

ROUTINE FULL PROSTHESIS ON IMPLANTS

Detailed case study documents overdentures as viable choice among restoration options for edentulous patients.

► page A6



CAD/CAM FOR ANTERIOR RESTORATIONS

CAD/CAM expert Dr. Dhaval Patel demystifies using the technology to achieve esthetic anterior restorations.

► page A8

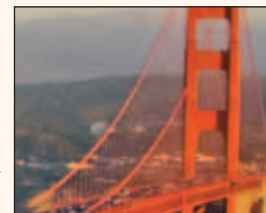


IMPLANT TRIBUNE

ICOI SUMMER IMPLANT SYMPOSIUM

International Congress of Oral Implantologists will be in San Francisco, Aug. 14–16.

► page B1



Protein that helps suppress oral cancer diminishes with age

Researchers at UCLA have found that a protein that serves as a suppressor of cancer diminishes in skin and mouth epithelial cells as the human body ages.

Dr. No-Hee Park, dean of the UCLA School of Dentistry, and his research team have been studying p53, a tumor suppressor protein known as “the guardian of the genome” because of its involvement in DNA repair, cell cycle regulation and cellular deterioration.

“Looking at ways to maintain levels of p53 as one ages may provide a therapeutic clue to preventing cancer development,” said Park, who is also a distinguished professor in the departments of dentistry and medicine at UCLA.

Previous studies have shown that p53 accumulates in large quantities as connective tissue cells, called fibroblasts, age and stop dividing. It has been believed that the accumulation of p53 causes cells to stop dividing, which prevents out-of-control cells from growing into tumors.

In a paper published online by the journal *Aging Cell*, the researchers found that in epithelial cells lining the skin and the mouth, the level of p53 is reduced, rather than enhanced, when cells age.

Epithelial cells line the major cavities of the body, including most organs, such as the mouth, stomach, small intestine, kid-

ney and pancreas. These cells have a set level of p53 that provides protection from environmental factors. With less p53, older epithelial cells have a harder time maintaining the integrity of their genetic material when they encounter carcinogens, which allows cancer to develop.

Park and his team reported that in humans, the level of p53 in skin and mouth epithelial cells decreased with age by epigenetic (external and environmental) factors, not by the changes of the p53 DNA sequence. “Inasmuch as approximately 90 percent of human cancers are originated from epithelial cells, we suspect this may have to do with the increased incidences of skin and oral cancers in elderly patients,” said Dr. Reuben Kim, an associate professor at UCLA Dentistry and a co-corresponding author of the study.

The study's other authors are Drs. Mo Kang, Terresa Kim, Paul Yang, Susan Bae, Drake Williams, Samantha Phung, Ki-Hyuk Shin and Christine Hong, all of UCLA Dentistry. The study was supported by the National Institute of Dental and Craniofacial Research of the National Institutes of Health and by the University of California Cancer Research Coordinating Committee and the UCLA Chancellor's Office.

(Source: UCLA)



The iconic Royce Hall on the UCLA campus. Researchers at the university's school of dentistry recently determined that a known cancer-suppressing protein in skin and mouth epithelial cells decreases with age because of external and environmental factors. The research team wants to learn why — with the goal of revealing therapeutic clues to preventing the development of skin and oral cancers as people age. Photo/Provided by UCLA

EVENTS

A2

- New meaning to being green in Vancouver: 2016 Pacific Dental Conference to incorporate St. Patrick's Day festive spirit
- Interest growing in bio-emulation: Attendance at 2015 Bio-Emulation Colloquium, July 4 and 5 in Berlin, more than doubles last year's

INDUSTRY NEWS

A4–A5

- Market's smallest dimensional attachment system is compatible with all implants: Rhein'83 OT Equator has reduced vertical profile of 2.1 mm and diameter of 4.4 mm
- Interested in owning a practice? Check out Wiley Publishing's papers on ownership, courtesy of Aspen Dental
- Oral Health America and Little League Baseball and Softball team up for competition that educates youth on dangers of spit tobacco
- September Dental Tribune Study Club live webinar: Three secrets to esthetic anterior CEREC CAD/CAM restorations

LAB INDUSTRY CLINICAL

A6–A8

- Implant-supported total prosthesis in the daily routine

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Photo/Provided by the Vancouver Convention Centre

By Dental Tribune International

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Market's smallest dimensional attachment system is compatible with all implants

Rhein'83 OT Equator has a reduced vertical profile of 2.1 mm and diameter of 4.4 mm

Rhein'83, a global producer of precision attachments on removable prosthesis, describes its OT Equator as the smallest dimensional attachment system on the market. It has a reduced vertical profile of 2.1 mm and diameter of 4.4 mm (metal housing included). It is compatible with any implant brand.

Because of its shape, Equator provides superior stability when compared with

traditional attachments, according to the company. It corrects divergence of up to 25 degrees, the company reports. Functionality is guaranteed by coupling of attachment and cap.

Caps are available in four colors, based on levels of retention — from a minimum of 0.6 kg to a maximum of 2.7 kg.

Caps should always be used with metal housing.



To learn more about OT Equator, you can contact the company by email at info@rhein83usa.it or by telephone at (877) 778-8383.

You can visit the company online at

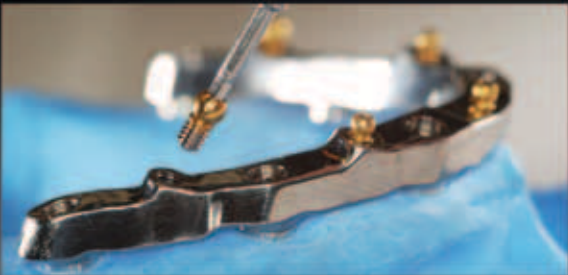
www.rhein83usa.com to learn more about all of its products and services, including the OT Equator.

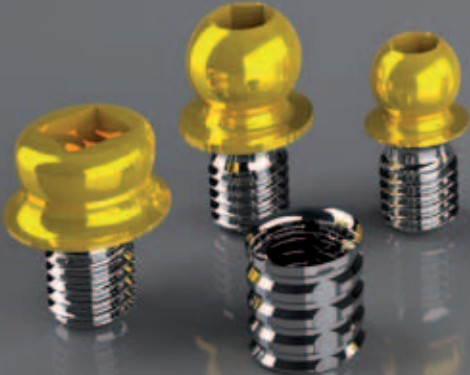
(Source: Rhein'83)

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Competition educates youth on dangers of spit tobacco

Oral Health America (OHA) has launched its 14th annual NSTEP® (National Spit Tobacco Project) slogan contest. Teaming up with Little League® Baseball and Softball, the contest calls on players ages 8-14 to create a compelling 10-word phrase describing the dangers of spit tobacco for a chance to win a trip to the Little League Baseball World Series.

In addition to its long history with baseball, spit tobacco is used more frequently by young people — almost half (46 percent) of new users start before age 18. Spit tobacco is linked to cancer of the mouth, throat, tongue, stomach and esophagus, mouth lesions, receding gums, tooth decay and tooth loss. Through the slogan contest, OHA and Little League reach tens of thousands of young people each year with the message that spit tobacco is dangerous and should be avoided.

"Little League is committed to providing proper health and wellbeing for children throughout the world," said Stephen D. Keener, president and CEO of Little League Baseball and Softball. "Smokeless tobacco has no place whatsoever in the lives of our youth. We applaud Oral Health America's effort in keeping children away from smokeless tobacco and starting the conversation with so many parents about the dangers associated with its use. The NSTEP Slogan Contest is a great way to engage children and their families and educate them on the risks associated with smokeless tobacco."

"Every summer we hear from parents across the country who use the slogan contest as an opportunity to talk to their children about spit tobacco for the first time," said OHA President and CEO Beth Truett. "All tobacco products are harmful, and we look forward to reaching even more young people with this important message."

For the first time, contest participants will be able to submit their slogans online

► TOBACCO, page A5

Interested in owning a practice? Check Wiley’s papers on ownership.

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In addition to the latest chapter, Wiley chapters 1 through 5 cover a wide variety of topics regarding ownership, such as:

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- The six critical factors for success;
- The Ppros and cons of different practice models; and
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(Source: Aspen Dental)



Aspen Dental provides its affiliated dentists with the support and development needed to hone dentistry skills and advance professionally as dental practice owners. Photo/Provided by Aspen Dental

◀ TOBACCO, page A4

by filling out a simple form.

The winner will receive an all-expense paid trip to the Little League Baseball World Series in Williamsport, Pa., and a \$500 cash prize. In addition, OHA will make a \$500 donation to the player’s Little League organization.

For more information about the contest or to submit a slogan, you can visit the contest website, www.nstep.org/contest.

Oral Health America

OHA’s mission is to change lives by connecting communities with resources to drive access to care, increase health literacy, and advocate for policies that improve overall health through better oral health for all Americans, especially those most vulnerable.

Through Smiles Across America®, which serves 460,000 children annually, the Wisdom Tooth Project®, which reaches tens of thousands of older adults, and the Campaigns for Oral Health Equity, which prioritize oral health alongside other chronic diseases, OHA helps Americans of all ages to have a healthy mouth and to understand the importance of oral health for overall health. For more information, visit www.oralhealthamerica.org.

Little League Baseball and Softball

Little League Baseball and Softball is the world’s largest organized youth sports program, with nearly 2.4 million players and 1 million adult volunteers in every U.S. state and scores of other countries. To learn more, visit www.LittleLeague.com.

(Source: Oral Health America)

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Implant-supported total prosthesis in the daily routine

By Dr. E. Veralli and Odt. Luca Ruggiero

In this clinical case, we demonstrate how the use of overdentures are a viable choice among the restoration options for edentulous patients. The clinician must carefully assess the suitable number of implants to support an overdenture to identify the ideal restoration solution.

A systematic review of the literature reveals a lack of information about the ideal number of implants for a removable restoration in an edentulous patient; however, most studies propose to insert two to four implants in the mandible.

We will illustrate all laboratory clinical stages according to Prof. Gerber's methods. These steps will lead to the production of an overdenture with OT Cap attachment and OT SpheroBlock abutments on four implants in the lower jaw and complete prosthesis with mucous support for the upper.

Introduction

In a total edentulism, the prosthesis with a mix of implant support and mucous support represents the boundary between the resilient prosthesis (mucosal supported) and the rigid prosthesis (implant supported).

The prosthesis retained with OT Cap attachments or OT Equator is a hybrid prosthesis that must comply with a set of parameters typical of traditional prostheses. Numerous scientific studies demonstrate that two implants are sufficient to stabilize mandibular complete dentures and to improve significantly the edentulous patient's quality of life. Four implants can noticeably improve the prosthesis retention.

Clinical case

In an initial interview, the patient asked for a more stable and esthetic prosthesis that would help improve social- and private-life interactions by removing the



Fig. 1



Fig. 2

Figs. 1, 2: Upper and lower master models. Photos/Provided by Dr. E. Veralli and Odt. Luca Ruggiero



Fig. 3



Fig. 4

Figs. 3, 4: Wax rims leveled and individually adapted.

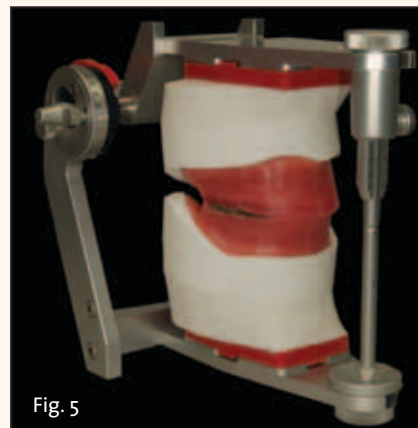


Fig. 5

Fig. 5: Mounting of models in the articulator



Fig. 6



Fig. 7

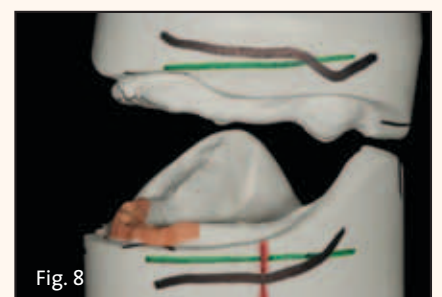


Fig. 8

Figs. 6-8: Analysis of the edentulous ridges vestibular masks.

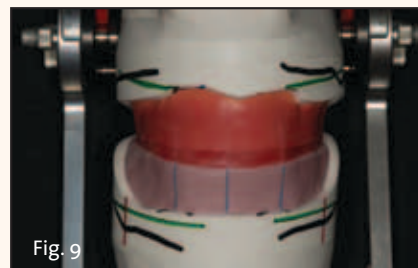


Fig. 9

Fig. 9: Silicone key for setting up of the teeth.



Fig. 10

Figs. 10-12: Set Candulor CRS 10.



Fig. 11

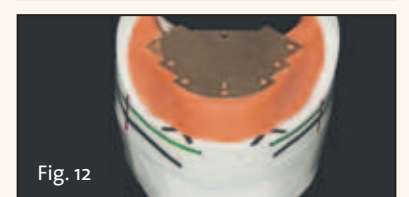


Fig. 12



Fig. 13

Fig. 13: Basis for the face bow.



Fig. 14

Fig. 14: Intraoral registration recorded in the dental office.



Fig. 15

Fig. 15: Blocking final centric relationship.

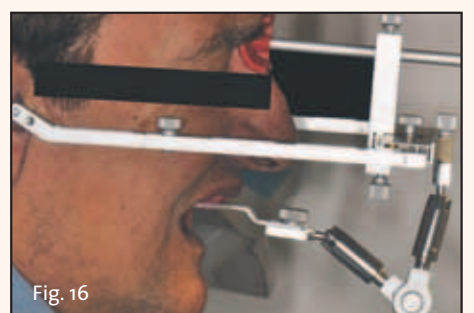


Fig. 16

Fig. 16: Registration with the face bow.

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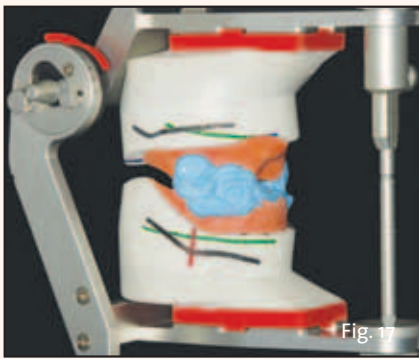


Fig. 17: The final set up in the articulator.



Fig. 18: Assembling group upper front.

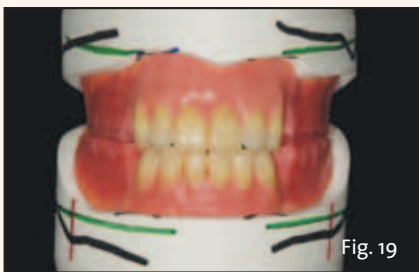
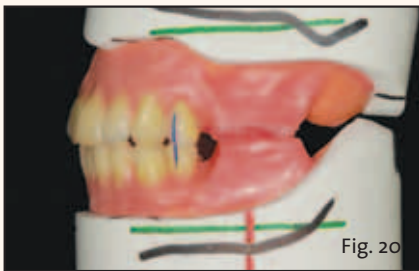


Fig. 19: Assembling group inferior frontal.



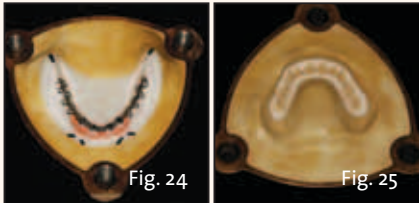
Figs. 20, 21: Mounting diatoric areas.



Fig. 22: OT Sferoblock micro on the model.



Fig. 23: Steel housings for OT cap micro.



Figs. 24, 25: Prosthesis in the flasks.



Fig. 26: Prosthesis cured.

fear that the lack of teeth — or the prostheses — would be noticeable.

After evaluating with the patient the costs and benefits of the various therapeutic options, we chose a solution with SpheroBlock Abutments. Two implants of 3.5 mm and two of 3.0 mm diameters convinced us to abandon the option of a bar because of insufficient implant support.

We placed four implants in the mandibular arch; and after osteo-integration, the clinician proceeded with the preliminary and final impressions.

After the master models (Figs. 1, 2) were created, in the laboratory two resin basis with occlusal rims were used for registration of intermaxillary relations.

In the dental office, the occlusal rims were leveled and adapted individually, establishing a first provisional DVO with the use of conventional methods (Figs. 3, 4). Then the models were mounted in the articulator, taking as reference the Bonwill and Balkwill triangles (Fig. 5).

We analyzed the shape of the jaw, as well as the three-dimensional interalveolar relationships, as is usually performed for a full dental prosthesis with mucous support.

We traced on the exterior face of the model the trend of the ridge, to ensure proper implant placement according to the method of Prof. Gerber, using rulers and a compass profilometer. With the latter we also drew the trend of both upper and lower wax rims (Figs. 6–8).

A silicone key was used to record all information concerning the position and dimensions of the upper wax rim, previously set up in the office (Fig. 9). Only with the silicone key complete were we ready to remove the wax from the basis.

Using the CRS 10 set, we decided to give support to the basis with the same self-curing resin (Figs. 10–12). Our concern

was that recording the intraoral relation with conventional hard wax could introduce minor deformations. We delivered this set to the dental office together with a new upper rim basis for taking of the face bow (Fig. 13).

The patient's movements of protrusion and laterality were tracked on the bottom plate, which was smeared with a suitable marker to record the relative trajectories (Fig. 14). With appropriate material, we blocked the final centric relationship (Fig. 15), and we placed the face bow (Fig. 16) for the orientation of the models.

The articulator was mounted with the universal face bow accessory (KaVo, Quick, Ivoclar, Sam).

We first fixed the upper model and then the lower (Fig. 17). Next, guided by the silicone keys, we assembled the teeth respecting the upper front esthetic refer-

► PROSTHESIS, page A8

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PROSTHESIS, page A7

ences and phonetic (Fig. 18).

Particular attention was given to the lower front teeth to ensure a tooth-to-tooth relationship starting from the canines to enable mounting of the posterior teeth according to the method of Prof. Gerber (Fig. 19).

We drew a vertical line in the upper premolar, which started at the mesial fossae and continued on the vestibular surface. We drew a vertical line on the lower premolar that started at the cuspid and continued to vestibular. The two lines needed to overlap one another perfectly. (Fig. 20).

We completed the assembly of the molars, and the prostheses (Fig. 21) were sent to the dental office for routine checks.

We chose four OT micro Sferoblock with the appropriate transgingival height (Figs. 22, 23), and the lower model



Fig. 27: Particular of the attachments.



Fig. 28: Prostheses finished and polished..

was duplicated with the OT Cap's analogues.

The prostheses were then cured with resin using traditional techniques and the flasks JST (Figs. 24, 25), eventually placed in the articulator for selective grinding (Fig. 26).

The prostheses were finished and polished (Figs. 27, 28), the abutments screwed and prosthetic delivered to the patient (Figs. 29, 30).

Conclusion

Dentures with mucous support and retained by attachments still must respect all of the prescriptions and principles followed to create the rational basis of a conventional full denture.

Materials and equipment: Candulor articulator; Teeth Physio set ct and ct Condyloform Candulor; flasks JST Candulor; Resin C-plast Candulor; Esthetic resin Candulor; CRS set Candulor; OT Sferob-



Fig. 29



Fig. 30

Figs. 29, 30: Sferoblock positioned and patient with new prostheses.

lock micro Rhein'83; Cuff Height measurer Rhein'83; OT Cap micro Rhein'83; Parallelometer key for OT Cap Rhein'83; Waxlectric Renfert; Waxprofi Renfert.

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Three secrets to esthetic anterior CEREC CAD/CAM restorations

Live Sept. 3 webinar shows how to achieve optimal restorations

Most dentists regularly using CAD/CAM technology in their practice become proficient with posterior restorations. But anterior restorations are more chal-



CEREC CAD/CAM expert Dhaval Patel, DDS, presents 'Demystify Anterior

CERECs: 3 Secrets to Esthetic Restorations,' at 8 p.m. ET, Sept. 3, at www.dtstudyclub.com. Photo/Provided by Pacific Dental Services

lenging in terms of line angles, incised edges, emergence profile, texture and characterization. This has led many dentists to avoid or dread anterior restorations with CAD/CAM technology.

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Once you've selected the right design technique, results can be enhanced with post-mill contouring. You'll learn techniques that can be done quickly and efficiently to contour restorations post mill for producing the most realistic results.

Finally, the most esthetic results can be achieved through polishing or staining and glazing. Every case is different, and you'll learn when to stain and glaze and when just polishing will provide the most life-like appearance. Techniques covered in this webinar will help you feel more confident using CAD/CAM for anterior restorations and produce same-day results that your patients will love.

(Source: Pacific Dental Services)

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