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Journal of

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On research and education

Reference

**García-Gallego A,
Georgantzis N,
Martin-Montaner J,
Pérez-Amaral T**

(How) do research and administrative duties affect university professors' teaching?
Appl Econ.
2015 May 5;47(45):4868–83.

It is well proven that research and education constitute a positive feedback system. A recent study among 609 university professors concluded that educators who carry out frequent research activities perform significantly better at their teaching activities.¹ This is equally true when seen from the student perspective. Research is itself a very powerful educational tool. Being involved in research activities takes students to a level of critical thinking and in-depth study that can rarely be achieved with other educational methods. Even more importantly, science itself would certainly benefit from the involvement of students in research, as they will always bring with them fresh and challenging ideas and enthusiasm.

For all these reasons, educational plans and educators should ensure that undergraduate and postgraduate students have the opportunity to participate in research activities as early as possible.

Dr. David Peñarrocha Oltra
Associate Editor

03

Editorial

Dr. David Peñarrocha Oltra

06

About the *Journal of Oral Science & Rehabilitation*

08

Marco Tallarico et al.

Comprehensive rehabilitation and natural esthetics with implant and orthodontics (CRANIO): An interdisciplinary approach to missing maxillary lateral incisors

18

Alberto Monje and Hom-Lay Wang

Biological and physical properties of bone block grafting biomaterials for alveolar ridge augmentation

32

Jörg-Ulf Wiegner et al.

Retrospective analysis of periimplantitis therapy of 158 implants

44

Masataka Hirose et al.

Bone augmentation of canine frontal sinuses using a porous α -tricalcium phosphate for implant treatment

52

Natalia Ribes Lainez et al.

Importance of a preoperative radiographic scale for evaluating surgical difficulty of impacted mandibular third molar extraction

60

Andrea Papini et al.

Kinesiographic analysis of lateral excursive movement on the horizontal plane: the retrusive component

68

Marco Tallarico and Silvio Meloni

Open cohort prospective study on early implant failure and physiological marginal remodeling expected using sandblasted and acid-etched bone level implants featuring an 11° morse taper connection within one year after loading

80

Guidelines for authors

82

Imprint — about the publisher



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The *Journal of Oral Science & Rehabilitation* publishes original and high-quality research and clinical papers in the fields of periodontology, implant dentistry, prosthodontics and maxillofacial surgery. Priority is given to papers focusing on clinical techniques and with a direct impact on clinical decision-making and outcomes in the above-mentioned fields. Furthermore, book reviews, summaries and abstracts of scientific meetings are published in the journal.

Papers submitted to the *Journal of Oral Science & Rehabilitation* are subject to rigorous double-blind peer review. Papers are initially screened for relevance to the scope of the journal, as well as for scientific content and quality. Once accepted, the manuscript is sent to the relevant associate editors and reviewers of the journal for peer review. It is then returned to the author for revision and thereafter submitted for copy editing. The decision of the editor-in-chief is made after the review process and is considered final.

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Comprehensive rehabilitation and natural esthetics with implant and orthodontics (CRANIO): An interdisciplinary approach to missing maxillary lateral incisors

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Abstract

Background

The absence of the maxillary lateral incisors creates a functional and esthetic problem that can be managed with different treatment modalities.

Case presentation

The present case is reported to illustrate an interdisciplinary approach involving orthodontics and restorative dentistry to manage the case of a 24-year-old Caucasian female with agenesis of the maxillary right lateral incisor, presence of the maxillary right canine in place of the lateral incisor, microdontia of the maxillary left lateral incisor, and midline deviation. Treatment included space opening and positioning of a 3 mm implant supporting a single-unit crown, placed using computer-assisted, template-guided surgery.

Conclusion

Comprehensive interdisciplinary rehabilitation according to the CRANIO philosophy was effective in successfully restoring function and esthetics in a young female patient affected by congenitally missing maxillary lateral incisor.

Keywords

Interdisciplinary treatment, agenesis, dental esthetics, dental implants, guided surgery.

Introduction

Congenital tooth agenesis is a common dental anomaly, with reported incidences of 2.7% to 12.2%, excluding third molars. In the permanent dentition, maxillary lateral incisors are the most commonly affected,¹ with a prevalence rate of between 1% and 4%² and a female predominance of approximately 2:1 compared with males.³ This anomaly is not usually an isolated phenomenon, but is associated with other dental anomalies, such as peg-shaped contralateral incisors.¹ Therefore, the concurrence of several dental anomalies in the same subject results in functional and esthetic problems, which may in turn affect the patient's self-confidence and social relationships from a very young age.

Treatment options for missing lateral incisors include space opening, followed by the placement of a conventional fixed bridge or a single-unit implant-supported crown, and orthodontic space closure with anatomical recontouring of the canines.⁴ Selecting the most appropriate therapy is still a challenge. Numerous clinical characteristics must be analyzed, such as the patient's age, occlusal relationships, profile, smile line, presence or absence of third molars, and size, shape and color of the canines.⁵

In order to maximize the esthetic and functional results, an interdisciplinary approach involving an orthodontist, an oral surgeon and a restorative dentist has become essential. Comprehensive rehabilitation and natural esthetics with implant and orthodontics (CRANIO) is a philosophy based on interdisciplinary treatments to achieve stable occlusion and healthy hard and soft tissue and to enhance the natural esthetic appearance and subsequent patient satisfaction.

The aim of the present study was to describe an interdisciplinary approach to a clinical case presenting with a missing maxillary lateral incisor treated in two phases: orthodontic space opening, followed by placement of a narrow 3 mm diameter implant and restored with a screw-retained lithium disilicate crown veneered on a zirconia abutment.

Case report

A 24-year-old Caucasian female was referred to our private clinic to seek a second opinion for treatment, with the chief complaint of an unattractive smile and the mobility of the primary

maxillary right canine. Clinical examination and radiographs confirmed the advanced root resorption of the primary maxillary right canine, the agenesis of the permanent maxillary right lateral incisor, with the presence of the permanent canine in place of the lateral incisor, and microdontia of the maxillary left lateral incisor (**Figs. 1a–c**). Intraoral observation revealed an Angle Class II relationship of the molars and canine, an increased overjet, a normal overbite and a lower dental midline that was displaced 3 mm to the left compared with the upper midline.

Cephalometric analysis (Dolphin Imaging 11.7, Dolphin Imaging and Management Solutions, Chatsworth, Calif., U.S.) highlighted a mesofacial facial pattern, with a Class II sagittal skeletal relationship (**Fig. 2**). The patient presented with a symmetrical and proportional face and flat facial profile, with the upper lip positioned 4 mm and the lower lip 2 mm behind the Ricketts E-line.

The previously proposed treatment was extraction of the primary canine with space maintenance for a future implant rehabilitation and canine substitution with a veneer restoration. In contrast to this, the alternative treatment proposed was extraction of the primary canine, followed by orthodontic space recovery for implant placement in the lateral incisal area, with alignment and leveling of the dental arches. The option of correcting the Class II relationship would have required orthognathic surgery, which was refused by the patient.

The patient was initially very skeptical toward such a comprehensive treatment option. However, after discussion with both the orthodontist (CL) and implantologist (MT) of the advantages and disadvantages of all of the available treatment options, it became clear to the patient that the overall advantages of the proposed interdisciplinary treatment, involving orthodontic treatment, implant placement and prosthetic rehabilitation, would provide improved esthetic and functional results. The disadvantages of the proposed treatment were related to costs and a longer treatment time.

The orthodontic treatment lasted 18 months. After the extraction of the primary canine, full-arch bonding with a fixed esthetic multibracket appliance was performed, and the maxillary right canine was strategically bonded with a mesial tip back to enhance root control. Skeletal anchorage by means of an orthodontic miniscrew (Aarhus System, American Orthodontics, Sheboygan, Wisconsin, U.S.; 1.5 mm diameter,