using 2-D radiographs must often rely on experience to assess the risks of iatrogenic trauma. The use of CBCT with MPRs and 3-D images reduces any guessing as well as the chance for any permanent damage to the patient. With the adoption of CBCT, the judgment is based on solid...
Innovative Bonding Graft Material & Fully Synthetic Bone Substitute

The MIS Bone augmentation materials include a line of fully synthetic bone grafts. BONDBONE® is a resorbable, osteoconductive bone grafting material, taking the best qualities of hemihydrate and dihydrate calcium sulfate and combining them into a unique product. It can be used on its own, or mixed with other granular bone grafting materials to form a composite that will help to prevent migration of particles and often eliminate the need for a separate barrier. 4BONE SBS is a fully synthetic bone graft composed of HA (60%) and βTCP (40%). Permeable interconnected micro and macro porosity promotes invasion of osteogenic cells by osteoconduction, which permits the diffusion of biological fluids, leading to fast formation of bone.
Introducing PreXion3D Elite
WITH CLEARimage™ SCANNING TECHNOLOGY

NEW Up to 53% Reduction in radiation
NEW Up to 50% Increase in scanning speed
NEW Four new scanning modes, all faster and with reduced radiation
NEW Advanced Software Features
  • Implant Planning Support Functions
  • Fusion/Stitching Mode
  • Endodontic Tracing Tool that allows for identifying root structures
Smallest focal spot at 0.15mm
Industry Leading High Quality, High Definition, Highly Diagnostic Images
Compatible with ALL implant software planning systems

Call 1-855-PREXION today to schedule a demonstration

PreXion
The World Leader in High Quality, Highly Diagnostic 3D CBCT Images.

Visit PREXION at the ICOI Summer Implant Prosthetic Symposium Booths 403 & 405
www.Prexion.com
evidence and the risk will decrease.

A panoramic view of the superimposed third molars gave no solid evidence the canal lies between the roots. It is only with the use of CBCT and the MPRs that the nerve can accurately be seen traversing between the mesial buccal and mesial lingual root (Fig. 11). Other surgical advantages include the identification and the position of supernumerary or impacted teeth. The images show accurate positions and show definitive morphology that will aid in removal of the proper teeth (Fig. 12). Knowing the exact position of many of these teeth is a benefit to both the doctor and patient. It will lead to the most precise surgical path and the least invasive procedure.

Periodontics
The explanation of periodontal problems are often misunderstood by the patient. As doctors we talk about pockets, point to X-rays and propose treatment only to have patients refuse treatment because they do not understand what we are clinically describing. Using the 5-D portion of the CBCT scan can improve the understanding and acceptance of treatment plans. The images are a picture of the problem that is owned by that patient and much easier to understand by the layperson. Illustrating periodontal defects and pockets allows the patient to better participate in the process (Fig. 15).

The MPRs and the 5-D projections aid in surgical planning for periodontists, allowing for accurate measurements and bone analysis prior to osseous surgery that doctors can not get using the periapicals or panorex. Studies have shown that CBCT images are more accurate than panoramic radiographs. For the periodontist placing implants, the ability to measure bone density and avoid important anatomy is important.4,5

Orthodontics
Orthodontists are beginning to adopt large field-of-view CBCT. Recent studies show that linear measurements of bony structures are more accurate using CBCT and have less distortion than currently used methods of measurement: lateral cephalometric, posteroanterior (PA) and submentovertex (SMVT).4 Accurate measurements of tooth volume and tooth position can aid in accelerated treatment times and more precise treatment.

Along with tooth position, density of bone and size of arches, the orthodontist also has an accurate evaluation of the temporomandibular joint and position of the condyles. Impacted teeth are easily identified and position either buccal or lingual can be confirmed prior to movement or removal. Both MPRs and 5-D projections give the doctor a complete picture of the problems and the treatment course. With a single CBCT scan, the orthodontist can produce all of the information they need: panoramic, cephalometric, PA, SMVT, tooth size and volume, crowding evaluation in any plane, TMJ evaluation and airway analysis, all with both soft tissue and skeletal information.42

Conclusion
We treat our patients in 3-D, and now, with cone-beam computed tomography, we are changing the way we diagnose from 2-D to 3-D. The addition of this technology will increase your diagnostic skills with better and more complete information at your disposal. As with any type of invasive diagnostic tool, doctors should weigh the risk to benefit in using CBCT scans.

Judicious use of CBCT and knowledge of patient’s lifetime doses should always be a consideration as well as the availability of other diagnostic tests appropriate for the problems of the patient. When adopting new technology, training is paramount. Along with training comes the responsibility of the doctor to read and diagnose information from CBCT scans.

Do not avoid CBCT from lack of knowledge; instead, take this opportunity to become a better diagnostician and radiologist. As you review radiology and pathology, your use of CBCT will aid in making the most accurate diagnosis and the most complete treatment plans.5

References available upon request from the publisher.

Fig. 13: The 3-D Rendering with periodontal defects and calculus bridge.
Simply Smarter Implant Solutions

Industry compatible implants with All-in-1 Packaging for Value

Implant Direct Sybron continues to transform the implant industry with the broadest selection of implants, offering surgical & prosthetic compatibility with other major brands. Our patented combination of micro-threads for crestal bone preservation & double-lead threads for faster insertion simplify surgery & increase initial stability, essential for immediate load applications.

Zirconia Abutments on Titanium Bases for Esthetics and Strength

The titanium base is anodized gold to mask the grey color & can be used in the fabrication of cad-milled custom abutments. The stock abutments, provided assembled, are offered in 0°, 8° & 15° angulations with contoured margin collars of 1mm & 2mm heights. The Zirconia can be modified intra-orally with diamond burs, providing the benefits of custom zirconia abutments for a fraction of the cost.

Joining our full line of industry compatible prosthetics

See the considerable savings for our most popular abutments

Intro Offer: Buy 5 GPS™ abutments and receive the tools FREE!

1Prices competitive based upon US Fed prices as of April 2021.
2All components include a one-year warranty.
3All abutments are the property of their respective manufacturer.
4Intro Offer is valid only at the time of purchase and cannot be combined with any other offer.
5Term and conditions apply.
6LOCATOR® is a registered trademark of Zest Anchors Company. The GoDirect™ and GPS™ Systems are neither authorized, licensed nor sponsored by Zest Anchors Company.
WARNING: Some advertisements may be hazardous to your practice. Implant Direct Sybron’s GPS™ Overdenture Abutments have been targeted in Zest Anchor Company’s recent journal advertisements, demonstrating that compatible attachments offering significant cost savings are a threat to Zest’s dominant position in the overdenture attachment market. Discover the full story on GPS™ below.

IF YOU LIKE ZEST’S LOCATOR®
YOU’LL LOVE THE
GPS™ Abutments &
GoDirect™ Implants
FROM IMPLANT DIRECT SYBRON
FOR SAVINGS, SIMPLICITY
AND COMPATIBILITY

GPS™ accommodates the greatest degree of relative divergence available on the market.

Titanium Cap design enhances retention in denture base
One nylon liner design for up to 20 degrees divergence
Black Processing Cap made from high melting point plastic
Abutment inserted with standard insertion tools for each system
Abutments with Cap Attachment & related components for $100

Titanium Cap design with minimal retention in denture base
Two nylon liner designs, with 10 & 20 degrees divergence
Black Processing Cap made from lower melting point plastic
Abutment insertion requires Zest’s triangular tool
Abutments, Cap Attachment & Components sold for $156

Available now for Straumann Tissue Level, NobelReplace, Zimmer Screw-Vent, BioHorizons® Internal, MIS & Blue Sky Bio
Available 4Q11 for NobelActive® BIONET 3i Certain® & Astra Tech™

GoDirect™ Implant
1-piece implant design
Micro-threaded
Tapered with self-tapping grooves

GPS™ & LOCATOR® Compatible Platform
Internal threads for prosthetic versatility
Available in 3.0mm, 3.7mm & 4.7mm diameters

1-Piece Implant for $150
GPS™ Attachment for $20

Visit us at booth #402 at the ICOI Implant Symposium
Sometimes the best surprise is getting exactly what you expect.

ChaseHealthAdvance takes the complexity out of patient financing.

Give your patients just what they need from financing – a straightforward plan with affordable monthly payments. Patients choose a plan and know exactly what to expect from the first payment to the last. No surprises.

- 12, 18 and 24 month no interest plans
- Convenient online application
- Generous credit lines for comprehensive care
- No Surprise financing

VISIT US AT BOOTH #307 TO LEARN MORE

New extended payment plan rate for patients starting July 21, 2011
AdvanceWithChase.com/NoSurprises
1-888-388-7633

*To better serve your practice and simplify the financing process, we will begin offering a single rate for extended payment plans. For more information, visit us at HealthAdvance-Online.com

Information above is for providers and not for patient distribution.
©2011 JPMorgan Chase & Co. All rights reserved.
100811
MIS Implants hosts global meeting

MIS Implants Technologies Inc. continues to offer its existing and new clients valuable products and services. For close to eight years, the company has established itself in the United States as a leader in the implant community. Not only does it offer exceptional implants, the company asserts, but it is also known for having exceptional customer service and innovative surgical products.

Recently, its parent company, MIS Implants Technologies Ltd., held its first global meeting in Cancun, Mexico, with more than 25 international speakers. Also, hands-on courses were offered at the event by two continuing education companies. About 800 doctors attended the global conference.

“The response by our clients and clients around the world exceeded our expectations,” said Motti Weisman, CEO of MIS Implants Technologies Inc.

One of the systems offered by MIS certainly is responsible for some of the popularity MIS is experiencing, the company says. The Seven system from MIS Implants creates a simple solution for dentists with all levels of experience in implantology. These self-tapping implants are available in diameters ranging from 3.3 to 6.0 mm and in varying lengths from 6* mm to 16 mm with an internal hex connection.

Micropores and macropores on the surface of the implant, created by particle blasting and acid etch treatment, allow for excellent osseointegration. Each of the implants is packaged with a sterile final drill made to the specifications for the length and diameter of each implant, ensuring a sharp and clean drill for each surgery along with an ideally sized osteotomy. The implants’ thread thickness changes along the length of the implant, which compresses the bone as the implant is inserted, maximizing initial stability. These features combine to produce an implant ideally suited for immediate or accelerated loading.

While the Seven implants have a full range of prosthetic options, a popular product is the CPK (Complete Prosthetic Kit) which includes everything a restorative dentist needs for a single implant restoration and is available in varying abutment and collar heights.

Other prosthetic options include gold and plastic custom abutments, Zest Locators, ball attachments, multi-unit two-piece abutments, temporary plastic cylinders, and a wide range of prefabricated titanium abutments.

In addition to implants and superstructures, MIS also offers its clients bone-augmentation materials. 4-Bone is a fully synthetic bone substitute made of HA and TCP. Its microporosity and macroporosity promotes invasion of osteogenic cells as well as allowing biological fluid diffusion. More recently, MIS started to market BondBone. This product is a unique biphasic calcium sulfate material which can be used on its own or combined with other granular bone substitute products to form a cementable composite graft.

For restorative doctors, MIS’ Prosthetic Planning Kit is a helpful addition. Duplicates of the superstructures are presented and color-coded to differentiate between the standard and wide platforms.

The MIS factory in Israel is a state-of-the-art facility. Quality control is ensured by visual and laser inspection with the products meeting stringent international standards. MIS’ world-class scientists and engineers are committed to continuous research and development of new and progressive products and technologies for the global dental implantation field.

Laboratory and clinical studies in the areas of tissue culture and tissue engineering are jointly conducted with prestigious universities and scientific research institutes.

For more information, MIS Implants Technologies, Inc., can be reached by calling (888) 797-1355, online at www.misimplants.com or stop by the company’s ICOI booth Nos. 206/208.

* Available August 2011

(Source: MIS Implants Technologies)
ChaseHealthAdvance offers options

ChaseHealthAdvance provides patient financing for dental and orthodontic treatment. We help patients overcome the financial barriers associated with elective procedures not covered by insurance by providing no-interest and extended payment financing.

We are driven by two core values — creating innovative products and advocating for the patient and the practice. These values can be seen in our “No Surprise” financing, written with simple, easy-to-understand product terms and disclosures. Our goal is to make sure that nothing catches a patient or practice off-guard during the financing process.

Committed to practitioners

Enrolling in ChaseHealthAdvance is easy and quick. There are no enrollment fees, monthly minimums or required equipment to buy or lease. Every practice gets a knowledgeable practice consultant who trains doctors and their staff and continues to work with the practice throughout the life of the relationship.

Our providers can also visit HealthAdvance-Online to download free resource guides written by top professionals in the dental industry. These guides were printed as a courtesy of ChaseHealthAdvance and cover topics pertinent to implant dentistry, such as treatment innovations, practice management and marketing.

ChaseHealthAdvance is a great option for practices that haven’t offered third-party financing in the past and those currently providing financing in-house. While some implant dentists may believe paying a service fee for financing is an unnecessary expense, they fail to consider that not offering third-party financing may actually be costing them money.

Our providers pay a small service fee that gives them the opportunity to offer no-interest financing to their patients. Even with these service fees, our financing can greatly reduce a practice’s costs and help increase profitability. With in-house financing, for instance, dental practices spend a significant portion of their budget on financing administration and implementation costs.

Plus, unless a patient has paid in full, dentists must often “float” the costs of treatment until payment can be made — an average of 72 days. ChaseHealthAdvance directly deposits the treatment fee into the practice’s account in as little as 24 hours after the transaction, which can help improve cash flow in the practice.

With ChaseHealthAdvance, patients are accountable to us and not the clinician for payments. This means dental implant offices can stop spending valuable time and resources on financing administration and collection, and focus on providing the best care possible for patients. And, because patients are responsible to us for repayment and not the practice, patients will be less likely to skip or delay follow-up treatments because of an inability to pay.

Committed to patients

ChaseHealthAdvance has done everything possible to make it fast and easy for patients to apply for financing. Whether patients are applying on their own or through the dentist’s office, our streamlined process speeds up the application process and helps patients say “Yes” to getting the care they need. And with our clear and simple language, patients will never be surprised by an unexpected payment.

The credit application can be completed right in the doctor’s office or at home, on the phone or online. The approval process is automated, so in most cases patients know their approval status, financeable amount and repayment options within just a couple of minutes.

We’ve also developed a Present and Apply tool for the iPad®, which allows practitioners to walk patients through the case presentation process in a visual format that communicates affordability and helps remove the cost barrier for the patient.

The ChaseHealthAdvance difference

ChaseHealthAdvance uses a custom credit score formula to determine credit eligibility. We never require a down payment, and up to 100 percent of the treatment costs can be financed.

Once approved, patients can choose from a broad range of “No Sur- prise” financing plans. For the dental implant market, patients can choose a no-interest repayment plan of 12, 18 or 24 months, as well as extended plans as long as 48 months. Patients will know what to expect from the first payment to the last. Every loan we approve has a generous minimum credit line, allowing patients to fully fund the entire cost of treatment. Dental implant patients can qualify for extended credit up to $20,000.

ChaseHealthAdvance also lets patients reuse credit lines for themselves or anyone in the family.

Osteogenics Biomedical offers free implant site development booklet

Osteogenics Biomedical, through its educational division, Osteogenics Clinical Education, is currently offering its “Implant Site Development and Extraction Site Grafting” booklet free to clinicians.

The 45-page booklet covers topics such as bone biology and physiology, selection of grafting materials, selection of barrier membranes, surgical techniques and patient-management considerations. The booklet also contains illustrations, product scanning electron micrographs, histological references, terminology definitions, case reports, abstracts of published papers, a treatment decision tree for various grafting scenarios and a step-by-step guide to the Cytoplast Technique® for extraction site grafting.

“The implant site development booklet is a great resource for implant dentists, and many also find that it’s a great resource for their referring dentists,” said company President Shane Shuttlesworth. “The comprehensive section on the use and selection of grafting materials is a unique resource that most dentists find very useful.”

Osteogenics Clinical Education, provider of this booklet and other clinical resources, was established in 2008 with a mission of providing clinical literature and interactive, hands-on education in bone grafting and implant dentistry. The “Implant Site Development and Extraction Site Grafting” booklet, as well as other clinical literature and surgical videos, are available on the Osteogenics website.

To download an electronic version of the booklet, visit www.osteogenics.com/clinical_literature. To request a free hard copy of the booklet for your library, call (888) 796-1925.

(Photos/Provided by ChaseHealthAdvance)
For years, primary closure was considered a key principle for successfully grafting extraction sockets. However, with the introduction of the Cytoplast® Technique for grafting extraction sockets without primary closure, thousands of surgeons now use dense PTFE membranes left exposed, thereby allowing the preservation of keratinized tissue while avoiding infection. Now, socket grafting without primary closure is not only more predictable, but results in the ultimate in esthetics.

Due to a crown-root fracture, the right central incisor has to be extracted. Immediate implant placement is planned.

The interdental papillae is carefully undermined and elevated. All remaining soft tissue is removed from the interior and margins of the socket.

The gap between the facial aspect of the implant and the buccal wall is filled with a combination of autogenous bone chips and allograft bone.

The membrane is then tucked under the facial flap and the interdental papillae, taking care to keep the edge of the material adjacent to tooth roots.

A single 3-0 PTFE suture (Cytoplast® PTFE Suture) is placed to further stabilize the membrane. The membrane is intentionally left exposed, as primary closure is not required in this technique.

At 3 weeks, the exposed membrane is easily removed by grasping with tissue forceps. Topical anesthesia may be used, but local anesthesia is not necessary.

A textured, high-density PTFE barrier membrane (Cytoplast® TXT-200 Single) is placed. The membrane is trimmed, then placed into the subperiosteal pocket on the palatal aspect.

At 6 weeks after implant placement (three weeks after membrane removal), keratinized mucosa is forming across the former extraction site.

Visit us at ICOI Booth 202 to pick up your FREE “Implant Site Development and Extraction Site Grafting” booklet.
About AstraZeneca

AstraZeneca is a global, innovation-driven biopharmaceutical business with a primary focus on the discovery, development and commercialization of prescription medicines for gastrointestinal, cardiovascular, neuroscience, respiratory and inflammatory, oncology and infectious disease.

AstraZeneca operates in more than 100 countries and its innovative medicines are used by millions of patients worldwide. For more information, visit www.astrazeneca.com.

Source: AstraZeneca

AstraZeneca to sell Astra Tech to DENTSPLY International

AstraZeneca announced on June 22 that it has agreed to sell its Astra Tech business to DENTSPLY International for approximately $1.8 billion in cash. Astra Tech, headquartered in Molndal, Sweden, has two main business divisions: a dental division, which is engaged in the research, development, manufacturing and marketing of dental implants, and a healthcare division, a business focused on medical devices for use primarily in urology and surgery.

In 2010, Astra Tech recorded worldwide revenue of $535 million and normalized EBITDA of $105 million, with net assets valued at approximately $0.3 billion at May 2011 rates of exchange.

The transaction is anticipated to be completed during the second half of 2011, subject to receipt of relevant approval from AstraZeneca shareholders. Upon closing, a gain will be recorded as “other operating income” in the AstraZeneca profit and loss account. The gain will be considered a “significant item” to be excluded from core financial measures. As a result, there will be no impact on the company’s full year 2011 guidance for core earnings per share.

CEO David Brennan of AstraZeneca said: “Following a comprehensive strategic review, we believe this transaction represents an excellent outcome for AstraZeneca shareholders. The high degree of interest and the competitive nature of this process is evidence of the value that the employees of Astra Tech have built in the marketplace. I want to thank them for their contribution and believe they are well placed to build upon this successful foundation under DENTSPLY’s ownership.”

About Astra Tech

Astra Tech AB, a company in the AstraZeneca group, is a global leader in dental and healthcare (urological and surgical) products, services and support. An innovation-driven company since its foundation in 1948, Astra Tech has continually developed market-leading solutions to meet healthcare needs based on user and medical community input. Ongoing research and development is aimed at finding new ways to support caregivers and improve quality of life for patients worldwide.

Astra Tech headquarters are located in Molndal, Sweden, with production facilities in Sweden and North America. The company is represented globally with marketing subsidiary presence in 21 countries and selected local distribution partners. Astra Tech has 2,200 employees worldwide.

About DENTSPLY

DENTSPLY designs, develops, manufactures and markets a broad range of professional dental products including dental implants, endodontic instruments and materials, orthodontic appliances, restorative materials, preventive materials and devices, and prosthetic materials and devices. The company distributes its professional dental products in more than 120 countries.

DENTSPLY is committed to the development of innovative, high quality, cost-effective new products for the professional dental market.

DMX Implants, subsidiary of Denatus USA, announces formation of education team

DMX Implants is committed to hands-on training, and along with the Dentatus CDE Studies Institute, providing dental health professionals with quality, up-to-date continuing education to further their knowledge, skills and ability to offer comprehensive treatment to their patients.

The CDE Studies Institute courses are PACE-accredited by the Academy of General Dentistry. The recent formation of their education team offers dentists and their teams education opportunities throughout the United States.

The team includes:
- Dr. Robert M. D’Orazio, DDS, FAGD, MIF, ABOU/D, is a 1984 graduate of the University of Detroit, School of Dentistry. In 1987, he obtained a fellowship in the Academy of General Dentistry. In 1991, D’Orazio completed a two-year externship at the Midwest Implant Institute, which included obtaining an ACLS certificate and intravenous conscious sedation training. He is a past president and board member of the Midwest Implant Institute Fellowship. D’Orazio is a fellow of the American Academy of Implant Dentistry. In 1999, he was program chairman for the American Academy of Implant Dentistry’s annual international meeting. He is a diplomate of the American Board of Oral Implantology. D’Orazio has taught and lectured on the subject of implant dentistry in Canada, Mexico and the United States. He currently maintains a referral-based implant dental practice located in Sterling Heights, Mich. He, his wife Linda, and their son, PJ, reside in Lake Orion, Mich.
- Dr. Mark A. Iacobelli, DDS, FAGD, FCICD, graduated from Case Western Reserve University School of Dentistry in 1982. Since then he has completed postgraduate programs in orthodontics, neuromuscular and TMD treatments for jaw and head pain, esthetic and cosmetic dentistry, implant placement and restoration, and a one-year program on conscious sedation with Advanced Cardiac Life Support. He has been in private practice since June 1982 and holds licenses and sedation permits in the states of Ohio and Florida. Iacobelli is a fellow of the Academy of General Dentistry, the Midwest Implant Institute, and the International College of Dentists and is a member of many dental organizations. Iacobelli is teaching and presenting for the Center for Occlusal Studies, The Midwest Implant Institute, Fellows Symposium and Outreach Programs, Janison Consulting of Florida, the Midwest Implant Institute and the Camlog Corporation. Iacobelli attains balance in his life by being the best husband, father and little league baseball coach that he can be.
- Dr. Keith Rossein, a consultant, author and lecturer, has a unique combination of clinical, marketing and manufacturing dental experience. He received a DDS from New York University College of Dentistry in 1970 and went on to 25 years of clinical practice. As a consultant, he is a president of International Dental Consultants, the editor of Implant News & Views, is formerly an instructor at NYU College of Dentistry and has been a dental consultant to the Center for Occlusal Studies. He is published in many dental journals, including Contemporary Esthetics and Quintessence International. Rossein is listed in the Seattle Study Club’s Speakers Bureau and has been a speaker for the ADA Seminar Services.
- Dr. Charles Schlesinger, FICOI, graduated from the Ohio State University College of Dentistry in 1996. Following graduation, he completed a GPR with the VAMC in San Diego and went on to become chief resident of the GPR program at the VAMC in Los Angeles. During his time in LA, he received extensive training in oral surgery, implantology and complex restorative dentistry. Schlesinger lectures nationally on implantology and currently maintains a private practice in San Diego that focuses on cosmetic and implant dentistry.

(Source: DMX Implants)
Abutments as individual as your patients

Available for all major implant systems and in your choice of titanium, gold-shaded titanium and four shades of zirconia, Atlantis™ patient-specific CAD/CAM abutments help to eliminate the need for inventory management of stock components and simplify the restorative procedure.

Atlantis™ Abutments are comprised of a unique combination of four key features, known as the Atlantis BioDesign Matrix™. Together, these features work to support soft tissue management for ideal functional and esthetic results.

Just take an implant-level impression, send it to your laboratory and ask for Atlantis today.

Atlantis BioDesign Matrix™

Atlantis VAD™
— designed from the final tooth shape and the individual patient anatomy

Natural Shape™
— shape and emergence profile based on individual patient anatomy

Soft-tissue Adapt™
— optimal support for soft tissue sculpturing and adaptation to the finished crown

Custom Connect™
— strong and stable fit – customized connection for all major implant systems

Visit us at booth #308 at the International Congress of Oral Implantologists Summer Implant Prosthetic Symposium.
Predictable even in many of the most challenging situations.

- Transformation of teeth commonly deemed hopeless to full function with excellent long term prognosis
- Significant improvements in bone fill and clinical attachment levels even in 1- and 2-wall intrabony defects and in patients who smoke more than 1 pack per day

GEM 21S® to the rescue...

GEM 21S® is composed of two sterile components:
- Synthetic bone-induction chondro (S-BIC) (Coh P1H) is a highly resorbable, osteoinducive scaffold matrix that provides a framework for bone regeneration, aids in preventing the collapse of the soft tissue, and promotes stabilization of the blood clot. Periosteum of the scaffold is specifically designed for bone ingrowth and range from 1 to 500 μm. The particle size ranges from 0.25 to 1.0 mm and high-purity, recombinant human platelet-derived growth factor-BB (hPDGF-BB). PDGF is a native protein that is biologically active and promotes the proliferation and migration of mesenchymal cells. PDGF-BB is highly purified and processed to ensure that it contains all of the components that are required for its biological activity. The components of the scaffold are sterilized before use by gamma irradiation. Sterile hPDGF-BB is enzymatically processed and filtered into the syringe in which it is supplied. The scaffold contains all of the components that are required for its biological activity.

INDICATIONS:
- GEM 21S® is indicated to treat the following periodontally related defects:
  - Intrabony periodontal defects
  - Furcation periodontal defects
  - Periodontal defects associated with periapical periodontal defects.

CONTRAINDICATIONS:
- With any systemic disorders where bone grafting material is used, GEM 21S® is CONTRAINDICATED in the presence of one or more of the following clinical abnormities:
  - Uncontrolled acutse infections at the surgical site(s)
  - Uncontrolled malignancy and/or uncontrolled infectious disease at the surgical site(s)
  - Patients with a known hypersensitivity to any product component (S-BIC or hPDGF-BB)
  - Intracavitary soft tissue coverings are not required for a given surgical procedure if such coverage is not possible; or
  - Conditions in which general bone grafting is not advisable.

WARNINGS:
- The exterior of the capsule and syringe are not sterile. Use sterile water for injection. Use is not known if GEM 21S® interacts with oral medications. The use of GEM 21S® with other drugs has not been studied. Calcification and/or regrafting with mesenchymal stem cells have not been conducted.

The safety and effectiveness of GEM 21S® have not been established in all non-periodontal bony locations, in patients less than 18 years old, in pregnant or nursing women, in patients with frequent or excessive tooth brushing. In patients with Class III furcations or with tooth extraction procedures related to GEM 21S® adverse events that occurred were considered normal sequelae following any periodontal surgical procedures (swelling, pain).

Important Safety Information
GEM 21S® Growth-Factor Enhanced Matrix is intended for use by clinicians familiar with periodontal surgical grafting techniques. It should not be used in the presence of unrelated acute infections or malignancies (or both) at the surgical site, where intra-operative soft tissue exposure is not possible, where bone grafting is not advisable, or in patients with a known hypersensitivity to any of its components. It must not be injected systemically. The safety and effectiveness of GEM 21S® has not been established in other non-periodontal bony locations, in patients less than 18 years old, in pregnant or nursing women, in patients with frequent or excessive tooth brushing (e.g., smoking more than one pack per day) and in patients with Class III furcations or with tooth extraction procedures related to GEM 21S® adverse events that occurred were considered normal sequelae following any periodontal surgical procedure (swelling, pain).

GEM 21S® Growth-Factor Enhanced Matrix
Like no other

GEM 21S® is offered by Osteohealth.

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

Less pain for your patients. Less chair side time for you.

Mucograft® collagen matrix

Mucograft® is a pure and highly biocompatible porcine collagen matrix that provides an alternative to autologous soft tissue grafts.

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

For you...
- Surgical procedures with Mucograft® are 75% shorter in duration on average when compared to those involving connective tissue grafts
- Mucograft® handles similarly to autologous tissue
- Mucograft® is indicated for covering implants 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.

Mucograft® is indicated for the closure of minor or major gingival recession defects, localized gingival augmentation to increase keratinized tissue (KT) around teeth and implants, alveolar ridge augmentation for prosthetic treatment, recession defects for root coverage.

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