

# IMPLANT TRIBUNE

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www.dental-tribune.com

## Technology and biology converge in the 'Valley of the Sun'



The AAID's 2013 annual meeting will take place in Phoenix this October at the JW Marriott Desert Ridge Resort. Photo/Provided by JW Marriott Desert Ridge Resort

### AAID's 2013 annual meeting will be Oct. 23–26 in Phoenix

Implant dentistry has come a long way from the early days. The advances are more than evolutionary. The American Academy of Implant Dentistry's 62nd Annual Meeting will explore how biology and technology converge to improve the treatment options available to doctors to solve ever more difficult and complex issues for patients.

An international symposium, entitled "International Excellence in Implant Dentistry — The Spanish Connection," complete with simultaneous translation, will lead off the main podium programs.

Live surgery presentations in the operating, along with numerous intensive courses, many with hands-on compo-

nents, will be offered as well.

The office team can look forward to two intensive days of programming on Thursday and Friday. Clinical and hands-on courses will be included.

One distinction that sets AAID's meetings apart is the opportunity to interact directly with world-class experts and presenters. You will be able to text your questions during the main podium presentations, and the presenter will be given those questions to answer live, at the end of the program.

Join your colleagues in Phoenix this October for the best in implant dentistry, where you will find practical education for the practicing implant dentist.

Check out the abstracts, learning objectives, speakers and complete schedule online at [www.aaid.com](http://www.aaid.com) or by scanning this QR Code.



[snap.vu/nb72](http://snap.vu/nb72)



AAID President Nicholas Caplanis.

## Myths of mini-implant dentistry

*Why you're missing out if you're avoiding the use of mini-implants*

By Allan Fuhr, DMD

Mini-implant dentistry has long been a controversial topic, which has steered many dental practitioners across the world away from reaping the multitude of benefits of mini-implant dentistry. They miss out on the benefits to both their practices and to their patients. Despite nearly 25 years in the marketplace, the mini-implant system is still not being used by most practitioners. Why?

This article, and a series of upcoming webinars, will dispel these myths and debunk the many misconceptions about the use of the mini-implant in everyday dental practice.

*Myth No. 1: "Mini-implants have the same 'limitations of use' as standard root-form implants," i.e., health issues, anatomical issues and financial issues.* With an ever-expanding aging global population of potential patients, it is our responsibility to bring the well-accepted benefits of implant dentistry to this group, emphasizing a minimally invasive procedure, doable with minimal available bone and at an affordable cost. Additionally, most medical concerns do not compromise the use of the MDI system and its minimally invasive protocol.

*Myth No. 2: "A major concern with MDI placement is violating the inferior alveolar nerve (IAN), hence causing a temporary or permanent paresthesia."* Pre-operative treatment planning, including use of a panoramic radiograph, diligent intra-oral digital examination, use of the MDI clear overlay measuring guide and adherence to proper surgical protocol should ensure safe implant positioning away from the mental foramen, as well as the inferior alveolar nerve.

Remember, an inferior alveolar nerve block is never recommended,

► See MINI-IMPLANTS, page B2

◀ MINI-IMPLANTS, Page B1

as it negates the patient's ability to advise the dentist that he/she is feeling discomfort, hence not allowing for the repositioning of the implant at the time of placement.

*Myth No. 3: "During mini-implant placement, lingual and buccal plate perforation is a common occurrence."*

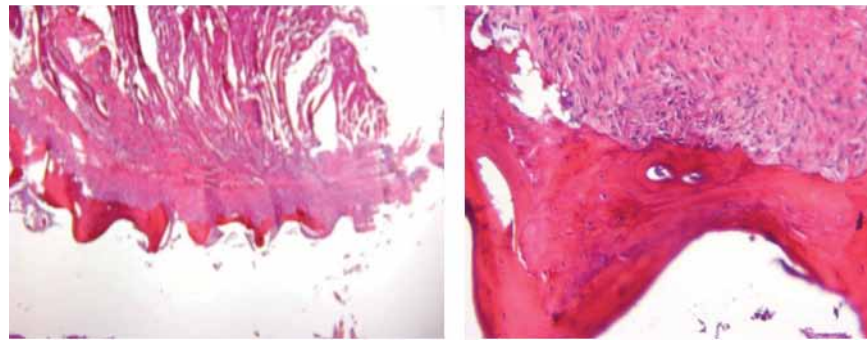
Another anatomical misconception with placement of MDIs is the ability during placement to perforate the lingual or buccal plates of bone and/or the cortical bone in the floor of the sinus or nasal cavity. This is not factual. The 3M ESPE MDI is neither designed nor capable of advancing itself through cortical or Type 1 (D-1) bone.

*Myth No. 4: "Mini-dental implants often fracture during placement."*

The 3M ESPE Mini-Dental Implants, of all diameters and all lengths, are manufactured with the highest standards within the industry, often exceeding acceptable tolerances by the FDA. The manufacturing process utilizes the strongest titanium alloy version Ti-6Al-4V available, assuring biocompatibility with the lowest level of rejection. When placed using the specific guidelines and protocol by the manufacturer, as well as due diligence of the operator, the likelihood of fracture is nearly impossible.

*Myth No. 5: "Mini-dental implants are only a temporary, not permanent, solution for support of prosthesis because MDIs do not fully osseointegrate."*

Fact is, more so than with standard root-form implants that require a larger osteotomy site and three to six months of healing before osseointegration occurs, mini-dental implants have the advantage



Tissue response to an MDI 1.8 mm diameter implant after three months. The shape of implant grooves is visible (left), and there is clear evidence of bone formation (right) at the interface with the implant surface. Photos/Provided by Dr. Allan Fuhr

of an initial stability when placed, due to the self-tapping capability and osseoposition, with torque readings in excess of 35 Ncm, in addition to having a titanium blasted acid-etched surface that allows for complete osseointegration in the same time span as traditional root-form implants.

Therefore, mini-dental implants can usually be loaded and used the same day as placement, affording the patient a speedier prosthodontic result.

### About the author

**DR. ALLAN FUHR** is a practicing oral and maxillofacial surgeon. Founder and president of World Dental Expo ([www.worlddentalexpo.com](http://www.worlddentalexpo.com)), Fuhr, DMD, is a lecturer and key opinion leader for the 3M ESPE/Implant Division. He graduated from the University of Louisville, B.A., had a research fellowship with the Salk Institute, graduated from Fairleigh Dickinson University and had an internship-residency in oral and maxillofacial surgery at the Washington Hospital Center, Washington, D.C.



Bone integration to a 2.4 mm diameter MDI at three months.

## ICOI World Congress heads to Istanbul

The International Congress of Oral Implantologists (ICOI) will convene its World Congress XXX in Istanbul, Turkey, from Oct. 3-5 at the Istanbul Lutfi Kirdar International Convention and Exhibition Centre in the heart of the European side of the dual-continent city. Situated on one of the world's busiest waterways, Istanbul is flanked by the Black and Marmara seas and separated by the famous Bosphorus, or Istanbul, Strait.

Two-thirds of Istanbul's 12 million people live on the European side of town, while one-third reside on the Asian side. ICOI's World Congress will be held at an ideal time of year in Istanbul, and attendees are assured of favorable weather, the ICOI says.

An endless array of tourist opportunities awaits the delegates to the congress. Istanbul is home to the famous Blue Mosque, the Hagia Sophia Museum, the Topkapi Palace, the Grand Bazaar and the Egyptian Spice Market, among other attractions.

The theme for ICOI's 30th World Congress is "International Innovation and Perspectives for Implant Reconstruction," and it will feature a world-class international faculty. The scientific program was designed by Dr. Scott Ganz from Fort Lee, N.J., and Dr. Ady Palti of



Baden-Baden, Germany.

The Scientific Committee, in concert with the co-hosts for this World Congress, the Turkish Society of Oral Implantology and the Meffert Implant Institute, has put together a lineup of speakers who will present on topics such as immediate loading, bone grafting, three-dimensional imaging, guided-surgical applications, occlusion and more.

Main Podium lecturers include Drs. Shinichi Abe from Japan, Volkan Arisan from Turkey, Nabil Barakat from Lebanon, Georg Bayer from Germany, Fred Bergman from Germany, David Garber from the United States, Aslan Gokbuget from Turkey, Cuneyt Karabuda from Turkey, Christian Makary from Lebanon, Stavros Pelekanos from Greece, Marco Rinaldi from Italy, Nigel Saynor from the United Kingdom, Georgios Romanos from the United States, Avi Schetritt from the United States, Deborah Schwartz-Arad from Israel, Gerard

Scortecchi from France, Marius Steigmann from Germany, Jon Suzuki from the United States, Istvan Urban from Hungary and Gerlig Widmann from Austria.

The Congress will convene at 1:30 p.m. on Thursday, Oct. 3. However, on Thursday morning, delegates will get the opportunity to attend several pre-congress courses given by the congress' sponsors.

Scientific table clinics and poster presentations will also be a part of the program. Those interested in presenting either a poster or table clinic should visit the ICOI website, [www.icoi.org](http://www.icoi.org), for guidelines and application forms or e-mail Dr. Avi Schetritt at [dravi@perio.org](mailto:dravi@perio.org).

The social event of the World Congress will be held at the Palas Cahid as congress attendees take over the whole club. This popular night spot is located near the convention center, but buses will take guests there, leaving from the convention center at 7:45 p.m. Friday, Oct. 4. Cocktails will be served starting at 8 p.m., followed by dinner. A stage show will entertain the guests until midnight.

For complete information on ICOI's World Congress XXX, visit [www.icoi.org](http://www.icoi.org). The ICOI is based in Upper Montclair, N.J.

(Source: ICOI)

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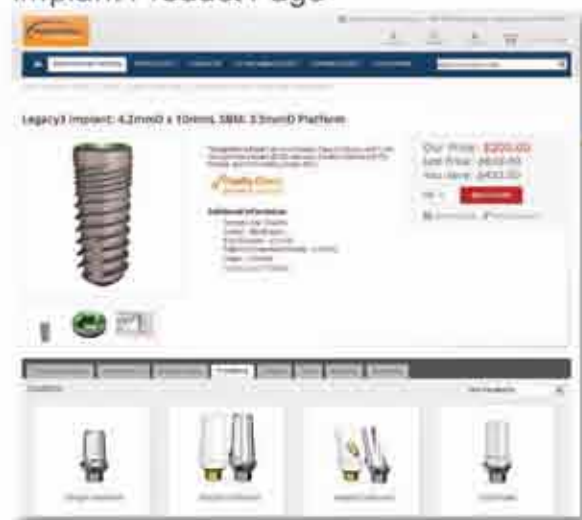
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# Q-Implant Marathon: hands-on courses for implant placement, sinus lifts, mono blocks, ridge splits and more

**C**ontinuing education in dental implantology has traditionally focused on theoretical aspects. However, since 2003, the Trinon Collegium Practicum (TCP) has organized practice-orientated dental implantology courses based on the model of surgeon training in European hospitals, enabling dentists to gain a firmer grasp of implantology procedures.

## Drawbacks of traditional implantology education

Conventionally, entering the field of implantology has proven difficult for many dentists. Typically, it is not a subject of university education with many universities and courses focusing largely on theoretical orientation.

Because of this, establishing oneself within this particular area of dental medicine can prove to be a time-consuming endeavor. Further complicating the matter is the issue that educational and training programs rarely present an opportunity for participants to work directly on patients. This, according to Alfredo Valencia, MD, DDS, scientific director, TCP, has led to implant education placing an increased emphasis on theoretical training. This theoretical emphasis ultimately results in a neglect of practical experience and, more importantly, a general lack of confidence in ability. Because of this, many inexperienced dentists develop a fear of complicated cases and, as a result, a limited learning curve.

## Learning by doing

As a result of the growing concern stemming from the lack of practical hands-on implantology courses, TCP teamed up with Dr. Valencia to develop the Q-Implant Marathon®. Started in 2003 in Santa Clara, Cuba, the course is designed to be purely hands-on with a real patient experience under strict supervision from internationally renowned surgeons.

Participants with a strong theoretical foundation in implantology spend five days assisting in and performing surgeries. Throughout the course, participants are assigned to small groups (three individuals or less) under direct supervision from the same instructor for the entire duration of the course.

This intimate setting allows for the opportunity for each beginner participant to place 30 or more implants in the span of five days. Advanced levels guarantee 15 sinus lifts per participant and, depending on the level of surgical experience, participants may participate in more complex surgeries such as mono blocks, ridge splits, titanium mesh reconstruction and more.

Patients are prepared and followed up by resident members of the private clinic in which the surgeries are conducted. In most cases, patients are immediately



Above, Trinon Collegium Practicum team in Santo Domingo, Dominican Republic.

provided with temporary restorations so participants can see the result of the treatment and complete their photographic documentation. The phased approach of the Q-Implant Marathon, which accounts for 45 dental C.E. credits through the Academy of General Dentistry, divides participants into three levels: Beginner, Advanced I and Advanced II.

The Q-Implant Marathon gives dental practitioners an opportunity to learn the relevant knowledge they require in their home clinics. Beginners' courses focus around basic implant cases whereas surgeons with considerable experience can opt to participate in an advanced course focusing on complicated cases. Regardless of skill level or experience, all students experience the reassurance that they have a highly qualified supervisor at their disposal to discuss cases and assist during surgery. "Learning by doing is the most successful way to gain experience in implantology, and that is why we do it that way," Valencia said.

## Focus on the United States

Today, the hand-on concept has been rolled out in three permanent locations worldwide with one in Santo Domingo, Dominican Republic, and two courses in Asia. In the last 10 years, TCP has hosted more than 2,000 dentists in the Q-Implant Marathon, leading to the treatment of more than 15,000 patients and the placement of more than 40,000 implants.

The decision to conduct these hands-



At left, participants working on a case at the clinic.

Photos/Provided by Trinon Collegium Practicum

on courses in Santo Domingo is a direct result of the rising number of dental implantologists in the United States and its surrounding regions. Additionally, there is a growing number of patients in this region that demand a high level of care but lack access to adequate dental care. The course in Santo Domingo has been conducted more than 30 times.

The head instructor for the Q-Implant Marathon in Santo Domingo is Valencia, who received his medical degree from the University of Oviedo in Spain. Valencia has more than 30 years of experience in the fields of oral and maxillofacial surgery and stomatology. He is supported by a team of assisting tutors, whom he personally recruited. Most of these tutors

have been trained in implantology from him directly. Of his colleagues Valencia says, "I know them well and it is easy for me to work with them."

## Contact information

The Q-Implant Marathon is conducted six to eight times a year in Dominican Republic, Cambodia and Laos. The next session in Dominican Republic will take place Dec. 2-6.

To find out more information about the Q-Implant Marathon, contact Dominika Zmely at (877) 705-1002, email to [dz@implantologycourses.com](mailto:dz@implantologycourses.com) or visit [www.implantologycourses.com](http://www.implantologycourses.com).

(Source: Trinon Collegium Practicum)

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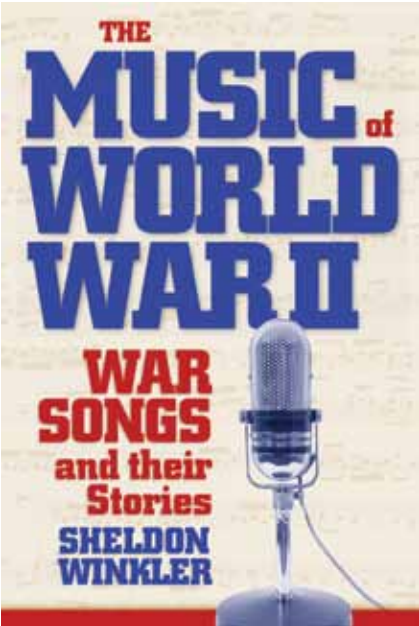
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Dr. Sheldon Winkler's book, now available at [www.amazon.com](http://www.amazon.com).

# AAIP executive director releases book on the music of World War II

By Lori Winkler Kesselman

When Dr. Sheldon Winkler retired from Temple University in January 2006 as professor emeritus, where he previously served as chairperson of the department of prosthodontics and dean of research,

advanced education, and continuing education, he started a second career as an author and speaker on the music of the Second World War. Winkler attended public school during America's participation in World War II. During music classes, students at that time were required to learn the lyrics to



war-related songs. If the memorization of lyrics was not required, the continual playing of war songs on the radio, on records, in the movies and on loud speakers in and outside of stores contributed to the remembrance process.

Winkler's mother started teaching him piano when he was very young. He formed a band in high school that played at college dances, social functions and in Catskill Mountain hotels in New York State and Orange Mountain hotels in New Jersey until he completed college and dental school. Occasionally, Winkler appeared on the radio as a soloist. While his band sometimes played music from World War II, his bandmates strongly resisted efforts to include war songs in the band's repertoire.

Winkler's love of music stayed with him all of his life. He started collecting information on the music of World War II a number of years before his retirement and had several articles published in World War II History magazine. His ultimate goal was to prepare a free-standing book on the music of the war years. After his retirement from academics and research, with the encouragement of his family and former colleagues at Temple University Schools of Dentistry and Medicine, he achieved his goal.


"The Music of World War II: War Songs and Their Stories" was released in March 2013 by Merriam Press, a publisher of military history with an emphasis on World War II.

Some memorable and enduring popular music of the 20th century was written during the Second World War. With patriotism at an all-time high, the war effort became an integral part of the entertainment industry, creating an emotional wartime dream world of heroes, love, remembrance, reflection and introspection. "The Music of World War II" tells the stories behind the origins of many of these musical compositions, some of which have survived to become standards and are popular to this day.

► See MUSIC, page B10

AD

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After extracting the tooth and placing an Inclusive® Tapered Implant, a custom healing abutment was installed to create an optimal emergence profile.



Following four months of integration, the soft tissue had healed nicely around the custom healing abutment, exhibiting optimal margins and gingival contours. The crown on tooth #8 was removed.



Removal of the custom healing abutment revealed an anatomically correct transitional contour between the implant and the restoration.



The matching gingival contours of the zirconia custom abutment conformed well to the emergence profile established during the healing phase.



The optimal esthetics, margins and emergence profile of the final IPS e.max® restoration were set up by the patient-specific contours of the custom healing abutment.

*Clinical dentistry by Timothy F. Kosinski, DDS, MAGD*

\*Price does not include shipping or applicable taxes.  
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**For more information**

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