**AAOMS in Philly**

Annual meeting takes place Sept. 12–17 in Pennsylvania

The AAOMS 93rd Annual Meeting, Scientific Sessions and Exhibition will take place Sept. 12-17 at the Pennsylvania Convention Center, located at the Philadelphia Marriott. The meeting will include a variety of features such as Anesthesia Update, Maxillofacial Oncology Program, Symposia, Surgical Mini-Lectures and Clinics, Professional Allied Staff Courses, Practice Management Clinics, Lunch and Learn Sessions, Poser and Abstract Sessions, Corporate Forum Sessions, and Faculty and Resident Programs.

Speakers will include Daniel R Cullum, DDS; Michael D. Turner, DDS, MD; Joshua Lubek, DDS, MD; Joshua Lubek, DDS, MD; Daniel Buchbinder, DMD, MD; Thomas R. Flynn, DMD; Anthony Sclar, DMD; Steven M. Sullivan, DDS; Bach T. Le, DDS, MD; Paul Tiwana, DDS, MD; and many more.

For more information, see [www.aaoms.org/annual_meeting/2011](http://www.aaoms.org/annual_meeting/2011).

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**Validating the oral-systemic health connection**

By Barry L. Musikant, DDS

How does one go about becoming familiar with an avenue of health improvement that we have in the past paid little or no attention to, at least on a professional level, yet has major impact on our patient’s oral health? I am referring to the nutritional status of our patients (and ourselves) and the implications it has on our general health. The central question is whether or not there is adequate validity in the quantification of our nutritional status as a measure of our health to apply it to our patients. Secondly, but of obvious clinical importance, is whether or not the technology exists that would allow us to make quantitative measurements.

In terms of answering the first question, one of the first studies that caught my attention was Munoz et al in a paper titled, “Effects of a Nutritional Supplement on Periodontal Status,” published in the May 2001 issue of Compendium. Researchers at Loma Linda University studied the impact of an antioxidant-rich oral supplement on 63 patients ranging in age from 20 to 70 years and diagnosed with gingivitis and Type II periodontal disease during a 60-day double-blind trial.

The participants were randomly assigned to two groups — the experimental group, which took two tablets each day of the proprietary blend of antioxidants, and the control group, which took a similar-looking placebo.

Results of the study showed significant improvement in the clinical parameters and measurements of gingival inflammation, bleeding on probing, pocket depth and attachment levels.

“At the 60-day evaluation point, all subjects receiving the experimental treatment had significant reduction in the gingival index, pocket depth and bleeding index.” Treatment with this proprietary nutriceutical appeared to offer patients a noninvasive, systemic, adjunctive protocol to potentiate in-office therapies.

Results of the study showed significant improvement in the clinical parameters and measurements of gingival inflammation, bleeding on probing, pocket depth and attachment levels.

In a second double-blind study also conducted at Loma Linda, pocket depth measurements were made on 63 patients ranging in age from 20 to 70 years and diagnosed with gingivitis and Type II periodontal disease during a 60-day double-blind trial.

The participants were randomly assigned to two groups — the experimental group, which took two tablets each day of the proprietary blend of antioxidants, and the control group, which took a similar-looking placebo.

Results of the study showed significant improvement in the clinical parameters and measurements of gingival inflammation, bleeding on probing, pocket depth and attachment levels.

“...”
Orthodontic tooth movement can then be of substantial benefit for the patient. Many adults seeking routine restorative dentistry have misaligned teeth, which compromises either the final restorative outcome or the ability to clean the natural dentition.

Orthodontic appliances have become smaller, less noticeable and easier to maintain during therapy. Invisible or lingual appliances further improve the rate of acceptance by adult patients. Many adults can now have their teeth aligned to improve their chewing function and their smiles with reduced esthetic effect during therapy.

In addition, implants have become a major part of the treatment plan for adults with missing teeth. If adjacent teeth have drifted into the edentulous area, orthodontics may be beneficial for providing adequate space for implant placement and restoration.

One of the major problems in acceptance of orthodontic treatment by adults is the length of treatment. For this reason, periodontists and oral surgeons may be helpful to the orthodontist, as they can facilitate the orthodontist’s work and thereby reduce treatment time. Endosseous implants can be used to enhance anchorage and increase movement control of orthodontically moved teeth.

Furthermore, the alveolar architecture can be reshaped with periodontally accelerated osteogenic orthodontic augmentation (PAOO) surgery to produce the regional acceleratory phenomenon (RAP),1,4 which results in a vast increase in osteoblast and osteoclast activity.

The biological result of this is osteopenia (decrease of bone mineralization without loss of volume). The clinical result is softer bone, which may allow faster movement of teeth.5 In multidisciplinary treatment of adult patients, malocclusion may be associated with tooth loss, bone resorption and a consequent need for implants and/or periodontal treatment and bone augmentation. In these cases especially, efficient interdisciplinary collaboration may result in a great benefit for the patients.5–12

Periodontally accelerated orthodontic movement, as described by Wilcko, appears particularly feasible in those multidisciplinary cases for which treatment planning requires orthodontic movement and oral or periodontal surgery. In these cases, corticotomy can be combined with wisdom tooth extraction and/or a regenerative technique, such as guided bone regeneration (GBR), in order to avoid multiple surgeries.

Recently some orthodontic therapies, especially the so-called low-friction therapies, have demonstrated clinically and radiographically that it is possible to expand dental arches without interfering with periodontal health, by augmenting the alveolar bone.

Melsen et al.13 confirmed what was previously suggested, that the tooth will move with the bone and not in bone, especially when light orthodontic forces are applied. Dehiscence and fenestration, which are difficult to diagnose preoperatively, may represent a limitation of this technique. Because the tooth will move with the periodontium, in cases in which the periodontium is not present, we might create recession and attachment loss.14 A recent study on modern American skulls found that a dehiscence was present in 40.4 percent of the skulls, and a fenestration was present in 61.6 percent of skulls.15

If this data is translated in clinical treatment, it may mean that potentially at least 50 percent of orthodontic patients undergoing expanding movement could be at risk of gingival recession and periodontal damage. It would be advisable, then, to introduce routine 3-D X-rays into practice.

Fig. 2: Six months after surgery, one osteointegrated implant (BIONET 3i) in the augmented area is placed. A regeneration of the bony fenestration on tooth #42 was also evident, while the control #44 remained unchanged.

Fig. 3: Appropriate implant placement requires orthodontic movement.
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the preoperative work-up (i.e., cone beam).

The cone-beam examination, with a reduced dose of radiation compared with the fan beam (CT scan) and better definition, could be used routinely in those patients with a thin, scalloped periodontium, where the risk of post-operative recessions is higher. The PAOO technique has been found not only to be predictable in solving dehiscence and fenestration above the roots, but also to produce a noticeable change in the cephalometric analysis of points A and B. With the PAOO technique, the patient needs to be seen routinely for changing the wires, as the teeth movements are much faster than in regular orthodontic treatment. The use of segmental corticotomy (applied only to the teeth that have to move more than the others) can dramatically change the relationship amongst groups of teeth.

This has to be kept in mind because it may require changes in distributing the anchorage by the orthodontist. The teeth in the area of surgery will be moving much faster than the other teeth.

Conclusions

When the treatment plan requires orthodontic movement and oral or periodontal surgery, corticotomy can be combined with a wisdom tooth extraction and/or a regenerative technique, such as GBR, in order to avoid multiple surgeries and to optimize the final outcome for the patient.

Another indication is for instances in which the risk of creating root dehiscence in patients with thin periodontium is very high even with slow orthodontic movement and light forces applied. Root recession can be present even without clinical manifestation of gingival recession. An efficient multidisciplinary approach to a complex case may result in a faster and better treatment. The PAOO technique can be used for faster dental movement, to treat and prevent periodontal problems and to regenerate ridge defects, allowing implant placement.

Editorial note: A list of references is available from the publisher.

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limited to the nutritional supplements, those who had scaling and root planning and those who had local antibiotics added to their scaling and root planning procedures. At 30 days, the pocket depth and gingival index were measured for the three groups with those receiving the nutritional supplements without any further treatment showing a significantly reduced pocket depth compared to the two other groups.

Double-blind studies represent the highest form of proof in evidence-based research and the conclusions must include the following:

1. The proper nutritional supplements improve the health status of the periodontium.
2. The improvement must be systemic in nature since no local remedies were applied and where they were applied in the two other groups the results were not as successful.
3. Given the systemic improvement in what we traditionally treat as a local problem, we have to assume that the local manifestation of a compromised periodontium is at least in part caused by systemic conditions.
4. We must consider the probability that many diseases are at least partially exacerbated if not caused by a lack of proper nutrition.

In addition to the two studies presented here, there are literally hundreds of other studies showing the effect of nutritional status on health as it relates to macular degeneration, diabetes, cancer, heart disease, lung disease as well as the general state of aging. While much of this is known, there is little compliance among the general population to take the necessary blood tests to determine one’s nutritional status. One can know what the proper thing is to do, but for a large segment of the population, avoiding needles will trump the common sense of drawing blood. And, as a result, we remain uninformed.

Today, however, technology allows the nutritional status of a patient to be determined non-invasively in less than 90 seconds using a blue laser light directed at the skin in the hand. This technology, called Raman spectroscopy, led to the development of the biophotonic scanner that accurately measures the carotenoids in the skin. Carotenoids have been shown to be a measure of nutritional health from a plethora of studies. Carotenoids are an accurate reflection of a patient’s overall antioxidant status, and antioxidants have, in turn, been shown to be the protectors of our organs on both the cellular and DNA level.

Basically, our degenerative aging process is thought to result from an accumulation of damage done to our DNA and cells by the continuous attacks of free radicals (reactive oxygen species). They are called free radicals because they are missing an electron in their outer shell and will attack any other atom or molecule to get one, damaging (oxidizing) it in the process. Antioxidants, as the name suggests, prevent this oxidation by contributing electrons to these free radicals, neutralizing their destructive behavior in the process. Now, life is a balance. We do produce many of our own antioxidants, but not all. Some must come from exogenous sources such as fruits and vegetables.

Many of these antioxidants come from the various highly colored fruits we eat, such as carrots, red and yellow peppers, and the greater their concentration in our blood, the more protection they offer both as antioxidants in their own right, but also as protectors of the endogenous antioxidants we produce ourselves.

To sum up, at this point we have strong correlation between one’s nutritional status and the level of carotenoids in our skin as measured by the biophotonic scanner. We also now have a tool that we can use to determine whether or not the supplements we may be taking are effective. How many of us have taken one nutritional supplement after another without a clue to their effectiveness and then we just switch to another supplement that garners attention in the news or simply drop what we had been taking? I will tell you from personal experience that one can be quite cavalier about one’s nutritional status until you take the scanner test and get a low score. Knowing the correlation between low antioxidant levels and the increased propensity for degenerative diseases to express themselves, it is logical that most of us would want to change that status as soon as possible.

**Fig. 1: Biophotonic scanner. (Photos/Provided by Dr. Barry L. Musikant)**
rapidly as possible, especially after we have passed the stage where we still think we are immortal. It is unlikely that most of us have the discipline to instantaneously make a major change in diet and lifestyle. More likely to produce the sought-after results is the use of supplements as recommended by the nutritional company that developed the scanner to aid us in attaining a better nutritional status, one that can be measured periodically by the same biophotonic scanner that told us of our deficiencies.

That is exactly the route I have taken, and during the past three months, my nutritional score has tripled. I am still not where I want to be, but I am on a road that shows continuous progress. Of equal importance, the biophotonic scanner is a motivator for maintaining good nutritional status. I have also noticed that over time, at least with me, it is a tool that produces behavioral modifications. I find myself eating more fruit and vegetables, less fried food and consuming far less sugar. So far, each time I have been scanned, my scores have gone up.

We all wear several hats in the course of our lives. One hat I wear in addition to being an endodontist is a producer of innovative dental products, particularly in the field of endodontics. However, I cannot help but see the advantages to any dental practice that would incorporate the biophotonic scanner as an initial means of determining the nutritional status of their patients. If you see a patient who displays periodontal disease and that patient correlates with a low nutritional score, both you and the patient will gain from a regimen of supplements that research has clearly shown to improve these conditions even without local therapy being initiated.

As an added motivator, research has clearly shown that damage to the same gene can adversely affect one’s periodontal state as well as one’s cardiac health. With the knowledge that free radicals damage the genes comprising our DNA, we may be doing much more for the patient than we realize. We are certainly doing no harm.

Data has shown that our patients are far more likely to visit us than a physician. It has also been stated that more than 90 percent of the diseases that affect us display oral signs and symptoms. We can take advantage of the technological advances that now allow us to determine our patients’ level of antioxidants to make recommendations to them for an improvement of their nutritional status and to monitor them for the improvements that are sure to come.

There is so much more to this story, but if this short article stirs some interest in you, please contact Victoria Reina at vreina@edsdental.com for more information and, if so desired, a biophotonic scan for yourself. That’s where it started for me, and I want to extend these benefits to as many people as possible. I hope every dentist who reads this article sees the great possibilities for doing good, both for your patients and yourself.
Upcoming AAID annual meeting: ‘Stack the Deck in Your Favor’

Main podium aims to provide clinicians with practice advice

A world-class faculty including Sascha A. Jovanovic, Carl E. Misch, Craig M. Misch, Paul Petrungaro, Michael A. Pikos and others will headline the programs at the American Academy of Implant Dentistry (AAID) Annual Meeting.

More than 1,000 implant clinicians are expected to attend the event in Las Vegas from Oct. 19–22.

Here is just a sample of the Main Podium presentations:

- “Finding the Right Patient — It Takes More than an Ad”
- “The First Visit for the Patient — Your Only Chance at the First Impression”
- “Case Planning to Prevent Implant Complications: Methods to Reduce”
- “Biomechanical Factors; Key Implant Positions; Implant Number; and Implant Size”
- “Comprehensive Implant Dentistry Using 3-D Imaging: Reduce Complications, Increase Confidence, Achieve Excellence”
- “Treatment Planning-Implants Versus Root Canal Therapy: Read, Analyze, and then Decide”
- “The Case Acceptance Appointment — What to Do Starting Next Week”
- “Extract and Graft; Implant Later”
- “Implants for Immediate Function — Fact or Fiction”
- “Risk Assessment in the Esthetic Zone”
- “Soft-Tissue Esthetics and Health with Dental Implants: 10 Key Criteria for Success”
- “Regenerative and Esthetic Techniques in Implant Surgery: Clinical Applications with Recombinant Growth Factors”
- “Enhancing Outcomes with Block Bone Grafts”
- “Avoiding and Managing Esthetic Implant Complications”

Register by Sept. 19 to save $100 on the full registration fee for dentists for the AAID’s 60th annual meeting. The theme is “Realities of Implant Dentistry: Stacking the Deck in Your Favor.”

Make your hotel reservations online at the special AAID hotel rate at Caesars’ Palace (or call (866) 227-5944 or (702) 731-7222). Mention the AAID’s Group Code (SCAII1) for special group rates.

More information including online registration, abstracts, learning objectives for the Main Podium programs, the schedule and speaker bios are available on AAID’s website at www.aaid.com.

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- **Disney Institute**: Chris Caracci, a leading health-care consultant from the Disney Institute, will be presenting practice management and real customer service, the Disney way.

- **Opening keynote speaker**: New this year, you will be inspired by the words of Dick Hoyt, who has competed in road races worldwide with his wheelchair-bound son Rick, including 30 Boston Marathons. Join us for a presentation Thursday morning followed by breakfast on the show floor. Admission to this event is free to all.

- **Face transplant pioneer**: Dr. Daniel Alam, chief of facial esthetics and reconstructive surgery at the renowned Cleveland Clinic, will present a behind-the-scenes look and follow-up of the first-ever successful face transplantation performed in the United States.

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**Attendees explore the exhibit hall at the 2011 Yankee Dental Congress. (Photo/Kristine Colker, Dental Tribune)**
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10:00 - 11:00 DR. HOWARD GLAZER / COURSE NO. 3790 JOIN OURS: NEW OASIS OF MI DENTISTRY
11:15 - 12:15 DR. SHAMSHAD ANWAR / COURSE NO. 3790 COMPREHENSIVE DENTISTRY USING DIGITAL IMPRESSION TES 
12:45 - 1:45 DR. SHERINE ELHABASHY / COURSE NO. 3804 MINIMALLY INVASIVE DENTISTRY: TIPS AND TRICKS TO MAXIMIZE SUCCESS
2:00 - 3:00 DR. LEW MARC CHAIKOFF / COURSE NO. 2118 THE HOTTEST TOPICS IN DENTISTRY
3:15 - 4:15 DR. EMANUEL/ COURSE NO. 3668 TECHNOLOGY TO IMPROVE YOUR CARES MANAGEMENT
4:30 - 5:30 DR. GEORGE FREEDMAN / COURSE NO. 3859 EVOLVING CONSERVATIVE RESTORATIONS

MONDAY, NOVEMBER 28
10:00 - 11:00 DR. JAY GOLOBERG / COURSE NO. 4070 WHAT PATIENTS WANT… WHAT DENTISTS WANT: FAST, HEALTHY DENTISTRY
11:15 - 12:15 DR. SHARKH MOHAYMHI / COURSE NO. 4088 LASER DENTISTRY OVERVIEW WITH AN UPDATE ON ITS USES IN ORTHODONTICS
12:45 - 1:45 DR. LARRY SMIZDONEK / COURSE NO. 4090 REMEMBER WHEN IT WAS JUST A LETTER USE IT SERVICES TO IMPROVE PATIENT CARE AND INCREASE PROFITIBILITY
2:00 - 3:00 DR. GEORGE FREEDMAN AND DR. JAY GOLOBERG / COURSE NO. 4089 DIGITAL LASER AND RESTORATION DENTISTRY
3:15 - 4:15 DR. MARK MALAVAGGIA / COURSE NO. 4170 WHY VIEW YOUR 3D PATIENTS WITH 2D IMAGES A COMMON SENSE APPROACH TO 3D IMAGING IN THE GENERAL PRACTICE
4:30 - 5:30 DR. HARRY OLOWO / COURSE NO. 4170 UNDERSTANDING THE ADVANCES IN SELF-ADHESIVE TECHNOLOGY AND HOW TO INCORPORATE THEM INTO YOUR RESTORATIVE PRACTICE

TUESDAY, NOVEMBER 29
10:00 - 11:00 DR. EMANUEL / COURSE NO. 4175 THE IMPORTANCE OF THE FRONTAL BONES IN RELATION TO THE TIP OF THE UNDER TRENCHES EFFECT
11:15 - 12:15 DR. HARRY OLOWO / COURSE NO. 4175 THE OHE LASER: THE ESSENTIAL SOFT TISSUE WANDER
12:45 - 1:45 DR. LEW MARC CHAIKOFF / COURSE NO. 4176 MY FIRST ESTHETIC IMPLANT CASE - WHY HERE & WHY

WEDNESDAY, NOVEMBER 30
10:00 - 11:00 DR. MAMIE CHLOEW / COURSE NO. 4177 CAN YOU SPEED UP YOUR IMPLANT CASE - WITH EPIDURAL & PAINLESS
11:15 - 12:15 DR. EMANUEL AND DR. JAY GOLOBERG / COURSE NO. 4180 CONCERTING ALUMINA AND ZIRCONIA RESTORATIONS
12:45 - 1:45 DR. MURGELLER / COURSE NO. 4180 THE 3RD ANNUAL OCOSO UNIVERSITY SUMMIT: REVOLUTIONARY IMPLANT DESIGN ENGINEERING
Win a trip to New York City and join us for the Dental Tribune Awards

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This is a fantastic opportunity for practices and companies to show just how remarkable they are and compete against others in their own areas on friendly terms.

The winners will receive a free economy flight to New York City to join us at the award ceremony, which will be held at the Greater New York Dental Meeting on Nov. 28 in the special events hall.

All Dental Tribune readers worldwide are cordially invited to submit their applications online without registration fees by Oct. 21 for the following award categories: Clinical Research of the Year; Dentistry in a Crisis Zone; Premier New Dentist; Innovation in Dentistry; Dental Marketing Campaign of the Year; Premier Dental Educator; Lifetime Achievement; Implant Practice of the Year; Endodontic Practice of the Year; Orthodontic Practice of the Year; Pediatric Practice of the Year; Best Office Design; Outstanding Individual of the Year; and Outstanding Dental Website.

Simply choose the categories you wish to enter and produce an entry to impress. Please submit one PDF document online, consisting of 500-1,000 words as well as up to six images in JPG format with captions. Explain why your practice or the individual/team deserves to win. You can nominate yourself, a team or an individual. The final deadline for all entries is Oct. 21.

Applications will be judged by a jury of renowned opinion leaders from all parts of the world, including Dr. Robert Edwah, executive director of the Greater New York Dental Meeting; Dr. Lorin Berland, fellow of AACD; Dr. Denis Forest, directeur des Journées dentaires internationales du Québec, Canada; Dr. Sergio Cacciacane, director Escuela Superior de Impantología, Argentina; Dr. Adolfo Rodriguez, president Dominican Dental Association, Dominican Republic; Dr. Stefan Holst, clinical associate professor at the Friedrich-Alexander-University, Germany; Prof. Dr. Norbert Gutknecht, president of the World Federation of Laser Dentistry, Germany; Dr. Sushil Koirala, president of the South Asian Academy of Aesthetic Dentistry (SAAAD), Nepal; and Dr. So-Ran Kwon, president of the Korean Bleaching Society, Korea.

There is no registration fee. Submit your application online at www.dental-tribune.com/awards.

Good luck!
Zimmer Dental partners with Zfx for digital dentistry solutions

Zimmer Dental, a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, is pleased to announce a unique partnership with Zfx GmbH that will expand the latter’s global presence in the digital dentistry arena and allow Zimmer Dental to enter the CAD/CAM crown and bridge market, offering restorations on natural teeth as well as implants.

Under the newly signed agreement, Zimmer Dental will distribute Zfx open platform laboratory scanners, CAD software and custom milled components. For streamlined operation and simplicity, each component of the Zfx system is linked together by an Internet portal that integrates the digitized patient data and facilitates the flow of information from clinician to lab to a Zfx milling center. The end goal: enhanced efficiency between the clinician and lab, and satisfied patients with individualized aesthetic restorations on their implants and natural teeth.

Zimmer Dental customers in Europe will utilize one of the existing Zfx milling centers. In the United States, Zimmer will utilize Zfx’s expertise to expand upon its up-and-running Carlsbad, Calif., milling center to produce crown and bridge components, bars, titanium abutments and Zirconia abutments.

“Zimmer Dental continues to demonstrate its strong commitment to improving patients’ lives through innovative products and technologies,” said Harold C. Flynn, Jr., Zimmer Dental president. “We are pleased to partner with Zfx, combining our global presence and renowned quality with their technological expertise and know-how, to provide our clinicians and labs with a state-of-the-art and scalable digital solution.”

For decades, Zimmer Dental has gained the trust of thousands of clinicians worldwide who count on its comprehensive line of products to deliver successful patient outcomes. For more information regarding this digital solution, contact a Zimmer dental sales consultant or customer service at (800) 854-7019, or visit www.zimmerdental.com.

OCO Biomedical may now sell Class II implants in Canada

OCO Biomedical, one of the United States’ most innovative manufacturers of dental implants and attachment systems, recently received approval from Health Canada for the sale of Class II dental implants. OCO Biomedical now is permitted to market and distribute dental implants as well as the placement instrumentation (Class III devices) throughout Canada.

“We are proud and excited to offer our unique Dual Stabilization® dental implants to the Canadian market. Canadian dentists will now have the option to easily place and restore dental implants and selectively load their cases,” said Dr. David D’Alise, president and founder of OCO Biomedical.

OCO Biomedical develops, markets and distributes high-quality conventional and smaller diameter dental implants, surgical instrumentation and attachment systems. For more information on OCO Biomedical, visit www.ocobiomedical.com.
Greater New York Dental Meeting™

Scientific Meeting:
Friday, November 25 - Wednesday, November 30

Exhibits:
Sunday, November 27 - Wednesday, November 30

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As implant dentistry becomes a standard procedure for dental rehabilitation, bone grafting following tooth extraction is necessary to help preserve bone volume for later dental implant placement. Suboptimal bone compromises implant success because of exposed implant threads and poor stability. A well-preserved socket helps to assure success.

MIS Implants Technologies offers an innovative, self-reinforced bone-augmentation product, made from pure biphasic calcium sulfate, developed to optimize socket preservation as well as other bone-grafting procedures. It is the only pure calcium sulfate product able to set completely in the presence of blood and saliva. BondBone® is a biocompatible biphasic calcium sulfate in granulated powder form. Because of its unique engineering, the material combines the best qualities and advantages of hemihydrate and dihydrate phases of calcium sulfate into one product that is easy to use with predictable results.

It is an osteoconductive, self-reinforced material with a resorption rate equivalent to bone growth.

Once mixed in its “driver” delivery system, the material is cementable and moldable with the procedure time from the beginning of mix to completion being accomplished in two to five minutes. Its quick setting ability without the need for accelerators (minimizing detrimental exothermic reactions), and its putty-like mix for good bone-to-product contact, enables the grafted area to fill with vital bone in three to four months.

In small defects less than 10 mm with at least three-wall bony support, BondBone can be used on its own. In larger defects or when longer resorption time is preferred, BondBone can be mixed with other granular bone augmentation products, creating a composite graft material.

BondBone is a safe, synthetic bone graft material. Its optimal properties facilitate the bone-regeneration process that is necessary for the success of future implant restorations. For more information, please visit www.misimplants.com or call (866) 797-1333.
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The new i-CAT Precise

i-CAT Precise was designed to help dentists provide better care in treatment planning for placing and restoring implants, performing guided surgery, extractions and other surgical procedures. This dynamic system has all the benefits of three-dimensional radiography that so many dentists have come to expect from i-CAT® technology, plus it delivers the most comprehensive treatment tools for implant therapy, the fastest radiographic workflow and complete clinical control over image size and dose, according to Imaging Sciences. For implant placement, i-CAT Precise comes with the exclusive, integrated Tx Studio™ software that affords total control of all aspects of treatment — implant, abutment and restoration. This comprehensive treatment tool allows the clinician to guide each case efficiently, from plan to completion, with enhanced surgical predictability. Plus, the visuals of the software create patient engagement that may lead to a greater understanding of their condition and of the treatment plan. Keeping the office moving quickly while offering a high level care, the scan is captured, reconstructed and ready for planning in less than 30 seconds. Even complex treatment plans can be completed in a few minutes with the included Tx Studio software and immediately discussed either chairside or in consultation rooms. Additionally, i-CAT-powered scanners, including i-CAT Precise, are the only systems capable of producing CBCT radiographic images and panoramic scans in 4.8 seconds, perfect for following the progress of treatment.

Utilizing a host of proprietary tools including i-Collimator®, a variety of dose settings and i-PAN™’s built-in panoramic function — all hallmarks of the award-winning i-CAT technology — i-CAT Precise allows for responsible imaging. Flexible control over image size and low-dose scanning gives control to tailor 3-D and 2-D scans to the need of each individual patient. Capture a single arch to full dentition plus the TMJ complex with 3-D scans of 8 cm or 14 cm diameters and heights ranging from 8 cm to 2 cm and everything in between. With i-CAT Precise, clinicians can confidently communicate to patients that they are getting a dose that is minimized for their individual treatment.

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