Webinars provide a chance to ‘get started’

The following upcoming Webinars offer participants a chance to get started in a new field or aspect of dentistry:

- “Getting Started in Digital Imaging”

  On Oct. 24, DTSC will offer a full-day program that will provide an overview for those who are interested in “getting started in” digital imaging. Includes a one-hour presentation, followed by a live Q&A session. 7 C.E. credits.

- “Getting Started in Laser Dentistry”

  On Nov. 7, DTSC will offer a full-day program that will provide an overview for those who are interested in “getting started in” laser dentistry. Includes a one-hour presentation, followed by a live Q&A session. 7 C.E. credits.

- “Getting Started in CAD/CAM Technology”

  On Nov. 21, DTSC will offer a full-day program that will provide an overview for those who are interested in “getting started in” CAD/CAM technology. Includes a one-hour presentation, followed by a live Q&A session. 7 C.E. credits.

Details and registration at www.DTStudyClub.com.

Report encourages periodontists and cardiologists to join forces

JOP and cardiology journal develop clinical recommendations for treating periodontitis, cardiovascular disease

Cardiovascular disease (CVD), the leading killer in the United States, is a major public health issue contributing to 2,400 deaths each day. Periodontal disease affects nearly 75 percent of Americans and is the major cause of adult tooth loss.

While the prevalence rates of these disease states seem grim, research suggests that managing one disease may reduce the risk for the other.

A consensus paper on the relationship between heart disease and gum disease was recently developed by the American Academy of Periodontology (AAP) and The American Journal of Cardiology (AJC). The paper is published concurrently in the online versions of the AJC, a peer-reviewed journal circulated to 50,000 cardiologists, and the Journal of Periodontology (JOP), the official publication of the AAP. Developed in concert by cardiologists and periodontists, the paper includes clinical recommendations for both medical and dental professionals to use in managing patients living with, or who are at risk for, either disease. As a result of the paper, cardiologists

ICOI alliances reach far and wide

A realistic computer game will soon be used to help dental 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, experimention 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/News/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, 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.

- If 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.jsponline.org/tojop/0/0. For more information, contact the AAP Public Affairs Department at (312) 573-3242.

(Source: American Academy of Periodontology)

Tell us what you think!

Do you have general comments or criticism of a Dental Tribune America publication you would like to share? Is there a particular topic or product you would like to see more articles about? Let us know by e-mailing us at feedback@dtamerica.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dtamerica.com and be sure to include which publication you are referring to. Please note subscription changes can take up to six weeks to process.

**IT Corrections**

Implant Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Managing Editor Sierra Rendon at s.rendon@dtamerica.com.
A Bone Matrix Product Containing Stem Cells.

The Properties of Autograft without Associated Risks
The proprietary processing technology that produces Osteocel® results in a viable bone matrix product that preserves the native stem cells found in marrow rich bone. It is the only product available today that has the desired beneficial properties of autograft - osteoconduction, osteoinduction and osteogenesis - and that allows surgeons to provide their patients with optimal bone growth conditions without the added risk and cost of a secondary procedure.

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Positive clinical use of Osteocel since 2005 demonstrates bone-forming ability. Histology from a human sinus augmentation study using Osteocel shows substantial vital bone content at 16 weeks, with very low residual graft material.1

Bone Formation
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1 Histologic Evaluation of a Stem Cell Based Sinus Augmentation Procedure: A Case Series.

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which has been embraced by industry, academia and professional associations. Now is the time to invest in your practice.

The International Congress of Oral Implantologists (ICOI) has achieved the status of the world's largest professional dental implant association by providing unsurpassed implant education with the cooperation of individual members, its many component and affiliate societies and in alliances with both the academic and corporate world.

The ICOI and its component/affiliate societies around the world hold multiple implant symposia and courses annually.

In addition, the ICOI co-hosts with universities/dental colleges and several symposia in the United States and abroad.

The ICOI has coupled with industry leaders such as BioHorizons Implant Systems, Keystone Dental, MIS Implant Technologies, Nobel Biocare, PreXion, BIOMET 3i, Chase-HealthAdvance Financing Options, DenMatrix Tulsa Dental Specialties, EBI Implant Systems, Misch International Implant Institute, Osteohealth, Zimmer Dental, Dentatus USA, Harvest Implant Technologies, Materise Dental, J. Morita, OCO Biomedical, Piezosurgery, Riermsier, Root Laboratory, Salvin Dental Specialties, Sybron Implant Solutions, etc., to provide extended courses around the world as well as sponsor ICOI’s Glossary of Implant Dentistry II.

The Glossary II has more than 1,400 terms and is a practical aid for every specialist and generalist in the rapidly expanding field of implant dentistry.

The Glossary’s accompanying searchable CD-ROM serves everyone by providing an easy look-up feature and portability. All of these efforts result in the education of thousands of dentists annually.

Introductory, intermediate, advanced: all levels of education

Indeed, look at ICOI’s Web site (www.icoi.org) and under “Meetings” you will discover a wide range of symposia sponsored by the ICOI and its component and affiliate societies.

It also lists the myriad independent courses that can be university based, private or manufacturer-sponsored. Courses are designed for various levels of competence in placement and restoration of dental implants.

Every facet of oral implantology/implant dentistry is covered by courses today and these listings keep growing as interest in dental implants increases at such a rapid rate.

Location, location, location

With the wide array of courses/symposia being offered by associations as well as private and corporate enterprises, doctors can now virtually travel the globe and obtain continuing education credits in dental implantology specific to their individual needs. Take the ICOI’s meeting schedule for the next two years, for example. All of these symposia provide well-known international faculties and offer C.E. credits for attendees.

ICOI fully sponsored symposia

2009 (September through December)

- Karlsruhe, Germany, European Congress
- New York, N.Y., Implant Symposium with NYU College of Dentistry

2010

- New Orleans, Spring Implant Symposium
- Istanbul, Turkey, European Congress
- Hamburg, Germany, World Congress XXVII
- New York, N.Y., Implant Symposium with NYU College of Dentistry

2011

- Las Vegas, Winter Symposium
- Chicago, Implant Prosthodontic Symposium
- Seoul, South Korea, World Congress XXVII
- New York, N.Y., Implant Symposium with NYU College of Dentistry

Don’t forget the team

One of ICOI’s most important component societies is the Association of Dental Implant Auxiliaries (ADIA).

This association, under the leadership of Executive Director Lynn Mortilla, RDH, has a mission to advance the field of implant dentistry through education of the office team.

The ADIA has developed criteria and training but also has an established network that provides dental offices with updated and consistent information on daily practice challenges.

It holds semi-annual meetings with the ICOI, providing one- or two-day didactic programs given by the doctors and one full day devoted to comprehensive certification programs for hygienists, assistants and front office staff.

All members of the office team are “brought up to speed” in the education process. Parallel implant education for both the doctor and team helps to create a seamless administrative function within the practice.

The ADIA’s certification programs have been recognized by the industry as a viable means of implant education.

Several manufacturers sponsor ADIA certification programs — locally, regionally and nationally in North America. And the ADIA is growing internationally, now giving programs in Europe and the Far East.

For more information, visit the ICOI Web site at www.icoi.org.

(Source: ICOI)
Why Is Socket Grafting So Unpredictable?

Primary closure is often hard to obtain and maintain when grafting fresh extraction sites. Releasing incisions are often required, compromising the blood supply to the flap, disrupting the soft tissue architecture and reducing the keratinized tissue width. Additionally, most membranes are not designed to be left exposed, resulting in premature resorption, infection and failure of grafting procedures when exposed. Until now!

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Lynn Pierri, DDS, MS, was a speaker at the SimPlant® Academy World Conference held during June in Monterey, Calif. Here, she answers questions for Implant Tribune:

**Can you tell me about your background?**

I am a board-certified oral and maxillofacial surgeon who received my surgical training at NYU-Bellevue Hospital Center in Manhattan, New York. Following completion of my residency, I went to Edinburgh, Scotland for a surgical fellowship before coming back to the States to open up my solo private practice of 22 years. My undergraduate dental degree was obtained at the State University of New York at Stony Brook School of Dental Medicine, where I was the only female in my class! Prior to that, I received a certificate from Dental Laboratory Technology School in preparation for dental school and had received a dual master’s of science in microbiology with permanent New York State teaching certification. My bachelor’s degree is from the State University of New York at Stony Brook with dual certification in medical technology.

**Is your practice solely implant dentistry?**

My favorite niche of oral and maxillofacial surgery is implant dentistry. More than 20 years ago, I saw it emerging for what it is: a driving force in our profession, and not just a passing fancy.

**How long have you been performing implant dentistry and what systems do you use?**

The month I graduated my residency is the same month the first implant was placed in NYU dental school in 1985. As I looked on, my chief-of-service performed that case, and I remember saying to myself, “This is going to be something special.” I took the Bränemark certification course in Washington, D.C., and the rest is history. I took every course I could get my hands on, both surgically and prosthetically. My first implant case, eight implants in the maxilla and six implants in the mandible, is still in the patient’s mouth today, a tribute to implant dentistry. I have tried various systems during the past 20 years, but have settled into Straumann, Nobel Biocare, Astra Tech and BIOMET 3i, depending on the indication of the site and available bone; as well as Sterngold and Dentatus for provisional intermediate implants.

**What do you think is unique about your practice?**

I have embraced the latest technology and have tried to incorporate it to improve the end result. All my future implant patients get everything by the book, hence our tagline “Caring Without Compromise.”

**How do you use SimPlant?**

For more than 30 years, Dr. Lynn Pierri has fulfilled numerous academic and clinical appointments, co-authored six publications, maintained memberships in several professional societies and attended nearly two dozen continuing education courses on topics ranging from medical risk assessment to surgical orthodontics to osseointegrated implants. Pierri also has received honors and awards from a number of organizations for her academic strides and her service to the community.
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The 4.1mm and 4.8mm SwissPlant implants can be inserted into soft bone using Straumann’s kits. An additional drill is required for dense bone or countersinking for bone-level placement. Implant Direct’s ratchet, insertion tool and 1.25mm hex tool are also required.

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| Implant Direct | $582          | $192                     | $263                     | $185      | $185             | $311              | $107              | $162   | $182        | $138    
| ITI Straumann  |               |                          |                          |           |                  |                   |                   |        |             |        
The American Academy of Periodontology (AAP) will host its 95th Annual Meeting in Boston from Sept. 12-15 at the new Boston Convention and Exhibition Center. Attendee registration is now open, and dental professionals from all specialties are encouraged to register to learn about the latest advancements in periodontology. More than 5,000 dental professionals and participating vendors are expected to attend.

The four-day meeting will include a variety of educational and scientific sessions in seven distinct program tracks, covering topics such as dental implants, periodontal-systemic relationships, practice development and management and regeneration and tissue engineering.

Traditional continuing education courses as well as hands-on workshops and clinical technique showcases will be offered. In total, more than 50 educational and scientific sessions will be offered.

Of particular note is this year’s opening ceremony, which will officially kick off the meeting on Sept. 12 with welcome remarks from the 2009 AAP President, David Cochran, DDS, PhD.

The academy is also pleased to announce Paul M. Ridker, MD, as the opening ceremony’s keynote speaker. Ridker is a leading researcher in inflammation and cardiovascular disease, and was an important contributor to the recent joint consensus paper on cardiovascular disease and periodontal disease published by The American Journal of Cardiology and the Journal of Periodontology.

“This is an exciting time in periodontics, so I am thrilled to invite the dental community to join us in Boston,” Cochran said. “It has become critical that all dental professionals understand the connection between periodontal disease and other chronic diseases of aging, such as cardiovascular disease and especially the role inflammation plays in this connection. Our 2009 annual meeting offers an exciting and informative forum to learn about these important advances.”

For more information or to register for the annual meeting, visit www.perio.org/meetings or call (512) 575-3216 or send an e-mail to angela@perio.org.
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The PaX-Duo3D cone-beam computed tomography (CBCT) scanner from E-Woo Technology offers the most efficient 2-in-1 solution for all dental specialists by providing high-quality panoramic and 3-D images at an affordable price.

With auto-switching technology, it allows switching between panoramic and CT sensors, without doing it manually. PaX-Duo3D allows for the advanced 3-D scan for patients, but can quickly rotate for a 2-D scan. A dedicated sensor for each system provides superior image quality for an effective patient treatment plan and diagnosis through 3-D cross-sectional, canal and implant simulation.

PaX-Duo3D also features ALC (Adaptive Layer Control) technology that eliminates blurred images of the incisor and molar, plus a special scanning mode for scanning incisors, the mandibular canal and maxillary molars.

PaX-Duo3D provides an unprecedented 5-D display to focus on a range of needs, from temporomandibular joint and endodontic to using it as the precise tool for implantology. It provides four multi field-of-view sizes from 5 x 5 to 12 x 8.5, which save you time from diagnosis to surgery with the optimal radiation dose. The scanner also features an LCD window for patient guidance as well as an imbedded camera for patient positioning. PaX-Duo3D is substantially lighter and smaller, with better spatial resolution compared to a medical CT.

The dimensions are no larger than a panoramic/cephalometric X-ray, making it ideal for private dental offices or radiology centers. PaX-Duo3D reduces the space requirement of multiple X-ray units while increasing ease of acceptance and operating efficiency.

(Source: E-Woo Technology)

Osteogenics Biomedical has signed an agreement with Italian-based medical device manufacturer META Advanced Medical Technology, giving Osteogenics exclusive distribution rights in the United States to the Micross autogenous bone scraper. Osteogenics has also obtained rights to distribute META’s Safescraper® Twist. Both are now available for purchase.

The distribution agreement gives Osteogenics Biomedical the opportunity to distribute the autogenous bone scrapers alongside its line of Cytoplast® barrier membranes and PTFE suture.

“META brings us the latest advancements in manual autogenous bone harvesting. The Safe-scraper Twist incorporates several improvements to first- and second-generation bone scrapers, and the Micross is the first bone scraper designed to be used in a flapless procedure. We are excited to help bring this technology to the U.S. and add it to our growing line of bone grafting products,” said company president Shane Shuttlesworth.

The disposable Micross cortical bone collector is a minimally invasive option for obtaining autogenous bone.

For more information about Micross and Safescraper Twist bone scrapers, contact Osteogenics Biomedical by calling (888) 796-1923, or visit www.cytoplast.com.
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- Dr. John West, D.D.S

“I’ve been a long-time user of CK Dental’s oral surgery instruments. These products are the real deal and should be in the hands of any doctor that takes pride in their work. I’m a huge fan of the EAZ Out tooth and root extractors. They’re great!”

- Dr. Paul Braun, D.D.S

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Nobel Biocare celebrates 10 years of enhanced osseointegration

Nobel Biocare is commemorating the 10th year of using a specially developed, high-performance titanium in its entire dental implant offering, which includes small diameters (< Ø 3.5 mm). Since being introduced to the market, following extensive material and pre-clinical testing, Nobel Biocare’s proprietary cold-worked, commercially pure Grade 4 (CP4) titanium and patented TiUnite® surface have been documented as exceptionally strong and clinically proven to enhance osseointegration.

Due to its unique biocompatibility and corrosion resistance, standard titanium has become the gold standard for dental implants, and its efficacy has been proven in millions of patients. Commercially pure (c.p.) titanium is one of the most documented and preferred biocompatible materials used in implant treatment procedures today because it has been shown to be extremely well tolerated in the human body with a very low incidence rate of adverse biological reactions. Nobel Biocare has used c.p. titanium in the manufacturing of its implants for more than 20 years since Prof. PI Brånemark discovered that c.p. titanium integrates with living bone ("osseointegration").

To solve the functional material limitations of standard titanium — especially in small implant diameter use — Nobel Biocare worked closely with titanium manufacturers to create a high performance variant of c.p. titanium with enhanced material properties. In ongoing, extensive external and internal material testing, proprietary Nobel Biocare cold-worked CP4 titanium continues to demonstrate substantial gains in yield, tensile and fatigue strengths over those of standard titanium.

This year also marks the ninth successful year for Nobel Biocare in offering successful, highly aesthetic and less invasive dental implant solutions for patients with narrow bone ridges and limited space between teeth, using its proprietary cold-worked CP4 titanium. The journey began in 2000 when Nobel Biocare introduced a two-piece, 3.3 mm diameter, external hex connection implant.

Building on the success of its two-piece implant, Nobel Biocare expanded its small diameter portfolio in 2004 with a one-piece, 3.5 mm diameter implant that offered significant advantages when restoring teeth with restricted in-between space — so called mesiodistal clearance. The one-piece implant was designed for restorations with exceptionally steep emergence angles, for excellent final esthetics in narrow spaces.

Currently, Nobel Biocare is evaluating new modular implant concepts for its extra short- and small-diameter products, with the intention of creating more versatile and less invasive treatment possibilities.

(Source: Nobel Biocare)
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