Technology and biology converge in the ‘Valley of the Sun’

Myths of mini-implant dentistry

Why you’re missing out if you’re avoiding the use of mini-implants

By Allan Fuhr, DMD

Mini-implant dentistry has long been a controversial topic, which has steered many dental practitioners across the world away from reaping the multitude of benefits of mini-implant dentistry. They miss out on the benefits to both their practices and to their patients. Despite nearly 25 years in the marketplace, the mini-implant system is still not being used by most practitioners. Why?

This article, and a series of upcoming webinars, will dispel these myths and debunk the many misconceptions about the use of the mini-implant in everyday dental practice.

Myth No. 1: “Mini-implants have the same ‘limitations of use’ as standard root-form implants,” i.e.; health issues, anatomical issues and financial issues.

With an ever-expanding aging global population of potential patients, it is our responsibility to bring the well-accepted benefits of implant dentistry to this group, emphasizing a minimally invasive procedure, doable with minimal available bone and at an affordable cost. Additionally, most medical concerns do not compromise the use of the MDI system and its minimally invasive protocol.

Myth No. 2: “A major concern with MDI placement is violating the inferior alveolar nerve (IAN), hence causing a temporary or permanent paresthesia.”

Pre-operative treatment planning, including use of a panoramic radiograph, diligent intra-oral digital examination, use of the MDI clear overlay measuring guide and adherence to proper surgical protocol should ensure safe implant positioning away from the mental foramen, as well as the inferior alveolar nerve.

Remember, an inferior alveolar nerve block is never recommended.

AAID’s 2013 annual meeting will be Oct. 23–26 in Phoenix

Implant dentistry has come a long way from the early days. The advances are more than evolutionary.

The American Academy of Implant Dentistry’s 62nd Annual Meeting will explore how biology and technology converge to improve the treatment options available to doctors to solve ever more difficult and complex issues for patients.

An international symposium, entitled “International Excellence in Implant Dentistry — The Spanish Connection,” complete with simultaneous translation, will lead off the main podium programs.

Live surgery presentations in the operatory, along with numerous intensive courses, many with hands-on components, will be offered as well.

The office team can look forward to two intensive days of programming on Thursday and Friday. Clinical and hands-on courses will be included.

One distinction that sets AAID’s meetings apart is the opportunity to interact directly with world-class experts and presenters. You will be able to text your questions during the main podium presentations, and the presenter will be given those questions to answer live, at the end of the program.

Join your colleagues in Phoenix this October for the best in implant dentistry, where you will find practical education for the practicing implant dentist. Check out the abstracts, learning objectives, speakers and complete schedule online at www.aaid.com or by scanning this QR Code.

AAID President Nicholas Caplanis.

"See MINI-IMPLANTS, page B2"
as it negates the patient’s ability to ad-

Myth No. 3: “During mini-implant place-
mint, lingual and buccal plate perfora-
tion is a common occurrence.” Another anatomical misconception with placement of MDIs is the ability during placement to perforate the lingual or buccal plates of bone and/or the cor-
tal bone in the floor of the sinus or nasal cavi-

Myth No. 4: “Mini-dental implants often frac-
ture during placement.” The fact is, mini-Dental Implants, of all diameters and all lengths, are manufac-
tured with the highest standards within the industry, often exceeding acceptable tolerances by the FDA. The manufactur-
ing process utilizes the strongest titaniu-
mum alloy version Ti-6Al-4Va available, as-
suring biocompatibility with the lowest level of rejections. When placed using the specific guidelines and protocol by the manufacturer, as well as due diligence of the operator, the likelihood of fracture is nearly impossible.

Myth No. 5: “Mini-dental implants are only a temporary, not permanent, solu-
tion for support of prostheses because MDIs do not fully osseointegrate.” Fact is, more so than with standard root-

Tissue response to an MDI 1.8 mm diameter implant after three months. The shape of implant grooves is visible (left), and there is clear evidence of bone formation (right) at the interface with the implant surface. Photo/Provided by Dr. Allan Fuhr

of an initial stability when placed, due to the self-tapping capability and osseop-

TIPS & TRICKS

about the author

Dr. Ali An Fuhr is a practicing oral and maxillofacial surgeon. Founder and president of World Dental Expo [www.worlddental expo.com], Fuhr, DMD, is a lecturer and key opinion leader for the 3M ESPE/Impact Division. He gradu-
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Bone integration to a 2.4 mm diameter MDI at three months.

ICOI World Congress heads to Istanbul

The International Congress of Oral Implantologists (ICOI) will convene its World Congress XXX in Istanbul, Turkey, from Oct. 3–5 at the Istanbul Lutfi Kardar International Convention and Exhibi-
tion Centre in the heart of the European side of the dual-continent city. Situated on one of the world’s busiest waterways, Istanbul is flanked by the Black and Mar-

The Scientific Committee, in concert with the co-hosts for this World Con-
gress, the Turkish Society of Oral Implan-
tology and the Meffert Impact Institute, has put together a lineup of speakers who will present on topics such as immedi-
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Main Podium lecturers include Drs. Shinichi Abe from Japan, Volkmar Arzani from Turkey, Nabil Barakat from Leba-

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Baden-Baden, Germany.

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rah Schwartz-Arad from Israel, Gerard

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