

IMPLANT TRIBUNE

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AAOMS goes to Honolulu



The Hawaiian Convention Center will host the AAOMS 96th Annual Meeting from Sept. 8–13. Photo/Sierra Rendon, Implant Tribune file photo

Group hosts its 96th annual meeting this September in conjunction with Japanese, Korean organizations

By Sierra Rendon, Managing Editor

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
- Open forums
- 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.

JOI study: Comparison of graft techniques

A variety of methods exist for treating the alveolar ridge prior to oral implant

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-

► See GRAFT, page B3



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- GRAFT, Page B1

sorption can occur with this method.

Some advantages of the split-ridge procedure include the lack of a donor site and that the buccal flap is not compromised but left attached. A postoperative injury while chewing is less likely with the ridge-split method because the graft is positioned more internally, protecting the area.

While the choice of graft technique must ultimately be decided by the experience and comfort level of the operator, the author asserts that the ridge-split treatment has many advantages and produces a stable graft over time.

Full text of "Classification of the Alveolar Ridge Width: Implant Driven Treatment Considerations for the Horizontally-Deficient Alveolar Ridges," Journal of Oral Implantology, Vol. 40, Special Issue 1, 2014, is available: www.joionline.org/doi/full/10.1563/AID-JOI-D-14-00023

How to publish with Implant Tribune

The Implant Tribune is pleased to accept doctor-written case studies, product reviews and clinical articles.

For the implant specialist, periodontist, prosthodontist or general dentist interested in placing implants, the Implant Tribune is an excellent monthly resource providing the latest in implant research, news and products. Here is your opportunity to author an article for the Implant Tribune both in print and online.

Send your prospective articles up to 850 words (longer submissions may be considered) via Word document to s.rendon@dental-tribune.com.

Accompanying photos should be high resolution (300 dpi JPGs, preferred) and should include photo captions and credits.

Please include with your submission a short (150-word) bio and a high-resolution author image, if available.

Additional publishing opportunities are available for authors wanting to provide more in-depth, didactic articles. For more information, or for any questions or concerns regarding editorial submissions, contact Managing Editor Sierra Rendon at s.rendon@dental-tribune.com.

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DENTSPLY Implants' new SYMBIOS offers solutions for regenerative needs

By DENTSPLY Implants Staff

DENTSPLY Implants offers comprehensive solutions for all phases of implant dentistry. SYMBIOS® is a full range of regenerative solutions including bone-harvesting instrumentation, allograft, xenograft and synthetic bone-graft materials and membrane products. This complete product offering helps to deliver predictable clinical efficacy, biocompatibility, ease of use and safety you can rely on.

Partnering with Musculoskeletal Transplant Foundation (MTF) allows us to provide dental allograft solutions of the highest quality. MTF's industry-leading donor selection criteria standards exceed those set by American Association of Tissue Bank (AATB), FDA and most tissue banks when it comes to screening for cancer, illegal drug use, maximum donor age and a host of other conditions.

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Thick PerioDerm is sutured over the exposed root surface followed by complete coverage. PerioDerm can be placed with either side facing the roots.

Photo/Provided by David Wong, DDS

rooms, and processes are validated to prevent cross contamination.

As a readily available bone-grafting material, allograft solutions provide a stable framework for regeneration of bone without the morbidity associated with second surgical site.

Specific to dental implant treatment, the sufficient quality and quantity of bone play critical roles in the long-term success of treatment outcomes. In many cases, buildup of missing bone before or at implant placement is essential for establishing a sufficiently dimensioned osseous base for predictable osseointegration and ensured long-term function and esthetics.

SYMBIOS allograft solutions are available in different tissue forms, including demineralized and mineralized particulate and easy-to-apply putty for full flexibility in meeting the needs of each individual case.

SYMBIOS allograft solutions include:

- *SYMBIOS Allograft Particulate*: Easy to handle and hydrate, SYMBIOS Allograft particulate integrates with natural bone to assist the body in regenerating its own bone by stabilizing the blood clot, maintaining space and providing osteoconduction and osteoinduction.

Available in a variety of options from mineralized cortical and cancellous powder to demineralized cortical powder, SYMBIOS allograft particulates can be used for a wide number of indications including extraction sockets, bone augmentation, periodontal defects and sinus lifts.

- Safe; 100 percent bone particulate
- Easy to handle
- Three-year shelf life
- Convenient, ambient temperature storage

- *SYMBIOS DBX® Putty Demineralized Bone Matrix*: With 93 percent by volume for the highest demineralized bone content available, SYMBIOS DBX Putty offers exceptional handling characteristics when compared to other DBM products. The high molecular weight of the sodium hyalurate carrier means the material maintains its physical integrity and resists movement under irrigation

- *SYMBIOS PerioDerm Acellular Dermis*: For predictability in replacing, repairing and reinforcement of damaged and/or inadequate soft tissue, PerioDerm® Acellular Dermis has been shown to support the migration of host cells from wound margins and surrounding tissues. Benefits include:

- Quick rehydration (three–five minutes)
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- More than 90 percent thickness consistency for uniform revascularization
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Anatomage celebrates 10 years of providing innovative technology

By Anatomage Staff

Anatomage is currently celebrating 10 years of bringing innovative technology to the healthcare industry. The company's products have been featured globally in TED, BBC, CBC, Japanese Fuji TV and PBS because of its originality and positive impact.

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For a truly impressive presentation, you can quickly photo-wrap your patient with a traditional 2-D or advanced 3-D camera. More advanced new features will be presented in booth No. 839 at AAOMS 2014 in Honolulu.

Invivo 5.3 is the latest edition to the InVivoDental software lineage. High-quality visualizations combined with a variety of diagnostic tools have raised Invivo 5 to the top of the global market. This innovative software is used by implantologists, oral surgeons, general dentists, orthodontists and periodontists.

The software opens medical CT, MRI, dental CBCT and many other medical images in the standard DICOM format without the need for file conversions. These medical images are quickly displayed as interactive 3-D volumes for clinical diagnosis and demonstration.

Anatomage will be located in booth No. 839 at AAOMS 2014. Stop by to learn more about the latest editions of Invivo 5 and 3D Analysis.

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Implant Direct offers new InterActive system

With the introduction of the InterActive Implant System, Implant Direct's portfolio of implant solutions featuring simply smarter design and industry compatibility has expanded to include a 12-degree conical connection that is compatible with NobelActive.¹

This new system with four implant diameters (3.2, 3.7, 4.3, 5.0 mm), six lengths² (6, 8, 10, 11.5, 13 and 16 mm) and a range of prosthetic options offers several design advantages to simplify both surgical and restorative procedures.

The InterActive implant design incorporates several features including flat-based buttress threads. A combination of micro-grooves and micro-threads improves tissue attachment and increases stability, which aids in reducing crestal stress. Three long cutting grooves facilitate self-tapping insertion while the rounded apex reduces risk of sinus perforation.

Included in InterActive's all-in-one packaging is a cover screw, 2 mm extender/healing collar, final abutment fixation screw and a fixture-mount.

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References available upon request from the publisher.



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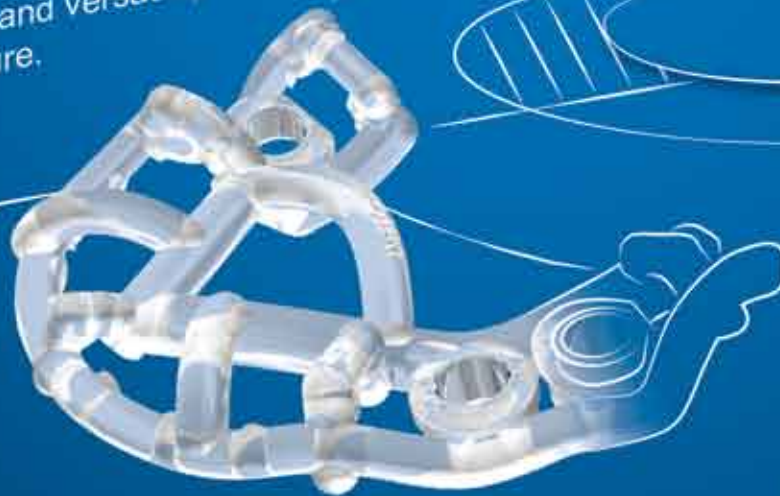
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1 Symposium Schedule

Time	Lecture	Speaker
08:30 - 10:00	Current Advances in Bone Augmentation - Horizontal Bone Augmentation - Vertical Bone Augmentation	Dr. Craig Misch
10:00 - 10:30	Break	
10:30 - 12:00	Clinical Key Points for Successful Immediate Placement & Loading in the Mandible & Maxilla - How to Place Implants & Get Ideal Initial Stability in Different Types of Bone Density - Immediate Placement and Immediate Loading - Flapless Surgery with the Neo Precision Guide - Live Interaction - Video Study of Various Cases	Dr. Young - Ku Heo
12:00 - 13:00	Lunch	
13:00 - 14:30	Minimally Invasive Crestal & Lateral Sinus Approaches - No Malleting Sinus Lift Technique(SCA Technique) - How to Prevent Membrane Tearing During Sinus Lifting - Step by Step Procedure of SCA Technique - Safe, Fast & Predictable Lateral Window Opening Technique - Minimal Incision & Small Window Opening Technique	Dr. Kent Hwang
14:30 - 15:00	Break	
15:00 - 16:30	Implant Complications & Their Solutions - Etiology of Periimplantitis - Prevention of Periimplantitis - Treatment Options of Periimplantitis - Introduction of Neobiotech Products for solution of Periimplantitis	Prof. Hom-Lay Wang
16:30 - 17:30	Contemporary Implant Prosthodontics - Precision Impression Making - All About SCRIP - CAD/CAM Digital Dentistry	Dr. Young - Ku Heo

2 Symposium Speaker

	Dr. Craig Misch / USA - Current Advances in Bone Augmentation
	Dr. Young-Ku Heo / Korea - Clinical Key Points for Successful Immediate Placement & Loading in the Mandible & Maxilla - Contemporary Implant Prosthodontics
	Dr. Kent Hwang / USA - Minimally Invasive Crestal & Lateral Sinus Approaches
	Prof. Hom-Lay Wang / USA - Implant Complications & Their Solutions

For tight situations when extracting wisdom teeth, here's how to extend your surgical viewing angle

By W&H Staff

Surgical drive instruments face anatomical limits when extracting wisdom teeth: The cheek obstructs straight handpieces in the case of small mouths, or the distal molar makes burr access difficult for contra-angle handpieces.

In either case, the new surgical contra-angle handpieces from W&H offer an intelligent solution — even for wide apical tooth sectioning.

The dental handpieces WS-91 and WS-91LG combine the advantages of surgical straight and contra-angle handpieces for the first time ever. The extended angle between the shank and burr axis allows good access to the tooth row both buccally and occlusally. Displaced teeth can be comfortably sectioned.

The dentist also has a significantly better view of the surgical site than with the instruments previously available.

Dr. Mario Kirste from Frankfurt/Oder had this to say: "If I turn the contra-angle handpiece head slightly, I can work particularly quickly and safely in the retromolar region. The instrument has the potential to reconcile the contrasting positions taken up by the users of straight and contra-angle handpieces."

Power plus hygienic safety

The new contra-angle handpieces WS-91/WS-91LG are real powerhouses at the same time. Their transmission ratio of 1:2.7 results in a speed of up to 135,000 revolutions per minute. The key factor, however, is their high power combined with a surgical motor.

The contra-angle handpieces achieve an effective power of more than 2 Ncm on the working part of the burrs, making them almost three times as powerful as standard dental contra-angle handpieces combined with an electric dental motor.

Biologically necessary and hygienically safe cooling is also taken care of: An exter-

nal triple spray cools the rotating instrument with a sterile saline solution. As with all dental handpieces from W&H, the surface of the new contra-angle handpieces is scratch-resistant and therefore easy to clean. They can also be easily disassembled without tools, according to W&H.

Successful balance

Apical resection is another indication for the contra-angle handpieces WS-91/WS-91LG. The sophisticated geometry ensures excellent vision in cases involving maxillary molars and small mouths. In the WS-91LG, a mini LED+ also illuminates the operating area with daylight quality.

"The new contra-angle handpieces are a really successful balance. This achievement by W&H extends my viewing angle and my options in routine surgery," Kirste said.

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The new surgical contra-angle handpiece WS-91LG. (Photo/Provided by W&H)

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