HINMAN DENTAL MEETING

DENTAL TRIBUNE

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

MARCH 2016 — VOL. 11 NO. 3

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ESTHETICS WITH IMPLANTS: PLATFORM SWITCHING

Clinical documentation of long-term implant success in environment of chronic periodontal disease.

▸ page A4

HYGIENE TRIBUNE

HYGIENISTS SET SIGHTS ON PITTSBURGH

ADHA to host nation's largest gathering of dental hygienists in June.

▸ page B1

IMPLANT TRIBUNE

AO FOCUS ON CHINA

Most recent Academy of Osseointegration Annual Meeting featured various global perspectives.

▸ page C1

Hinman exhibit hall adds a 'Total Health Connection'

104th meeting also features 'mini-residencies' in geriatrics, pediatrics, cone-beam anatomy

Top draws in the exhibit hall at the annual Thomas P. Hinman Dental Meeting are the services, products, education and cutting-edge technology provided by the more than 430 exhibiting companies.

But in reality, that's just the beginning, as is evidenced by one of the newest additions to this year's exhibit hall: the Total Health Connection Pavilion.

The pavilion complements a larger overarching theme of this 104th edition of the meeting, which will run from March 17 through 19 at the Georgia World Congress Center in Atlanta.

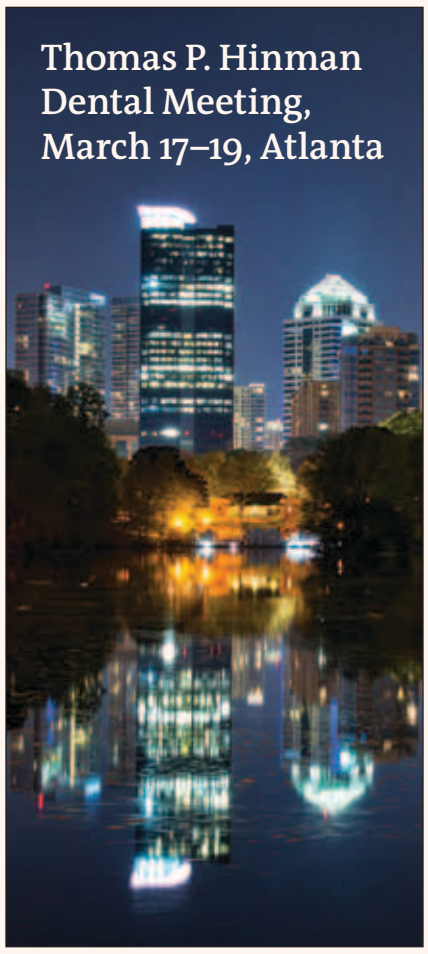
Also new: "mini-residencies" with in-depth courses on geriatrics, pediatrics and cone-beam anatomy; more than 20 speakers who haven't previously presented at Hinman; a S.I.L.V.E.R. course ("Strategies to Implement that Lead to a Valuable Enjoyable Retirement"); and the "Hinman's Night Out: Dancing in the Dome" on Friday night (registration required).

The exhibit hall is open all three days of the meeting, as is its new Total Health Pavilion, where attendees can learn about healthy living, receive a free health screening, sample nourishing snacks, visit with health-related exhibitors, talk to lifestyle experts and enter to win a $50 gasoline card each day. You also can earn C.E. credit each day for various courses at the pavilion, which will be located in the back of the 1600 aisle next to the Table Clinics.

The meeting's total-health connection isn't limited to the exhibit hall. Meeting organizers have created a larger program that focuses on the health and science of the entire body, emphasizing the relationship between oral and systemic health. A wide variety of courses and lectures across all three days of the meeting include a total-health focus and can be found in the course listings by looking for the Total Health Connection logo used to designate courses that have a dental and systemic health connection.

The mix of total-health-connection sessions, mirroring the overall meeting itself, means there are offerings addressing needs of professionals across all of dentistry: general dentists, specialists, hygien-

▸ HINMAN, page A2



More than 430 companies demonstrating the latest in dentistry will be in the exhibit hall at the 103rd annual Thomas P. Hinman meeting in Atlanta, March 17–19. Pictured is part of the midtown Atlanta skyline at dusk reflecting in Lake Clara Meer at Piedmont Park. Cropped photo/©Gene Phillips, courtesy of ACVB and *www.AtlantaPhotos.com*

CLINICAL A4–A8

- Dr. David L. Hoexter on 'Esthetics with implants: Platform switching'

EVENTS A8

- More than 12,500 expected at Pacific Dental Conference

INDUSTRY NEWS A9–A15

- Komet USA essay contest for dental students honors Women's History Month
- Glidewell Laboratories and Misch International Implant Institute create educational partnership
- Aspen Dental dentist: Creating smiles for Honduras
- Eight ways you can improve your leadership skills today
- VOCO introduces ISO-pak infection- and climate-control packaging
- UCLA study: Protein combination helps bone regeneration
- Kettenbach's Visalys Core: A new generation of core buildup material
- New book presents cases involving fixed removable prosthesis
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◂HINMAN, page A1

ists, assistants, front office staff, students, as well as those in the business services, hospitals and medical equipment sectors.

Other highlights in the exhibit hall include the Table Clinics, an attendee lounge, a daily e-newsletter, "Messages to Our Military" and Hinman Dining Dollars.

The Table Clinics are scientific table-top presentations approximately 10 minutes each in length, presented by volunteers from the dental community. You can earn an hour of C.E. credit for each hour spent in the Table Clinics area, located at the back of the 1900 aisle.

An exhibit-hall favorite, the attendee lounge outside of course rooms Nos. 3 and 4, provides a place on the exhibit floor to meet up with friends and colleagues.

The daily e-newsletter will provide information about activities and events on the exhibit floor, available courses and up-to-date information on speakers and courses from the previous day. You can receive the daily e-newsletter by opting in when you register.

At the Messages to our Military booth, No. 236, Hinman and Bennett Graphics will give attendees an opportunity to thank members of the U.S. armed services via a postcard of thanks. Or, you can bring a stack of already written notes from your office, staff and patients with you to the meeting.

You can save a dollar a day by using the Dining Dollar coupons in the eateries on the exhibit floor. Dining Dollars can be found in the on-site exhibitor guide, The Hinman Exhibitor.

For all the details about the Thomas P. Hinman Dental Meeting, you can visit *www.hinman.org*.

(Source: Thompson P. Hinman Dental Meeting)

Thomas P. Hinman Dental Meeting exhibit hall

Opens each day at 9 a.m.

Thursday, March 17	Friday, March 18	Saturday, March 19
Table Clinics: 10 a.m.–1 p.m. & 2–5 p.m.	Table Clinics: 11 a.m.–2 p.m. & 3–6 p.m.	Table Clinics: 11 a.m.–2:30 p.m.
Hinman Eatery: 11 a.m. – 3 p.m.	Hinman Eatery: 11 a.m. – 3 p.m.	Hinman Eatery: 10 a.m. – 2 p.m.
Hall closes: 5 p.m.	Hall closes: 6 p.m.	Hall closes: 3 p.m.

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The World's Dental Newspaper · US Edition

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Esthetics with implants: Platform switching

Long-term implant success achieved in environment of chronic periodontal disease

By David L. Hoexter, DMD, FACD, FICD, Editor in Chief

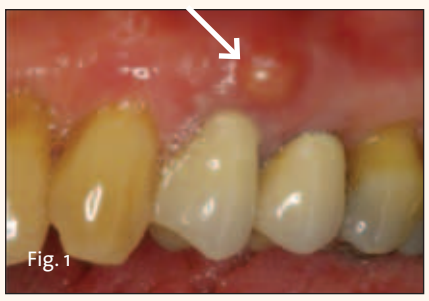

Fig. 1: Note buccal swelling at the apex area of #12. Photos/Provided by Dr. David L. Hoexter

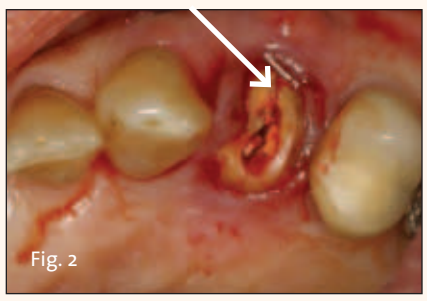

Fig. 2: Occlusal view of #12 without crown. Note fracture on buccal root.

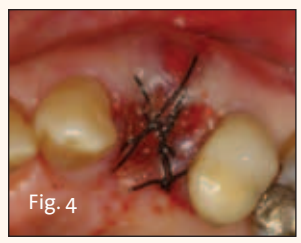

Fig. 3: Extracted remaining root with cyst.
Fig. 4: Bone graft in voided socket, and GTR resorbable membrane (Transgraft) is used.

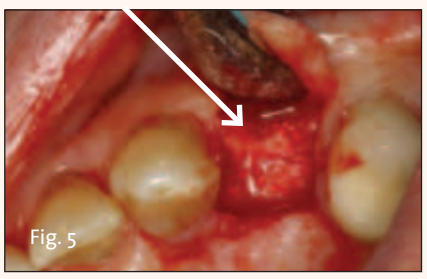

Fig. 5: Note regenerated bone.

Fig. 6: Inserted implant.

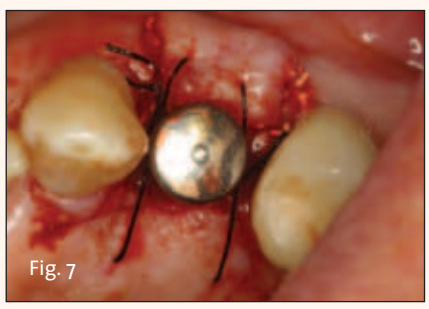

Fig. 7: Suturing the area.

Platform switching is a means of achieving better esthetics and more predictable function by using a healing abutment that is narrower than the width of the platform of a root-form endosseous implant. The technique promotes a more predictable regenerative healing at the neck of the inserted implant.

Endosseous implants have been globally appreciated and accepted since the 1980s, although used for several years previously. Better and more predictable implants and their continuing success led to more successful adaptation by dentists and greater acceptance by the public. With improved biological acceptance of implants and improved function being realized by patients, dentists are striving to improve esthetic results.

In this presentation, "esthetics" means an implant appears, functions and is maintained just like one of the patient's natural teeth. The implant requires biological acceptance and sufficient osseous support. Keratinized attached gingiva protects the implant and natural teeth and enables the patient to maintain good oral hygiene; however, it also serves as an esthetic, symmetrical background for the prosthetic, helping it blend in naturally and be maintained naturally.

Root-form endosseous implants have always tried to emulate the natural tooth. Various shapes, textures, coatings and other variables have been used to achieve function and replicate natural appearance.

Enhancing existing- and keratinized-gingiva regeneration supports healing and regeneration of the implant while also improving esthetics and the patient's ability to hygienically maintain results.

This case demonstrates how platform switching aids in the healing and regen-

▸ ESTHETICS, page A6

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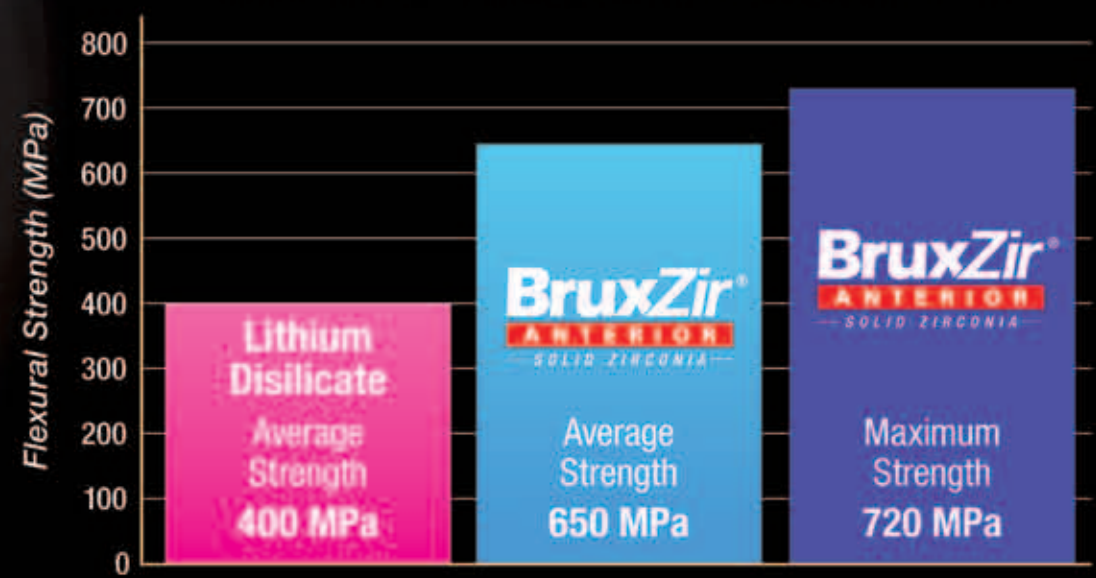

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◂ ESTHETICS, page A4

eration of the area supporting the implant (the *sine qua non* of success) and enhances keratinized gingival regeneration. Endosseous implants with a narrower abutment neck at the implant occlusal level can provide a pathway to improved esthetics, predictable maintenance and longevity.

Case presentation

For more than 20 years, Mr. B. was repeatedly made aware of his advancing periodontal disease. At every dental appointment (at least four times a year), he was shown his periodontal pockets and presented with treatment plans to arrest progression. But he refused any treatment beyond maintenance through hygienic techniques. His reasons were primarily financial and, to a lesser extent, based on his age and status as a self-supporting, life-long bachelor.

He presented on an emergency appointment at my practice with a large swelling on his upper left bicuspid #12 buccal area (Fig. 1). The #12 was mobile and elicited pain on touch. Years previous to commencing as my patient, Mr. B. had a root canal with post and crown on #12. The crown and post came out in total, leaving only the root. A fracture was seen on the occlusal aspect of the root (Fig. 2). After all options were presented, extraction of the #12 remaining root was recommended. Local anesthetic was administered (HuFriedy Hoexter Mesio-Distal Luxators), and the root was extracted. The root was removed in an m/d movement. A cyst at the apex (Fig. 3) was seen and was removed in total using the same movement. Buccal and lingual osseous walls were preserved.

A bone graft was placed in the voided socket, and a GTR resorbable membrane (Transgraft) was used (Fig. 4). After months of uneventful healing, the area was re-entered surgically, exposing a regenerated osseous ridge (Fig. 5). An ankylose implant with a design compatible with platform switching was inserted. I placed a healing abutment at the time of implant insertion, as is my standard practice. Suturing was followed with an X-ray (Fig 9b). The patient was given antibiotic and analgesic prescriptions and post-operative instructions.

Healing was uneventful and comfortable. Mr. B. resumed good oral hygiene in the area as soon as he was comfortable doing so. After several months, integration was achieved. The patient returned to the referring dentist to complete final prosthetic components. An

▸ ESTHETICS, page A8

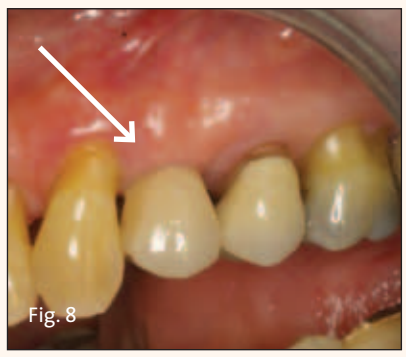
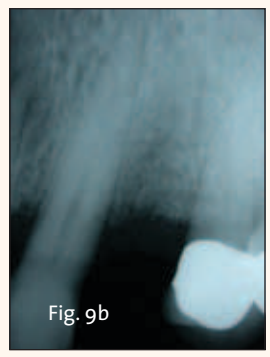


Fig. 8: Healed #12. Buccal view of keratinized gingiva, crown and solid implant.



Figs. 9a, b: X-ray pretreatment of #12 root canal/post/crown showing chronic bone loss (a). Bone regeneration (b).

Figs. 9c, d: X-ray of implant with healing platform-switching abutment (c); nine years post-op with permanent abutment and crown (d).

Fig. 10: Final buccal clinical view of #12 implant area.

DR. DAVID L. HOEXTER is director of the International Academy for Dental Facial Esthetics and a clinical professor in periodontics and implantology at Temple University, Philadelphia. He is a diplomate in the International Congress of Oral Implantologists, the American Society of Osseointegration and the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 12 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice in New York City limited to periodontics, implantology and esthetic surgery. You can contact him at (212) 355-0004 or *drdavidlh@gmail.com*.

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Attendees descend to the exhibit-hall level of the Vancouver Convention Centre, home of the Pacific Dental Conference. Photo/Provided by the Vancouver Convention Centre

More than 12,500 expected at PDC

Pacific Dental Conference exhibit hall to feature more than 300 companies

Organizers of the Pacific Dental Conference report that the Vancouver, British Columbia-based gathering will feature more than 130 top-notch presenters who are prominent leaders in the dental industry.

A wide range of open sessions and hands-on courses will be offered Thursday, March 17, through Saturday, March 19. The exhibit floor will be open to all attendees on Thursday and Friday, March 17 and 18, and it will again feature a live-dentistry stage.

For most attendees, C.E. credit is given for general attendance (maximum of five hours) and hour-for-hour credit for individually attended courses. The PDC programming offers attendees the opportunity to acquire up to 20 C.E. credits.

More than 300 exhibitors will be on-hand in the exhibit hall to meet with attendees one on one. Attendees will be able to test out the latest products and take advantage of the many show specials the PDC event is known for.

More than 12,500 dental professionals attend the Pacific Dental Conference each year, providing attendees with limitless opportunity to share ideas outside of the session rooms. The wide range of forums include dental-class-reunion gatherings and PDC social events.

PDC mobile app

You can get the official PDC 2016 mobile app at *http://m.pdconf.com* to easily search for exhibitors, look up session information, view floor plans and access more details about the meeting and Vancouver. If you have last year's PDC 2015 app, it worth removing it from your device because the 2016 app is designed specifically for the 2016 conference.

Take advantage of the favorable exchange rate with the U.S. dollar

The exchange rate in recent days prior to press time has had the U.S. dollar worth more than $1.35 Canadian, which according to Pacific Dental Conference organizers, translates to great deals on travel, accommodations and other costs for U.S. residents attending the meeting.

But the deals are just the beginning. The real benefits come from the more than 193 sessions — and an exhibit hall with more than 600 booths. If that's not enough to get you heading to Vancouver, the meeting also will include some St. Patrick's Day fun, including a Celtic Celebration with Tiller's Folly on March 17.

The PDC, which typically attracts more than 12,500 dental professionals, is from March 17–19 in Vancouver, British Columbia. Online registration is available at *www.pdconf.com*.

(Source: Pacific Dental Conference)

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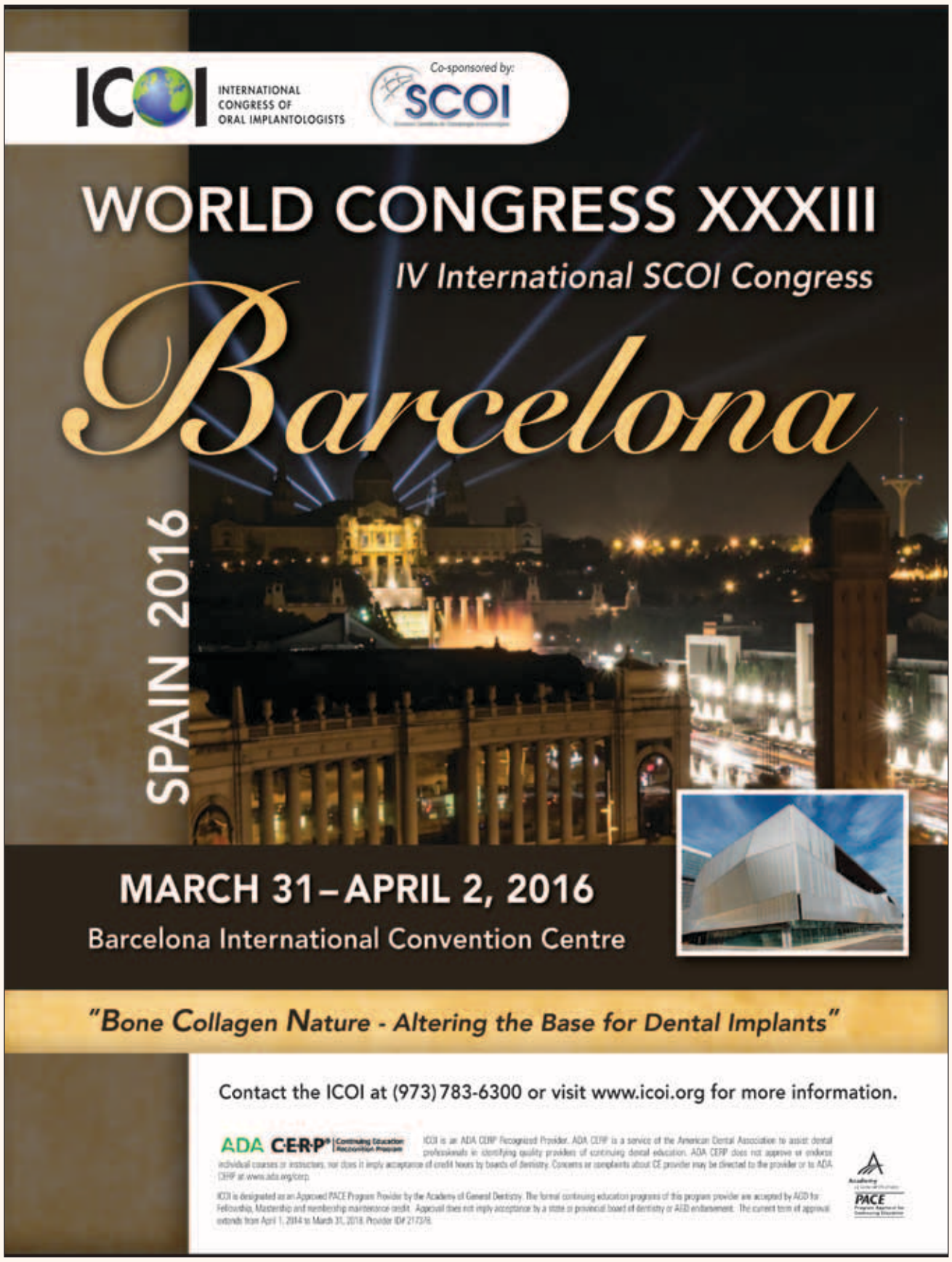

◂ ESTHETICS, page A6

abutment and a final crown were placed correctly.

Gingival level and height was symmetrically preserved, enabling oral hygiene to be maintained while creating an esthetic blending with the lateral surrounding area. There was no depression nor any noticeable differences with the adjacent areas. The gingiva on the adjacent teeth, however, had receded, exposing some dentin on the periodontally compromised teeth lateral to the implant. There is no probing depth on the implant. It is and has been the same for nine years since insertion.

Figure 10 shows the gingival tissue and its height being maintained, enabling the pinkish-white keratinized tissue to blend laterally with the gingival tissue of the natural adjacent teeth. The implant has been hygienically maintained. There is no depression nor any defect of the implant-gingival tissue. The implant is a success in esthetic appearance, health and function.

As alluded to earlier, there are different materials, textures and shapes used in healing abutments and permanent abutments. In this case, the platform-switching design of the healing abutment enabled us to predictably achieve a functional implant and maintainable esthetics that compare to natural teeth lateral in the area. Also confirmed is a successful continuing history of nine years in an environment of adjacent chronic periodontal disease.

Komet USA essay contest for dental students honors Women's History Month

Focus on women who inspired and guided career choice

By Komet Staff

HINMAN BOOTH NO. 844

Komet USA is dedicated to excellence in the dental profession and believes it is important to acknowledge the influencers, mentors and educators who have inspired or guided dental careers. In recognition of March 2016's Women's History Month, Komet USA invites dental students to participate in an essay contest that highlights women's contributions to the individual student's career choice.

In this essay contest, Komet is asking dental students to think about a woman in history, in their families, in the field of dental education or in dental practice — past or present — who has inspired their pursuit of a career in dentistry.

Dental-school students are invited to compose and submit an essay of 500 to 1,000 words about how and why this woman influenced or contributed to their educational and career paths.

Three prizes will be awarded for the competition, which will be judged by the Komet USA executive and marketing team.

The first-place winner will receive a one-year supply of Komet burs (value of up to $1,000). Second-place winner will receive a six-month supply of burs (value of up to $500), and the third-place winner will receive a three-month supply of burs (value of up to $250).

The deadline for essay submissions is March 31. The three winners will be announced via Komet USA social media and will be contacted directly via e-mail or telephone on April 15.

All essay submissions should be in .doc or .rtf format and must be emailed to *essay@kometusa.com* by 11:59 p.m. (entrant's local time) on March 31. All submissions must include the writer's name, contact information and dental school.

About Komet USA

Currently celebrating more than 90 years of successful service in the dental industry, Komet describes itself as a recognized worldwide leader in the production of highly specialized, precise dental carbide burs, dental diamonds, finishers, polishers and a wide selection of other dental rotary instruments and accessories.

Komet operates in the United States under the name Komet USA. It sells direct to dental practitioners and dental laboratories, delivering orders quickly and efficiently from its factory, according to the company. The company's U.S. headquarters is in Rock Hill, S.C.

For more information about Komet USA, you can telephone (888) 566–3887 or visit Komet online by going to *www.kometusa.com*.

Glidewell Laboratories and Misch International Implant Institute create educational partnership

Misch courses to use Hahn Tapered Implant exclusively

HINMAN BOOTH NO. 1712

The Misch International Implant Institute and Glidewell Laboratories have established a partnership in continuing education that will introduce the Hahn™ Tapered Implant as the exclusive dental implant system used in the institute's courses. As part of this collaboration, the Misch Institute will relocate its West Coast programs to the Glidewell International Technology Center in Newport Beach, Calif.

Since its inception in 1984, the Misch Institute has aimed to be at the leading edge of education in implant dentistry, training more than 10,000 dentists to surgically place implants. The institute was founded by Dr. Carl Misch, a practitioner and educator who authored the widely used textbook "Contemporary Implant Dentistry." Offering a one-year continuum in implant education, the Misch Institute has strived to elevate the standard of care through its ground-breaking courses, which were the first to offer supervised, hands-on training outside of postgraduate specialty programs.

Hahn Tapered Implant a 'great fit'

Glidewell Laboratories launched the Hahn Tapered Implant in 2015 in cooperation with clinician and innovator Dr. Jack Hahn, who oversaw the development of the new implant system. As recently noted by Dr. Misch, "the Hahn Tapered Implant is a great fit for the institute, as its design is based on Dr. Hahn's

▸ PARTNERSHIP, page A11

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