

IMPLANT TRIBUNE

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Annual meeting to focus on 'Technology and Biology'

The American Academy of Implant Dentistry's 2013 annual education conference is set for Oct. 23–26 in Phoenix at the JW Marriott Desert Ridge Resort.

The AAID's 62nd Annual Meeting, titled "Technology and Biology Converge in the Valley of the Sun," 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, titled "International Excellence in Implant Dentistry — The Spanish Connection," complete with simultaneous translation, will lead off the main podium programs.

Four live surgery presentations in the operatory and 19 intensive courses, most with hands-on components, 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 its world-class experts and presenters, according to organizers. 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.

The main podium programs feature presentations organized into distinct topic areas and cover timely issues facing the practicing implant dentist. Join 1,000 of your colleagues as you learn from world-class experts.

Topic categories include international excellence in implant dentistry; biology of osseointegration; clinical; technology; regeneration and biologics; and management of clinical dilemmas.

All main podium lectures will take



The AAID's 2013 annual meeting will take place in Phoenix from Oct. 23–26 at the JW Marriott Desert Ridge Resort.

Photo/Provided by JW Marriott Desert Ridge Resort

place in the Grand Saguaro, Ballroom Level.

Main podium schedule: Wednesday

- 1:30 p.m.: "Tissue Bioengineering in Complex Prosthetic Rehabilitation" by Hector Alvarez-Cantoni, DDS, MSc, PhD
- 2:15 p.m.: "Key Factors on Peri-Implant Marginal Bone Loss" by Pablo Galindo-Moreno, DDS, PhD
- 3:30 p.m.: "Smile Design Incorporating Dental Implants" by Guillermo Bernal, DDS
- 4:45 p.m.: "An Innovative Technique for the Management of the Maxillary First Molar Site with Grafts and Implants" by Cesar Ortiz-Campos, DDS, MScD

Main podium schedule: Thursday

- 8 a.m.: "Implant Dentists Converge

to Provide Humanitarian Aid" by Steven Hewett, DDS, FAAID, DABOI/ID

- 8:30 a.m.: "Understanding Implant Interface and Bone Physiology in Immediate Extraction Sites" by Mauricio Araujo, DDS, MSC, PhD
- 11 a.m.: "The Immediate Implant Does Not Have to Lose the Buccal Bone" by Arthur Novaes, DDS, MScD, PhD
- 1:30 p.m.: "Implant Placement Adjacent to Natural Teeth: Prosthetic Strategies for Tissue Preservation" by Stephen Chu, DMD, MSD, CDT
- 4 p.m.: "Long-Term Evaluation of Immediately-Loaded Implants in the

Severely Atrophic Maxilla and Mandible" by Paulo Malo, DDS, PhD

Main podium schedule: Friday

- 8 a.m.: "CAD/CAM Abutment and Framework Fabrication" by Lyndon Cooper, DDS, PhD, and Charles Goodacre, DDS, MSD
- 9 a.m.: "Computer-Assisted Implant Dentistry and Predictable Success" by David Guichet, DDS
- 11 a.m.: "CAD/CAM Fabricated Complete Dentures: Benefits and Clinical

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Applications” by Charles Goodacre, DDS, MSD

• 1:30 p.m.: “BMP-2-Induced Alveolar Augmentation/Osseointegration: A New Standard?” by Ulf Wikesjö, DDS, DMD, PhD

• 2:15 p.m.: “Scientific Rationale and Practical Clinical Applications of PRP, PRF and Recombinant Growth Factors” by James Rutkowski, DMD, PhD, FAAID, DABOI/ID

• 4 p.m.: “Innovations for Esthetic Implant Surgery with Growth Factors” by Marc Nevins, DMD, MMSc

Main podium schedule: Saturday

• 8 a.m.: “Restoratively Driven Implant Complications: Implant Dentistry’s Dirty Little Secret” by Alfonso Piñeyro, DDS

• 9 a.m.: “Peri-implantitis Etiology and

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Treatment — An Evidence-Based Approach” by Hom-Lay Wang, DDS, MS, PhD

• 11 a.m.: “Clinical Realities and Com-

plications of Zirconia-Based Restorations” by Howard Chasolen, DMD, FAAID, DABOI/ID

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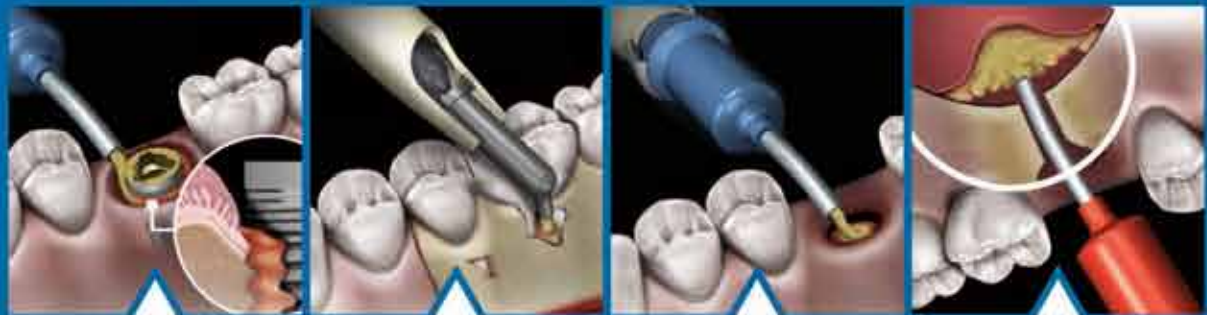
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AAID courses focus on variety of new trends, techniques and technologies

By AAID staff

At its annual meeting, the AAID will offer the following corporate-sponsored courses to give attendees the opportunity to learn about the latest innovations in implant dentistry directly from those developing the newest techniques and technologies.

Although the sessions for the following "New Trends, Techniques and Technologies" program are provided through grants from various companies, the pur-

pose is to provide significant educational content and value and not to simply promote the companies supporting the program.

All corporate-sponsored courses take place in the Grand Saguro, Ballroom Level.

Corporate-sponsored courses: Wednesday

- 8:20 a.m.: "Short Implants and Metal-Free Restorations" by Drauseo Speratti, DDS
- 8:40 a.m.: "Technological Advances

for Everyday Private Practice" by Barry Franzen, DDS

- 9 a.m.: "Replacing Those Missing Single-Teeth in Your Practice" by David Dalise, DDS, AFAAID

- 9:20 a.m.: "Hey, Do You Do Block Grafts?" by David Resnick, DDS, FAAID, DABOI/ID

- 9:40 a.m.: "From Temporary to Final – Simplifying the Restoration on Edentulous Patients" by Gordon Leonard, DDS

- 10 a.m.: "Evolution of Internal Conical Connection Implants" by Gerald

Niznick, DMD, MSD, FAAID

- 10:40 a.m.: "Simplicity in Computer-Guided Implantology: The MGUIDE MORE System" by Andrew Spector, DMD

- 11 a.m.: "Closing the Window of Negative Opportunity ... Quickly" by Scott Ganz, DMD

- 11:20 a.m.: "Bi-Phasic Calcium Sulfate (BondBone®): Biology and Application" by Daniel Brunner MD, DDS

- 11:40 a.m.: "Innovations in Peri-implant Tissue Manipulation and the Maxillary Sinus" by Jin Kim, DDS, MPH, MS, FAAID

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AAID's Dental Industry Marketplace helps clinicians seeking to shop online

By AAID staff

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 2013 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 convenient and time-efficient.

There is even an app for your Apple device so that you can access the Dental Industry Marketplace on the go. Visit the Apple Store to download the AAID mobile app or scan the QR code at right.



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Welded titanium needle implants in treatment of bone atrophy

Indications, techniques and statistics

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The needle implants were designed and presented in the early 1960s by the French dentist Scialom. He understood that, using biomechanical properties related to implant divergence, thin cylinders of metal could ensure implant prosthetic

structure reliability.

Initially, needle implants were made of tantalum. In 1972, thanks to Paoleschi, titanium became the material of choice for needle implants.

- See NEEDLE, page 8



Fig. 1: Needle implant 1.3 mm wide with its proper mandrel.

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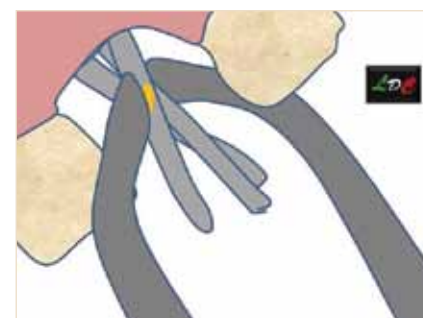


Fig. 2a: Scheme of intra-oral welding of a three-needles implant.



Fig. 2b: Picture after 20 years of a clinical case treated in the esthetic zone.



Fig. 2c: X-ray after 20 years of a clinical case treated in the esthetic zone.

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Clinical dentistry by Timothy F. Kosinski, DDS, MAGD

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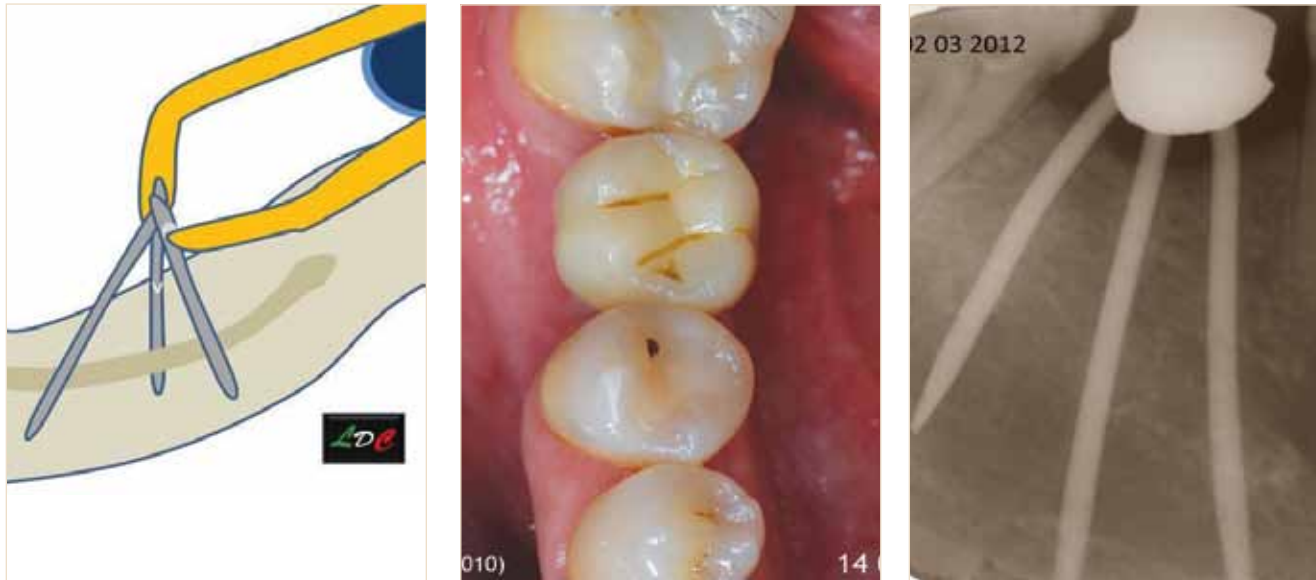
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Figs. 3a-c: From left, the scheme and clinical case of three-needles implant used to treat D4 quality bone in zone 4.6; the five-year picture; and the seven-year X-ray.

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Needle implants are cylinders of titanium provided with a tip that ends with an obtuse angle, as to gently enter the bone tissue (Fig. 1). They are mainly used in diameters between 1.2 and 1.5 mm and lengths from 25 to 40 mm.

At the coronal end, there are two fins used for mounting on the mandrel that must be mounted on the surgical handpiece. The mandrel is provided with two grooves through which the fins of the needle enter. Needle implants go inside the bone tissue with a slow, swirling motion, using a surgical handpiece at low speed (double green ring, 25-30 rpm). The descent into the bone tissue is completed with a concave surgical chisel and hammer, stopping as soon as one hears the typical sound of the cortical bone reached in depth.

Needle implants require reliable means, which allow them to join together stably. During the '70s, Pier Luigi Mondani invented the intraoral welding machine, that allows an immediate connection of titanium implants. This apparatus was conceived to weld needle implants but can be successfully used as well to connect any titanium implant: emerging, submerged, endosseous or subperiosteal. The connection can be made either by welding a titanium bar to the implants or welding the implants directly to each other.

Indications

Welded titanium needle implants have some specific indications in cases of bone deficit, where the residual bone is sparse and therefore the stability of the implant system is entrusted to the cortical anchorage. The stability provided by anchoring to the cortical bone allows immediate loading. In particular, welded needle implants give very good results in the following situations of bone defect:

- upper anterior esthetic zone, as immediate postextraction implants (Figs. 2a-c);
- posterior inferior district characterised by rarefied bone (D3-D4) (Figs. 3 and 4);
- area below the maxillary sinus, exploiting the space between palatal and sinusal cortex (Fig. 5);
- as a support to other implants.

Statistical data

Between January 1996 and December 2012, we used 351 bicortical needle implants (ϕ 1.3 mm) in the posterior (behind the fourth) atrophic lower sector, during 77 surgical interventions, with immediate welding and loading. The implants were inserted in atrophic ridges of the D3 -D4 bone.

In this study, 85.7 percent of the patients were female, while male patients represented just 14.3 percent of the group. The average age of patients was 61.4 years, in a range from ages 26 to 83. The first evaluation of the patients was done using first-level X-ray examinations (intraoral and panoramic). For safety, we also used a TC to decide the direction of the implants along the side of the inferior alveolar canal.

After piercing the bone crest surface, the needle implant was mounted on the mandrel, and by a slow rotary motion, we arrived at the deep cortical bone. If you

- See NEEDLE, page 10

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U.S. Patent: US 8,277,218,B2 
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