The American Academy of Implant Dentistry will host its 63rd Annual Implant Dentistry Educational Conference beginning Nov. 4 in Orlando, Fla. AAID wants you to feel the magic

By AAID Staff

The American Academy of Implant Dentistry’s 63rd Annual AAID Implant Dentistry Educational Conference aims to shine a light on the magical artistry and science of dental implant practice in a naturally magical location: Orlando, Fla.

Beginning on Wednesday, Nov. 4, the AAID conference aims to set the curve in implant dentistry. This year’s AAID Implant Dentistry Educational Conference Keynote Speaker, Nina Tandon, PhD, will intrigue, motivate and challenge the current thinking of implant dentistry and more.

In her eye-opening keynote address, she will explain the process of growing tissue and transplants, and the future of medical science. With the help of manufacturing and information technology, we are on the verge of being able to grow human tissue. Her presentation, “Body 3.0,” is all about growing our own body parts.

The entire day on Wednesday will be devoted to the future of implant dentistry with a half-day session consisting of 14 different programs covering “New Trends, Techniques and Technology.” Following Tandon’s keynote, such luminaries in the field as Peter E. Murray, BSc (Hons), PhD, Tomas Albrektsson, MD, PhD, DDS, and Nelson Pinto, DDS, will provide in-depth and varied views of the future of implant dentistry.

Known as “the organization that provides practical education for the practicing implant dentist™,” the AAID conference delivers on that brand promise with two-and-a-half days of programming, including coverage of digital dentistry, soft-tissue management and treatment planning.

Through main podium programs, current outcomes of oral implants show that between 95 and 98 percent are stable and functioning as intended. What are some recent advances that contribute to this superior clinical outcome?

There are a number of recent advances, such as:

• Computer-guided surgery and dental CAD/CAM technologies that can make surgical and restorative phases of implant therapy more predictable and efficient. These technologies can also enable more accurate placement of implants and create better esthetics for patients, which is highly important.

• New technologies are building on comprehensive diagnostic assessments of patients, such as stereolithographic models created from cone-beam computed tomography data combined with software treatment planning. This process enables planning of surgical templates that accurately guide implants into position.

By Sierra Rendon, Managing Editor

Dr. Clark M. Stanford

Photo/Provided by the Academy of Osseointegration

Interview:

Oral implants a ‘mainstream’ approach

In an interview with Implant Tribune, Clark M. Stanford, DDS, PhD, dean of the University of Illinois College of Dentistry and board member of the Academy of Osseointegration (AO), discusses recent advances in dental implants, as well as the AO’s efforts to serve as a nexus for those who place or restore implants to learn together.

Current outcomes of oral implants show that between 95 and 98 percent are stable and functioning as intended. What are some recent advances that contribute to this superior clinical outcome?

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• New technologies are building on comprehensive diagnostic assessments of patients, such as stereolithographic models created from cone-beam computed tomography data combined with software treatment planning. This process enables planning of surgical templates that accurately guide implants into position.
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Reality Check Savings

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workshops, including a dozen hands-on opportunities, 10 concurrent sessions and dental team training, attendees can earn as much as 18 implant-specific hours of C.E.

More than 1,000 implant dentistry professionals will be in attendance at the Hyatt Regency Orlando. In addition to learning from world-class clinicians and presenters, attendees will have the opportunity to interact with more than 125 vendors of products and services they utilize in dental practices across America every day.

Doctors and guests will also enjoy time to network and learn from each other in a variety of social functions including two group lunches, the Welcome Reception, Implant World Expo Reception and the always popular President’s Celebration at the conclusion of the conference.

Those interested in attending should plan to register onsite in the Regency Ballroom Foyer of the Hyatt Regency Orlando located at 9801 International Drive. More information about the programs, speakers and activities at the conference can be found at www.aaid.com. If you are unable to attend the 63rd annual conference, mark your calendar for AAD’s 64th Annual Implant Dentistry Educational Conference to be held Oct. 21–24, 2015, in Las Vegas.

Established in 1951, the AAD is the only dental implant organization that offers credentials recognized by federal and state courts as bona fide. Its membership, which exceeds 4,800, includes general dentists, oral surgeons, periodontists and prosthodontists from the United States and in 40 other countries. Contact AAD at www.aaid.com or at (312) 335-3550 or (877) 335-AAD (2243).

Nina Tandon will be the keynote speaker at this year’s 63rd Annual AAD Implant Dentistry Educational Conference.
Tell us what you think!

Do you have general comments or critique you would like to share? Is there a particular topic you would like to see featured in Implant Tribune? Let us know by emailing feedback@dental-tribune.com. We look forward to hearing from you! If you would like to make any change to your subscription (name, address or to opt out), please send an email to c.maragh@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to six weeks to process.

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@dental-tribune.com.

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Immediate implantation and provisionalization: single-tooth restoration in the esthetic zone

By Susan McMahon, DMD, and Karrah Petruska

A
nterior tooth loss and restoration in the esthetic zone is a common challenge in dentistry today. The prominent visibility of the area can be especially distressing to the patient and requires a timely and esthetically pleasing solution.

Immediate single-tooth implantation followed by immediate provisionalization is becoming an increasingly desirable treatment that offers numerous benefits over conventional delayed loading.

In the past, the non-restorable tooth was extracted and possibly grafted for site preservation. A removable partial denture (or flipper) was fabricated and placed for use during healing. After an adequate healing period, an implant was placed and buried under the gingiva and the patient continued to wear the flipper until the implant had osseointegrated and was ready to be uncovered and restored.

The patient would therefore wear the removable partial denture for upwards of six to eight months. This course of treatment often results in a less than desirable aesthetic appearance due to alterations in the gingival architecture surrounding the final restoration.

There are also clear indications that partial removable dentures are an important causative factor in the alveolar bone resorption process.1

Today, immediate treatment offers a better solution. Immediate implantation and same-day provisional replacement of single anterior teeth minimizes treatment time and cost while enhancing esthetic quality.

In addition to alleviating patient trauma, this technique decreases resorption of hard and soft tissue and results in better function.2 Overall, this leads to greater patient satisfaction.

In this process, the implant is placed and a provisional is quickly loaded. A nonoccluding, also known as nonoccluding, provisional is used in a protected occlusal scheme. The placement of the non-occluding restoration must occur within 48 hours to be considered immediate loading.3 Both of the following cases received same-day provisionalization.

The clinician faces several challenges when restoring teeth in the esthetic zone. Major cosmetic concerns in the fabrication of the immediately placed provisional restoration include the preservation of the interdental papilla and prevention of alveolar bone collapse.4

Research has suggested that immediate provisionalization following implantation allows for greater clinical control over the regeneration of tissue surrounding the site of extraction.5 Unfavorable alterations to the alveolar bone structure must be avoided using ridge preservation techniques and precautions in terms of osseous exposure.6 Immediate placement of the implant into fresh extraction sockets prevents the post-extraction resorption that occurs commonly with alternate forms of treatment, preserving the integrity of the alveolar ridge.6

A compromised implantation site is also a concern when dealing with tooth loss. Bone resorption may leave insufficient bone for implantation.

Furthermore, a deteriorated gingival architecture produces an inferior esthetic. Immediate implantation into the fresh extraction socket allows the clinician to maintain the gingival tissue and create a more esthetically pleasing restoration.5

Minimum criteria for implant placement have been established for successful immediate loading through quantitative values for insertion torque and implant stability quotient (ISQ) as well as surgical assessment play a role. Values as low as 15N-cm for insertion torque and 50 ISQ both resulted in successful provisionalization.

Additionally, the surgeon must assess where there is sufficient bone support at the apex, at least 3 mm of circumferential bone, and primary stability of the implant. Research has shown that “early loading of dental implants does not appear to interfere with osseous modeling of a developing osseointegration as long as significant micromovement does not occur.”7

In addition to providing both esthetic and functional benefits, immediate implantation and loading of a nonoccluding provisional has also been found to result in comparable implant survival outcomes to more traditional techniques.

A recent study measuring clinical success, survival and satisfaction found the technique to be “not less favorable than conventional loading.”8 In consideration of this, current literature is now purporting immediate implantation and nonocclusal loading to be the “treatment of choice” in cases of single anterior tooth restoration.9

The following are two case studies involving immediate provisionalization. In both cases, the maxillary right central incisors had sustained trauma, were endodontically treated and functioned for a number of years. Approximately 15-20 years later, the teeth in each case failed due to internal resorption. The failing teeth were extracted and implants were inserted immediately and restored the same day with a non-functional provisional.

Dental root resorption involves the loss of hard tissues that compose the teeth (dentin, cementum and enamel).10 In most cases, tooth resorption is the result of trauma or irritation to the periodontal ligament and/or tooth root.

These conditions may occur as a result of injury, inflammation or chronic infection of the pulp, periodontal conditions, orthodontic tooth mobility or tooth

**Results of a recent study provide evidence that the ceramic oxide abutments can be safely utilized in the incisor region of both the maxilla and mandible as determined by maximal bite forces in the esthetic zone.**

**Case study 1: Failing maxillary right central incisor**

The patient is a 30-year-old healthy male who was examined in our office for a failing maxillary right central incisor. His history involves a soccer accident in 1993 that resulted in an elbow to the face with trauma to the right maxillary central incisor.

Approximately one week subsequent to the accident, the patient’s tooth was treated endodontically. It eventually became discolored and grew increasingly out of alignment (Fig. 1). Radiographic examination revealed internal resorption.

Clinically, all other maxillary and mandibular teeth were in good condition. Periodontal examination revealed healthy gingival tissue. The patient was concerned that his anterior tooth would fracture unexpectedly and desired an immediate replacement.

**Treatment options**

Several treatment options were considered. The first was extraction of the maxillary right central incisor and fabrication and placement of a conventional fixed bridge of porcelain fused to metal or an all-ceramic system. The second option was extraction of the tooth followed by placement of a removable partial denture. The next option was extraction, provisionalization with a removable partial denture (flipper) followed by implant placement, healing while wearing the flipper and, finally, restoration of the implant.

The best alternative was extraction and immediate replacement of the extracted tooth with an implant, followed by immediate loading with a nonfunctioning provisional. After adequate osseointegration, a final restoration would be fabricated.

Advantages and disadvantages of all options were explained to the patient. He decided to continue treatment with an immediate implant restoration. The patient was then referred to a periodontist for further evaluation and implant consultation.

**Implant evaluation**

Implant examination revealed adequate bone height and width for implant placement immediately following extraction of the failing tooth.

A surgical date was scheduled with the periodontist for extraction of the tooth and placement of the implant. An appointment was coordinated with our office for the patient directly following the procedure for provisionalization of the implant.

**Surgical protocol**

The right central incisor was removed and a NobelReplace Tapered Groovy (internal connection) 5.0 mm x 13 mm implant was placed. An osseous graft of demineralized freeze-dried bone and a collagen membrane were utilized to augment the surgical site. The fixture received an emergence profile, healing abutment.

Provisionalization

The patient presented in our office after the implant placement with a healing abutment in place. The healing abutment was removed. A Nobel Biocare immediate temporary abutment was placed and a provisional was fabricated. Care was taken to contour the emergence of the provisional as to best support the gingival architecture. The plastic coping for the immediate temporary abutment was roughened with a 1/6 carbide bur to enhance adherence of the integrity provisional material used.

The provisional was polished and placed on the immediate temporary abutment with a small amount of flowable composite to enhance retention. The provisional crown was fabricated to be completely out of occlusion and non-functional to ensure the implant adequate osseointegration time undisturbed by occlusal forces.

The provisional restoration was observed periodically during the six-month healing process to monitor gingival adaptation (Fig. 2).

**Final restoration**

Six months post surgery, the patient was scheduled for placement of the final restoration. After removing the provisional crown and the immediate temporary abutment, an implant impression post was placed, radiographic verification was made to assure complete seating, and a final impression was taken with a polyether system. Complex shade-mapping was carefully performed to match the existing contralateral natural teeth.

The provisional was then reinserted.

A Procera zirconia custom implant abutment was chosen. Zirconium implant abutments have not only been noted for their tooth-like color and esthetic appeal but also for tissue tolerability, high load strength and intrasulcular design enhancement.

The extraordinary load strength of the oxide ceramics is not compromised by high binding and tensile strength, and fracture and chemical resistance. Zirconium abutments are mechanically equivalent to their metal counterparts but boast greater biological compatibility.

Results of a recent study provide evidence that the ceramic oxide abutments can be safely utilized in the incisor region of both the maxilla and mandible as determined by maximal bite forces in the esthetic zone.

Due to excellent restorative properties in terms of strength and color conformity, the zirconium implant-abutment is becoming increasingly favored by clinicians for esthetically pleasing anterior implant restorations.

A Procera zirconia crown was fabricated for this patient with Noritake CZR porcelain (Fig. 3). At the time of insert, the provisional crown and immediate temporary abutment were removed. The Procera zirconia custom abutment was seated, the screw was hand tightened and the screw was torqued to 35 Ncm with the manual torque wrench. The access was filled with a small cotton pellet and topped with a thin layer of flowable composite.

The Procera zirconia crown was then seated; margins, contacts and occlusion were confirmed, and the crown was cemented in place with 3M ESPE Relix gutting cement (Fig. 4).
Case study 2: fractured maxillary right central incisor

This patient, a healthy male in his late 30s, was examined in my office for a fractured maxillary right central incisor. The patient had Feldspathic porcelain restoration on his upper central and upper lateral incisors that were placed several years ago. He had a history of trauma to the anterior teeth from a sports injury and subsequent endodontic treatment.

Recent periapical radiographs showed internal resorption in the upper incisors (Fig. 5). The patient sustained additional trauma to the maxillary right central incisor through a fall, which resulted in complete fracture of the crown (Fig. 6). The tooth was nonrestorable.

After reviewing the different treatment options, the patient decided on an immediate implant restoration. Although the maxillary left central incisor also exhibited signs of internal resorption, it was decided that treatment of that tooth would be performed at a later date.

Consideration was given to the poor gingival architecture that results from placing adjacent implants in the esthetic zone. He was then evaluated by the periodontist for the surgical placement of the immediate implant for the maxillary right central incisor.

The patient’s treatment was similar to that of the patient in the first case study.

The right central incisor was removed and a NobelReplace Tapered Grovyn (internal connection) 5 mm x 13 mm implant was placed. An osseous graft of demineralized freeze-dried bone was utilized to augment the surgical site. The fixture received an emergence profile, healing abutment. The patient then received an immediate non-functioning provisional.

Final restoration

After the six-month healing period, the final restoration was fabricated. In this case, a one-piece screw-through abutment made from a Nobel Biocare Gold-Adapt Engaging NobelPlace (Fig. 7) was fabricated in order to obtain a correct emergence profile of the restoration due to the slightly lingual placement of the implant (Fig. 8).

The restoration was seated, and the screw was hand tightened and torqued to 35 Ncm with the manual torque wrench. The lingual screw access was filled with a cotton pellet and composite restoration (Fig. 9).

Conclusion

In the cases cited above, both patients had sustained injuries to their anterior teeth as young adults while engaging in sports.

Each of the patients had been treated endodontically and experienced internal resorption of the traumatized teeth approximately 15 years later. Both of their careers and lifestyles demanded immediate replacements that were non-removable and esthetically pleasing.

The failing teeth were extracted and implants were inserted immediately and restored the same day with a non-functional loaded provisional. Immediately placement and restoration of a single implant offers a highly esthetic and timely treatment option in the case of inter-

nal resorption and tooth failure in the maxillary central incisors.

Furthermore, this treatment eliminates the need for a removable partial denture while maintaining the gingival architecture and preventing alveolar bone loss in the extraction site.

Asesthetic expectations of patients and the desire for a convenient and timely treatment continue to increase, instantaneous replacement of failing teeth is becoming more routine.

Not only does placing the implant immediately following extraction maintain the alveolar architecture and retain the interdental papilla, placing the provisional immediately thereafter refines the level of treatment the clinician can offer the patient.

Esthetic quality is enhanced without comprising long-term implant stability. Immediately placing and loading implants is both functionally and cosmetically beneficial.

References


Send us your case study

For the implant specialist, periodontist, prosthodontist or general dentist interested in placing implants, the Implant Tribune is an excellent monthly resource providing the latest in research, news and products. Here is your opportunity to write an article for the Implant Tribune.

Send your prospective articles up to 850 words (longer submissions may be considered) via Word document to s.rendon@dental-tribune.com. Accompanying photos should be high resolution (300 dpi JPEGS, preferred) and should include photo captions and credits. Please include with your submission a short (150-word) bio.
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Mark your calendar now for the AO’s 30th Annual Meeting, set for spring ’15

Registration opens for March event to be held in San Francisco

By Academy of Osseointegration Staff

“Science, Collaboration and Clinical Excellence for 30 Years” will be the theme of the 30th Annual Meeting of the Academy of Osseointegration (AO), to be held March 12-14 at the Moscone West Convention Center in San Francisco. It will be an intense three-day learning session for dental professionals interested in gaining cutting-edge insights and continuing education from some of the world’s most noted researchers and clinicians in the field of implant dentistry. To view the meeting schedule, visit www.osseo.org/futureMeetings.html.

Among this year’s top new features are “Morning with the Masters,” a daybreak education session, featuring leading clinicians in the field; a symposium presented in English by seven prominent speakers from South Korea; and electronic posters where, for the first time, AO-member research will be presented on large flat-screen TV monitors instead of cardboard and paper. Follow AO on Facebook and Twitter to learn more.

“We continue to explore and add innovative features to ensure this event is fresh, engaging and educational for researchers and clinicians in implant dentistry and tissue engineering,” said Joseph Gian-Grasso, DMD, president of the Academy of Osseointegration. “We’re confident that all of our attendees — no matter where they are in their career — will enjoy a truly memorable experience and take home knowledge that they can begin applying at their practices Monday morning.”

The event’s keynote speaker will be notable facial plastic surgeon Daniel Alam, MD, who was a member of the multidisciplinary team of doctors and surgeons at the Cleveland Clinic who performed the first near-total face transplant in the United States. His address will focus on the power of the team in rebuilding health and well-being and will highlight the critical importance of different disciplines collaborating to support a patient’s medical, surgical and emotional needs to make them whole again.

To support that message, AO has assembled an international group of clinicians who will demonstrate how the team approach that Alam describes can be applied to implant dentistry with the finest in surgical and restorative care. Similarly, the Allied Staff Educational Sessions have been renamed the TEAM Program. Experts will also review what the academy has learned throughout its 30-year history and summarize current recommendations to address the challenging conditions in implant dentistry.

Concluding the conference on Saturday, attendees can participate in the interactive session, “Putting it All Together: Two Missing Adjacent Teeth in the Esthetic Zone: Options for Treatment,” where they can vote on keypads to share their opinion on various treatment options for presented cases. A panel of experts, led by Maurizio Tonetti, DMD, PhD; Paul Rosen, DMD, MS; Kenneth Hinds, DDS, and others, will also debate the options.

Throughout the conference there will be numerous opportunities to network and socialize, including at the President’s Reception, a time-honored event complimentary to all attendees. This year’s reception is sponsored by DENTSPLY Implants and will be held at The Exploratorium.

“When the annual event concludes, attendees will return home reinvigorated and excited about their profession as well as the power of collaboration ...” said Donald Clem III, DDS, meeting chairperson.

“Ultimately, patient safety and benefit must be based on sound evidence — that’s what the academy is all about and our annual meeting will be, too.”
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The schedule is set for the fall session of the 8th Annual International Congress on 3D Dental Imaging that provides advanced education on the use and integration of the dental cone-beam modality.

i-CAT, a brand of the KaVo Kerr Group, along with Henry Schein Dental, announces the 8th Annual International Congress on 3D Dental Imaging, fall session, to be held Nov. 7–8 at the Hilton Fort Lauderdale Marina in Fort Lauderdale, Fla.

The theme of this educational experience is “Accelerate Your Practice: 3D-driven Success.” The two-day experience will feature lectures and demonstrations of 3-D imaging applications in implants, orthodontics, TMD, oral and maxillofacial surgery and periodontics.

Some selected topics for this year’s congress include:

- "CBCT and Airway-Centered Treatment Planning"
- "The Clinical Integration Between 3-D Dentistry and Otolaryngology Through CBCT: An ENT’s Perspective"
- "Using 3-D Imaging to Avoid Dental Implant Complications"
- "Unlocking the Power of CBCT: Beyond the Basics and Into the Future"
- "Reduce Stress with Implant Surgery Using 3-D Imaging"
- "The Ins and Outs of Dental Insurance: Learning How to Navigate Dental Benefits in Your Office"

Networking opportunities will abound, as attendees socialize with colleagues and industry speakers, explore partner exhibitors and visit the i-CAT booth to see the latest products and services. A user’s meeting on Nov. 6 will feature product and technology updates, a discussion of how to select the best scan for each patient, live hands-on patient-positioning tips, data information on networking and backup and how to optimize the performance of the i-CAT system.

Dr. Cynthia K. Brattesani, moderator of the event, has a patient-focused philosophy that blends well with the clinical advantages associated with 3-D imaging. She says: “I am thrilled to moderate this 8th Annual Congress and network with knowledgeable and experienced colleagues in the field of 3-D imaging. 3-D imaging is a multi-faceted modality with benefits in diagnosis, treatment and implementation. It also involves the patient in all of these processes through their greater understanding of what we, as the dental professionals, want to accomplish for them.”

Rick Matty, director of marketing for i-CAT, added: “Educating dentists on how to use cone-beam 3-D scans effectively and safely is important to us, and the 8th International Congress on 3D Dental Imaging strives to achieve that goal. This event has gained notoriety and respect from national and international dental professionals. Whether the clinician is new to 3-D imaging or already has a system in place, these topics can be of great value to any practice.”

2014 also marks i-CAT’s 10th anniversary celebration. During the past decade, Team i-CAT has evolved into a trusted developer and manufacturer of computer-controlled dental and maxillofacial radiography products. i-CAT is exclusively distributed by Henry Schein Dental. To learn more, visit www.i-cat.com.

About i-CAT
Serving the dental industry since 1992, i-CAT™ is at the global forefront in the development and manufacturing of computer-controlled dental and maxillofacial radiography products. i-CAT is exclusively distributed by Henry Schein Dental. To learn more, visit www.i-cat.com.

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AD
Straumann diversifies its laboratory offerings via scanner offerings, new CAD software and the new advanced fixed bar

By Straumann Staff

Straumann® recently announces several new offerings to its diverse laboratory portfolio, including in-lab scanners, CAD software and a new hybrid bar design, a prosthesis critical to restoration of edentulous cases.

Through its collaboration with Dental Wings, Straumann will be launching a new scanner series in 2015. Until then, Straumann will sell the existing Dental Wings Scanners under the brand name Straumann CARES® series and Straumann CARES® Series, respectively.

In addition to scanner distribution, Straumann announces the availability of CARES Visual 9.0 Software, with a completely redesigned user interface, new order management screens and design tools that feature marked improvements over previous software versions.

“Our partnership with Dental Wings has resulted in a collaboration of software designers and developers that allows us to respond to customer requests and deliver a top-notch design experience for the dental laboratory technician,” said Steve Sheehan, vice president of the laboratory division, Straumann North America.

Within CARES Visual 9.0, one new feature is the Synergy Connection to coDiagnostiX™ treatment planning software, which is a step forward for collaborative treatment planning. This connection allows real-time synchronization of the diagnostic crown proposal by the dental technician from CARES Visual and the implant plan by the dentist from coDiagnostiX. The solution from implant to crown can be visualized and any adjustments for functional and esthetic considerations made jointly prior to implant placement.

Dental technicians can design and fabricate a provisional restoration that can be milled at Straumann’s centralized milling facility and delivered at the time of implant placement.

Complementing Straumann’s edentulous solutions portfolio, the Straumann CARES Advanced Fixed Bar — commonly referred to as a hybrid bar — offers a direct connection to implants or to Straumann’s screw-retained abutments and delivers a one-piece solution.

The new bar design has a sandblasted surface to save time with no visible metal and is partially wrapped in acrylic. Settings within the software allow for individual section customization and offer support for mixed implant and abutment-level solutions to align one or more implants to each other.

The advanced fixed bar is an attractive solution for edentulous cases and addresses a previously unmet customer need, according to the company. Dental laboratories may also access the advanced fixed bar via CARES Scan & Shape, a service for laboratory professionals without an in-lab scanner.

Laboratory technicians with Straumann CARES CS2 Scanners and CARES Visual Software can perform a software update to receive CARES Visual 9.0, which includes the synergy connection and advanced fixed bar. Straumann’s team of representatives will continue to support laboratories utilizing the in-lab CS2 System.

These developments, in conjunction with previous collaboration efforts with Dental Wings, underscore Straumann’s commitment to create a leading software platform for digital dentistry.

“The pace at which digital is changing the way dentistry is practiced cannot be underestimated,” Sheehan said. “Laboratories must remain forward-thinking and incorporate those products and services that will position them to service the growing needs of restorative clinicians and their patients as it relates to implant restorations. The new CARES Visual Software and CARES advanced fixed bar offer laboratories a distinct advantage in the digital dentistry realm to restore those implant cases.”

About Straumann

Straumann — a global leader in implant dentistry offering surgical, restorative, regenerative and digital solutions for the dental and lab business — is a pioneer of innovative technologies. Straumann’s vision is to be the commercial partner of choice in implant, restorative and regenerative dentistry. To learn more about Straumann, visit www.straumann.us.
**PreXion’s digital treatment planning results in predictable patient outcomes**

*Edentulous patients can benefit from the integration of CBCT data*

By Siamak Abai, DDS, MMedSc

The diagnosis and treatment planning of edentulous patients is now facilitated by the integration of cone-beam computed tomography (CBCT) data and digital treatment planning software, allowing for improved accuracy and minimally invasive procedures. The PreXion CBCT scanner and treatment-planning software allow clinicians to properly diagnose and treatment plan edentulous patients based on the final restoration design. A preliminary diagnostic CBCT scan (Fig. 1) is beneficial to properly visualize in three dimensions the extent of bone loss and the prognosis of existing dentition. When a patient presents with hopeless and non-restorable teeth, the proper treatment of extractions and fabrication of an ideal complete denture based on functional, aesthetic and phonetic guidelines is completed. Based on a dual-scan protocol (Figs. 2a, 2b), the final tooth position and prosthetic outcome is transferred onto a digital treatment-planning protocol. The treatment-planning software allows the clinician to propose the proper implant position based on anatomical limitations. This data can be utilized to fabricate a surgical guide for guided implant placement, resulting in minimally invasive surgery, increased accuracy and faster healing and restorative times. A post-operative CBCT scan confirms the accuracy and final implant position (Fig. 3).

**About the author**

SIAKAB ABAI, DDS, MMedSc, is a graduate of Harvard University’s Advanced Graduate Prosthodontics program with a master’s degree in oral biology and prosthodontics. He received his doctorate of dental surgery degree from Columbia University College of Dental Medicine, followed by two years of advanced education in general dentistry training at the Columbia University Medical Center. Abai practices implant, aesthetic and reconstructive dentistry at the W-Clinic in Newport Beach, Calif. He serves as a lecturer and clinical attending at the UCLA School of Dentistry’s Advanced Graduate Prosthodontics program.

**OCO Biomedical presents ‘The Next Generation of Dental Implant Technology: The Reality of Osseous Fixation’ at AAID annual meeting**

By OCO Biomedical Staff

As a highlight to the American Academy of Implant Dentistry’s (AAID) program theme, “New Trends, Techniques & Technology — Innovations in Implant Dentistry,” OCO Chief Operating Officer and Director of Education and Clinical Affairs Charles Schlesinger, DDS, FICOI, will present “The Next Generation of Dental Implant Technology: The Reality of Osseous Fixation,” at 9 a.m. on Wednesday, Nov. 6, at the AAID in Orlando.

Schlesinger’s lecture will cover the impact of osseous fixation and implant choice and how this process expedites immediate-loading capabilities, which allows practitioners to predictably restore an implant in a short period of time.

In addition to Schlesinger’s lecture, OCO Biomedical Inc., a global leader in implant dentistry products, technology and training, will showcase “The OCO Advantage: A Complete Dental Implant Solutions Approach,” featuring the company’s updated product line and innovations in technology.

Information about the expanded AGD-Pace accredited 2014-15 educational courses, workshops and registration discounts for AAID participants to the upcoming 2015 OCO Biomedical International Implant Symposium will also be available.

Official exhibition hours are Thursday, Nov. 6, from 9-9:30 a.m.-7 p.m.; Friday, Nov. 7, from 9:30 a.m.-5 p.m. and Saturday, Nov. 8, from 9:30 a.m.-1 p.m.

“OCO Biomedical has always emphasized the critical importance of continuing education for practitioners to improve patient care and build practice performance,” Schlesinger said. “Over the years, based on our constant research and assessment of the ever-evolving needs of the dental community and, given the fact that implant dentistry is now one of the fastest growing segments within the industry, OCO remains totally committed to providing practitioners with cutting-edge products, technology and training excellence essential to success in this very competitive field.”

“OCO’s entire program is designed by dentists for dentists. We look forward to sharing our exciting, new developments again this year with our many AAID colleagues and associates.”

In addition to OCO’s lecture and exhibition, the company has announced that Schlesinger and OCO Biomedical’s Founder and President David D. Dalise, DDS, will be available at the AAID meeting for mentoring and consultation as schedules permit.

**Instructor biography:**

Charles Schlesinger, DDS, FICOI

Schlesinger is a nationally recognized speaker, prolific clinical author and OCO chief operating officer/director of education and clinical affairs. He graduated from the Ohio State University College of Dentistry in 1996 and completed a general practice residency at the VAMC San Diego. He then went on to become the chief resident of the GPR program at the VAMC W Los Angeles. While at VAMC, he received extensive training in oral surgery, implantology and complex restorative dentistry. Schlesinger maintained a private practice in San Diego prior to assuming his executive duties at OCO Biomedical, Inc., headquartered in Albuquerque, N.M.

Since 2007, Schlesinger has been an industry-leading implant educator, speaker and mentor, well-known throughout the dental community for his engaging, no-nonsense, practical lecture style and comprehensive, cutting-edge knowledge of implantology.

**About OCO Biomedical, Inc.**

Established in 1977 and headquartered in Albuquerque, N.M., OCO Biomedical, Inc. is a privately-owned dental implant company. In addition to the company’s vast network of practitioners using OCO products in the United States, the company has an international network of distributors located in Asia, Central and South America, Europe and the Caribbean. OCO Biomedical is a world leader in creating and supplying patented, brand-name dental implant products, technology and AGD-Pace C.E. accredited education and training in North America. OCO Biomedical is a implant company that provides complete implant solutions, allowing practitioners to serve their patients effectively while simultaneously building practice performance.
The success of the Spanish implant manufacturer Microdent Implant System is based on two pillars: clinical research and quality products. The company has 40 years of experience in high-precision mechanics and, for more than 25 years now, has exclusively focused on the manufacture and distribution of dental implants, prosthetic attachments and surgical instruments.

A pioneer in the manufacture of dental implants in Spain, and one of the first ones in Europe, Microdent has received acclaim for its contributions to the field of oral implantology for which it has developed innovations such as:

- Self-tapping implants
- First conical implant for bone expansion
- Single-phase implant prostheses for “cement-bolted” implants
- First attachment designed for immediate loading.

Highlights of Microdent’s surgical instruments include:

- Atraumatic ridge expander kit
- The sinus membrane-lifting device Cortical Fix

Microdent founder Eugenio Gil studied and trained in Switzerland, specializing in the manufacture of small precision parts in the 1960s.

“With a group of company specialists from Bechler, we prepared special machines for producing electrical contacts for NASA’s rockets,” Gil said. “This professional experience helped me to apply high-precision technology to dental manufacturing.”

After titanium became the choice material for osseointegration, Microdent focused solely on the manufacture of prosthetic attachments. Later, the company expanded its facilities and equipment and, with the help of leading implant experts, designed the current system of external connection implants now known as the Microdent Implant System.

Since 1989, the company has kept accurate statistics of the success rates of its implants and osseointegration times.

Titanium manufacturing was unique at the time Microdent began working with it, so dentists and many Spanish manufacturers asked the company for advice. The results of those implants have been so reliable that Microdent still maintains “all the clients who began using our implants then,” Gil said.

Asked about the essential quality parameters of an implant, he explains there are several key issues:

- Quality and accuracy of the internal thread of the implant. Adjustment to the retention screw of the prosthesis is too loose in most implants, which causes serious problems after placing the prosthesis.
- Accurate fitting of the implant-abutment connection, as it should not allow space for bacteria growth.
- Implant design is an important factor to avoid bone resorption problems.
- In small-diameter implants, load re-
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Drilling Away Healthy Bone

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The Innovation That Makes Osseodensification Possible

Introducing Densah Bur Technology for implant osteotomy preparation from Versah™ LLC. Densah Burs have a non-excavating proprietary flute design that, when rotating at 800 – 1500 rpm in reverse, densifies bone. This technique, known as Osseodensification, autografts bone along the entire length of the osteotomy through a hydrodynamic process with the use of irrigation. When rotating clockwise, Densah Burs also precisely cut bone. The result is a consistently cylindrical and condensed osteotomy leading to improved implant stability and potentially earlier loading.

To order the newest innovation in implant dentistry, contact a Versah Customer Service Professional at 844-711-5585 or visit www.versah.com

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tion and creates better efficiencies for clini-
cians and patients.
• New technologies reduce the inva-
sive nature of the surgery for placing
implants in compromised bone, making
more patients eligible for the benefits of
implant treatment.
• Increased collaboration among dental
and medical professionals during treat-
ment planning.
• Ongoing research evaluating the cor-
relations between risk factors and im-
plant failure leads to reduction in compli-
cations and better maintenance therapies
for long-lasting success.

What are some tips for practicing dentists
to ensure these success rates remain high?
• Get proper training.
• Follow guidelines (such as the Acad-
emy of Osseointegration Guidelines,
which are available for download at www.
osseo.org/requestGuidelines.html).
• Stay up-to-date on the most recent
evidence-based research.
• Know when to refer.
• Increase collaboration with dental
partners.
• Educate patients about the impor-
tance of ongoing maintenance therapy.

Would you say oral implants have become
a robust and commonly used form of
tooth replacement therapy?
Yes. With hundreds of thousands being
placed and restored each year — and that
number is growing — oral implants have
become a very mainstream approach for
the rehabilitation of patients to the point
where it has actually changed a lot of what
we do in terms of dental care services.

We now have more than three decades
worth of sophisticated research on their
use. The literature has shown — with
a range of both highly controlled and
outcomes-based clinical studies — that
for a majority of applications, implants
function very well in their intended man-
ner and in a range of different situations.

With the global implant dentistry mar-
ket expected to double by 2018, it is in-
creasingly important for specialists and
general dentists involved in implant den-
tistry to work together to represent our
field in the best light possible.

The AO is working hard to serve as a
nexus where all of us who place or restore
implants can all come together. Together
we are evaluating emerging research,
technology and techniques, sharing best
practices and, ultimately, coordinating
optimal patient care using timely, evi-
dence-based information. I’m proud to
be a part of that.

If you’re considering joining AO, more
information about its member ben-
cfits can be found at www.osseo.org/
NEWbenefitsOfMembership.html.

With hundreds of thousands (of implants)
being placed and restored each year — and
that number is growing — oral implants have
become a very mainstream approach for the
rehabilitation of patients ...
No software investment
Live one-on-one web conferencing with a MCENTER specialist puts you in control of your case through shared screen technology.

Surgical Kits
Innovative keyless instrumentation allows for simple access and versatility for a fully guided procedure.

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1. 3 out of 4 patients say our approval rates are as good to much better “than the other guys”. Based on a September 2014 Springstone Patient Financing sponsored survey of dental practices that originated multiple loans through Springstone Patient Financing in the previous six months.
2. The APR ranges from 3.99% to 17.99%. For example, a loan for $10,000 with an 8.99% APR for 72 months will have a monthly payment of $181. The APR will be determined based on the applicant’s credit at time of application. All loans made by NBFC, N.A., Member FDIC, Equal Housing Lender.
3. Publicly available stats for other patient financing solutions as of July 2014. For example, the practice fee is only 7.9% for a 12-month No-Interest Plan, for amounts over $4,000. No-Interest Plans are no interest if paid in full within the no-interest period.

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