Replacing congenitally missing lateral incisors

By Robert M. D’Orazio, DDS, FAGD, MIIF, ABOI/ID 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.
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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 credentialed 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, are still 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.

Tweet 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://crwd.co/aaid2011 on your mobile device to download the application, or scan this QR Code.

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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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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.


“AAID recognizes the benefits of aligning their members with the suppliers needed to efficiently run their businesses,” said Dan Maitland, MultiView president. “The Dental Industry Marketplace is an efficient way for them to search industry-wide for these products and services.”

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 results. 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.”

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design and materials in many ways. 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 remake 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.

About the authors
Dr. Robert M. D’Orazio, DDS, ABOI/ID, is a graduate of the University of Detroit, School of Dentistry. He is a fellow at the Midwest Implant Institute and the American Academy of Implant Dentistry. He is a diplomate of the American Board of Implant Dentistry. D’Orazio currently maintains a referral-based implant dental practice located in Sterling Heights, Mich.

Mark A. Iacobelli, DDS, FAGD, FICD, MIIF, is a graduate of Case Western Reserve School of Dentistry. He has been in private practice since June 1982 and holds licenses and sedation permits in the states of Ohio and Florida. Iacobelli is a fellow of the American Board of Implant Dentistry. D’Orazio currently maintains a referral-based implant dental practice located in Sterling Heights, Mich.

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A major highlight of this year’s meeting is a course being taught by Daniel Alam, MD, on Thursday, January 26, at 2 p.m. Dr. Alam is the current head of the Section of Facial Aesthetic and Reconstructive Surgery in the Head and Neck Institute at the renowned Cleveland Clinic in Ohio. He helped to make history in 2008 by being part of the multidisciplinary team who performed the first American near-total facial transplant.

During Alam’s presentation, “Facial Transplantation Versus Conventional Reconstruction,” he will discuss the groundbreaking operation, including the basic scientific research, ethical considerations and technical challenges of such a procedure.

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In addition, back by popular demand for Yankee 2012, is live dentistry on the show floor, which allows attendees to see all-new live cutting-edge procedures. Yankee’s High Tech Playground on the show floor is also back this year and has been expanded for 2012, enabling dental professionals to get an up-close look at high-tech products available for their practices. Take advantage of this relaxed setting to ask questions and try various tools and state-of-the-art gadgets.

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At the AAI

To hear more, stop by the Osteogenics Biomedical booth, Nos. 515/517, at the AAI Annual Meeting.

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We are living in a litigious society; we owe it to ourselves and our patients to ensure we are protected.

Team building
Consult-PRO isn’t just for the patient. It’s a team-building tool for the entire staff. Associates, hygienists, office managers and any other staff members can understand the common dental goals. The software also tracks which staff member showed or e-mailed which presentation to which patient. Consult-PRO helps make sure everyone in the dental office is delivering a clear and consistent message to the patient.

For more information or a demonstration, call (800) 519-6569 (North America) or 001 (416) 429-6545 (international) or visit www.consult-pro.com.
Should you load now or later?
Or much later?

Osstell ISQ helps you make optimal implant loading decisions - whether you’re doing immediate, traditional or delayed loading. By measuring before the final restoration, and comparing that value to the baseline value taken at placement, the decision on whether to load or not is made quick and easy.

You’ll find it especially valuable when treating higher risk patients. Osstell offers the only objective quality assurance system that gives you an early warning if osseointegration isn’t progressing as expected. With an objective ISQ-value, it’s easy to explain treatment planning and healing times to your patients and colleagues.

You already have the experience and the judgement. Now Osstell brings you and your patients new certainty.

Visit Osstell at the 60th Annual Meeting of the AAID in Las Vegas
October 20 - 22
booth #315

US Customer Service 1-877-296-6177

www.osstell.com

The only objective way to measure implant stability
BondBone aids socket preservation after extraction

MIS Implants offers new synthetic bone-graft material

Tooth extraction without concomitant socket grafting can result in osseous deformities of the alveolar ridge, such as reduced height and width. This makes subsequent management of esthetics and implant placement very challenging.

MIS Implants Technologies recently introduced in the U.S. market a safe, synthetic bone-graft material, BondBone™, that can be easily placed for socket preservation after extraction.

BondBone is a biocompatible biphasic calcium sulfate in a granulated powder form.

It is the only pure calcium sulfate graft material that can set in three to five minutes in the presence of blood and saliva without the need for additives or exothermic producing accelerators that affect the healing process.

Calcium sulfate used to be considered just a bone space filler. We now know that it is much more. Studies have shown that calcium sulfate is biocompatible, biodegradable, osteoconductive, safe and non-toxic. It is hemostatic, it encourages angiogenesis in bony defects, and it enhances the release of BMPs into the site.

Upon implantation into the defect, it dissolves into calcium and sulfate ions that combine with phosphate ions from body fluids to form calcium phosphate. This forms an osteoconductive lattice of biologic apatite that stimulates bone growth into the defect.

When used on its own, BondBone is a highly effective material for small bony defects such as extraction sockets. When combined with other bone-graft materials such as autografts, allografts and other granular bone-augmentation products, BondBone increases their binding properties, volume and effectiveness as bone grafts.

BondBone is cementable and moldable, and the procedure time from the beginning of mix to completion can be accomplished in less than five minutes. Its putty-like mix for good bone-to-product contact enables the grafted area to be filled with vital bone, usually in three to four months.

BondBone is a safe, synthetic bone-graft material. Its optimal properties facilitate a bone-regeneration process that contributes to the success of future implant restorations.
Innovative Bonding Graft Material & Fully Synthetic Bone Substitute

The MIS Bone augmentation materials include a line of fully synthetic bone grafts. BONDBONE® is a resorbable, osteoconductive bone grafting material, taking the best qualities of hemihydrate and dihydrate calcium sulfate and combining them into a unique product. It can be used on its own, or mixed with other granular bone grafting materials to form a composite that will help to prevent migration of particles and often eliminate the need for a separate barrier. 4BONE SBS is a fully synthetic bone graft composed of HA (60%) and βTCP (40%). Permeable interconnected micro and macro porosity promotes invasion of osteogenic cells by osteoconduction, which permits the diffusion of biological fluids, leading to fast formation of bone.

MIS offers a wide range of implant designs and restorative components, along with innovative kits and accessories for the varied challenges encountered in implant dentistry. To learn more about MIS visit our website: misimplants.com or call us: 866-797-1333 (toll-free)
Expand your potential with NuOss XC, expandable bone-grafting composite by ACE

Expand your potential with NuOss XC™, an expandable bone-grafting composite from ACE Surgical Supply Company. This latest development in natural bone substitutes, like the other ACE NuOss products, supports bone growth in periodontal and oral maxillofacial defects.

NuOss XC is a composite grafting material composed of mineralized de-proteinated bovine granules and purified type I bovine collagen. When it is placed into a bleeding site, the material expands to a predetermined size and shape.

NuOss XC is available in two forms: socket and sinus forms. Both are easy to place, prevent particle migration and save time.

The NuOss XC Socket comes preloaded into a delivery syringe for placement into extraction cavities. NuOss XC Sinus is placed without pre-hydration into the sinus cavity after successful elevation of the sinus membrane. Expansion occurs via contact with blood or by hydration with sterile saline after implantation, allowing the NuOss XC to fill the entire defect.

NuOss XC is offered in two sizes: NuOss XC Socket expands to 6 mm x 15 mm and 9 mm x 15 mm. NuOss XC Sinus expands to 17 mm x 10 mm and 22 mm x 12 mm.

Available from the ACE Surgical Supply website at www.acesurgical.com or, for more information, call ACE today at (800) 441-3100.

NuOss XC by ACE Surgical Supply Company supports bone growth. (Photo/Provided by ACE)

At the AAID
To hear more, stop by the ACE Surgical booth, Nos. 205/206, at the AAID Annual Meeting.

NuOss XC is available in two forms: socket and sinus forms. Both are easy to place, prevent particle migration and save time.

The NuOss XC Socket comes preloaded into a delivery syringe for placement into extraction cavities. NuOss XC Sinus is placed without pre-hydration into the sinus cavity after successful elevation of the sinus membrane. Expansion occurs via contact with blood or by hydration with sterile saline after implantation, allowing the NuOss XC to fill the entire defect.

NuOss XC is offered in two sizes: NuOss XC Socket expands to 6 mm x 15 mm and 9 mm x 15 mm. NuOss XC Sinus expands to 17 mm x 10 mm and 22 mm x 12 mm.

Available from the ACE Surgical Supply website at www.acesurgical.com or, for more information, call ACE today at (800) 441-3100.

BIOMET 3i has an app for that!

Continuing its quest to be a dental industry leader in new media innovations, BIOMET 3i invites dental professionals worldwide to download the free BIOMET 3i app for the iPad and iPhone, Android and Blackberry smartphones.

The BIOMET 3i solutions app was developed to add a level of convenience to the clinician’s user experience and enhance the accessibility of rich media educational resources for the patient. The BIOMET 3i solutions app consists of two portals: one for the clinician and one for the patient.

The clinician portal provides immediate access to BIOMET 3i product and service solutions for clinicians. Its libraries offer a wide variety of PDFs and links to BIOMET 3i social media sites, as well as up-to-date BIOMET 3i educational opportunities, access to the Journal of Implant and Reconstructive Dentistry™ and online ordering.

The patient portal is an interactive version of the BIOMET 3i patient education brochure with easy-to-understand animated information tailored to the patient. This information covers everything from the overall oral environment and treatment options to various dental implant therapies and is designed for clinicians to utilize during patient consultations.

The BIOMET 3i solutions app is free and available to download and install directly from the BIOMET 3i website at http://apps.bio-met3i.com. Mobile versions are also available for most iPhone, Android and Blackberry smartphones. The BIOMET 3i solutions app will also soon be released in Apple’s App Store.

(Source: BIOMET 3i)
Introducing 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 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, from plan to completion, with surgical predictability. In addition, the rich visuals of the software create patient engagement leading to a greater understanding of his or her condition and of the treatment plan.

Keeping the office moving quickly while offering high-quality 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.

With i-CAT Precise, clinicians can confidently communicate to patients that they are getting a dose that is minimized for their individual treatment.

Learn more at www.i-cat.com.

At the AAID
To learn more, stop by the Imaging Sciences booth, Nos. 201/300, at the AAID Annual Meeting.
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