The American Association of Oral and Maxillofacial Surgeons will return to sunny Honolulu at the Hawaiian Convention Center this Sept. 8–13. In conjunction with the Japanese Society and Korean Association of Oral and Maxillofacial Surgeons, the AAOMS 96th Annual Meeting will feature a variety of educational and corporate offerings sure to meet every clinician’s needs.

Among the events planned for the annual meeting are:
- Two full-day clinical module programs
- Symposia
- Keynote lecture
- Oral abstract and poster sessions
- CIG programs
- Exhibition

One highlight this year will be a featured session focusing on “Minimally Invasive Cosmetic Facial Surgery.” Brought to you by the CIG on Cosmetics, this course will focus on popular, minimally invasive, office-based facial rejuvenation procedures that can be incorporated into OMS practice. Each treatment addressed will include discussion of clinical indicators, procedural techniques, postoperative considerations, and adverse outcomes and sequelae. Experts in facial and dermatologic cosmetic surgery will present a variety of options for addressing problems with aging skin, facial volume and contour abnormalities. The session will also address the clinical debate on controversial treatment options.

Additionally, this year’s keynote address will feature Beck Weathers, MD, a survivor of the 1996 Mount Everest tragedy. The incredible story of Weathers’ survival has all the elements of a great adventure: heroism; bravery; a successful human struggle against the forces of nature; the surmounting of great physical and psychological challenges; and a triumph of the human spirit. He has come back from his ordeal to speak about his experience and to enlighten attendees with the invaluable lessons he learned, according to AAOMS.

Success of a dental implant can be affected by the width of the alveolar ridge — an indication of the amount of bone available to hold the implant. A variety of methods exist, each with their own advantages, to determine bone loss and subsequent augmentation techniques. The ridge-split graft is highlighted as a strategy for treating horizontally collapsed alveolar ridges.

In its most recent edition, the Journal of Oral Implantology offers a comparison of two commonly used techniques: the ridge-split and the block bone grafts. The oral surgeon must choose the best technique for bone augmentation based on an assessment of the patient’s condition and the oral surgeon’s own skills and experience.

Diagnosis of alveolar bone should first be assessed visually for width and height and the relationships of teeth to one another and to the dental arch. Radiographic images can distinguish two-dimensional versus three-dimensional bone deficiency. A three-dimensional or volumetric bone evaluation with cone-beam computed tomography allows for precise measurement of the ridge and evaluation of both the cortical and medullary portion of the bone, which are imperative for the stability of the implant.

A 10-point comparison of the two graft techniques, ridge-split and block bone, is offered within the JOI article. Issues discussed include graft resorption, donor and recipient site morbidity, wound closure, buccal soft-tissue flap, immediate or delayed implant insertion and long-term stability of the graft.

Both methods are used primarily for horizontal alveolar ridge augmentation, or bone widening. Block bone grafting is effective for severe anterior atrophy in the upper and lower jaw. However, morbidity at the donor site and later-term graft re-