

IMPLANT TRIBUNE

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

AUGUST 2009

www.implant-tribune.com

VOL. 4, No. 8



Embracing technology

Dr. Lynn Pierri explains how she keeps her focus

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AAP heads to Boston

More than 5,000 expected to attend annual meeting

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Industry news

Check out the latest from E-Woo, Osteogenics

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Webinars provide a chance to 'get started'

The following upcoming Webinars offer participants a chance to get started in a new field or aspect of dentistry:

- "Getting Started in Digital Imagery"

On Oct. 24, DTSC will offer a full-day program that will provide an overview for those who are interested in "getting started in" digital imaging. Includes a one-hour presentation, followed by a live Q&A session. 7 C.E. credits.

- "Getting Started in Laser Dentistry"

On Nov. 7, DTSC will offer a full-day program that will provide an overview for those who are interested in "getting started in" laser dentistry. Includes a one-hour presentation, followed by a live Q&A session. 7 C.E. credits.

- "Getting Started in CAD/CAM Technology"

On Nov. 21, DTSC will offer a full-day program that will provide an overview for those who are interested in "getting started in" CAD/CAM technology. Includes a one-hour presentation, followed by a live Q&A session. 7 C.E. credits.

Details and registration at www.DTStudyClub.com. IT

Report encourages periodontists and cardiologists to join forces

JOP and cardiology journal develop clinical recommendations for treating periodontitis, cardiovascular disease

Cardiovascular disease (CVD), the leading killer in the United States, is a major public health issue contributing to 2,400 deaths each day.

Periodontal disease affects nearly

75 percent of Americans and is the major cause of adult tooth loss.

While the prevalence rates of these disease states seem grim, research suggests that managing one disease may reduce the risk for the other.

A consensus paper on the relationship between heart disease and gum disease was recently developed by the American Academy of Periodontology (AAP) and The American Journal of Cardiology (AJC).

The paper is published concur-

rently in the online versions of the AJC, a peer-reviewed journal circulated to 30,000 cardiologists, and the Journal of Periodontology (JOP), the official publication of the AAP. Developed in concert by cardiologists and periodontists, the paper includes clinical recommendations for both medical and dental professionals to use in managing patients living with, or who are at risk for, either disease. As a result of the paper, cardiologists

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ICOI alliances reach far and wide

By R. Craig Johnson, ICOI Executive Director

No area of dentistry is growing at the pace of oral implantology. Benefits to the consumer and the incredible improvements in the science of implant therapy have resulted in this exponential growth.

The consumer is demanding implant treatment and the industry is responding. Double-digit increases in implant placement and restoration will be the norm during the next several years. Obviously, keeping up with the ever-changing science and clinical techniques is a challenge

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Vancouver, Canada, is the site for ICOI World Congress XXVI, 12th Annual IPS Symposium and 12th Congress of Asia Pacific Section from Aug. 20-22.

AD

Game teaching implants?

A realistic computer game will soon be used to help dental students worldwide learn and reinforce dental implant procedures.

The Virtual Dental Implant Training Simulation Program is designed to help students in diagnostics, decision making and treatment protocols.

It was designed by Medical College of Georgia School of Dentistry faculty and students and BreakAway, Ltd., a developer of game-based technology for training, experimen-

tation and decision-making analysis.

The implant simulation game uses clinical scenarios that can be randomly selected, letting students interact with virtual patients by asking about their medical history, examining them and arriving at a diagnosis.

For more information, see <https://my.mcg.edu/portal/page/portal/News/archive/2009>. IT

(Source: Medical College of Georgia)

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may now examine a patient's mouth, and periodontists may begin asking questions about heart health and family history of heart disease.

Specific clinical recommendations include:

- Patients with periodontitis who have one known major atherosclerotic CVD risk factor such as smoking, immediate family history for CVD or history of dyslipidemia should consider a medical evaluation if they have not done so within the past 12 months.

- A periodontal evaluation should be considered in patients with atherosclerotic CVD who have: signs or symptoms of gingival disease; significant tooth loss, and unexplained elevation of hs-CRP or other inflammatory biomarkers.

- A periodontal evaluation of patients with atherosclerotic CVD should include a comprehensive examination of periodontal tissues, as assessed by visual signs of inflammation and bleeding on probing; loss of connective tissue attachment detected by periodontal probing measurements; and bone loss assessed radiographically. If patients have untreated or uncontrolled periodontitis, they should be treated with a focus on reducing and controlling the bacterial accumulations and eliminating inflammation.

- When periodontitis is newly diagnosed in patients with atherosclerotic CVD, periodontists and physicians managing patients' CVD should closely collaborate in order to optimize CVD risk reduction and periodontal care.

The clinical recommendations were developed at a meeting held in early 2009 of top opinion leaders in both cardiology and periodontology. The consensus paper also summarizes the scientific evidence that links periodontal disease and cardiovascular disease and explains the underlying biologic and inflammatory mechanisms that may be the basis for the connection.

According to Kenneth Kornman, DDS, PhD, editor of the Journal of



Periodontology and a co-author of the consensus report, the cooperation between the cardiology and periodontal communities is an important first step in helping patients reduce their risk of these associated diseases.

"Inflammation is a major risk factor for heart disease, and periodontal disease may increase the inflammation level throughout the body. Since several studies have shown that patients with periodontal disease have an increased risk for cardiovascular disease, we felt it was important to develop clinical recommendations for our respective specialties. Therefore, you will now see cardiologists and periodontists joining forces to help our patients."

While additional research will help identify the precise relationship between periodontal disease and cardiovascular disease, recent emphasis has been placed on the role of inflammation — the body's reaction to fight off infection, guard against injury or shield against irritation.

While inflammation initially intends to have a protective effect, untreated chronic inflammation can lead to dysfunction of the affected tissues, and therefore to more severe health complications.

"Both periodontal disease and cardiovascular disease are inflammatory diseases, and inflammation is the common mechanism that connects them," said David Cochran, DDS, PhD, president of the AAP and chairman of the Department of Periodontics at the University of Texas Health Science Center at San Antonio.

"The clinical recommendations included in the consensus paper will help periodontists and cardiologists control the inflammatory burden in the body as a result of gum disease or heart disease, thereby helping to reduce further disease progression, and ultimately to improve our patients' overall health. That is our common goal." II

NOTE: A copy of "The American Journal of Cardiology and Journal of Periodontology Editors' Consensus: Periodontitis and Atherosclerotic Cardiovascular Disease" can be viewed at www.joponline.org/toc/jop/0/0. For more information, contact the AAP Public Affairs Department at (312) 573-3242.

(Source: American Academy of Periodontology)

Tell us what you think!

Do you have general comments or criticism of a Dental Tribune America publication you would like to share? Is there a particular topic or product you would like to see more articles about? Let us know by e-mailing us at feedback@dtamerica.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@dtamerica.com and be sure to include which publication you are referring to. Please note subscription changes can take up to six 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@dtamerica.com.

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¹ Histologic Evaluation of a Stem Cell Based Sinus Augmentation Procedure: A Case Series.
— McAllister, Haghighat, Ganshor. — Journal of Perio., April 2009



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← **IT** page 1B

which has been embraced by industry, academia and professional associations. *Now is the time to invest in your practice.*

The International Congress of Oral Implantologists (ICOI) has achieved the status of the world's largest professional dental implant association by providing unsurpassed implant education with the cooperation of individual members, its many component and affiliate societies and in alliances with both the academic and corporate world.

The ICOI and its component/affiliate societies around the world hold multiple implant symposia and courses annually.

In addition, the ICOI co-hosts with universities/dental colleges and several symposia in the United States and abroad.

And the ICOI has coupled with industry leaders such as BioHorizons Implant Systems, Keystone Dental, MIS Implant Technologies, Nobel Biocare, PreXion, BIOMET 3i, Chase-HealthAdvance Financing Options, Dentsply Tulsa Dental Specialties, EBI Implant Systems, Misch International Implant Institute, Osteohealth, Zimmer Dental, Dentatus USA, Harvest Technologies, IMTEC, Materialise Dental, J. Morita, OCO Biomedical, Piezosurgery, Riemsers, Root Laboratory, Salvin Dental Specialties, Sybron Implant Solutions, etc., to pro-

vide extended courses around the world as well as sponsor ICOI's Glossary of Implant Dentistry II.

The Glossary II has more than 1,400 terms and is a practical aid for every specialist and generalist in the rapidly expanding field of implant dentistry.

The Glossary's accompanying searchable CD-ROM serves everyone by providing an easy look-up feature and portability. All of these efforts result in the education of thousands of dentists annually.

Introductory, intermediate, advanced: all levels of education

Indeed, look at ICOI's Web site (www.icoi.org) and under "Meetings" you will discover a wide range of symposia sponsored by the ICOI and its component and affiliate societies.

It also lists the myriad independent courses that can be university based, private or manufacturer-sponsored. Courses are designed for various levels of competence in placement and restoration of dental implants.

Every facet of oral implantology/implant dentistry is covered by courses today and these listings keep growing as interest in dental implants increases at such a rapid rate.

Location, location, location

With the wide array of courses/symposia being offered by associations as well as private and corporate enterprises, doctors can now virtually travel the globe and obtain continuing

education credits in dental implantology specific to their individual needs. Take the ICOI's meeting schedule for the next two years, for example. All of these symposia provide well-known international faculties and offer C.E. credits for attendees.

ICOI fully sponsored symposia

2009 (September through December)

- Karlsruhe, Germany, European Congress
- New York, N.Y., Implant Symposium with NYU College of Dentistry

2010

- New Orleans, Spring Implant Symposium
- Istanbul, Turkey, European Congress
- Hamburg, Germany, World Congress XXVII
- New York, N.Y., Implant Symposium with NYU College of Dentistry

2011

- Las Vegas, Winter Symposium
- Chicago, Implant Prosthodontic Symposium
- Seoul, South Korea, World Congress XXVII
- New York, N.Y., Implant Symposium with NYU College of Dentistry

Don't forget the team

One of ICOI's most important component societies is the Association of Dental Implant Auxiliaries (ADIA).

This association, under the leadership of Executive Director Lynn Mortilla, RDH, has a mission to advance the field of implant dentistry through education of the office team.

The ADIA has developed criteria and training but also has an established network that provides dental offices with updated and consistent information on daily practice challenges.

It holds semi-annual meetings with the ICOI, providing one- or two-day didactic programs given by the doctors and one full day devoted to comprehensive certification programs for hygienists, assistants and front office staff.

All members of the office team are "brought up to speed" in the education process. Parallel implant education for both the doctor and team helps to create a seamless administrative function within the practice. The result is practice growth.

The ADIA's certification programs have been recognized by the industry as a viable means of implant education.

Several manufacturers sponsor ADIA certification programs — locally, regionally and nationally in North America. And the ADIA is growing internationally, now giving programs in Europe and the Far East.

For more information, visit the ICOI Web site at www.icoi.org. **IT**

(Source: ICOI)

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1. Hoffmann O, Barbee BK, Beaumont C, Kasaj A, Dell G, Zeffopoulos GG. Alveolar Bone Preservation in Extractive Sockets Using Non-Resorbable PTFE Membranes: A Retrospective Non-Randomized Study. J Periodontol. 2008; 79(1355-1369). 2. Independent lab test results on file. 3. Barbee BK, Francisco BS, Ferreira VF. Soft tissue enhancement using non-expanded PTFE membranes without primary closure (abstract). J Periodontol 2009 Sept; 79(9):1815-20.

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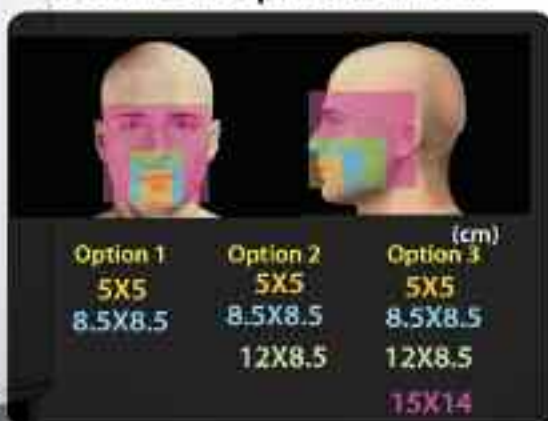
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Pierri: Embrace, incorporate technology

Lynn Pierri, DDS, MS, was a speaker at the SimPlant® Academy World Conference held during June in Monterey, Calif. Here, she answers questions for Implant Tribune:

Can you tell me about your background?

I am a board-certified oral and maxillofacial surgeon who received my surgical training at NYU-Bellevue Hospital Center in Manhattan, New York. Following completion of my residency, I went to Edinburgh, Scotland for a surgical fellowship before coming back to the States to open up my solo private practice of 22 years. My undergraduate dental degree was obtained at the State University of New York at Stony Brook School of Dental Medicine, where I was the only female in my class! Prior to that, I received a certificate from Dental Laboratory Technology School in preparation for dental school and had received a dual master's of science in microbiology with permanent New York State teaching certification in education. My bachelor's degree is from the State University of New York at Stony Brook with dual certification in medical technology.

Is your practice solely implant dentistry?

My favorite niche of oral and maxillofacial surgery is implant dentistry. More than 20 years ago, I saw it emerging for what it is: a driving force in our profession, and not just a passing fancy.

How long have you been performing implant dentistry and what systems do you use?

The month I graduated my residency is the same month the first implant was placed in NYU dental school in 1985. As I looked on, my chief-of-service performed that case, and I remember saying to myself, "This is going to be something special." I took the Brånemark certification course in Washington, D.C., and the rest is history. I took every course I could get my hands on, both surgically and prosthetically. My first implant case, eight implants in the maxilla and six implants in the mandible, is still in the patient's mouth today, a tribute to implant dentistry. I have tried various systems during the past 20 years, but have settled into Straumann, Nobel Biocare, Astra Tech and BIOMET 3i, depending on the indication of the site and available bone; as well as Stern-

gold and Dentatus for provisional intermediate implants.

What do you think is unique about your practice?

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seeing the restorative DDS for prosthetic fabrication (implant impression coping and analog are provided) and the patient is seen immediately following prosthesis placement for radiographs and photographs, then placed into yearly recall. **IT**

IT About the doctor



For more than 30 years, Dr. Lynn Pierri has fulfilled numerous academic and clinical appointments, co-authored six publications, main-

tained memberships in several professional societies and attended nearly two dozen continuing education courses on topics ranging from medical risk assessment to surgical orthodontics to osseointegrated implants. Pierri also has received honors and awards from a number of organizations for her academic strides and her service to the community.

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