Greater New York Dental Meeting • November 27–30, 2011 Official Meeting News

Vol. 6 No. 4

today

NOV. 30 2011

Education heats up

Highlights of the many learning opportunities available? Operating on pigs' jaws and learning tips for whitening teeth, of course!

»page 3

Last chance for DTSC!

Treating patients with diabetes, using all-ceramic crowns and bridges and an implant solution are all on tap for today's session topics!

»starting from page 4

Scenes from Tuesday

Visitors from Russia, first-timers and groups of children make their way to the exhibit hall. And best of all, there are cupcakes for everyone!

»starting from page 12

World-class meeting

Greater New York Dental Meeting honored as 'most innovative' dental show

GNYDM General Chairman Dr. John Halikias and GNYDM Executive Director Dr. Robert Edwab hold the Global Dental Tribune Award for 'The World's Most Innovative Dental Meeting. (Photo/ Carlo Messina, Flx Video & Photography)

By Robin Goodman & Fred Michmershuizen
Dental Tribune

Education, innovation and a truly international perspective are how the Greater New York Dental Meeting (GNYDM) sets itself apart from other meetings. It is a level of innovation that many other meeting organizers seek to emulate and which has earned the GNYDM the first Global Dental Tribune Award for "The World's Most Innovative Dental Meeting."

GNYDM General Chairman Dr. John Halikias accepted the award Monday afternoon during the Celebrity Luncheon. The meeting's strong partnership with the U.S. Department of Commerce and its International

»see meeting, page 30

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Educational 'touchdown' Tuesday at the GNYDM

By Robin Goodman, Dental Tribune

From the standard lecture style of education to live dentistry, seminars, "lunch and learn" and hands-on workshops, the Greater New York Dental Meeting has every option covered among a wide variety of dental disciplines.

No matter what your specialty area, you are sure to find enough options to make the decision-making process of which session to attend a tough one. Some of the most highly attended educational opportunities are the various hands-on workshops in glass classrooms around the exhibit floor, the presentations at the Live Dentistry Arena and the C.E. lectures available at the Dental Tribune Study Club Symposia.

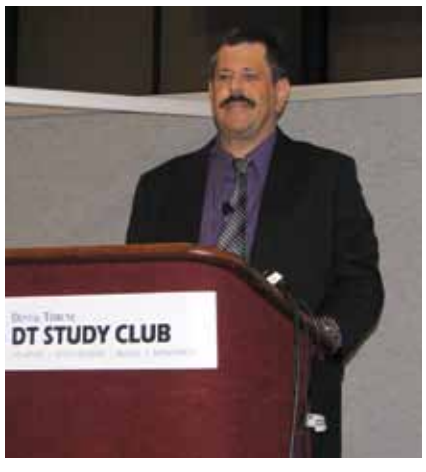
On Tuesday morning, Dr. Robert Edwab led an eager group of students in the glass classroom located in the Education Hall during his hands-on "Oral Surgery Workshop for the General Practitioner."

Just across the hall at the Live Dentistry Arena, Dr. Marilyn Ward presented "Professional Tooth Whitening: Strategies to Take Advantage of the Latest Whitening Technology," which was well-attended, as has been every session in the arena.

Next door to the arena is the Dental Tribune Study Club Symposia lecture hall, where attendees pay a nominal fee to attend an ADA CERP-accredited C.E. lecture. Tuesday offered up to six units of C.E. for the six lecturers, which included Drs. Gregori Kurtzman, Paul Goodman, George Freedman, Fay Goldstep, Pedro Lazaro Calvo, Stanley Malamed, Mic Falkel and Enrico DiVito.

Today's schedule offers another six units of C.E. credits but also includes the second Osseo University Summit as well as the Laser Summit from 12:30 to 5 p.m.

DT Study Club C.E. Director Julia Wehkamp, right, pops in for a close look at the pig jaws Dr. Robert Edwab's students are working on during his Tuesday morning hands-on workshop about 'Oral Surgery Workshop for the General Practitioner.'



Dr. Gregori Kurtzman speaks about 'Core Buildups, Post & Cores and Understanding Ferrule' during the Dental Tribune Study Club Symposia in the Education Hall, aisle 6000, room 3.

Osseo University Summit and Laser Summit

Don't forget to attend these summits from 12:30 to 5 p.m. today. Located in the Education Hall, aisle 6000, room 3.

How to treat patients with diabetes in the office

By Kristine Colker, Managing Editor

Today from 10 to 11 a.m. in aisle 6000, room 3, Dr. Ira Lamster will present "Management of the Patient With Diabetes Mellitus: Considerations for Dental Practice" as part of the DTSC Symposia.

This lecture will provide attendees with a review of the epidemiology, complications and clinical management of patients with diabetes mellitus seen in the dental office.

Lamster sat down with ***today*** to share more insights into his presentation.

Your DTSC Symposia session is called "Management of the patient with diabetes mellitus: Considerations for dental practice." Could you give us a brief overview of your presentation?

My presentation will review the importance of diabetes mellitus as a health-care problem in the United States, the clinical complications of diabetes and a more in-depth discussion of the many oral complications of the disease.

The presentation will also review medical treatment for patients with diabetes, and the implications of this treatment when patients are seen for dental care.

Lastly, the presentation will review the concept of an expanded role for dentists in the identification and management of patients with diabetes.

Are there any particular treatment protocols you would recommend for clinicians who are treating patients with diabetes?

Diabetes is a common chronic disease, with 26 million individuals (some 8 percent of the population) affected in the United States.

Patients with diabetes present with oral problems, and the most important oral complication is a greater extent and severity of periodontal disease.

Untreated periodontal disease can also be a risk factor for poor metabolic control in diabetes, so this bi-directional relationship makes this a very important topic for dental professionals.

When treating periodontal disease in a patient with diabetes, it is essential that acute oral infection be addressed. Further, periodontal disease in a patient with diabetes cannot be treated effectively unless the patient is metabolically controlled. Therefore, dental professionals must have a thorough understanding of diabetes mellitus, including how patients are managed and what tests are used to determine metabolic control.

My presentation will review the basics of patient evaluation and management. It is important for attendees to have a general understanding of diabetes as a spectrum of disorders and the importance of maintaining physiological levels of glucose in the blood.

Your session is sponsored by Colgate. How did you begin working with the company and what is it that you like about its products and services?

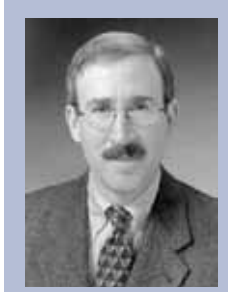
Colgate has funded an important study to assess how dentists can become more involved in the identification of undiagnosed diabetes. This was a very forward-thinking decision on the company's part and reflects its willingness to participate in discussions about the future of the dental profession.

Further, Colgate has an interest in oral care products that aim to reduce oral inflammation, and controlling oral inflammation is essential for patients with diabetes mellitus.

If there is one thing you hope attendees to your session walk away with, what would it be?

Attendees should leave the lecture with an appreciation of the importance of diabetes as a health-care problem in the United Sates and a better understanding of how patients with diabetes mellitus should be managed in the dental office.

About the speaker



Ira B. Lamster is a board-certified periodontist. He is currently the dean and professor of dentistry at the Columbia University College of Dental Medicine. Lamster received his bachelor's degree from Queens College in 1971 and received an MS. from University of Chicago in 1972. He received his DDS in 1977 from the State University of New York at Stony Brook School of Dental Medicine and his certificate in periodontics from Harvard School of Dental Medicine in 1980, along with a MMSc from Harvard University in the same year.

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All-ceramic treatment options

By George Freedman, DDS, and Marc Gottlieb, DDS

■ Dentists see, hear or receive information about all-ceramic crowns and bridges every day. Are the days of porcelain fused to metal over? There is now systematically reviewed data showing that all-ceramic systems are no longer experimental; they are suitable for routine utilization in practice. There are various all-ceramic options available and numerous techniques to place them. Furthermore, there are materials to fix a ceramic chip or fracture.

Crowns and bridges have evolved over time. All-gold restorations, developed a century ago, are still considered by many to be the "gold" standard, functioning successfully for decades. They may not look natural, but they never chip or break. The first esthetic option was to process resin to the labial surface.

Esthetically acceptable when placed, they yellowed and wore over time. Occasionally the veneering resin pops off but can be readily repaired with light-cured bonding materials (Fig. 1).

Porcelain fused to a metal substructure (PFM) was the next major cosmetic advance. A successful PFM mimics the natural tooth. The challenge is to hide the metal under the porcelain with opaque.

As well, the subgingival metal gingival margin becomes exposed with time. The gingival "black line" and to the challenge of masking the metal substructure encouraged the development of all-ceramic restorations.

Patients expect their crowns to look natural and to stand the test of time. Current all-ceramic crowns and bridges can meet and exceed their expectations. Practitioners have choices. Clinical success requires the ability to select the proper material: glass ceramic, particle filled glass, or a tooth-colored poly-crystalline ceramic. There are a few basic concepts to remember: the stronger and harder the material, the more opaque, less translucent.

Every manufacturer provides cementation protocols, the majority require bonding. Glass or particle-filled ceramics must be etched with hydrofluoric acid (HF) to enhance mechanical retention and then silaned. Polycrystalline materials (zirconia or alumina) are primed with an acidic phosphate ester (MDP) or sprayed with silica (Siljet, Danville Materials, San Ramon, Calif.) to improve retention.

The cementation protocol for all-ceramic crowns can be essential for success. Tribochemical treatment (Siljet) of polycrystalline zirconia and non-silica ceramic substantially increases their bond strengths to the resin cement.

This has tremendous implications and applications for dental treatment.

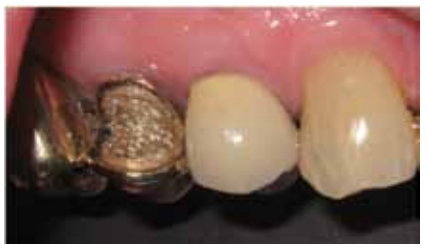

Fig. 1: (Photos/Dr. Michael Nelson)

Fig. 2

Fig. 3

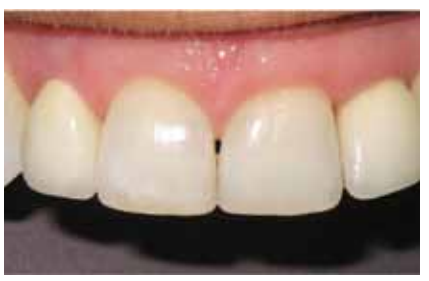

Fig. 4

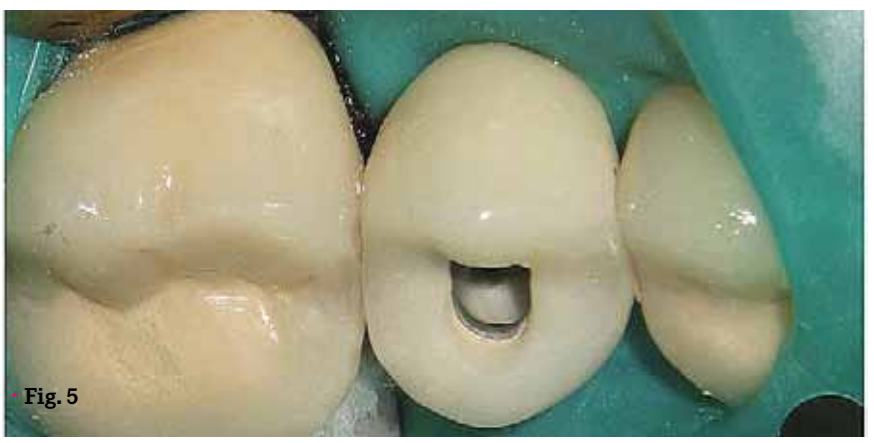

Fig. 5

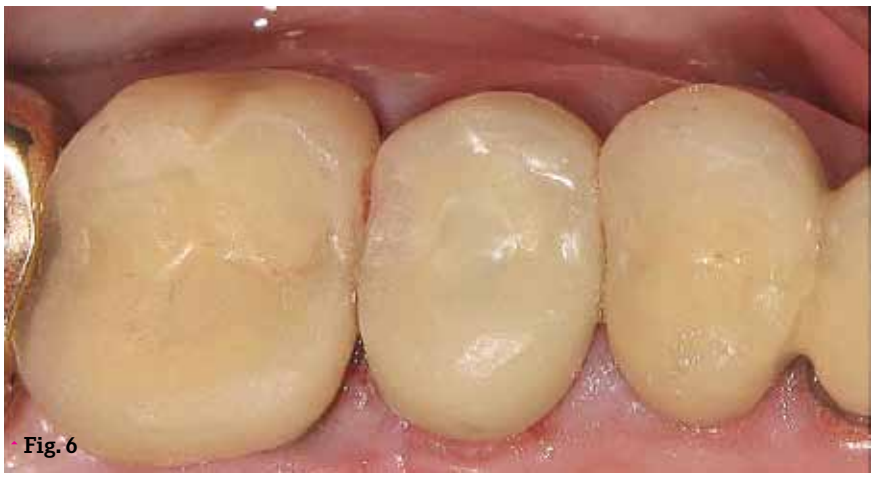

Fig. 6

Tribochemical treatment with Siljet is indicated for every non-ceramic surface that is to be bonded. Every intraoral repair is also tribochemically treated to enhance the bond strength.

Case presentations

A patient presented with a porcelain fracture involving the incisal edge of tooth #7 (Fig. 2). A tapered diamond bur feathered the porcelain fracture into the incisal third of the crown.

The roughened surface was then microetched at 40 psi with 50 micron aluminum oxide powder, rinsed and dried. Siljet tribochemical application (Fig. 3) with the microether fine tip at 40 psi was followed by rinsing and silanation of the porcelain surface as directed by the manufacturer. Tooth #7 was then restored using standard bonding and finishing techniques (Fig. 4).

The patient required root canal therapy and the access was through the occlusal surface of a porcelain-fused-to-metal crown (Fig. 5.)

Following the completion of endodontic treatment, the porcelain and metal were treated with Siljet and bonded to seal off the access cavity, providing an excellent and esthetic seal (Fig. 6).

Dentists have been able to predictably bond to glass silica-based ceramic crowns by etching with hydrofluoric acid, silanating and bonding. Predictable bonding to metal and polycrystalline base materials have long been contentious clinical issues. Tribochemical treatment with Siljet solves this problem, offering the practitioner excellent adhesion to Zirconia, Alumina, meta and many other restorative surfaces.

Attend the session

Today from 11:20 a.m. to 12:20 p.m. in aisle 6000, room 3, Dr. George Freedman and Dr. Marc Gottlieb will present "ABC's of Bonding Ceramic Crowns and Ceramic Repair" as part of the DTSC Symposia. In the session, the clinicians will explain the various all-ceramic options available and numerous techniques to place them. Participants will learn to determine the differences between the types of all-ceramic crowns and bridges and when to use them; understand the steps of bonding to ceramics and metal; and receive exposure to Tribochemical treatment of dental materials.

About the speakers

George Freedman, DDS, is past president of the American Academy of Cosmetic Dentistry and the chairman of the Dental Innovations Forum (Singapore). Freedman is the author or co-author of 11 textbooks, more than 400 dental articles and numerous CDs, video and audiotapes and is a Team Member of REALITY. Freedman is a co-founder of the Canadian Academy for Esthetic Dentistry and a diplomat of the American Board of Aesthetic Dentistry.

Marc Gottlieb, DDS, was born and raised on Long Island, N.Y., and attended Union College in Schenectady, N.Y. as well as the University of Buffalo School of Dentistry. While at Buffalo, he received many academic scholarships, awards and fellowships. After graduation from Dental School, Gottlieb went on to a two-year post-doctoral residency program at Long Island Jewish Medical Center. This unique opportunity provided advanced training in anesthesiology and all the specialties of dentistry. Gottlieb is currently on staff at Stony Brook University Hospital, maintains a full-time private practice, lectures all over the United States and has authored more than a dozen dental articles.

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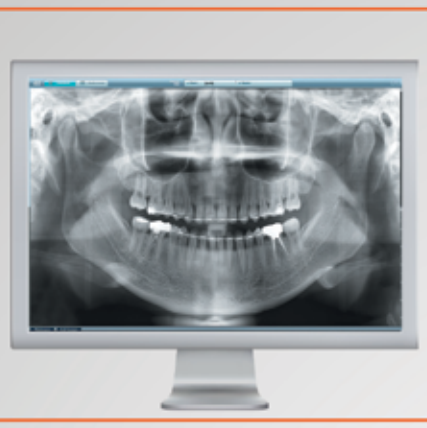

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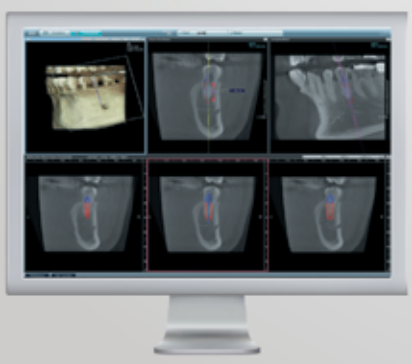

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Champions Implants: an ideal solution for the general dentist

By Armin Nedjat, DDS

■ Given the great success and ease of use of the Champions one-piece implant system, the question of why the development of a two-piece implant system was necessary has been raised.

More than 2,000 dentists and clinics have found the one-piece system provides great results, particularly when used with Prep-Caps, which compensate for any insertion divergences. So, why the addition of a two-piece system?

While it is true that the one-piece Champions implant system represents a major design breakthrough, the development of the new two-piece Champions (R)Evolution® allows the implants to be used on those patients who cannot be treated with the one-piece system (in some dental offices the percentage of patients whose condition is unsuitable for treatment with the one-piece system may reach as high as 20-30 percent).

Additionally, some dental surgeons, for whom temporary prosthodontic restorations are not an area of expertise, will find it easier to work with the two-piece implants, which often make these temporary restorations unnecessary.

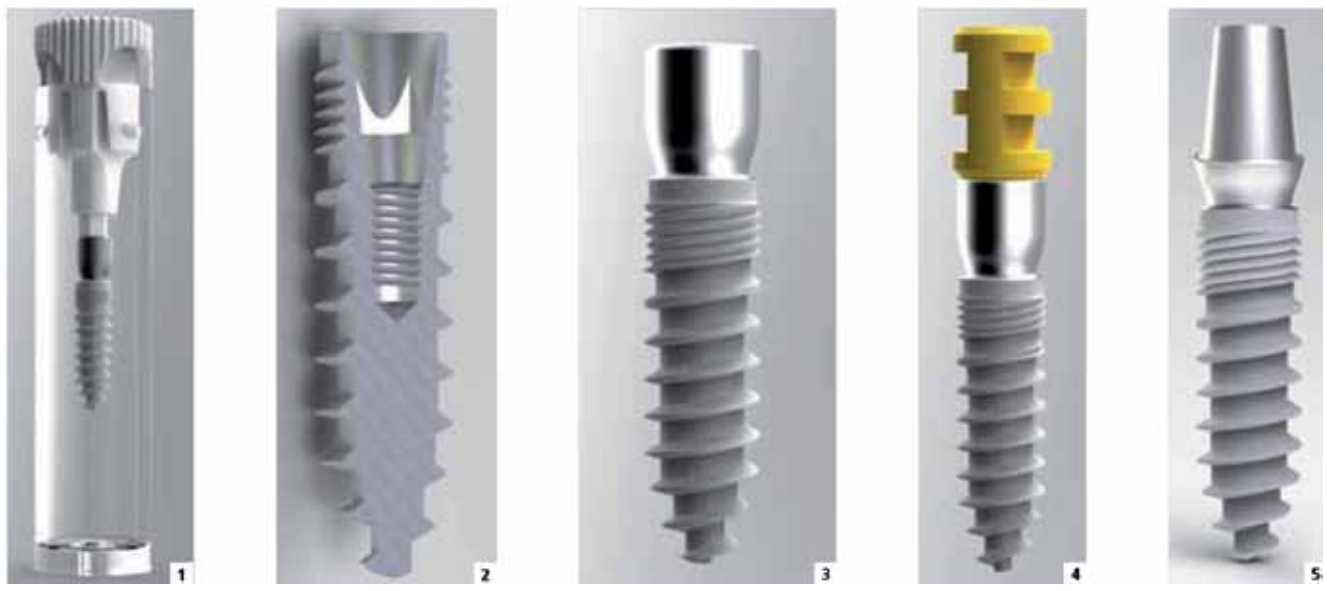
The two-piece Champions offer all the same advantages provided by the one-piece system. Produced in Germany of the highest quality materials, the new system remains affordable for dental offices, dental technicians and, most of all, for our patients!

While traditional two-piece implant systems have had problems with micro-gaps, which are vulnerable to bacterial penetration, the two-piece Champions (R)Evolution solves this problem with our newly developed, patent-pending inner cone with its rotation-proof "Hex-adapter."

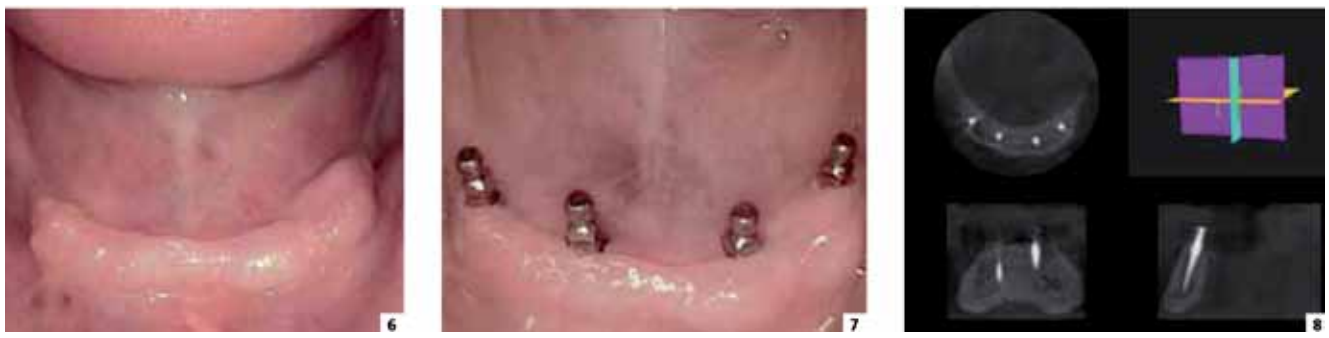
The implant has a micro-close gap of only about 0.6 µm. In addition, these two-piece implant types are suitable for the minimally invasive method of implantation, (MIMI® procedure), which is also used with our one-piece implants.

With this method, only a few dental tools are necessary for implantation, greatly reducing dental office expenses. The temporary prosthodontic restoration, which is necessary for one-piece implants for single teeth in the first two to eight weeks post surgery, is no longer absolutely necessary when two-piece implants are inserted.

The success story of the non-traumatic key-hole surgery MIMI will continue. Dentists will be able to incorporate the implantation with this Champions (R)Evolution system in their day-to-day work in dental offices.



Figs. 1–5: The two-piece Champions (R)Evolution implant with the specially designed integrated 'Trans-Gingiva Shuttle.' This implant type is inserted minimally invasively. The 'Trans-Gingiva Shuttle' usually stays on the implant. Six weeks post-surgery, the impression coping is then clipped while the 'Shuttle' stays in the mouth. The time-consuming exposure and the screwing and unscrewing of closing caps, healing caps or impression copings are not necessary. The impression coping is set in the 'Shuttle' of the laboratory analog, and the master cast is made with a gingiva mask.



Figs. 6-8: The minimally invasive implantation method is especially suitable for patients at risk. It is possible to perform the MIMI surgery and to set the metal matrices of the tulip-headed Champions Implants in an available prosthesis within just one day.

'Additionally, some dental surgeons will find it easier to work with the two-piece implants, which often make temporary restorations unnecessary.'

Surgical procedure

After taking the implant out of the box, this two-piece implant type — like the one-piece Champions® implant — can be inserted without the need to touch the sterile implant. Thus, a contamination of the implant surface is avoided.

However, we do not just insert the implant itself, but also the integrated "Gingiva-Shuttle," which is delivered with the implant and is tightly screwed to the implant at a torque of 5–10 Ncm. In this way, there is

»see Champions, page 10

Fig. 9: The Champions (R)Evolution inner conus with the integrated 'Hexadapter' allows the micro-gap to be smaller than < 0.6 µm and the abutment to be rotation proof.

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