AAID turns 60

At annual meeting, group celebrates six decades of success and looks to future

Sixty years ago, a small cadre of dental pioneers braved a firestorm of professional criticism and founded the American Academy of Implant Dentistry (AAID) to stimulate research and training in implant dentistry and pave the way for eventual public and professional acceptance of implants as the preferred method for replacing missing teeth.

This year, at its 60th annual scientific meeting, Oct. 19–22 in Las Vegas, AAID will celebrate six decades of achievement in dental implant education and look ahead to challenges in meeting surging global demand for implants.

AAID’s meeting is highly regarded in the dental profession as an innovative forum and valuable resource for continuing education, product demonstrations and networking. More than 1,600 dentists, allied staff and exhibitors are expected to attend. The theme for the conference, to be held at Caesars Palace, is “Realities of Implant Dentistry: Stacking the Deck in Your Favor.” As always, the scientific program will showcase an international cast of speakers and offer practical education for the practicing implant dentist.

A major highlight of the meeting will be the premiere showing of a documentary video, produced by AAID, tracing the academy’s history as told by the pioneers who made it.

Dr. Norman Goldberg, AAID’s first president, now more than 90 years old, will introduce the video with current AAID President Joseph Orrioco, DDS, during a plenary session. “What I believe is most compelling about AAID’s history is the cour-

Replacing congenitally missing lateral incisors

By Robert M. D’Orazio, DDS, FAGD, MIIF, ABOMID and Mark A. Iacobelli, DDS, FAGF, FICD, MIIF

It is estimated that 6 percent of the American population, 18 million people, are congenitally missing a maxillary lateral incisor.

To address this need, DMX Implant Corp., the dental implant division of Dentatus Ltd., has created a unique narrow body implant called the ANEW Implant System. ANEW is the only narrow diameter implant that accepts a screw-retained abutment. This advantage affords prosthetic options unlike other narrow diameter implants.
age and confidence shown by the founders who stepped out of their comfort zones and went against their professional societies to promote dental implant training and establish the AAID implant credentialing program,” Orrico said. “Today, the AAID credential is the most rigorous and respected implant training program in the world, and without the vision and fortitude of our founders, implant dentistry would not be a mainstream procedure in dentistry.”

Also at the AAID meeting, in an Oct. 20 main podium presentation titled “Treatment Planning — Implants vs. Root Canal Therapy: Read, Analyze and Decide,” former AAID President Jaime Lozada, DDS, chairman of the graduate program in implant dentistry at Loma Linda University, will offer evidence-based recommendations to practicing dentists about choosing either root canal therapy or dental implants for patients with diseased or compromised teeth.

Another prominent and somewhat controversial topic in implant dentistry is early loading of dental implants. Jack A. Hahn, DDS, on Oct. 21, will instruct AAID members about when immediate load implants are appropriate in his main podium session titled “Implants for Immediate Function — Fact or Fiction.”

Implants often are a key element for cosmetic dental restorations and contemporary facial rejuvenation procedures, such as Botox and injectable fillers, which are being used more frequently by dentists to maximize cosmetic outcomes. Most dentists, however, still are not aware of the considerable benefits these treatments offer for cosmetic dental treatment.

In a workshop on Oct. 22, chaired by Pankaj Singh, DDS, conference attendees will learn that facial rejuvenation procedures are a natural and logical expansion for dental practices to help achieve optimal esthetic outcomes in cosmetic and restorative dental care.

The AAID annual scientific meeting program also offers numerous clinical roundtable presentations for more intimate education in a small class environment and will feature live surgery beamed directly to the meeting venue.

A mobile app for the meeting will also be available this year, allowing attendees to enhance their experience at the events and at the Implant World Expo.

About AAID

AAID is the leading professional society dedicated to maintaining the highest standards of implant dentistry through research and education. The annual meeting is the field’s leading venue for cutting-edge, evidence-based implant research presentations and demonstrations of state-of-the-art implantation techniques.

Mobile app for AAID annual meeting

AAID annual meeting attendees can keep up with the meeting on mobile devices with AAID’s new mobile application.

Tweeter about your experience in real time. Receive alerts about changes in the schedule. Map out your visits to the exhibit hall by tagging the exhibitors you want to visit and finding the exact location in the exhibit hall on your mobile device. Plan your attendance at the scientific programs and more.

The native mobile application is available for Apple, Android and Blackberry products as well as a web-enabled version. Visit http://crowd.tribe/aaid2011 on your mobile device to download the application, or scan this QR Code.

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AAID leads industry with Dental Industry Marketplace

The American Academy of Implant Dentistry’s online Dental Industry Marketplace is the profession’s leading source of information for practitioners seeking to purchase services or supplies.

Available from a link on the AAID homepage (www.aaid.com), the Dental Industry Marketplace features industry-specific product and service listings designed to aid AAID members and the implant dentistry community with their purchasing decisions.

The 2011 edition of the Buyers’ Guide includes request for information (RFI) functionality that allows users to contact participating suppliers with a click of their mouse. With a downloadable desktop search application available, visitors also have the ability to search for items directly from a small search window on their desktops — making the search process as convenient and time-efficient as possible.

Along with the option to purchase a graphically robust company listing, direct website hyperlink and e-mail generation capacity, the Buyers’ Guide allows supplier companies to add videos to their listing for a small administrative fee. This feature gives users immediate access to video formatted information and promotions that will help them easily procure products and services specific to their industry needs.


For more information, please visit, dentalindustrymarketplace.com or www.aaid.com.

Regeneration, augmentation hands-on cadaver course

The American Academy of Implant Dentistry has enhanced its popular bone grafting course and is relaunching it as the “Regeneration and Augmentation Techniques Course.”

This hands-on course provides general dentists and specialists with experience working on cadaver heads. It will be held March 9–10 in Orlando. Registration information can be found on the AAID website at www.aaid.com or by scanning the QR Code (inset).

Course description

This course combines lectures and laboratory sessions featuring hands-on experience for bone- and tissue-grafting utilizing cadaver heads. The lectures focus on relevant head and neck anatomy, subantral grafts, ridge expansion techniques, soft-tissue and osseous grafts, bone graft material classifications and indications, science of platelet rich plasma (PRP) and how to obtain PRP using a cost-effective technique, venipuncture techniques and pertinent perioperative pharmacology.

Tuition

The course tuition includes course materials, continental breakfast, lunch and breaks each day.

• AAID members: $2,945 ($3,245 after Feb. 1)
• Non-members (dentists): $3,445 ($3,795 after Feb. 1)
• Allied dental staff: $150

Check out the AAID website at www.aaid.com for more information and to register or call Joyce Sigmon at (312) 335-1550, ext. 228.
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The high success rate of narrow-body implants has expanded treatment options for both clinician and patient. Primarily, narrow-body implants can be placed into anatomically challenging areas that would be contraindicated for standard diameter implants without site modification procedures such as bone grafting and orthodontics. These procedures increase treatment time, cost to the patient and morbidity. This can deter the patient from dental implant therapy, thereby subjecting the patient to limiting his or her treatment plan to less definitive options such as “flipper” appliances, removable partial dentures or “bonded” and conventional bridges.

In 2001, in conjunction with the NYU Department of Dentistry, DMX established a specific prosthetic protocol. In 2004, the FDA approved ANEW Implants for “long-term use or any length of time as determined by the health-care provider.” The low profile 3 mm head accommodates divergent angles offering natural-looking esthetics. The non-hygroscopic screw cap abutment facilitates fabrication of a fixed transitional restoration at the time of implant placement, thereby providing the patient with an immediate, predictable and cosmetic result. During the healing period, the restoration contours can be easily modified to the contours of the tissue architecture, thereby eliminating a final “black triangle” result.

ANEW narrow diameter implants are minimally invasive and designed to fit into narrow spaces with implant diameters of 1.8, 2.2 and 2.4 mm respectively. The ANEW tapered one-piece implant design eliminates microgap-related crestal bone loss, facilitates one-stage surgery, provides immediate restoration and is more conducive to a flapless implant placement. Additionally, utilizing a minimally invasive flapless procedure with an immediate restoration eliminates many postoperative challenges as well as reduces total treatment time.

ANEW narrow diameter implants have been tested with university-based research from around the world. In 2007, Dr. Stuart Froum and his colleagues from the New York University Department of Implant Dentistry published a study in the International Journal of Perio and Restorative Dentistry stating: “40 ANEW Implants in patients for one to five years postloading. No implant failures were reported, yielding a 100 percent survival rating.” In 2005, the Journal of Oral and Maxillofacial Implants published Dr. Michael Rohrer’s histology study on Dentatus implants. Rohrer determined that the percentage of bone in contact with the body of Dentatus implants is in the same range and sometimes higher than what is usually seen with conventional implants. These results support well-known literature about implant
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ANEW narrow-body dental implants are composed of Grade V, titanium alloy; the threaded portion of the implant is mechanically roughened to increase surface area and maximize the bone-implant interface; and the tapered design better facilitates implant placement, promotes initial implant stability and better distributes occlusal loads along the body of the implant.

Predictably, ANEW implants have been placed in various places within the mouth with high success.

Case study
A 15-year-old girl and her father came to the office for diagnosis and treatment planning as her orthodontic treatment was coming to an end. She presented with congenitally missing lateral incisors.

Her orthodontic treatment had provided appropriate root separation of the cuspids and centrals as well as good esthetics during treatment. This was accomplished by having a prosthetic tooth #7 suspended from the archwire and retention of the upper left deciduous lateral incisor throughout the entire treatment course (Figs. 1–3).

The treatment plan accepted was to proceed with the completion of the orthodontic treatment and debacketing (Fig. 4). That same day, the upper left deciduous lateral incisor was extracted and then ANEW implants were placed in the lateral incisor positions of #7 and #10.

Once the ANEW implants were placed, an immediate fixed provisional crown was fabricated on each implant. They were then held in static occlusion as part of the orthodontic retention as well as to help provide initial stability for the ANEW implants during osseointegration (Figs. 5 and 6).

It was clearly understood that as the still-growing patient would continue to mature, the provisional crowns would need to be removed and revised and/or remade in order to properly form the papillae and modify the incisal length. This would easily be accomplished with the ANEW screw-retained abutment and provisional crown possibilities (Figs. 7-9). The final restorations supported by the ANEW Implants will be fabricated when the growth of the premaxilla is complete in about four to five years when the patient is between ages 19–20.