India set to launch domestic implant

Primary objective is to provide affordable treatment

By Daniel Zimmermann
Dental Tribune International

A government-funded low-cost dental implant from India is said to be close to market release. The new tooth replacement developed by Dehli researchers as part of the country’s New Millennium Indian Technology Leadership Initiative is supposed to take on the country’s high prevalence of edentulism.

According to government statistics, between 12 and 30 percent of Indians older than age 60 are suffering from complete tooth loss.

The project, which is said to have cost almost $1 million, took five years to complete and is now undergoing human trials.

Previous research on rabbits has shown promising results in regard to strength and susceptibility of the implant, lead researcher Prof. Mahesh Verma from the Maulana Azad Institute of Medical Sciences in New Delhi said.

While final costs for commercial release still need to be calculated, they are expected to be significantly less than other tooth replacements currently available in the market.

“It will be kept affordable as that is the primary objective for this development,” Dr. Verma told Dental Tribune Asia Pacific. “It is to serve the Indian masses.”

Most dental implants placed in India are imported from overseas and, therefore, only affordable to a small part of the population.

Imports are estimated to cost between $550 and $850 while the national average monthly income has only tipped $65 in 2009, according to figures of the Central Statistical Organization.

Verma estimates that 60,000 to 70,000 implants are placed by dentists in India each year, which falls short compared to its neighbor China. The country is also competing with other countries in the increasing medical and dental tourism market.

Implants abroad

By Craig Johnson, ICOI Executive Director

Italy will be the site this spring of SENAME’s eighth International Implant Conference and ICOI Italy and Europe second International Conference. (Photo/stork.azhing)

ICOI affiliate societies start 2011 with meetings in Spain and Italy

The ICOI and two of its affiliate societies will be holding implant symposia to start the new year.

Spain

The Spanish College of Oral Implantologists, SCOI, will hold its first National Symposium in historic Granada, Spain, March 31–April 2. The symposium will be held at the Granada Exposition and Convention Center.

Following a successful regional meeting in Madrid in 2009, the SCOI is optimistic about this upcoming symposium and the attendance the following faculty will bring to the event.


Topics to be covered in the symposium are: new tendencies in implant prosthesis; update on biomaterials; periimplantitis management; esthetics in implantology; stem cells for bone regeneration; maintenance in implantology; socket preservation; and soft-tissue management.

The symposium will also feature courses for laboratory technicians and hygienists.

SCOI President Dr. Pablo Galindo and SCOI Vice President Dr. Ildefonso Moreno look forward to welcoming all delegates to this educational symposium and to sharing in the typical Spanish hospitality that his meeting in Granada will offer.

First-ever international conference on dental and craniofacial stem cells planned for 2011

Columbia University’s College of Dental Medicine recently announced that it will host the First International Conference on Dental and Craniofacial Stem Cells (ICDCSC) to take place on April 27-29. This will be the first ever assembly of the world’s most prominent scientists in the field of dental and craniofacial stem cells.

More than 500 internationally renowned scientists and leaders in the field will come together to encourage cross-disciplinary alliances and foster a collegial atmosphere to catalyze the advancement of dental and craniofacial stem cell research. The conference will be led by Dr. Jeremy Mao of Columbia University, Dr. Darvin Prockop of Texas A&M Medical Center, and Dr. Pamela Robey and Dr. Nadya Lumel-sky of the NIDCR.

“The discovery of stem cells derived from dental pulp has generated enormous enthusiasm and momentum for stem cell research as these stem cells can be harvested noninvasively and have great plasticity and efficacy,” Mao said. “We are very excited to bring together the leading scientists and researchers from around the world to share and further their knowledge on dental and craniofacial stem cells to propel breakthroughs in stem cell research and forever change medicine.”

Current studies show that dental stem cells are on the verge of drastically changing treatments that run the gamut from dental implants to reconstructive surgery, as researchers have been able to re-grow both teeth and jawbone.

Moreover, dental stem cells demonstrate tremendous promise in advancing the field of regenerative medicine, which continues to make important strides in addressing degenerative diseases and organ re-growth.

To register for the conference, go to www.dental.columbia.edu/ICDCSC/ or e-mail mao2123@columbia.edu.
Osteogenics expands Global Bone Grafting Symposium with hands-on workshops

New in 2011, Osteogenics Global Bone Grafting Symposium will offer pre-symposium hands-on workshops on Thursday, March 31. Individual workshops will be led by Dr. Suzanne Caudry, Dr. Dan Callum and Dr. Sascha Jovanovic.

Clinicians will have the option to choose one of three workshops, which will take place on Thursday, March 31, from 1–5 p.m., followed by the main symposium on April 1-2. Each hands-on workshop will have limited attendance to ensure an intimate learning environment. Additionally, each workshop will include all the instrumentation, equipment, biomaterials, models and pig jaws or ribs available to allow clinicians to immediately practice the techniques.

Caudry’s workshop is titled “Clinical Guidelines and Surgical Techniques for Hard- & Soft-Tissue Grafting in Implant Site Development.” A treatment-planning approach will be presented that enables clinicians to select the correct material and surgical technique for a variety of defect types and challenges in implant site development.

Focusing on enhancing bone quantity and volume with ridge expansion and sinus floor elevation, Callum will lead the “Bone Manipulation in Implant Reconstruction” workshop. Application of bone manipulation techniques, including flap designs, soft-tissue augmentation and the prevention of complications, will be discussed and practiced in this hands-on workshop.

Jovanovic’s workshop is titled “Optimal Implant Placement & Bone and Soft-Tissue Grafting.” In addition to its focus on guided bone regeneration and connective tissue grafting simultaneous to implant placement, his workshop will also include extraction site management and sinus lifts.

Each workshop leader will also lecture at the main symposium. Additional main symposium lecturers include Dr. Craig Misch, Dr. Istvan Urban, Dr. Paulo Coelho, Dr. Tom Wilson, Dr. Barry Bartee and Dr. Paul Fogazzotto will broadcast a live guided bone regeneration surgery from his office.

Each hands-on workshop is $695 and includes four C.E. credits. Tuition for the main symposium on April 1 and 2 is $795 and offers 14 C.E. credits. For more information, please contact Laura Wood at (888) 796-1925, or visit www.osteogenics.com/courses.

(Source: Osteogenics)
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Join the California Implant Institute

The California Implant Institute was developed in 2001 by Dr. Louie Al-Faraje to provide quality continuing education on the subject of dental implants and related topics using a hands-on approach.

As director, Al-Faraje has trained more than 1,000 clinicians in a hands-on, yearly forum of education in implant dentistry. Al-Faraje holds diplomate status at the American Board of Oral Implantology, fellowship status at the American Academy of Implant Dentistry and fellowship status at the International Congress of Oral Implantologists.

The California Implant Institute offers a one-year comprehensive fellowship program in implant dentistry. This program is made of four sessions designed to provide dentists with practical information that is immediately useful to them, their staff and their patients. The four sessions combined offer more than 160 hours of lectures, laboratory sessions and live surgical demonstrations.

The goal of the faculty team, which is composed of some of the most respected instructors from the United States and around the world, is to provide you with comprehensive knowledge that will enrich your practice and improve your clinical skills so you can confidently perform predictable, prosthetically driven implant dentistry.

Session one topics
During the first session of this one-year comprehensive, hands-on implant training program, the following topics are covered: anatomy, bone physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, step-by-step implant surgical placement protocols, impression techniques, restorative steps for implant crown and bridge and more.

Session two topics
During session two, computer-guided implant placement and restoration using SimPlant® software, immediate-load techniques for single and full-arch cases, biology of osseointegration, mini implants, bone grafting before, during and after implant placement and pharmacology will be discussed. Implant prosthodontics for fully edentulous patients, high-water designs, bar-overdenture, CAD/CAM designs, etc., will highlight the prosthetic portion of this session.

Session three topics
Advanced implant surgical techniques such as alveolar ridge expansion with split cortical technique, guided bone regeneration, sinus lift through the osteotomy site and more are covered in this session. Hands-on pig jaw workshops using regenerative materials are performed by the class, and there are live surgery demonstrations by faculty.

Session four topics
This session will focus on sinus lift through the lateral window, ramus block graft and chin block graft as well as the J-Block grafting procedures. There will also be a focus on PRP and other advanced bone grafting materials, such as rh-BMP2/ACS grafts with titanium mesh. The final graduation examination and certification ceremony will conclude this comprehensive implant training program.

For more information or to register, contact Jennifer Bettencourt at (858) 496-0574 or visit www.implanteducation.net.
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Photo courtesy of The Las Vegas Convention and Visitors Authority
Biological allograft products applied to dentistry

By Jason M. Yamada, DDS, MS

The advent of human bone grafting has led to applications within the specialties of dental and sinus reconstructive surgery, for corrections to maladies such as ridge augmentations, sinus elevations and repair of other bony defects. There are a myriad of specialized allograft products for various dental, oral and sinus reconstruction. This article describes products for use by general practitioners, endodontists, oral surgeons, maxillofacial surgeons, periodontists and other related specialties.

The preparation of targeted bone grafts for the mandible and maxilla include the preservation of minerals and collagen while removing inactive pathogens, antigens, fatty tissues and other decayed materials.

The minerals and collagen become the building blocks to complete and rapid bone regeneration as the expected outcome for your patients. Mandible and maxilla bone grafts can be applied to dental surgery procedures for needed graft areas to fill voids left by bone decay and loss, for sinus grafts or for implants.

Preservation of such grafts should include at least a five-year shelf life at room temperature. Specific types of biological allografts for these uses are next described.

The block allograft eliminates the need for autogenous bone harvesting as it includes implantable cortico-cancellous bone.

A secondary benefit of this allograft virtually eliminates the need for a follow-up surgery, improving efficiency and shortening the patient's rehabilitation time. The block allograft comes sterile and ready to use when needed. It makes a fine, stable ridge augmentation in preparation for subsequent implants in patients with verifiable loss of bone volume due to atrophy. Typical sizes are between 10 to 15 millimeters.

The cortical allograft includes a high-quality, malleable bony structure that can be used to effectively maintain spatial volume, such as the cases of sinus elevation, extraction sockets and augmented ridges. When implanted, it acts as a barrier membrane to bacteria and other decaying agents. Subsequent dental implants are accomplished and supported by generation and remodeling of critical vascular bone tissues. Cortical allograft sizes range from 250 to 2,000 microns and volumes between 0.5 to 2.0.

The cancellous particulate allograft can absorb its own weight in fluid due to its malleability and elasticity. The allograft forms an exceptional biological incubation area via a de-mineralized matrix.
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- **Legacy2:** $150 includes Temporary Abutment/Transfer
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For more information about these products or to order, please contact CK Dental Industries at (800) 675-2537 or visit the website at www.ckdental.net.

### About the author

Jason M. Yamada, DDS, MS, was born and raised in Honolulu and received his DDS degree from the University of Southern California and his specialty degree in periodontics and a master of science in oral biology from Northwestern University. He is currently assistant clinical professor in the advanced graduate education program in periodontics and implant surgery at Loma Linda University Dental School and has been a guest lecturer at both USC Dental School and UCLA Dental School. Yamada currently practices in Torrance, Calif., and Irvine, Calif., with an emphasis on implant surgery and restoration, microsurgery and periodontal surgery. He is the founder of the Implant and Periodontal Institute of Torrance (IPI) and has taught many general dentists as well as specialists on the topics of periodontal, cosmetic and implant surgery.
Faced with lawsuit by BIOMET 3i’s Italian distributor, Straumann Italia admits preclinical study was flawed

After being confronted with a suit before an Italian court brought by Biometmax, BIOMET 3i’s Italian distributor, Straumann Italia admitted in court that flawed clinical conclusions were drawn from the preclinical study it sponsored by Dr. Frank Schwarz comparing SLActive Implants to BIOMET 3i NanoTite™ Implants.

In addition, Straumann Italia admitted that it falsely identified BIOMET 3i NanoTite Implants in its marketing literature that referenced Schwarz’s preclinical study. Straumann admitted that the preclinical study, which was published in the Journal of Clinical Periodontology, entitled “Influence of Titanium Implant Surface Characteristics on Bone Regeneration in Dehiscence-Type Defects: An Experimental Study in Dogs,” concerns dehiscence-type defects artificially created in animals.

Straumann Italia admitted that if such dehiscence-type defects created during the preclinical study should be found in humans, it would be correct to follow a bone reconstruction procedure.

In addition, the SLActive and BIOMET 3i NanoTite Implants have several design differences, Straumann also admitted that these other design differences were not evaluated by Schwarz and that the comparison made by Schwarz concerned only one of several issues that can determine an implant’s success.

Straumann Italia’s marketing piece highlighting Schwarz’s preclinical study included a comparative photo of two implants, one of which Straumann identified as a BIOMET 3i NanoTite Implant that had allegedly failed.

However, Straumann Italia now admits that this allegedly failed implant in its photos was not, in fact, a BIOMET 3i NanoTite Implant.

“We are very pleased with the outcome of the litigation concluded with this admission made by Straumann Italia in favor of Biomax and continue to stand behind our NanoTite Implant product line and its strong global growth. We are confident that outcomes such as this will encourage industry to focus on credible, evidence-based science rather than inaccurate comparisons,” said BIOMET 3i President Maggie Anderson.

“BIOMET 3i will continue to support clinical research that is accurate and evidence based and let the results speak for themselves.”

Clinicians are reacting to the recent judgment.

“I have placed hundreds of BIOMET 3i NanoTite Implants and have experienced consistent success in my practice,” said Dr. PO Östman, a global opinion leader in the dental implant market and a clinician and researcher in Sweden. Östman added, “The flawed comparisons in the study surely tainted the results in this article.”

The following are excerpts from the retraction.

“Straumann Italia informs that:

- Implants made of titanium, aluminum and vanadium alloys (TiAl6V4) have been used for implants and orthopedic prosthesis for decades; with reference to own brochure entitled "FOR LIFE", Straumann recognizes that TAV implants distributed by BIOMET 3i and Biomax cannot be considered toxic in the light of existing scientific literature, good clinical practice principles and that they respect binding international norms.

- The pre-clinical study made by Dr. Frank Schwarz, et al., with reference to SLActive and NanoTite implants, concern dehiscence-type defects artificially created in animals and which cannot guarantee, in absolute terms, identical outcomes in humans. In fact, if such dehiscence-type defects created during that study should be found in human, it would be correct to follow the procedure of bone reconstruction by bone substitutes and/or membranes.

- The comparison made by Dr. Frank Schwarz concerned only one of several issues that can determine implant’s success.

- The comparison made in brochure entitled "STUDIO COMPARATIVO SULLA RIGENERAZIONE OSSSEA IN DIFETTI DI TIPO DEISCENZA SU IMPIANTI IN TITANIO CHIMICAMENTE MODIFICATO (SLACTIVE) O NAVOSTRUTTURATO (NANOTITE)," regarding the study of Dr. Schwarz, contained comparative photos of two implants; the one falsely named as a NanoTite was not a BIOMET 3i implant.

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Hundreds of dentists explore dental implant topics at Dentium USA’s 2010 World Symposium

Dentium USA, a premier manufacturer of dental products developed by clinicians for clinicians, recently hosted its seventh annual Dentium World Symposium event at the Los Angeles Airport Marriott. Developed in conjunction with Loma Linda University, all 550 dentists who participated in the symposium received up to 16 C.E. units from the university.

Dentium presented the dental implant symposium complete with some of the most distinguished lecturers in the dental industry speaking on a wide variety of the most current dental implantation topics, covering information on all aspects of implant dentistry.

In addition to various lectures presented on all clinical aspects of implant dentistry, attendees were able to witness two live sinus surgeries performed simultaneously, Loma Linda University’s Dr. Jaime Lozada performed a crestal-approach sinus surgery, and Dr. Sung-Min Chung performed a lateral approach sinus surgery live via video from the university.

Clinical and evidence-based lecture topics included:
- Innovation of implant technology
- Use of Implantium® and SuperLine™ in the treatment of posterior edentulous maxilla
- Appropriate use of zirconia for tooth restorations and implants
- Sinus augmentation surgery
- Immediate implant placement and provisionalization in the esthetic zone
- Management of the alveolar buccal plate at immediate implant placement

Dentium enlisted dental implant industry speakers for the symposium including Chung, Lozada, Dr. Stephen J. Chu, Dr. Stephen S. Wallace and Dr. Joseph Kan.

“We were extremely pleased with this year’s Dentium World Symposium,” said Tom Gregor, director of sales and marketing for Dentium USA. “It was an educational experience in which each and every component of dental implants was presented and explored by seasoned dental professionals. I am certain all attendees walked away with a better understanding and increased confidence in the placement and restoration of dental implants due to the hands-on techniques provided by world-renowned clinicians.”

The Dentium World Symposium has been taking place worldwide since its inception in 2003. A simultaneous Russian and Turkish translation service was provided during all lectures.

For additional information on the 2010 Dentium World Symposium, please call (877) 504-6752, e-mail for info@dentiumusa.com or log onto www.dentiumusa.com.

About Dentium USA
Located in Cypress, Calif., Dentium USA is the worldwide manufacturer and distributor of Implantium and SuperLine dental implant systems. The company also provides a full line of prosthetic equipment, lab components and surgical instruments. Because all Dentium products are created by working dental clinicians, the company says they are easy to learn and use, cost-effective and are of the highest quality.
Top-notch backward planning with Immediate Smile and SimPlant

When dealing with edentulous patients, it is paramount to start at the end-point by ruling out any anatomical, functional and esthetical surprises during implant surgery. SimPlant® reveals all details about a patient’s bone and soft tissue — crucial information when engaging in restorative-driven planning. Thanks to SimPlant and the Immediate Smile® model, an accurate restoration can be made well in advance — seeing patients leave surgery with a carefully prepared new smile is the fruitful result of thinking and acting ahead.

The Immediate Smile model plays a pioneering role on the market in that it enhances communication with the dental lab by delivering all the necessary tools to fabricate a fixed restoration prior to surgery — a bone model, silicone soft tissue and copy of the scan prosthesis. This is interdisciplinary dentistry at its best, according to the company.

The bone model represents the patient’s bone anatomy and contains implant sites that correspond with the SimPlant 3-D plan. The implant sites are adapted to the dimensions of the implant analogs. A time- and money-saving fixation system even allows for easy recuperation of implant analogs.

A lifelike silicone soft tissue, which is perforated at the implant positions, represents the patient’s soft tissue, helping the lab take into account the realistic soft-tissue thickness during fabrication of the restoration.

A prosthesis duplicate is a copy of the scan prosthesis that fits perfectly onto the bone model allowing for accurate articulation. It also enables the lab to fabricate the restoration the way the clinician planned it. At the time of surgery, the restoration is then relined in the patient’s mouth to ensure a passive fit onto the implants.

As a result, reverse planning has never been more efficient for all parties engaged in implant treatment and avoids cumbersome procedures. Clinicians don’t need to use a guide to fabricate a model, because this increases the risk of damaging the guide.

Also, they can follow the same routine procedures as with all standard guided surgery procedures, and implant holders are not required.

Immediate Smile makes clinicians’ businesses stand out, the company says. It’s a unique marketing tool that can be used to attract patients when other implant dentists do not follow a strategy of thinking ahead in terms of adopting new technology and bringing esthetics into the equation.

Patients are given an accurate, predictable, esthetic and cost-efficient outcome.

No more discomforting and uneasy smiles because of endless waiting times to receive new teeth, no more unforeseen expenses that hit patients hard in their wallets. They won’t even have to think about taking days off at work or worry about time- and money-guzzling follow-up appointments and the drag to get there every time and on time.

Overall, an Immediate Smile procedure enhances treatment acceptability because patients know they will have new teeth in no time.

The Immediate Smile model is compatible with allSAFE SurgiGuide® kits available on the market: ANTHOGYR Guiding System (Anthogyr), Facilitate™ (Astra Tech), Navigator™ (BIOMET 3i), ExpertEase™ (DENTSPLY Triadent), Straumann® Guided Surgery Kit (Straumann®), NobelGuide™ (Nobel Biocare), CAMLOG® Guide System (CAMLOG) and Zimmer Guided Surgery Instrumentation (Zimmer Dental).
Today, more implant patients ask for early loading. More patients less qualified for implants ask to be treated, too. And every patient wants the loading to be successful.

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- Implement better cementation techniques and more efficient administration of investments for the patient.
- Understand the best procedures for diagnosis and treatment planning and better communication with the patient.
- Choose the procedures for use of transcutaneous electrical neural stimulation.
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