Implants featured at Chicago Midwinter

Dozens of implant companies brought new and innovative products to the Chicago Midwinter meeting in February. Below, Harrison Song, left, and James Lee of Hiossen. Photos/Sierra Rendon, Managing Editor, and Fred Michmershuizen, Dental Tribune

Annual February show is a must for launching new products in the dental implant industry

Hundreds of companies, including a bevy of implant companies, headed to the Chicago Midwinter Meeting to present the latest and greatest in products and technology. Nearly 30,000 dentists, hygienists, dental students and others attended the 148th annual meeting, presented by the Chicago Dental Society, at the McCormick Place West Building in Chicago.

The next Chicago Midwinter Meeting will take place Feb. 20-22, 2014. Mark your calendars now!

For more photos, see page B8.

Using SonicPin Rx

Dissolving the need for metal fixation screws in implant site development

By Lewis Cummings, DDS, MS

In this ever evolving age of dental technology, the practice area of implant site development has benefitted from a technologic innovation and a new era of resorbable fixation devices and membranes. Traditionally, various metal fixation screws have been utilized for stabilization with the primary drawback being the need for eventual reentry for removal. Now, the necessitation of fixation device removal has been eliminated with the introduction of the SonicWeld Rx™ system of resorbable fixation devices and membranes.

A 42-year-old male presented with a significant buccal osseous defect resulting from the long-standing loss of the maxillary right first premolar (Fig. 1). A single tooth implant-supported restoration was planned.

"See SONICPIN, page B2"
as the final prosthesis. Given the volume of bone loss in the first premolar site and the desire to minimize post-operative morbidity, an allogenic block bone graft was chosen for defect regeneration.

Though the predictability of allogenic block graft material is well-documented, complete graft immobilization is imperative for success. The SonicPin Rx process of onlay block graft fixation utilizes an ultrasonic vibrating handpiece to deliver a polymer pin through the graft and into the host bone. The SonicPin Rx travels into a specially prepared hole with variable diameters, similar to a lag method.

The SonicPin Rx is designed to engage a minimum of 5 mm of host bone at its tip. The final length determination of the pin is an addition of this length plus the graft thickness. Given this consideration, the typical SonicPin Rx clinical length is 9 or 11 mm and the diameter is 2.1 mm (Fig. 3).

For bone fixation, a specially designed drill is utilized to prepare an insertion site through the onlay graft and into the host bone. The SonicPin Rx is then loaded onto the sonic handpiece tip and inserted into the preparation without sonic activation. The pin should advance passively through the graft portion until engaging host bone at the distal aspect of the preparation. This distal portion has a special geometry allowing the tip of the pin to be seated snugly prior to activation of the welder. Once seated, forward orthogonal pressure is placed on the SonicPin Rx and the SonicWelder is activated, initiating sonic vibrations that travel down the shaft of the pin, ultimately creating friction heat against the bone at the site of bone-pin contact. The user translates a consistent level of energy with steady force to convert the sonic vibrations into heat energy that bonds bone to the SonicPinRx.

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IMPLANT TRIBUNE

Corrections

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forward pressure on the handpiece before and during the activation.

Within moments of activation, the outer surface of the SonicPin Rx liquefies, leading to a narrowing of the shaft that allows for subsequent insertion into the full depth of the pilot hole. Ultimately, the larger head of the SonicPin Rx partially inserts into the narrower proximal hole, forcing polymer into this external bony wall as well. Once fully seated, the SonicWelder is deactivated and removed from the pin after a brief cooling period.

The SonicWeld Rx process is based on the effect of vibratory frictional heat on the thermoplastic polymer shaft of the SonicPin Rx, leading to pin liquefaction. This transformation allows for the subsequent engagement of the liquefying pin into the ever-narrowing recipient preparation. A minimal elevation in temperature is created, but only for very short periods of time where the two hard surfaces are in contact. Though the friction of the ultrasonic vibration translated to the SonicPin Rx

Fig. 1c: Occlusal view of buccal ridge defect.

Fig. 2: Site preparation for block graft placement.

Fig. 3: SonicPin Rx 2.1 x 11 mm.

Fig. 4: Graft fixation with two 2.1 x 11 mm SonicPin Rxs.

Fig. 5: Acellular dermal matrix placement over graft site for particulate graft containment and soft tissue augmentation.

Fig. 6: Closure with 6.0 polypropylene and 4.0 PTFE suture.

Fig. 7: Four-month healing.

Fig. 8: Four-month healing.

Fig. 9: Minimal flap reflection to allow for implant placement.
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Scenes from the Chicago Midwinter

1) Dr. Todd Shatkin of Shatkin F.I.R.S.T. presents an educational presentation at the company’s booth at the Chicago Midwinter.

2) PhotoMed’s Sean Chappell helps an attendee at the company’s booth.

3) Josh Gall and Jaclyn Belida talk to an attendee at the Glidewell booth.

4) E4D’s Christopher Binion shows attendees the benefits of the E4D System at the Chicago Midwinter.

5) Jody Carleton, a DEXIS instructor, explains the process of the technology to an attendee at the company’s booth.

Following four months of uneventful healing (Fig. 7, 8), the site was re-entered for implant placement. At this time, the block bone graft was clinically well-integrated with the host bone and no signs of mobility were detected (Fig. 9). Minimal access was necessary at the re-entry as the fixation pins did not have to be removed. An implant osteotomy was prepared to receive a 3.8 x 12 mm BioHorizons® Tapered Internal Hex Implant with the Laser-Lok® surface (Fig. 10). Following insertion, the cover screw was placed, the site was closed with absorbable suture, and the temporary restoration was replaced.

After an additional four months to allow for proper implant integration, the healing abutment was placed, and the final restoration was fabricated. The SonicPin Rx system was chosen for fixation in the case to eliminate the need for a subsequent site reentry for screw retrieval. It stays strong while the bone heals, then it loses strength and resorbs, which results in less risk and more benefit for both the patient and the dentist.

References

2) KLS Martin Group. Insert SonicPins Rx.

About the author

Lewis Cummings, DDS, MS, received his dental degree from the University of Texas Health Science Center at San Antonio. He did his residency at the University of Nebraska Medical Center in Lincoln, where he completed a master’s degree in oral biology and received his certificate in periodontics. While in Lincoln, Cummings began to research tissue engineering and has since lectured internationally on the topic. Currently, he holds associate professor positions with both the University of Texas Dental School at Houston and the University of Nebraska Medical Center in Lincoln, teaching soft-tissue grafting and dental implants in the postgraduate programs. He is also an instructor with the Center for Advanced Dental Education in Dallas and the Rocky Mountain Dental Institute in Denver.
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*The World Congress Statement on Overdentures, Montrouge, France, May 21-25, 2003

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Anatomage to host users event

By Anatomage staff

Anatomage provides award-winning software and industry-leading surgical guides for implant planning. We invite you to join us at our annual users group meeting April 5 and 6 in Napa, Calif., for high-quality training and education.

This year, Dr. Michael Sodeifi will be live webcasting a surgery from his private practice in San Francisco. This webcast will provide insight into the surgical protocol for Anatomage Guided Surgery for clinicians who have yet to perform a guided case, for our guided surgery veterans, Sodeifi will also be answering questions regarding the more advanced techniques.

During the second day, Dr. William Arnett and Dr. David Way will lecture on the orthognathic and orthodontic functionality, respectively. They will also be participating in a panel focusing on the synergy between orthognathic and orthodontic cephalometric treatment planning.

Case debate
The first moderated Anatomage Users Group Debate will feature perspectives from speakers of different clinical backgrounds: an oral surgeon, a general dentist and a periodontist. The debate participants will be given the same case and will deliver opening statements, rebuttals and closing arguments. The focus will be providing the best treatment plan, how to use the Invivo software to assess and present the plan and surgical considerations for the case. The audience can look forward to a discussion encompassing multiple disciplines with the goal of tackling clinical cases with multiple perspectives.

Advanced Invivo Dental
This session is tailored for the very advanced users. Instruction will be focused on techniques to maximize image quality and navigating advanced tools. Users will also be exposed to underutilized tools to improve workflow and increase presentation value.

Anatomage Guide tips
This instruction will be geared toward optimizing workflow in your practice and achieving repeatable surgical success with Anatomage Guide. The trainers will cover commonly made mistakes, potential sources of error and ways to avoid them. Integration with intra-oral scans as well as a brief overview of STL import and registration comparison of several manufacturers will be discussed. Advanced applications such as immediate denture fabrication and bone reduction guide design will be covered as well.

The material will aid clinicians planning complex surgical cases and discuss specific Invivo tool applications. Examples will include planning immediate provisional cases, fully edentulous arch planning and multiple implant treatment options. The instruction will be focused on software technique used to maximize surgical guide accuracy as well as prosthetic outcome.

To register for this event, call (408) 885-1474.

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PhotoMed CANON REBEL T4i system

The Canon Rebel T4i is the first Canon SLR camera to feature a touchscreen LCD. The LCD works like many smartphones—you can swipe left or right to move through images and menus as well as “pinch to zoom” and move around images. The T4i also features a wireless flash transmitter.

This feature was previously reserved for higher end, professional cameras and allows the T4i to work with modern wireless macro flashes. Doing away with the flash power pack and cord results in a lighter, more balanced camera.

The Rebel T4i is an 18 megapixel digital camera that features an articulating LCD screen and a 1080p HD video mode. PhotoMed offers two wireless flash options for the T4i as well as two traditional macro flashes and four macro lens options.

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