International events

2011

ITI Congress France
Where: Paris, France
Date: 21–22 January 2011
Website: www.it.org

AEEDC Dubai
Where: Dubai, UAE
Date: 1–3 February 2011
Website: www.aeedc.com

26th Annual Meeting of AO
Where: Washington DC, USA
Date: 3–5 March 2011
Website: www.oesseo.org

IADR General Session & Exhibition
Where: San Diego, CA, USA
Date: 16–19 March 2011
E-Mail: sherren@iadr.org
Website: www.iadr.org

34th International Dental Show
Where: Cologne, Germany
Date: 22–26 March 2011
E-Mail: ids@koelnmesse.de
Website: www.ids-cologne.de

International Osteology Symposium
Where: Cannes, France
Date: 14–17 April 2011
Website: www.osteology-cannes.org

5th CAD/CAM & Computerized Dentistry International Conference
Where: Dubai, UAE
Date: 12–13 May 2011
Website: www.cappmea.com

FDI Annual World Dental Congress
Where: Mexico City, Mexico
Date: 14–17 September 2011
Website: www.fdiworldental.org

7th Arab German Implantology Meeting
Where: Beirut, Lebanon
Date: 21–24 September 2011
Contact: drtamimi@drtamimi.com

41th International Congress of DGZI
Where: Cologne, Germany
Date: 30 September–1 October 2011
Website: www.dgzi-jahreskongress.de

AAID 60th Annual Meeting
Where: Las Vegas, NV, USA
Date: 19–22 October 2011
Website: www.aaid-implant.org

AOS 8th Biennial Conference
Where: Adelaide, South Australia
Date: 9–11 November 2011
Website: www.aosconference.com.au
DGZI (German Association of Dental Implantology) celebrated its 40th Annual International Congress on October 1st and 2nd in Berlin. With over 500 participants it attracted wide interest and met all ambitious expectations. Highly qualified speakers from practice and science gave an insight into the status of and future opportunities in this booming field of dentistry. Not only did we celebrate the anniversary of our association, but DGZI’s efforts in promoting the standing implantology in dentistry were also celebrated, as the success of this field is due in great deal to the efforts of DGZI.

In his opening speech DGZI President Dr Friedhelm Heinemann compared the association’s development with human life: “In the beginning it was small with only seven founding members, then came the age of “puberty” with times of dramatic development, but now we are in our prime. We are established, respected and well equipped, and we deliberately assume the responsibility for our expert field.” Many friendships with other associations have been established and developed over the years. Among others, Dr Heinemann underscored DGZI’s excellent cooperation with the German Dental Medical Association (BZÄK), the Professional Association of Oral Surgeons e.V. (BDO), the German Association of Prosthodontics and Dental Materials (DGPro) and the German Association of Oral Implantology e.V. (DGI), which he calls “the little brother.” “It is crucial to show common ground”, said Dr Heinemann. “There have been many examples in the past where politics have succeeded in pitting one group against another, true to the motto ‘divide et impera’ (divide and rule).”

Together we are strong—globally interconnected

The Board of Directors was particularly proud of DGZI’s international reach. For example the entire Board of the Japanese Association AIAI was gathered in the auditorium. In his welcoming speech, BZÄK’s President Dr Peter Engel expressed it so: “Implantology has mutated from a supposed ugly
duckling to a proud swan, and it is still gaining ground." DGZI has reached the proud number of over 4,000 members. On its 40th Annual Congress DGZI offered a program to suit diverse interests as well as its international participants. Science and practice and numerous different professional associations—this is the motivation which makes us reflect on how we can further develop implantology together. Just as Gauß once said, “It is not only the knowledge, but the learning, not the possessing, but the gaining, not the being, but the reaching, which gives the real enjoyment.”

“The past was identified by respectful aloofness”, characterized Prof Dr Dr Hendrik Terheyden, but he went on: “As a young DGI President I am in the happy position to approach future cooperations in a much more unburdened way.” Now that the conflict of interest between practitioners and scientists is obsolete, the question of which implantology association may claim one of the two fields for itself has also fallen away. According to Prof Terheyden, DGZI works together with qualified university professors, and equally DGI has many practitioners among their members. “Does a competition between implantological associations make any sense? I leave this to anyone s guess,” said Prof. Terheyden.

Dr Heineman thanked Prof Terheyden for his welcoming speech and “for the possibilities which result from it”. Dr Heineman then moved on to a special feature of this congress. Though the Association generally agreed not to deliver tributes or present awards, an exception was made in celebration of its anniversary. The coveted DGZI Implant Dentistry Award was given to Dr Sönke Harder, Kiel, (3rd place), Prof Dr Thomas Gredes, Greifswald (2nd place), and Dr Stefanie Schwarz, Heidelberg (1st place) by Dr Roland Hille, DGZI Vice President and scientific chairman of the congress. The subject of the winning work was the “Immediate Loading of Implants”.

One of the congress highlights was the short welcoming speech of Prof Dr Hans Grafelmann. Among other distinctions, he is an honorary doctor of the University of Istanbul and an associate professor in New York. But more than anything, it was he and six colleagues who founded DGZI on February 20th, 1970 in Bremen. “I still remember the Implantology Congress in 1969. There were 85 participants and two university professors who attended the congress. Today there are more than 500 participants and many university representatives. DGZI has a worldwide reputation for its reliable training programs”, said Prof Grafelmann, considering the development of DGZI. In the name of his Prof Dr Grafelmann Foundation, Prof Grafelmann handed over a check of €20,000 to Dr Heinemann, which will serve as a basis for DGZI’s future development. In his speech it became clear how close to his heart DGZI rests as he explained, “It was my lifework. I want to thank all of you.”

“40 years ago titanium was known as the material of submarines”

Dr Hille had the opportunity to introduce one of his own academic mentors, Prof Dr Wilfried Schilli, Freiburg, who gave the first scientific speech of the conference. The subject of his speech was “Oral Implantology in 1970”. Prof Schilli said, “Back then, we the dentists as well as the general population had to worry about so many things, and carrying out implantology was not a top priority. Titanium was known for being a material used in Soviet nuclear-powered submarines that rendered them invisible to radar. However, the problem was obvious, as shown in the following statistic. One quarter of the 40–50 year olds belonging to the Bosch company staff were already edentulous. Those patients suf-
faced significantly, and we often could not help them satisfactorily on a long-term basis. The scientific consensus was that a bone transplanted to the alveolar process would melt like butter in the sun. Augmentation seemed to be nonsensical. The possibility of an implantation was kept under wraps, even in the specialist press. However, it was also the time when subperiostal leaf- and/or pin-shaped implants, and enossal bone screws smoothed the way for implantology’s subsequent success (for reference see studies made by Prof Grafelmann).

In comparison, Prof Dr Frank Palm, Konstanz, summarized today’s implantology status as follows: “Functional examination, possible augmentation, 3-D planning, and connective tissue transplants are routine implantological options used daily.” In previous times the damaging of a nerve was not considered to be a crucial mistake, but today we are eager to avoid such damage. Simply dye it and make it visible in a three-dimensional image! Tissue regeneration has become much more certain, and long-term success really means long-term success, not just two years plus X. We also find solutions for more complex cases according to the patient’s wishes. We still cannot completely avoid bone resorption after implantation, but it does not exceed the extent of common physiological resorption.

Prof Palm also spoke about a number of still-open questions: Immediate loading, periimplantitis therapy, unclear state of the art in case of reduced diameter implants. On the second day of the congress Prof Palm chaired a special panel of short presentations dedicated to “Minis, Shorties and others on trial”. The speakers were Prof Dr Christoph Bourauel, Prof Dr Joachim Hermann (a “grandee” of implantology), DGPro chairman Prof Dr Michael Walter, Dr Dr Martin Bonsmann, and Prof Dr Dipl.-Ing. Ernst Jürgen Richter. Following this session there was a lively and at times even controversial discussion among the experts on the podium in response to questions from the audience, and a friendly but also pointed exchange of pros and cons was set forth. It became clear that many current issues are still not resolved. Implantology remains a dynamic field, and there is still much left to be discovered, clinically examined and newly developed!

“We should offer implantology in a much more self-confident manner”

Overall, DGZI’s 40th International Annual Congress provided an excellent overview of all relevant implantological topics under discussion today. Prof. Terheyden, Kassel, outlined aspects concerning the Le-Fort-I-osteotomy. In particular, he called on all dentists to show more self-confidence. Alveolar ridge atrophy is a disease which requires treatment and also essential financial support. If in doubt, even a three to four days hospital stay should also be incorporated—such a stay would never be called into question in the case of, for example, knee prosthesis, because it is common in other medical disciplines to inform patients in a much more aggressive manner.

Prof Dr Werner Götz, Bonn, explained the biological basics of osseointegration. “It is advantageous for a dentist carrying out an implantation that bone cells in the jaw are highly osteogenous. This is sometimes a reason to be envied by other medical disciplines.” It is interesting that nowadays the old dogma of unloaded healing is of less importance. However, the implant-bone-interface, which enables deliberate healing, is not yet well understood. We know that osteoblasts prefer a medium rough implant surface. Osseointegration can be improved by blasting, etching or anodizing. In future, a completely different concept might come to the fore: a new periodontal apparatus could be constructed using a specially cultivated tissue.

Dr Stephen Wallace, USA, reported on the current possibilities of bone augmentation in the course of a sinus floor elevation, which are already applied overseas. He presented in particular the mushroom-shaped diamond-coated dental grinding instruments that are used for forming round and oval windows in the lateral walls. He also introduced artificially produced recombinant human growth factors
(rh-PDGF), which bind to bone substitutes, and BMPs (bone morphogenetic proteins) that improve the resorption of bone substitutes. However, at present, these materials are still very expensive (about €5,000 per treatment). At the moment these techniques do not improve long-term success, but they do help in achieving the desired result in less time.

The future: Interdisciplinary cooperation

In his discussion of the "Closing the Interdisciplinary Gap", Prof Dr Paul-Georg Jost-Brinkmann, Berlin, discussed the possibility of preparing orthodontic treatment before carrying out implantation. He also highlighted the alternative solution of a transplantation of one’s own teeth.

Prof Palm talked about the latest developments in the GBR technique. He specifically addressed the question of whether future augmentations may be superfluous, with a clear “no”. Guided bone regeneration instead of classic bone augmentation may work in some cases, but not in general. In his speech titled “Is the Implant’s Length of Any Importance?” Dr Achim W. Schmidt, MSc, Munich, considered whether short implants are an alternative to direct sinus lifting. His conclusion is that short implants function successfully with sintered surfaces, which feature the necessary porosity. He proved this with the example of many cases from his own practice.

Prof Dr Matthias Kern, Kiel, began his discussion with an almost heretical example. He integrated a Maryland bridge into the region of the anterior teeth of a 15-year-old patient. After 19 years the bridge is still in situ, and the patient does not require any implant! Afterwards he pointed out the pros and cons of full ceramic abutments. Esthetics and bio compatibility are clearly advantageous, but missing long-term experience, higher costs, and the more complicated and thus critical treatment (adhesive fixation of the abutment on a titanium basis with Panavia 21) are of disadvantage.

Dr Peter Gehrke, Ludwigshafen, considers individually manufactured abutments to be very attractive. They can be produced centrally and on an industrial scale by applying new digital techniques. “For CAD/CAM generated zirconium oxide mountings there are no restrictions on how to shape the momentum to mesial and distal.”

In his speech on “Implants and General Medicine”, Prof Dr Thomas Weischer, Essen, indicated the limits of implantology in cases of severe or chronic disease, and he explained their current development. Today, even HIV patients can be treated with implants, provided that certain conditions are observed. The conclusion is that in most cases a dental implant restoration can be performed, even in cases of existing general diseases like HIV, osteoporosis, cancer or diabetes mellitus. It is highly important to keep in contact with the patient’s practitioner, oncologist or other expert physicians.

At the end of the congress Dr Heinemann and Prof Palm took turns evaluating the various scientific contributions made, considering the aspects that are important to practice—information which is of practical value to the user in optimizing his own implantological work. The result of this analysis can be downloaded from DGZI’s homepage www.dgzi.de under “Scientific Review” along with additional literature for private review.

The scheduled podium program was complemented by a number of other events, including a pre-congress workshop on “Periodontology in Practice”, workshops led by corporate sponsors, seminars, a symposium on “Digital Dental Technologies in Implant Prosthetics” for dental technicians, and a large dental exhibition housed directly in the venue itself, the Maritim Hotel.

The congress’ participants could also enjoy a very special Friday evening event, which took place in the wonderful atmosphere of the Berlin Wasserwerk—after all, we had something very special to celebrate: 40 years of DGZI!
The Anatomy Weekend is also in great international demand

Author: Dr Christian Ehrensberger, Germany

 Refreshing one’s knowledge and receiving updates at the same time—the clear structure of DGZI (German Association of Dental Implantology) “Anatomy” curriculum has made it a long-standing favourite. Including an insightful theoretical introduction, an impressive demonstration including a live video broadcast from the dissection room, and patient-side practice on human specimens, this weekend course (October 8 and 9 in Dresden) was once again a success. In addition, the number of international participants continues to rise—this year one quarter of the 40 participants came from abroad. A special pre-course-program started already on Thursday. Prof Dr Mazen Tamimi reported about the advantages of a modern navigation system. A hands-on-course and dinner sponsored by Schütz Impla Dental completed the program on Thursday.

A specially designed DGZI course module for anatomy has been a permanent feature of the Implantology curriculum for a decade. Following its success in recent years, colleagues for whom it has been some time since they passed their state examination or implantological exams, may have realised that they are no longer able to recall the enormous amount knowledge required, and could benefit from this up-to-date weekend course—a two-day professional training course to refresh their anatomical knowledge. Thus, many participants and “guest auditors” took part in the Implantology curriculum in Dresden. The contributions of anatomist Dr med habil Wolfgang Schwab of TU Dresden, oral biologist and anatomist Prof Dr Werner Götz of the University of Bonn, dissection assistant Ute Nimtschke, implantologists Dr Rainer Valentin and Dr Rolf Vollmer, and oral surgeons Dr Martina Vollmer and Dr Uta Voigt meant that the course was in competent hands, and ensured that from the beginning the different perspectives of various disciplines were considered. The first day of the course was dedicated to a thorough introduction to the anatomy of the skull, including an exact demonstration of the supply for nerves and blood vessels and the anatomy of bones, tongue, throat and larynx. In order to explain the particular surgical basics, the speakers demonstrated the procedures used for autologous and xenogenous augmentation as well as those for bone spreading. Various augmentation methods and techniques, e.g. the extraction of bone from different locations, were explained in detail on the course. The highlight of the day was the application by Dr med habil Schwab and Prof Dr Götz of theoretical knowledge to an actual anatomical specimen. Courtesy of certain modern technology, including a live video broadcast from the dissection room, the participants could ask...
questions in real time during the presentation, including for example, what the route of the sural nerve is, which is used for nerve transplantations. After all gaps in knowledge had been addressed it was time to gather and enjoy a nice group dinner.

The second day of the course again began with a theoretical introduction—this time Dr Rolf Vollmer introduced a number of different implant techniques to the participants. Additionally, the sponsoring companies (Geistlich Biomaterials, Mectron, Resorba, Schütz Dental, Helmut Zepf Medizintechnik) explained the features of the instruments and working materials which they had provided, so that the participants could practice their newly-acquired techniques with those products. In this way all structures relevant for dental anatomy and implantology could be shown and prepared. Throughout the course Ute Nimtschke, Prof Dr Götz and Dr med habil Schwab were prepared to answer all manner of questions. Towards the end, Dr Schwab and Dr Valentin demonstrated an autologous bone removal from the iliac crest. During the course these proven experts made clear how good planning and early trouble shooting can significantly minimize or even avoid the risk of later complications. This highly successful professional training weekend was concluded with an exam.

DGZI’s next Anatomy Weekend will take place on September 15–17, 2011.