

## IMPLANT TRIBUNE

### PERIODONTISTS MEET IN LOS ANGELES

American Academy of Periodontology hosts 98th annual meeting.

► page B1



## ENDO TRIBUNE

### ADA OFFERS PLENTY FOR ENDODONTISTS

Annual American Dental Association session packed with endodontic advances.

► page C1



## HYGIENE TRIBUNE

### WHAT'S A PROBIOTIC?

Microbial supplement for oral health are being seen on the shelves at more dental practices.

► page D1



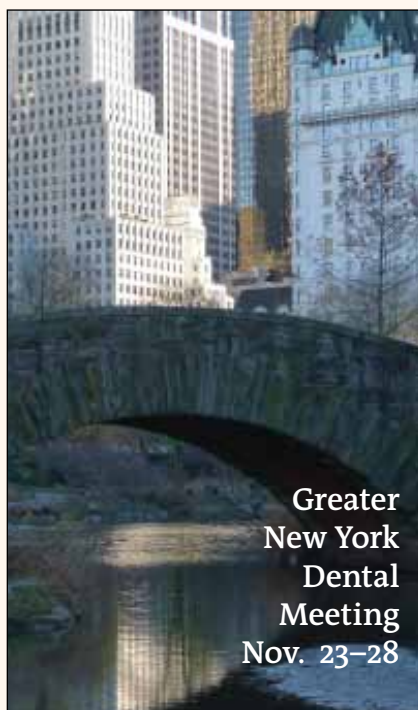
# Salivary diagnostics redefining dentistry

*UCLA researchers, others see expanding role for 'salivaomics'*

Scientists from the UCLA School of Dentistry have been at the vanguard of research on human saliva in recent years, leading the way in the dynamic, emerging field of salivary diagnostics, which seeks to catalog the biological makeup of saliva to help screen for and detect both oral and systemic diseases.

The Journal of the American Dental Association has published a special supplement to its October issue in which Dr. David Wong, the UCLA School of Dentistry's associate dean of research, outlines the state of the science of salivary diagnostics, highlight-

► See SALIVARY, page A2



Greater New York Dental Meeting  
Nov. 23-28

The Tribune America staff sends its sympathy to all of those who suffered losses to Hurricane Sandy. Our Manhattan-based office and staff came through relatively unscathed, and we appreciate all of the calls and emails. We join with the Greater New York Dental Meeting in deep appreciation of everyone's support and want to emphasize that New York City and the entire northeast coast remain open for business. We look forward to seeing everyone at the 2013 GNYDM, the largest health care and dental event in the U.S.

Photo/Robert Selleck, Dental Tribune

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## CLINICAL

A3-A4

• Part 3 of 'Cosmetic periodontal surgery' looks at 'zones of symmetry'

## MEETINGS

A6-A14

- Greater New York Dental Meeting opening day is just days away
- Next American Academy of Implant Prosthodontics course is in January
- Yankee Dental Congress loaded up with no-extra-charge C.E. education
- Pacific Dental Conference includes 36 hands-on courses
- Smiles in the Sun combines idyllic locale with comprehensive education

## INDUSTRY

A15-A27

- ANEW Narrow Body Implant System from Dentatus mimics anatomy
- Quick work: Glidewell Laboratories Inclusive Tooth Replacement Solution
- DENTSPLY Caulk expands portfolios
- Air Techniques launches new digital imaging line
- Aribex celebrates 10,000th NOMAD
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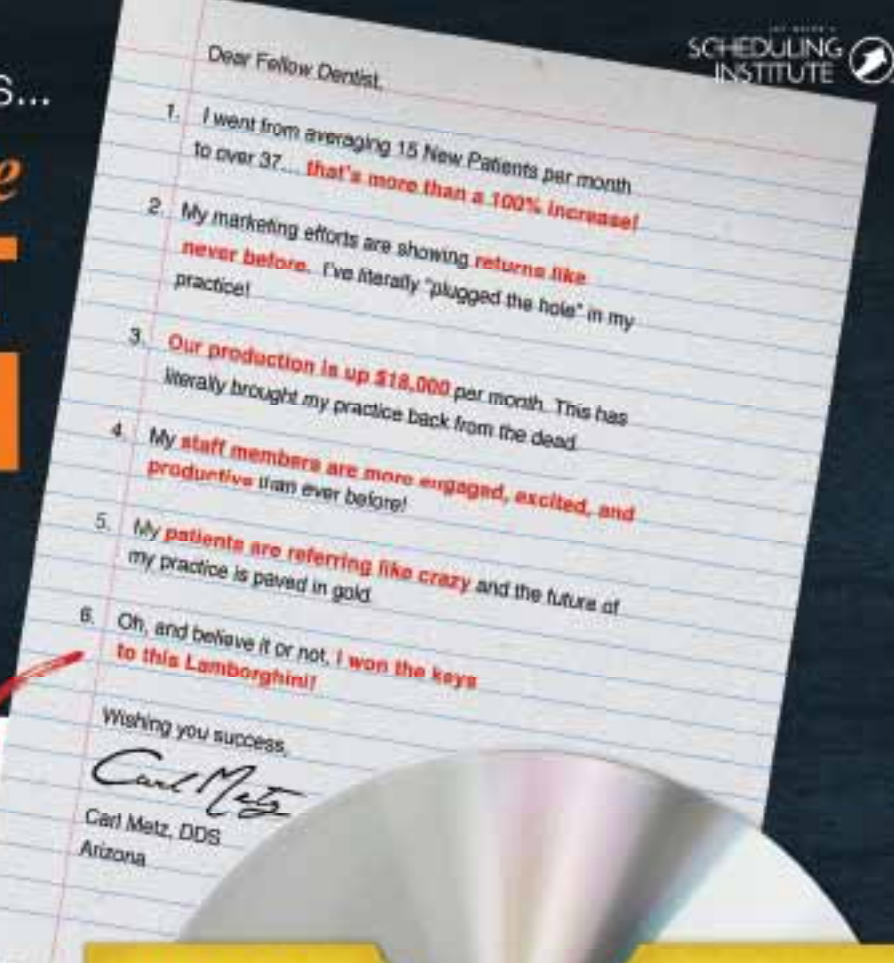
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(Part 3): Zones of symmetryBy David L. Hoexter, DMD, FADC, FICD,  
Editor in Chief

In Part 3 of this series on cosmetic periodontal surgery, I again emphasize the necessity of a complimentary healthy background of the periodontia — with the goal of enhancing the desired smile. In Parts 1 and 2 of this series, we described what a healthy periodontia entailed — a complementary, healthy surrounding tissue and color — and keratinized attached gingival, appearing as a whitish-pink color, separated at the mucogingival junction from the movable nonkeratinized alveolar mucosa of a reddish-blue color.

This article will concentrate on the *symmetry* of the periodontal background's colors to afford the emphasis of the appearance of the teeth we wish to stand out to create that "smile." In this article, the *symmetry* of attention of the keratinized attached gingiva — needed to achieve the background support of the final image — should be measured by both the vertical and horizontal dimensions, and is often overlooked.

Healthy keratinized attached gingival is desirable to surround the natural tooth to aid in the hygienic maintenance of the natural tooth or the endosseous implant. The patient can rub the keratinized tissue with several choices of instruments to remove the localized biofilms to preserve the health of the area.

## Healthy gingival color can vary

Healthy keratinized attached gingival does not necessarily have to appear a pinkish-white color. It depends on the melanin pigmentation that the individual has in his or her epithelial basement membrane.

For example, people of Mediterranean origin appear to have areas of gingiva that vary with some darker and some lighter zones. It's just like the way some people have facial skin with freckles and some don't.

In normal epithelium, the color does not necessarily represent pathology, but rather healthy, natural epithelium.

However, when we discuss esthetic dentistry today, the culture that we are dealing with plays a factor too. For example, centuries ago in Japan, a woman's most desirable smile was one that showed black teeth.

In general today, we wish the appearance of bright-appearing teeth — framed by pinkish-white keratinized gingiva. The gingival should surround and protect our desired image, enhancing and attracting it. It certainly should not detract from our goal. Therefore the keratinized gingival should be the same homogeneous color. It should also be equal and symmetrical in vertical and in lateral size. This will not detract, but aid in the maintenance and appearance of our smile.

## Many techniques can be used

There are many cosmetic periodontal surgical techniques that can be used to



Fig. 1: Labial pretreatment view. Notice the uneven gingival horizontal lines, the crown's unpleasant color — as well as the dark, uneven gingival margins in the maxillary posteriors. Photos/Provided by Dr. David L. Hoexter



Fig. 2: Provisional replacements of the previous old crowns in the upper-right posterior. Notice the uneven zone of attached gingiva affording the vision of uneven, unattractive teeth.



Fig. 3: The line shows our goal of symmetrical, horizontal-appearing teeth.



Fig. 4: A vertical line shows the more-than-adequate vertical zone — as well as desired color of attached gingival.



Fig. 5: The upper-right area now healed after cosmetic crown lengthening technique. Notice the preservation of the surgically manipulated attached gingival background and the lateral symmetry appearance of the future new restorations.



Fig. 6: Restored upper-right area. The new horizontal and vertical zone of healthy attached gingival allow the restorations to blend to a cosmetic healthy and maintainable smile.



Fig. 7: Final treatment, labial view.

► See SYMMETRY, page A4



## ◀ SYMMETRY, page A3

achieve this symmetry and health. Several have been mentioned and described in this series. It must be stressed that it is the final goal that we should keep dominant in our sights — more so than any particular technique being used. The numerous techniques simply represent the various the paths to get there.

When we do not have enough keratinized gingiva, we can try to increase it. When we have too much (hyperplasia), we can remove it. If the color is not the desired color, we can change it.

There are many techniques available to achieve the desired goal.

The question of how much vertical keratinized attached gingiva is necessary has been discussed for years. The amount, if adequate, should be symmetrical to allow emphasis of the smile of the teeth, color and form that we wish to emphasize. But too often overlooked is the horizontal

aspect of the keratinized background. It should be symmetrical in width and height to provide a background that not only demonstrates health but enables our esthetic goal to be achieved — and maintained.

This case presentation will emphasize and demonstrate a team effort, in which I use several cosmetic periodontal surgical techniques, the skills of a very talented restorative dentist to visualize and then attain the patient's esthetic desires — as well as the patient herself, who is now able to maintain a healthy, attractive smile.

**Case presentation**

Mrs. S, a 62-year-old female, was referred to my office by an excellent cosmetic restorative dentist. (He has been awarded a fellowship in the International Academy for Dental Facial Esthetics.) Because of his exposure to different directives of treatment, including periodontal background

options and the required cosmetic periodontal surgical techniques that would be necessary, he referred Mrs. S to my office.

Mrs. S is a positive, cooperative, strongly opinionated woman. At her initial visit, she presented (Fig. 1) with a myriad of goals, all boiling down to the fact that she desired a bright, glowing smile. She emphatically did not wish to treat to cover her anterior maxillary centrals. She liked the length of her centrals. Her strongest desires were to correct the unevenness and the mélange of different colors appearing when she smiled. Obvious were the crowns with their exposed dark appearing margins, as well as the darker coloring of her natural teeth.

Through consultation, Mrs. S and I formulated a treatment plan: Initial periodontal therapy consisted of nonsurgical therapy, including scaling, curettage and oral hygiene instruction.

The next step was replacing the exist-

ing crown with physiological provisionals. Periodontal surgical techniques followed. Using the upper-right (UR) area as an example, we noted the uneven level of attached gingiva as well as periodontal pockets. I surgically manipulated the amount of keratinized gingiva and its placement vertically, in order to preserve the size of the zone of attached gingiva needed to ensure harmonious blending with the rest of the tissue mesiodistally.

The crown lengthening was basic, but the size — vertically and horizontally of the desired colored attached gingiva — was paramount to the final result (Figs. 4 and 5).

Letting the healing take its normal course with patience was next. However, we reinforced the need for constant oral hygiene — with supervised check-ups.

When the proper healing was completed, the area was re-prepped and the provisionals were extended on the recently clinically exposed roots towards the gingival.

This technique was done on all of her posterior sections. It was paramount to emphasize the preservation of the vertical and horizontal size of the attached gingiva, not only to create a healthy background for the desired smile — but to ensure a symmetrical, cosmetically appealing background.

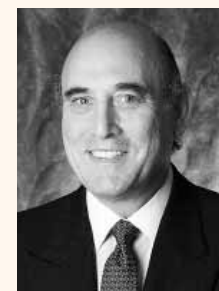
Teeth may not be even, but the illusion of a smooth, glowing smile can still be portrayed. Success depends on the teamwork put into place by knowledgeable colleagues and the esthetic experiences they bring — blended with the patient's cooperation.

The final restorations were completed with full-coverage crowns on the posteriors. The anteriors were restored using porcelain laminates.

The vertical dimension, enhanced by a smooth, linear appearance and aided by the symmetrical background achieved through cosmetic periodontal surgery, enables the smile to be maintained and turned this patient's mouth into a glowing smile.

*The author wishes to acknowledge the imaginative cosmetic and restorative dentistry seen in this case by Jerry Herman, DDS, New York, N.Y.*

*Editorial Note: Part 1 appeared in Dental Tribune U.S., Vol. 4, No. 13 & 14, and Part 2 in Vol. 6, No. 17.*



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*Scientific meeting: Friday–Wednesday, Nov. 23–28;  
exhibit floor: Sunday–Wednesday, Nov. 25–28*

The Greater New York Dental Meeting thanks everyone for their thoughts and concerns during and following Hurricane Sandy, and it sends the same to all those af-

ected. The Javits Convention Center and all the hotels are open, the roads and airports are operating and registration numbers in all categories are ahead of last year.

A full program of seminars, workshops, panel discussions, scientific poster sessions, "live" patient demonstrations, world-renowned speakers and the latest in dental-practice products and services await attendees at the Greater New York Dental Meeting. To view and register the courses and events, follow the links at [www.gnydm.com](http://www.gnydm.com).

In 2011, the Greater New York Dental Meeting registered 53,789 attendees from all 50 states and 127 countries. With its ever expanding exhibit floor, the GNYDM boasts its 1,500 exhibit booths including more than 600 companies. The continuous partnership with the U.S. Department of Commerce International Buyer Program provides the opportunity to meet many worldwide senior level volume buyers as well as receive export counseling from government specialists to increase sales.

The meeting is sponsored by the New York County Dental Society, representing the dentists of Manhattan and the Second District Dental Society, representing the dentists of Brooklyn and Staten Island.

## Educational Highlights

- Friday, Nov. 23, kicks off the Meeting with Dr. Bernard Touati and Mr. Jean-Marc Etienne presenting "Anterior Implant Esthetics" at the New York Marriott Marquis Hotel in the Westside Ballroom 5th Floor
  - "Build Your Own Website for Your Dental Practice" is a new and unique three and a half hour hands-on workshop offered Saturday through Wednesday; the GNYDM will supply the computers, and attendees need to bring a USB flash drive with pictures and office information. You will leave this workshop with a fully functioning website
  - Don't miss the first ever "Smoking Cessation Seminar," which provides dental professionals an effective way to deliver tobacco-dependence treatment to patients. It is on Monday, Nov. 26.
  - "Botox, Dysport and Dermal Fillers" are the focus of unique hands-on workshops that introduce procedures on actual patients to teach dentists how to use Botox/Dysport and dermal fillers in their practices. The workshops are offered Saturday through Tuesday
  - More than 100 hands-on workshops feature the latest technological advances and the newest Dental materials
  - The "Sleep & Appliance Expo" features four days of the latest research and aware-

► See REGISTER, page A8

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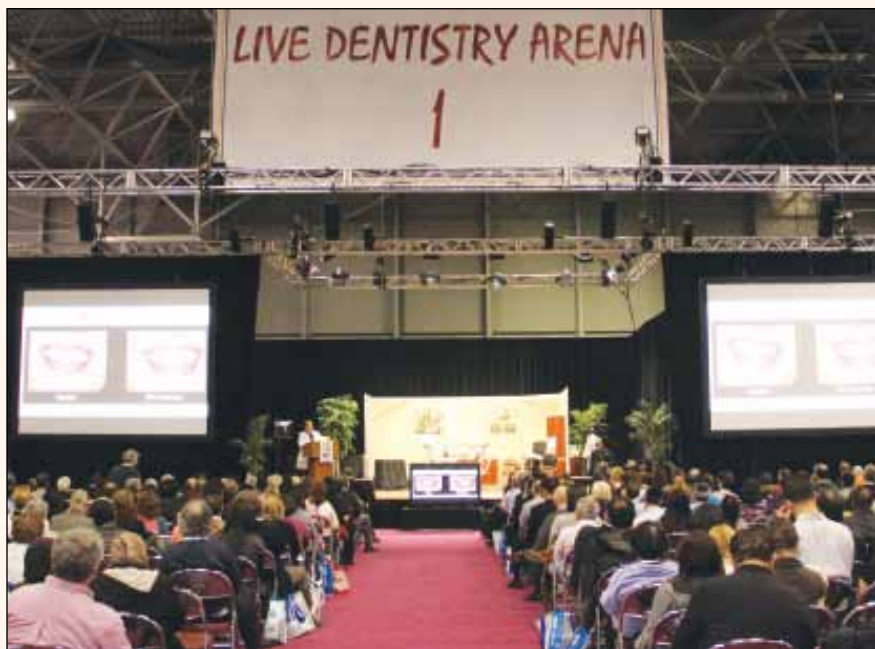
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◀ REGISTER, page A6

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- Be a part of the "Dentaverse Launch" with Dr. Larry Rosenthal's all-day seminar on Sunday, Nov. 25, and his "live" program all-day Wednesday, Nov. 28.

- "Learning and Lunch" is three days of programs on Sunday, Monday and Tuesday. Attendees receive C.E. credit and a free lunch at the close of the program. Space is limited.

- The "Invisalign Expo" is four days of Invisalign programming that will teach the entire dental team how to incorporate Invisalign into your practice.

- The "DentalXP" series offers headline speakers Dr. Henry Salama on Saturday, Nov. 24; Dr. Ronald Goldstein on Sunday,

Nov. 25; and Dr. David Garber on Monday, Nov. 26.

### "Live" Dentistry Arena (Aisle 5,000)

The "Live" Dentistry Arena, a 430-seat high-tech patient demonstration area, offers revolutionary concepts of treating patients with new materials and applications. It takes place right on the exhibit show floor every morning and afternoon Sunday through Wednesday. There is no cost to attendees. Here is the schedule:

#### Sunday, Nov. 25

10 a.m.–12:30 p.m.

VOCO America presents "Everyday Esthetic Dentistry" with Dr. Franklin Shull. 2:30–5 p.m.

Philips Discus presents "Whitening Technology" with Dr. Marilyn Ward.

#### Monday, Nov. 26

10 a.m.–12:30 p.m.

VOCO America presents "Everyday Esthetic Dentistry" with Dr. Franklin Shull. 2:30–5 p.m.

OCO Biomedical presents "Simple Implant Placement" with Dr. Ara Nazarian.

#### Tuesday, Nov. 27

10 a.m.–12:30 p.m.

Benco Dental, COLTENE and Septodont present "Componere: a Live Demonstration" with Dr. Ross Nash. 2:30–5 p.m.

Millennium Dental presents "LANAP" Laser Assisted Periodontal Technique with Dr. Raymond Yukna.

#### Wednesday, Nov. 28

10 a.m.–12:30 p.m.

2:30–5 p.m.

DentaVerse presents "Anterior Esthetics" with Dr. Larry Rosenthal as well as other leading clinicians throughout the day.

### Celebrity Speaker and Luncheon features Steven Forbes

The Celebrity Luncheon, sponsored by Henry Schein Dental, from noon to 2 p.m. on Monday, Nov. 26, features chairman and editor in chief of Forbes Media Steve Forbes. Forbes writes editorials for each issue of Forbes magazine under the heading of "Fact and Comment." A widely respected economic prognosticator, he is the only writer to have won the highly prestigious Crystal Owl Award four times. The prize was formerly given by U.S. Steel Corporation to the financial journalist whose economic forecasts for the coming year proved most accurate.

(Source: Greater New York Dental Meeting)



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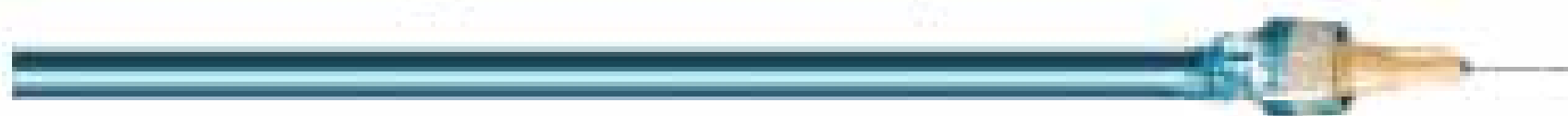
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