According to Dr. Lynn Pierri, who explains how she keeps her focus on dentistry, no area of dentistry is growing at the pace of oral implantology. Benfits to the consumer and the incredible improvements in the science of implant therapy have resulted in this exponential growth.

The consumer is demanding implant treatment and the industry is responding. Double-digit increases in implant placement and restoration will be the norm during the next several years. Obviously, keeping up with the ever-changing science and clinical techniques is a challenge.

A realistic computer game will soon be used to help students worldwide learn and reinforce dental implant procedures. The Virtual Dental Implant Training Simulation Program is designed to help students in diagnostics, decision making and treatment protocols.

It was designed by Medical College of Georgia School of Dentistry faculty and students and BreakAway, Ltd., a developer of game-based technology for training, experimen-tation and decision-making analysis.

The implant simulation game uses clinical scenarios that can be randomly selected, letting students interact with virtual patients by asking about their medical history, examining them and arriving at a diagnosis. For more information, see https://my.mcg.edu/portal/page/portal/New/archive/2009.

(Source: Medical College of Georgia)
may now examine a patient’s mouth, and periodontists may begin asking questions about heart health and family history of heart disease.

Specific clinical recommendations include:

- Patients with periodontitis who have one or more major atherosclerotic CVD risk factors such as smoking, immediate family history for CVD or history of dyslipidemia should consider a medical evaluation they have not done so within the past 12 months.

- A periodontal evaluation should be considered in patients with atherosclerotic CVD who have: signs or symptoms of gingival disease; significant tooth loss, and unexplained elevation of hs-CRP or other inflammatory biomarkers.

- A periodontal evaluation of patients with atherosclerotic CVD should include a comprehensive examination of periodontal tissues, as assessed by visual signs of inflammation and bleeding on probing; loss of connective tissue attachment detected by periodontal probing measurements; and bone loss assessed radiographically. If patients have untreated or uncontrolled periodontitis, they should be treated with a focus on reducing and controlling the bacterial accumulations and eliminating inflammation.

- When periodontitis is newly diagnosed in patients with atherosclerotic CVD, periodontists and physicians managing patients’ CVD should closely collaborate in order to optimize CVD risk reduction and periodontal care.

The clinical recommendations were developed at a meeting held in early 2009 of top opinion leaders in both cardiology and periodontology. The consensus paper also summarizes the scientific evidence that links periodontal disease and cardiovascular disease and explains the underlying biologic and inflammatory mechanisms that may be the basis for the connection.

According to Kenneth Korman, DDS, PhD, editor of the Journal of Periodontology and a co-author of the consensus report, the cooperation between the cardiology and periodontal communities is an important first step in helping patients reduce their risk of these associated diseases.

Inflammation is a major risk factor for heart disease, and periodontal disease may increase the inflammation level throughout the body. Since several studies have shown that patients with periodontal disease have an increased risk for cardiovascular disease, we felt it was important to develop clinical recommendations for our respective specialties. Therefore, you will now see cardiologists and periodontists joining forces to help our patients.

While additional research will help identify the precise relationship between periodontal disease and cardiovascular disease, recent emphasis has been placed on the role of inflammation — the body’s reaction to fight off infection, guard against injury or shield against irritation.

While inflammation initially intends to have a protective effect, untreated chronic inflammation can lead to dysfunction of the affected tissues, and therefore to more severe health complications.

“Both periodontal disease and cardiovascular disease are inflammatory diseases, and inflammation is the common mechanism that connects them,” said David Cochran, DDS, PhD, president of the AAP and chairman of the Department of Periodontics at the University of Texas Health Science Center at San Antonio. “The clinical recommendations included in the consensus paper will help periodontists and cardiologists control the inflammatory burden in the body as a result of gum disease or heart disease, thereby helping to reduce further disease progression, and ultimately to improve our patients’ overall health. That is our common goal.”

NOTE: A copy of “The American Journal of Cardiology and Journal of Periodontology Editors’ Consensus: Periodontitis and Atherosclerotic Cardiovascular Disease” can be viewed at www.joponline.org /toc/jop/0/0. For more information, contact the AAP Public Affairs Department at (312) 573-3242.

(Source: American Academy of Periodontology)