Wallace takes evidence-based approach to sinus graft procedure

Dr. Stephen Wallace, DDS, MHS, spoke with Implant Tribune at the AAID Western District’s April conference in Newport Beach, CA. The symposium’s theme was “Going Live! Focus on the Sinus.”

IT: Please tell us a little about yourself.

Wallace: I’m Steve Wallace from New York University. I am a graduate of New York University’s Dental College and Boston University’s Graduate School of Dentistry. I am currently on the faculty as an associate professor at New York University where we started doing sinus graft research in 1993.

IT: What percentage do you spend in your clinical practice and teaching?

Wallace: I am a faculty member at New York University on Wednesdays and Thursdays, and I try to be in my clinical practice in Waterbury, Conn., on Mondays, Tuesdays and Fridays. My time on the road kind of takes away from both of those, and I do what I can to be effective in all three venues.

IT: How does the crestal bone height influence the success rate of sinus lift procedures and what percentage of success do you achieve today with this procedure?

Wallace: (As to) the amount of crestal bone height, which you would think played a dramatic role in the implant survival sinus graft, (but) when the consensus conference was done in 2003, we couldn’t find enough evidence to make the decision one way or the other. However, in 2006, Peleg and Mazor wrote a retrospective study showing an overall implant survival with immediate placement of implants in sinus grafts in 98 percent. When they had 1 to 2 mm of crestal bone, that dropped down to about 95.8. So in that study, there was a slight and I think expected difference in implant survival with limited amounts of crestal bone. However, if you realize that statistics is an issue when you’re dealing with limited amounts of crestal bone, a delayed placement of implants would resolve that problem.

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Laboratory techniques to improve the precision fit of cast implant abutments

By Gregori M. Kurtzman, DDS, MAGD, FACP, DICOI

Abstract

Laboratory handling of implant components can affect the fit and long term success of implant prosthetics. Techniques used for handling fixed abutments for natural teeth will affect the passive fit and accuracy when applied to cast implant abutments. Utilization of gold UCLA castable abutments, chemically devesting and care in finishing ensure the machined qualities that were designed for the implant components are maximized.