Dentistry’s ‘Legends, Illusionists and High Rollers’ reveal techniques

Aacd annual scientific session in Las Vegas April 18–21

The American Academy of Cosmetic Dentistry (Aacd) 33rd annual scientific session will be held from April 18–21 (Tuesday–Friday) in Las Vegas, Nevada.

The conference, described by organizers as “the world’s largest continuing education program for cosmetic dentistry” will feature more than 35 hands-on workshops, 60 lectures and 300 speakers. The annual event typically draws between 1,500 to 1,700 dental professionals and includes courses and events serving dentists, lab technicians, hygienists, and dental team members to help them refine their skills, learn the latest techniques and share ideas.

General session speakers

The 2017 conference will take place at the Venetian Resort Hotel & Casino and will feature three groups of educators: the “Legends,” the “Illusionists” and the “High Rollers,” who will reveal their techniques and share their expertise.

The Venetian Resort Hotel & Casino is one of Forbes Travel Guide’s Four-Star hotels for the 13th year in a row and has been described as being one of the seven “Greatest Hotels in the World.”

General sessions at Aacd 2017 in Las Vegas will feature some of the industry’s top speakers with messages for the entire dental team. Speakers include:

- Daniel “Rudy” Ruettiger, who overcame obstacles and criticisms to attend Notre Dame and play football for the Fighting Irish. As fans cheered “RU-DY, RU-DY,” he sacked the quarterback in the last 27 seconds of the only play in the only game of his college football career. He is the only player in the school’s history to be carried off the field on his teammates’ shoulders. Today, he is considered to be one of the most popular motivational speakers in the United States.
- Doug Hanson, an internationally recognized speaker, consultant and peak-performance coach, will reveal why businesses with high expectations and a positive approach are innovative, efficient, productive, have lower costs, lower turnover, fewer distractions and are quicker to respond to change. Hanson will show how great teams create relationships that last a lifetime.
- Dr. Jackie Freiberg will lay out the preconditions leaders must create to ensure that “innovation” is a deeply embedded part of your practice’s cultural DNA, where teams are hungry for change and inspired to find innovative ways to overcome challenges in part by reducing costs while improving quality of patient care. Freiberg will share strategies for collaborating, thinking creatively, turning liabilities to assets and finding ideas outside of your industry. Attendees will learn how the most creative companies in the world innovate beyond customer expectations.

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

Comprising more than 6,300 cosmetic dental professionals in 70 countries, the Aacd fulfills its mission by offering educational opportunities, promoting and supporting an accreditation credential, serving as a forum for the creative exchange of knowledge and ideas and providing accurate information to the public and the profession.

The academy is a recognized credit provider for the Academy of General Dentistry, the American Dental Association, and the National Association of Dental Laboratories.

Learn more about the annual meeting at www.aacdconference.com.

Clinical

Periodontal esthetics with soft-tissue lasers

Fig. 1: Dense hyperplastic tissue interproximally between the tooth #11 and tooth #12. Because the hyperplastic overgrowth inhibits accessibility, the patient is unable to reach the desired area to maintain good oral hygiene. Photos/Provided by Dr. David L. Hoexter

By David L. Hoexter, DMD, FACD, FICD

Editor in Chief

The use of lasers in dentistry — and in medical procedures in general — has made great strides in recent years, not only in effectiveness but also in acceptance by patients. Our colleagues in medicine, such as dermatologists and ophthalmologists, have used lasers for years for myriad reasons. Visiting a dermatologist’s office recently, I observed a variety of large, bulky and costly lasers. The different types have been needed because the doctor’s choice of laser power source will vary based on the desired outcome goals for the procedure. Dermatological procedures are chiefly concerned with soft tissue — its responses and reactions defensively as well as offensively.

As has been true with general medical uses of lasers, the laser systems recommended for dentistry have been relegated primarily to soft-tissue procedures. The reason for this is that with the exception of relatively recently introduced technology, using lasers on hard tissue in dentistry would typically cause desiccation of the tooth or bone being treated.
leaving the affected hard tissue dried out and brittle. Early laser technology that was promoted as appropriate for hard-tissue procedures made lots of noise, cost lots of money and at best achieved minimal and limited results. Recently, however, new laser technology for use on hard-tissue dental structures has proved to be more capable of meeting goals of both practicality and effectiveness.

This article, though, will limit its focus to the soft-tissue side: specifically, achieving desired esthetic results by using, soft-tissue laser technology to treat gingival hyperplasia.

My personal experience with lasers dates back more than 25 years to when I bought a CO2 laser for my private practice. It was an adventurous and costly (about $60,000 in early ‘90s dollars) commitment. There were no laser dental societies back then — just a few of us dentists trying to find newer techniques to more effectively and comfortably achieve the results our patients desired.

Hyperplasia of epithelial tissue of the gingival area breaks the smooth appearance of the periodontal tissue, compromising esthetic goals. It also makes it difficult for patients to maintain good oral hygiene, leading to inflammation of tissue and increasing risk of progression to periodontitis.

**Case 1**

As illustrated in Fig. 1, a patient presented to my office with a singular localized dense hyperplastic area, confirmed through oral examination. The 31-year-old female had neat clothes and clean, well-maintained hands and nails. She related how difficult the local area was to clean, describing that cleaning efforts hurt and caused bleeding, especially when she flossed. The local area also didn’t look clean visually, creating an unesthetic appearance. There was a break in the continuity of the smooth appearance of the gingiva, causing the tooth to appear uneven.

As mentioned, there are and have been several laser devices available for years for use in a variety of soft-tissue dental procedures. All have the ability to achieve desired results when the practitioner is experienced with the technology and procedure. Some laser devices have the adaptability for different strengths, but, when used correctly, all can treat soft-tissue disease with desired results.

To correct this particular defect, we had the choice of using a sharp, cold-steel instrument or a laser. We opted to use a diode laser, which is easy to use and causes no bleeding in the wound, thus avoiding the need for a periodontal dressing that would be necessary to cover the resulting wound if cold steel was used.

The results documented in Figs. 1-4 were achieved using the AMD Picasso (Indianapolis) diode laser exclusively. Instead of being heavy or bulky, it is portable and lightweight. It can be moved easily into each operatory as needed, removing the need to purchase separate units for each operatory. Also, the fiber tips are disposable, ensuring sterility.

A key factor for me in choosing the AMD Picasso laser was its portability. Traditionally, costs for soft-tissue lasers seemed relatively high, ranging from $2,000 to $2,500. In my experience, the system not only achieves results comparable to the more expensive systems, but it does so with ease.

In this particular case, a diode laser was used. The result was an esthetic improvement, homogeneous color background that blends unnoticed with its environment and enables oral hygiene techniques that keep the area healthy, esthetically pleasing and easily maintainable.

**Case 2**

This second case demonstrates use of the diode laser in an acutely inflamed hyperplastic situation in the maxillary anterior of a male teenager who desired a more pleasing smile (Fig. 5).

Initially, the patient visited an orthodontist to seek treatment of his rotated, overlapping dentition and red, acutely edematous, easily bleeding tissue. The orthodontist advised the patient that he could not treat him predictably (and thus would not treat him), until the acute periodontitis had been eliminated and overall oral health restored. With the parents’ permission secured and the patient showing newly minted enthusiasm, we proceeded with the case, as illustrated in Figs. 5–8. The figures and captions document the treatment of a simple local hyperplastic tissue area, as well as a complex acutely inflamed hyperplastic area.

**Conclusion**

In both of these cases, the patients were treated by using a soft-tissue laser to achieve correct, desired results. While any soft-tissue laser system might have achieved similar results, in these cases, a diode AMD Picasso laser was used.

I chose this particular laser primarily because of what I consider to be its reasonable cost when compared with others, its ease of use and the disposable tips that make it easy to maintain sterility.

DAVID L. HOCKERT, DMD, FICO, FACD, is director of the International Academy for Dental Facial Esthetics and a clinical professor in periodontics and implantology at Temple University, Philadelphia. He is a diplomat in the International Congress of Oral Implantologists, the American Society of Occlusion and the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 12 fellowships, including FACD, FICO and Pierre Fauchard. He has a practice in New York City limited to periodontics, implantology and esthetic surgery. Contact him at (212) 355-0004 or aridarrl@gmail.com.

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