

Fig. 1: Implant fracture. (Photos/Provided by Dr. Dov M. Almog)

## Intro to CBCT

*Especially as it pertains  
to prevention of failures  
in oral implantology*

By Dov M. Almog, DMD

Intraoral and panoramic imaging are not three-dimensional, and clinicians can obtain only vague measurements from them due to magnification changes as a result of positioning.

They are not efficient for viewing certain pathologies and, because of the limitations, cone-beam computed tomography (CBCT) 3-D imaging technologies started to evolve. CBCT 3-D captures a volume of data and, through a reconstruction process, it delivers images that do not contain magnification, distortion and/or overlap of anatomy.

In recent years, CBCT 3-D started to make big inroads into every discipline in our dental profession, expanding the horizons of clinical dental practice by adding a third dimension to craniofacial treatment planning.

CBCT uses advanced 3-D technology to provide the most complete anatomical information on a patient's mouth, face and jaws areas, leading to enhanced treatment planning and predictable treatment outcomes.

According to dental practitioners using this technology, it makes us more efficient. Essentially, this was a paradigm shift where measurements and anatomical relationships are precise and provide practitioners clear insight into the patient's anatomical relationships.

As far as oral implantology, according to Kalorama Information ([www.kaloramainformation.com/pub/1099235.html](http://www.kaloramainformation.com/pub/1099235.html)), it is estimated

## ICOI symposium: *innovations & esthetics*



ICOI's Winter Symposium will take place at the Bellagio Hotel in Las Vegas from Feb. 10-12. (Photo/Provided by ICOI)

### *February event to focus on esthetic zone reconstruction*

The International Congress of Oral Implantologists' (ICOI) annual Winter Symposium will take place at the five-star Bellagio Hotel in Las Vegas from Feb. 10-12.

Dr. Michael Pikos is the scientific chair for this symposium, which will feature three days of dental implant continuing education. The 2011 ICOI winter meeting will focus on esthetic zone reconstruction including complications, innovations, use of CBCT and BioActive modifiers.

Attendees will be exposed to a skilled group of experienced private practice and academic-based clinicians who will share their respective wealth of knowledge in a friendly and scientific environment. The general session will be preceded by several pre-symposium workshops on Thursday morning, Feb. 10.

The line-up of the four-hour pre-symposium workshops will feature the following:

- Dr. Daniel McEowen will present a course on the "Benefits of 3D CBCT Imaging Systems," sponsored by PreXion.



Dr. Michael Pikos is the scientific chair for the ICOI's annual Winter Symposium.

- Dr. Nicolas Elian's course, sponsored by ACE, will focus on "The All New 'Secure' Dental implant System."
- Dr. Hom-Lay Wang will focus on "Extraction Socket Management for Daily Practice," sponsored by Osteogenics Biomedical
- Dr. Carl Misch will discuss a

treatment plan sequence to decrease the risk of biomechanical overload in his presentation of "Key Implant Position and Number." His course is sponsored by the Misch International Implant Institute.

- Dr. Dwayne Karateew's course will highlight "The Ankylos Implant and the Tissue Care Concept: The Foundation of Hard- and Soft-Tissue Preservation and Esthetics." The course is sponsored by Dentsply Tulsa Dental Specialties.

- Intra-Lock will sponsor Dr. Joseph Choukroun's hands-on workshop, which will feature PRF membranes and autogenous matrices.

- Dr. Ziv Mazor will address bone augmentation in his course, "Current and Future Trends in Maxillary Sinus Augmentation." His course is sponsored by MIS.

Following these pre-symposium workshops, the general session is planned as such:

**Thursday, Feb. 10:  
afternoon session**

**Cone Beam CT / BioActive Modifiers**



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1-1:30 p.m.: Introductions  
 1:30-2:15 p.m.: Dr. Scott D. Ganz: "Establishing New Prosthodontic Fundamentals for Implant Reconstruction through Technological Advances: Myths vs. Realities"  
 2:15-3 p.m.: Dr. Alan Rosenfeld: "Leadership and Critical Decision Making for Implant Placement Using CT Related Technologies"  
 3-3:30 p.m.: Break with exhibitors  
 3:30-4:15 p.m.: Daniel Llop, CDT: "Advanced Synchronized Esthetics in CT Guided Surgery"  
 4:15-5 p.m.: Dr. James Rutkowski: "Buffy Coat Platelet Rich Plasma — Clinical Use Based on Science"  
 5-5:45 p.m.: Dr. Joseph Choukroun: "Advances in Bone Engineering: Cells, Biomaterials and Growth Factors"  
 5:45-6:30 p.m.: Drs. Eduardo Anitua and Gorka Orive: "ENDORET-PRGF: An Optimized PRP for Wound Healing and Tissue Regeneration"  
 6:30-7:30 p.m.: Tabletop presentations and welcome reception: Exhibit Hall

### Friday, Feb. 11: morning session Esthetic Zone

8 a.m.-8:45 a.m.: Dr. Jaime L. Lozada: "Lateral and Crestal Bone Planning Antrostomy: An Innovative and Simplified Surgical Procedure Used to Reduce the Incidence of Maxillary Sinus Membrane Perforation During Subantral Augmentation Procedures"  
 8:45-9:30 a.m.: Dr. Giuseppe Cardaropoli: "Immediate Versus Delay Implant Placement Following Tooth Extraction"  
 9:30-10:15 a.m.: Dr. Nick Caplanis: "Esthetic Zone: Contemporary Treatment Algorithms of the Extraction Defect"  
 10:15-10:45 a.m.: Break with exhibitors  
 10:45-11:30 a.m.: Dr. Nick Elian: "Implant Management in the Esthetic Zone"  
 11:30 a.m.-12:15 p.m.: Dr. Michael Pikos: "Esthetic Zone Reconstruction: Synergy of Hard- and Soft-Tissue Grafting"  
 12:15-1:30 p.m.: Lunch with exhibitors

### Friday, Feb. 11: afternoon session Esthetic Zone

1:30-2:15 p.m.: Dr. Pat Allen: "Maximizing Esthetics with Minimally Invasive Surgery"  
 2:15-3 p.m.: Dr. Joseph Kan: "Anterior Implant Esthetics 2011"  
 3-3:30 p.m.: Break with exhibitors



Get ready for bright lights and plenty of activity at the ICOI's Winter Symposium in Las Vegas. (Photo/stock.xchng)

3:30-4:15 p.m.: Dr. Zeev Ormianer: "Bone Regeneration for Esthetic Restoration; Success, Failures and Ways Out"  
 4:15-5 p.m.: Dr. Hom-Lay Wang: "How to Avoid and Manage Implant Esthetic Nightmares"  
 5-5:45 p.m.: Dr. Homayoun Zadeh: "Complications Associated with Timing of Implant Placement Following Tooth Extraction"  
 5:45-6:15 p.m.: Dr. Ady Palti: "Esthetic Zone — Complications"  
 7-8 p.m.: Awards ceremony

### Saturday, Feb. 12: morning session

#### Innovations/Esthetic Zone Immediate Load

8-9:45 a.m.: Dr. Dan Spagnoli: "Reconstruction of Localized/Major Maxillary and Mandibular Alveolar Ridge Defects with hR BMP-2/ACS"  
 9:45-10:15 a.m.: Break with exhibitors  
 10:15-10:45 a.m.: Dr. Timothy L. Hottel: "Current Trends in Implant Dentistry — White Is In?"  
 10:45-11:30 a.m.: Dr. Carl Misch: "Full Arch Maxillary Esthetics For Implant Prostheses"  
 11:30 a.m.-12:15 p.m.: Dr. Nigel A. Saynor: "New Concepts of Therapy in Single Tooth Esthetic Zone Restoration"  
 12:15-1:30 p.m.: Lunch with exhibitors

### Saturday, Feb. 12: afternoon session

#### Innovations/Esthetic Zone Immediate Load

1:30-2:15 p.m.: Dr. Jeffrey Ganeles: "The Maxilla is Not an Upside Down

Mandible for Immediate Loading"

2:15-3 p.m.: Dr. Lyndon Cooper: "Immediate Load in the Maxilla"  
 3-3:30 p.m.: Break with exhibitors  
 3:30-4:15 p.m.: Dr. George Romanos: "Immediate vs. Delayed Loading in the Esthetic Zone"  
 4:15-4:45 p.m.: Dr. Alvaro Ordonez: "The Plan Goes Before the Scan: Comprehensive Planning for Excellent Cosmetic Results"  
 4:45-5:15 p.m.: Dr. Natalie Wong: "Digital Impressions: Innovative Strategies for Existing Challenges"  
 5:15-6 p.m.: Dr. John Russo: "Simplifying Bone Grafting of the Pre-Maxilla Utilizing a Trepine System for Precise Adaptation of Block Allografts"

In addition to the program for the doctors, the ADIA will present a 2½-day program for team members, concluding on Saturday with three certification programs held simultaneously for dental hygienists, dental assisting, practice management and an implant coordinator's training program.

ICOI's table clinic and poster presentation competition will be held during the welcome reception on Thursday, Feb. 10.

With more than 12,000 members worldwide, the ICOI is the largest profession dental implant organization and provides vast dental implant continuing education by sponsoring or co-sponsoring many international meetings each year.

For more information on the Winter Symposium in Las Vegas or about the ICOI, visit the ICOI website at [www.icoi.org](http://www.icoi.org). IT

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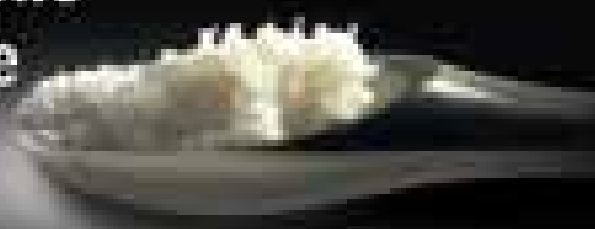
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that growth in implant-based dental reconstruction products will outstrip all other areas in dentistry.

The traditional method of replacing a tooth with a dental bridge has been shown to be problematic, and more permanent solutions are badly needed.

With a rapidly aging population trend in the developed world and the resulting enormous unmet need for teeth replacement, a large number of companies see the opportunity to move into these sophisticated dental techniques.

And indeed, as some have predicted, the growth in dental implant-based procedures increased considerably in recent years.

As a result, there has been a rapid increase in the number of practitioners involved in implant placement, including specialists and generalists, with different levels of expertise. At the same time, we are witnessing a diversity of unusual complications associated with these procedures.

A literature and web search revealed several published reports of such complications, which include: implant fractures (Fig. 1); impingement on adjacent teeth (Fig. 2); perforating the lingual undercut (Fig. 3); sinus perforations (Fig. 4); and displaced implants into the maxillary sinus (Fig. 5), to name a few.

The clinical management associated with some of these complications is difficult at times and considered very invasive.

Therefore, while the quantitative relationship between successful outcomes in dental implant treatment and CBCT-based dental imaging is unknown and awaits discovery through large prospective clinical trials, I strongly believe that using CBCT- and 3-D-based dental imaging is becoming a reliable procedure from a precautionary standpoint based on a series of recent preliminary clinical studies and case reports.

The author strongly believes that by taking a CBCT-, 3-D-based study prior to placing dental implants, many of the above mentioned complications can be circumvented. **IT**



Fig. 2: Impingement on adjacent tooth.



Fig. 3: Perforating the lingual undercut.



Fig. 4: Left sinus perforation.



Fig. 5: Displaced implants into the maxillary sinus.

Dr. Almog's presentation, "Introduction to Cone Beam CT (CBCT), Especially as it Pertains to Prevention of Failures in Oral Implantology," from this year's DTSC Symposium at the GNYDM will be available for viewing online at [www.DTStudyClub.com](http://www.DTStudyClub.com).

**IT About the author**

Dr. Dov Almog is a prosthodontist representing more than 30 years of diversified professional experience in clinical, academic and research environments. His publications include articles on cone beam CT, dental implants, carotid artery calcifications and practice management, to name a few. In 2003, in acknowledgment for his research on incidental findings of carotid artery calcifications on panoramic radiographs, Almog received the Arthur H. Wuehrmann Award by the American Academy of Oral & Maxillofacial Radiology. Currently, Almog is serving as the chief of the dental service for the U.S. Department of Veterans Affairs at the VA New Jersey Health Care System.

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# Scenes from the GNYDM

*The Greater New York Dental Meeting took place Nov. 26-Dec. 1*



(Photos/DT Editors Sierra Rendon and Fred Michmershuizen)

1. From left, Laura Pestronk, Nazanin Ghafouri and Pat Bradyhouse at the Osstell booth ask thousands of GNYDM attendees, ‘Do you place implants?’ and introduced them to the company’s objective judge of implant stability.
2. Alan Miller of AMD LASERS talks to attendees about his company’s award-winning practical and affordable lasers.
3. Spyridon Xynogalas, a student at the New York University College of Dentistry, speaks with attendees about narrow diameter implants during an educational presentation at the Denatus booth.



4. Shane McElroy shows an attendee Meisinger’s high-quality rotary instruments.
5. CAMLOG’s Justine Cutler speaks to an attendee about benefits of the company’s product line.



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Radiograph shows proper implant spacing in limited site.

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1. Radiographic Analysis of Crestal Bone Levels on Laser-Lok Collar Dental Implants. Dr. Shapiro, R. Lacey, J.A. Westerkus, DM. JPRD, Vol. 33, No. 2, 2010.  
2. Implant strength & fatigue testing done in accordance with ISO standard 14801.  
3. Initial Clinical efficacy of 3-mm implants immediately placed into function in conditions of limited spacing. Reddy MS, Choudhry SC, Hargis S, Agreus-Wessner E, Green NC. Int J Oral Maxillofac. Implants. 2008 Mar-Apr;23(2):281-288.  
4. Human Histologic Evidence of a Connective Tissue Attachment to a Dental Implant. M. Reddy, M. Teters, M. Carrell, J. L. Bryant, J. G. W. H. International Journal of Periodontics & Restorative Dentistry Vol. 28, No. 2, 2008.

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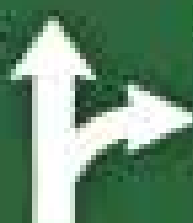
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# Just how important is the implant treatment coordinator?

By Roger P. Levin, DDS

It is nearly impossible to have a highly successful implant practice without an implant treatment coordinator (ITC) leading the way. This individual fosters a team approach between the surgical and restorative practices — a necessary component in implant dentistry. Without the ITC performing this crucial function, implant practices cannot reach their fullest potential.

This individual provides clear, consistent communication between offices. A communication lapse or breakdown can undermine patient confidence in the procedure and raise doubts about your professionalism. Levin Group has found that practices adding an ITC position can drastically reduce miscommunication and increase implant treatment acceptance.

A team approach between surgical and restorative offices benefits patients, doctors and staff. This type of collaboration can make the referral process less chaotic and highly productive. The ITC helps practices achieve a high level of case acceptance through patient education, internal and external marketing, relationship-building and superior case presentation.

The ITC is the:

## Practice's 'communications officer'

The ITC should handle most of the communication between the restorative and surgical practices. Responsibilities include tracking all case presentation efforts, documenting case acceptance, scheduling patient appointments, conducting follow-up phone calls, monitoring the treatment program, and presenting patient financing options.

Having a point person for implants ensures the ball does not get dropped due to miscommunication. A well-trained ITC facilitates cooperation between practices and boosts patient acceptance of recommended treatments.

## Master of the schedule

When the ITC schedules all appointments for potential implant patients, three important objectives are accomplished:

- \* Continuity between the surgical and restorative practices.
- \* Greater patient confidence.
- \* More value for implant treatment.

## Champion of patient education

The ITC can help restorative partners inform patients about implants by providing brochures, posters and

collateral materials.

When patients are better informed, case presentation becomes easier and increases the likelihood of patients saying yes to implant treatment.

The ITC also plays a critical role in case presentation, educating patients about the advantages of dental implants while motivating them to accept treatment. Having an ITC allows an implant doctor to focus more on production and less on administrative work.

## Conclusion

Acting as a liaison, the ITC helps both the surgical and restorative practices provide optimal patient care as well as eliminate miscommunication and bottlenecks.

An ITC promotes increased implant production by allowing the surgeon to spend more time performing surgery and less time dealing with administrative work. In short, a growing implant practice *cannot* operate without an ITC! ■

## About the author

Dr. Roger P. Levin is chairman and chief executive officer of Levin Group, a leading implant practice management firm. Levin Group provides Total Implant Success™, a premier comprehensive consulting solution for lifetime success to implant clinicians in the United States and around the world.

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