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AAID: Use of mini dental implants on the rise but questions linger

There is spirited debate in the field of implant dentistry about proper use of mini dental implants.

Proponents are urging wider use of the shorter, less costly procedure while others advocate a more conservative approach until several long-term outcomes studies are published, according to the American Academy of Implant Dentistry (AAID).

Concerns also have been raised about whether general dentists who adopt mini implants receive sufficient implant training. Though mini-implant companies provide weekend training sessions, AAID believes such instruction falls short of what dentists must know before adding implants to their practices.

"Dentists need to be well versed in implant dentistry before using mini implants," said Kim Gowey, DDS, a past AAID president. "Without extensive implant knowledge, they will not know proper surgical techniques and all the basics about bone healing critical for implant success. If you want to practice implant dentistry, there are no shortcuts for gaining the necessary knowledge and training."

In a plenary-session presentation at the recent AAID annual scientific meeting in San Diego, Todd Shatkin, DDS, said mini implants are half the diameter of traditional implants — almost toothpick size — and the insertion procedure is less invasive and half the cost of traditional implants.

"Mini implants made from titanium alloys are strong enough to withstand normal chewing force and can be used confidently for immediate load, long-term restorations," Shatkin said. He added that he now uses mini implants for stabilizing dentures, single-tooth implants and even full-arch restorations.

"The FDA has approved some mini implant systems for long-term use, and patients can have a denture stabilized in about an hour or get a great success. The ease of use, interpretation and low cost make it a very affordable and routine diagnostic tool for most general dentistry."

When it comes to advanced dental therapies like implants, 2-D radiographic assessment of the implant site is just not enough as the buccal-lingual (cross section) view of the site is often the missing critical third dimension.

First came spiral CTs and dentists used them sparingly, mostly for oral-maxillofacial procedures or for ruling out pathology that wasn’t visible on the traditional 2-D radiographs. Off site, high radiation dose exposure and high cost and not being insurance reimbursable, these referrals often met with resistance from the patient.

In May 2001, cone beam volumetric tomography (CBVT) imaging specifically for the use in dentistry in the United States was first introduced by QRL SRL of Verona, Italy, the manufacturer of Newton (April 2008 CDA Journal). Since then, several different CBVT manufacturers and software developers...
Adult patients with cleft lip or palate often require continuing care

A greater number of specialized or centralized care options may be needed for adults with cleft lip or palate, according to a new study, because these patients continue to face health and mental problems that often require the assistance of more than one specialist.

The patients include those continuing their care from childhood and others seeking new advice or intervention, according to authors Cher Bing Chuo, Yvonne Searle, Alison Jeremy, Bruce M. Richard, Ian Sharp and Rona Slato. Their article, “The Continuing Multidisciplinary Needs of Adult Patients with Cleft Lip and/or Palate,” appeared in the October 2008 issue of The Cleft Palate–Craniofacial Journal, published by the American Cleft Palate–Craniofacial Association.

“Some adult patients of all ages and all cleft types continue to have problems related to their cleft lip and/or palate and want intervention for those problems,” according to the authors. The most common problem is persistent nasal deformity. Other issues include problems related to hearing, speech, health and social life, plus concerns about social skills and social withdrawal.

The study examined patients who have been treated at adult multidisciplinary cleft clinics in the West Midlands, U.K., since June 2000. The researchers reviewed the number and nature of the patients’ problems and the types of treatment they required in 2004.

A total of 145 patients were seen in the adult cleft clinic. Of those, 55 patients attended as part of their continuing care. Ninety were newly referred as adults to the cleft service. Patients ranged in age from 15 to 70 years and had, on average, three clinical problems each.

According to the authors, “Intervention for the patients reviewed in this study included varied types of surgery, dental rehabilitation, psychological assessment and support, and speech assessment and therapy.”

The authors conclude: “The problems of adults with cleft lip and/or palate may be changing. Our study supports the need for a specialist multidisciplinary cleft clinic to provide continuing care for patients who have a history of cleft lip and/or palate.”

To read the entire study, visit: http://www.allenpress.com/pdf/ and click on cpej-43-03-15.pdf. (Source: The Cleft Palate–Craniofacial Journal is an international, interdisciplinary journal reporting on clinical and research activities in cleft lip/palate and other craniofacial anomalies, together with research in related laboratory sciences. For more information about the journal, see http://cplc.allenpress.com/cplconline/?request=index.html.)