SPECIAL AAID EDITION

IMPLANT TRIBUNE

The World's Dental Implant Newspaper · U.S. Edition

SEPTEMBER 2011 www.implant-tribune.com VOL. 6, NO. 9

AAID's marketplace
Dental industry website convenient, time-efficient

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Yankee Dental Congress
'Ride the Wave to Success in Dentistry' at winter conference

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Industry products, services
Collagen membranes, bone-grafting materials, more

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Industry clinical

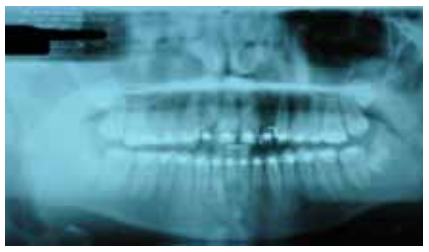

Fig. 1: Pre-op panoramic.

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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AAID turns 60

At annual meeting, group celebrates six decades of success and looks to future

Sixty years ago, a small cadre of dental pioneers braved a firestorm of professional criticism and founded the American Academy of Implant Dentistry (AAID) to stimulate research and training in implant dentistry and pave the way for eventual public and professional acceptance of implants as the preferred method for replacing missing teeth.

This year, at its 60th annual scientific meeting, Oct. 19–22 in Las Vegas, AAID will celebrate six decades of achievement in dental implant education and look ahead to challenges in meeting surging global demand for implants.

AAID's meeting is highly regarded in the dental profession as an innovative forum and valuable resource for continuing education, product demonstrations and networking. More than 1,600 dentists, allied staff and exhibitors are expected to attend. The theme for the conference, to be held at Caesars Palace, is "Realities of Implant Dentistry: Stacking the Deck in Your Favor." As always, the scientific program will showcase an international cast of speakers and offer practical education for the practicing implant dentist.

The 60th annual scientific meeting of the AAID will take place Oct. 19–22 at Caesars Palace in Las Vegas. (Photo/Provided by Caesars Palace)

A major highlight of the meeting will be the premiere showing of a documentary video, produced by AAID, tracing the academy's history as told by the pioneers who made it. Dr. Norman Goldberg, AAID's first president, now more than 90 years old, will introduce the video with current AAID President Joseph Orrico, DDS, during a plenary session.

"What I believe is most compelling about AAID's history is the cour-

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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 credentialing 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.

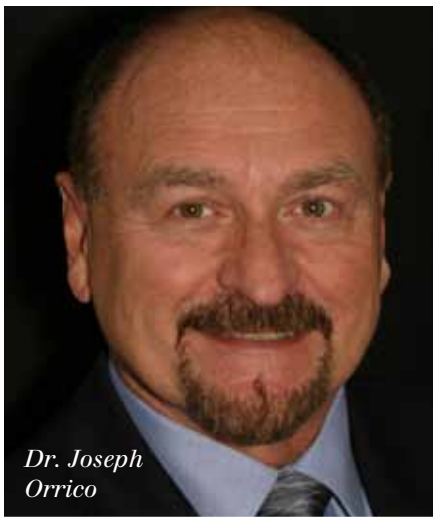
Another prominent and somewhat controversial topic in implant dentistry is early loading of dental implants. Jack A. Hahn, DDS, on Oct. 21, will instruct AAID members about when immediate load implants are appropriate in his main podium session titled "Implants for Immediate Function — Fact or Fiction."

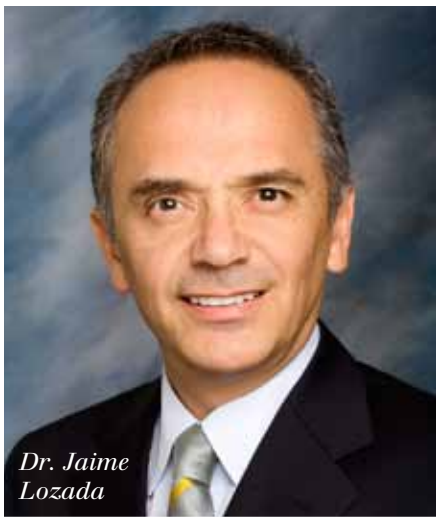
Implants often are a key element for cosmetic dental restorations and contemporary facial rejuvenation procedures, such as Botox and injectable fillers, which are being used more frequently by dentists to maximize cosmetic outcomes. Most dentists, however, still are not aware of the considerable benefits these treatments offer for cosmetic dental treatment.

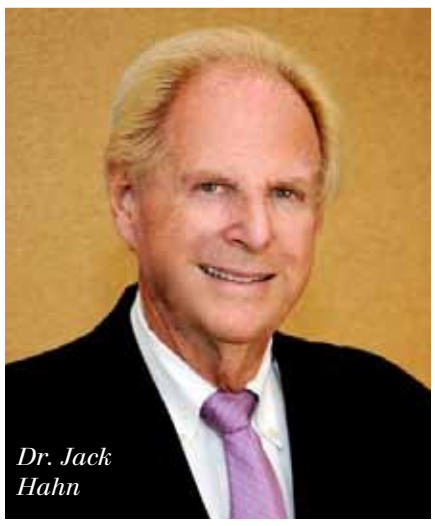
In a workshop on Oct. 22, chaired by Pankaj Singh, DDS, conference attendees will learn that facial rejuvenation procedures are a natural and logical expansion for dental practices to help achieve optimal esthetic outcomes in cosmetic and restorative dental care.

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.


Dr. Joseph Orrico


Dr. Jaime Lozada


Dr. Jack Hahn


Dr. Pankaj Singh

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.

AAID can help consumers find a local credentialed implant dentist at *www.aaid.com*. AAID is based in Chicago and has more than 4,000 members. It is the first organization dedicated to maintaining the highest standards of implant dentistry by supporting research and education to advance comprehensive implant knowledge. IT

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.cc/aaid2011* on your mobile device to download the application, or scan this QR Code.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at ***feedback@dental-tribune.com***. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at ***database@dental-tribune.com*** and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

IT 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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References: 1Sanz M, et al. J Clin Periodontol 2009; 36: 868-876. 2McGuire MK, Scheyer ET. J Periodontol 2010; 81: 1108-1117. 3Harford AG, et al. J Oral Maxillofac Surg 2010; 68: 1463-1470.

OH0242 Rev. 1/2011

GEM 21S®
GROWTH-FACTOR ENHANCED MATRIX
Like no other

Caution: Federal Law restricts this device to sale by or on the order of a dentist or physician.

GEM 21S® is composed of two sterile components:
• synthetic beta-tricalcium phosphate (ß-TCP) [Ca3 (PO4)] is a highly porous, resorbable osteoconductive scaffold or matrix that provides a framework for bone ingrowth, aids in preventing the collapse of the soft tissues and promotes stabilization of the blood clot. Pore diameters of the scaffold are specifically designed for bone ingrowth and range from 1 to 500 µm. The particle size ranges from 0.25 to 1.0 mm and

• highly purified, recombinant human platelet-derived growth factor-BB (rhPDGF-BB). PDGF is a native protein constituent of blood platelets. It is a tissue growth factor that is released at sites of injury during blood clotting. Extensive in vitro and animal studies have demonstrated its potent mitogenic (proliferative) and chemotactic (directed cell migration) effects on bone and periodontal ligament derived cells. Animal studies have shown PDGF to promote the regeneration of periodontal tissues including bone, cementum, and periodontal ligament (PDL).

The contents of the cup of ß-TCP are supplied sterile by gamma irradiation. Sterile rhPDGF-BB is aseptically processed and filled into the syringe in which it is supplied. All of these components are for single use only.

INDICATIONS:
GEM 21S® is indicated to treat the following periodontally related defects:
• Intrabony periodontal defects;
• Furcation periodontal defects; and
• Gingival recession associated with periodontal defects.

CONTRAINDICATIONS:
As with any periodontal procedure where bone grafting material is used, *GEM 21S®* is CONTRAINDICATED in the presence of one or more of the following clinical situations:
• Untreated acute infections at the surgical site;
• Untreated malignant neoplasm(s) at the surgical site;
• Patients with a known hypersensitivity to any product component (ß-TCP or rhPDGF-BB);
• Intraoperative soft tissue coverage is required for a given surgical procedure but such coverage is not possible; or
• Conditions in which general bone grafting is not advisable.

WARNINGS:
The exterior of the cup and syringe are NOT sterile. See directions for use. It is not known if *GEM 21S®* interacts with other medications. The use of *GEM 21S®* with other drugs has not been studied. Carcinogenesis and reproductive toxicity studies have not been conducted.

The safety and effectiveness of *GEM 21S®* has not been established:
• In other non-periodontal bony locations, including other tissues of the oral and craniofacial region such as bone graft sites, tooth extraction sites, bone cavities after cystectomy, and bone defects resulting from traumatic or pathological origin. *GEM 21S®* has also not been studied in situations where it would be augmenting autogenous bone and other bone grafting materials.
• In pregnant and nursing women. It is not known whether rhPDGF-BB is excreted in the milk of nursing women.
• In pediatric patients below the age of 18 years.
• In patients with teeth exhibiting mobility of greater than Grade II or a Class III furcation.
• In patients with frequent or excessive use of tobacco products.

Careful consideration should be given to alternative therapies prior to performing bone grafting in patients:
• Who have severe endocrine-induced bone diseases (e.g. hyperparathyroidism);
• Who are receiving immunosuppressive therapy; or
• Who have known conditions that may lead to bleeding complications (e.g. hemophilia).

The *GEM 21S®* grafting material is intended to be placed into periodontally related defects. It must not be injected systemically.

The radiopacity of *GEM 21S®* is comparable to that of bone and diminishes as *GEM 21S®* is resorbed. The radiopacity of *GEM 21S®* must be considered when evaluating radiographs as it may mask underlying pathological conditions.

PRECAUTIONS:
GEM 21S® is intended for use by clinicians familiar with periodontal surgical grafting techniques. *GEM 21S®* is supplied in a single use kit. Any unopened unused material must be discarded and components of this system should not be used separately.

ADVERSE EVENTS:
Although no serious adverse reactions attributable to *GEM 21S®* were reported in a 180 patient clinical trial, patients being treated with *GEM 21S®* may experience any of the following adverse events that have been reported in the literature with regard to periodontal surgical grafting procedures: swelling; pain; bleeding; hematoma; dizziness; fainting; difficulty breathing, eating, or speaking; sinusitis; headaches; increased tooth mobility; superficial or deep wound infection; cellulitis; wound dehiscence; neuralgia and loss of sensation locally and peripherally; and, anaphylaxis.

Occurrence of one or more of these conditions may require an additional surgical procedure and may also require removal of the grafting material.

STORAGE CONDITIONS:
The *GEM 21S®* kit must be refrigerated at 2°-8° C (36°-46° F). Do not freeze. The individual rhPDGF-BB component must be refrigerated at 2°-8° C (36°-46° F). The ß-TCP cup can be stored at room temperature, up to 30° C (86° F). The rhPDGF-BB component must be protected from light prior to use; do not remove from outer covering prior to use. Do not use after the expiration date.

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AAID leads industry with Dental Industry Marketplace

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.

The Dental Industry Marketplace allows practitioners to contact suppliers and watch videos about implant services or supplies.

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 partnered with MultiView, an Irving, Texas-based publisher of electronic buyer and supplier guides, to develop the Dental Industry Marketplace in 2007.

"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*. IT

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. IT

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- Dr. David Azar, General Dentist from New York, NY

"It is as if you have your favorite mentors sitting next to you and showing you how things are done on a very personal level." - Dr. Daniel Kim, General Dentist from Phoenix, AZ

← IT page 1

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."

These results support well-known literature about implant

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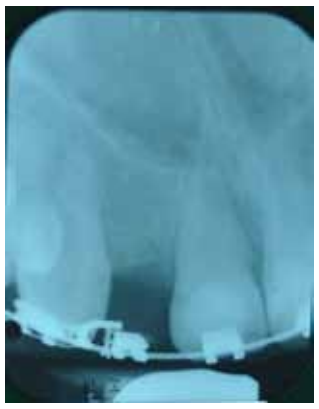

Fig. 2: Pre-op site #7.

Fig. 3: Pre-op site #10.

Fig. 4: Immediately after orthodontic debracketing

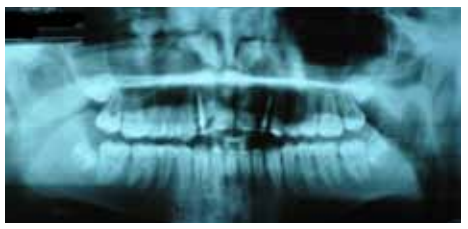

Fig. 5: Post-op panoramic.

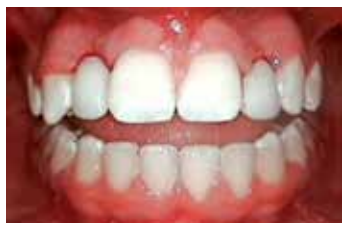

Fig. 6: Immediately after ANEW placement.

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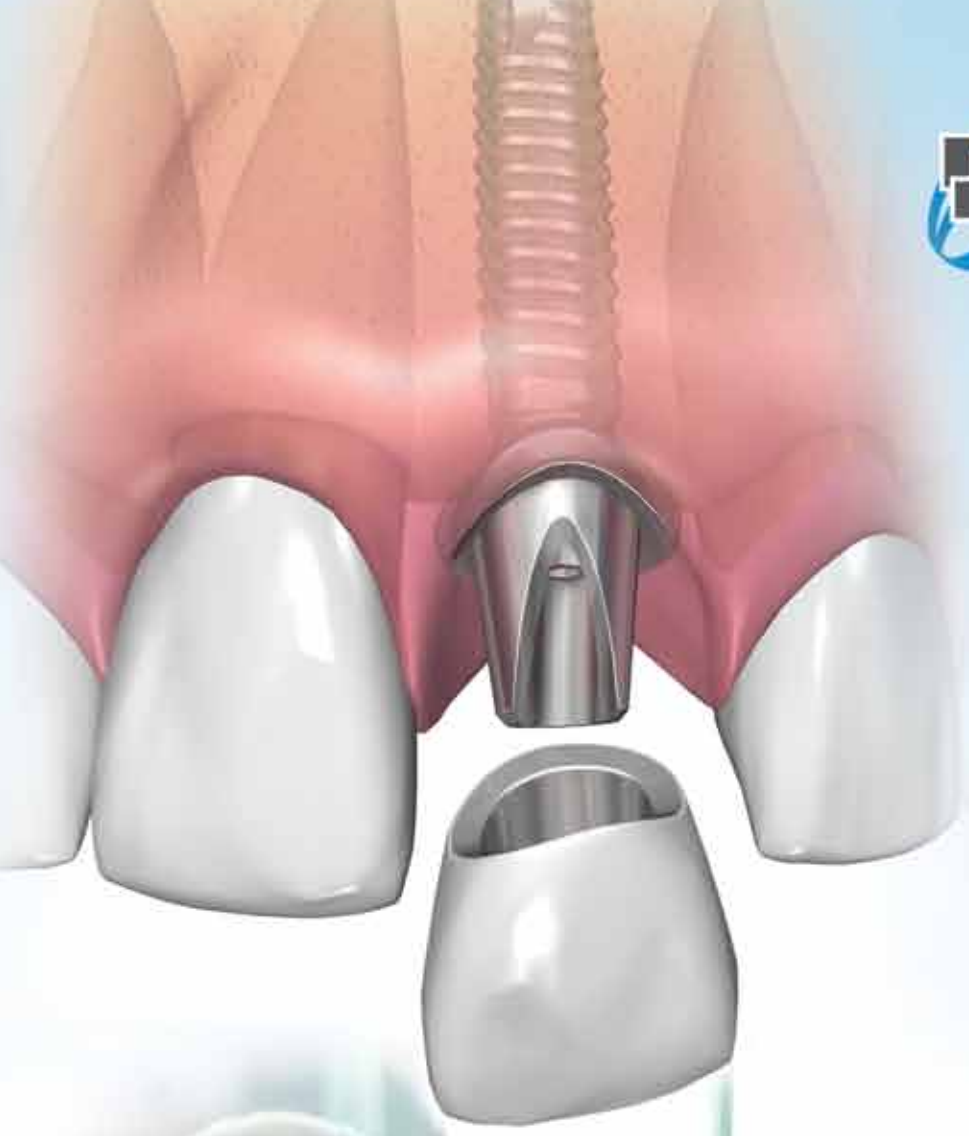

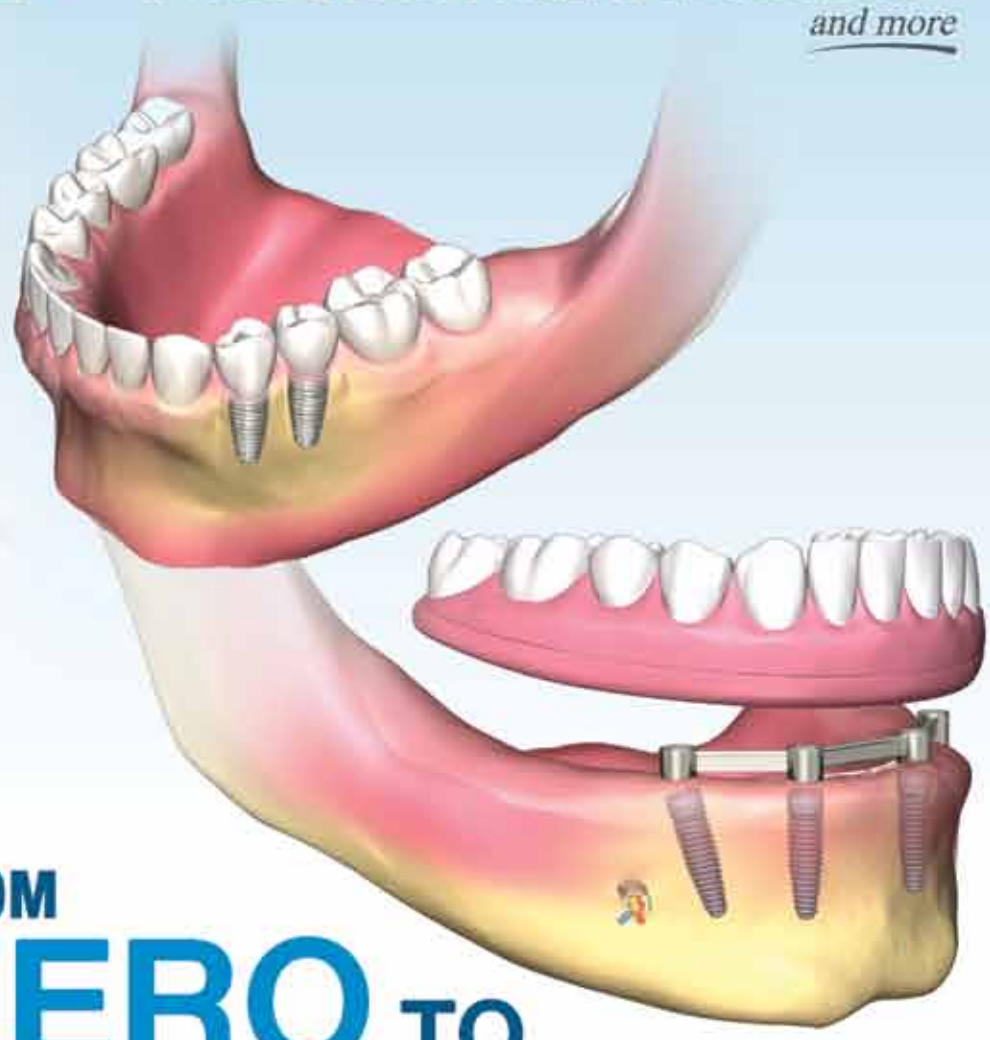

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design and materials in many ways. ANEW narrow-body dental implants are composed of Grade V, titanium alloy; the threaded portion of the implant is mechanically roughened to increase surface area and maximize the bone-implant interface; and the tapered 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.

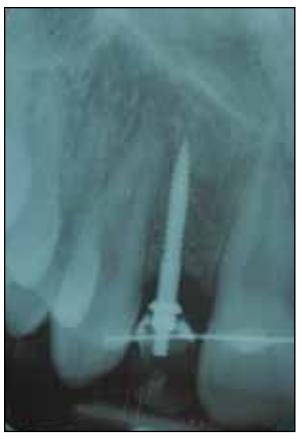

Fig. 7: Six-months post placement #7.

Fig. 8: Six-month post placement #10.

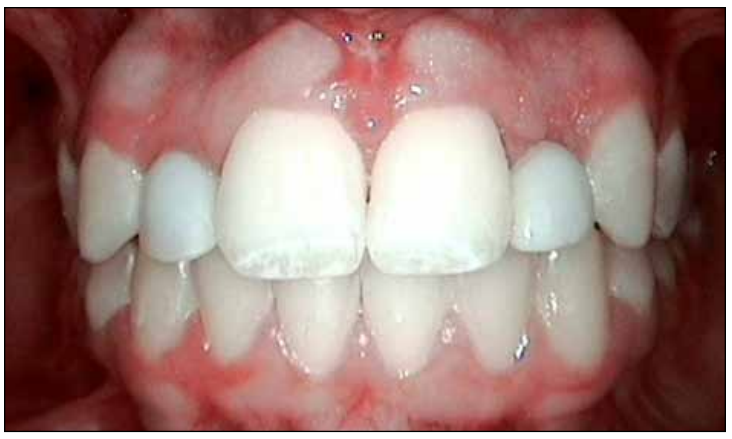

Fig. 9: Six-months post-placement. (Photos/Provided by Drs. D'Orazio and Iacobelli)

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 debracketing (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 remade 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. IT

IT About the authors

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