PRF brings new challenges to the dental office

AAOMS to host its 25th year of dental implant conference

A patient-centric approach to restorative implant treatment
c.e. article
04 PRF brings new challenges to the dental office
   _Alvaro Betancur, DDS

news
10 JOMS study: Some treatments of medication-related jaw necrosis produce better outcomes
   _JOMS Staff

events
12 AAOMS to host its 25th year of dental implant conference in Chicago this fall
   _Sierra Rendon, Managing Editor
14 Glidewell Dental to host educational symposium
   _Glidewell Dental Staff

industry
16 A patient-centric approach to restorative implant treatment
18 Neoss: A proven heritage

about the publisher
20 Submissions
22 Imprint

on the cover
Cover image provided by Dentsply Sirona Implants featuring OsseoSpeed EV implant with Atlantis CustomBase abutment.

To learn more about this technology, see page 16.
Atlantis®

Do you have all of your bases covered?

Atlantis CustomBase solution provides the flexibility you need to build a proper foundation for your screw-retained restorations. Different options allow you to optimally fit your existing workflow, yet provide the same level of customization and regulatory compliance regardless of which option you choose.

- Adjustable core height
- A shared emergence between abutment and crown
- Eliminates the need for stock components
- Available in titanium or gold-shaded titanium

Take control of your screw-retained restorations with Atlantis CustomBase solution.

www.dentsplysirona.com
Platelet-rich fibrin can play an important role in oral and maxillofacial surgery, implant dentistry, periodontal regeneration and post-extraction site preservation.

The fibrin is a reservoir of platelets that will slowly release growth factors and cytokines, which are the key factors for regeneration of the bone and maturation of the soft tissue. Platelet-rich fibrin (PRF) is an autologous platelet concentrate prepared from the patient’s own blood at the dentist’s office just before the oral/dental procedure.

Recent studies are focused on the development of natural therapeutic alternatives, which are easy to prepare, non-toxic or biocompatible to living tissues and economically inexpensive. The goal is the local release of growth factors, in turn accelerating hard- and soft-tissue healing.

PRF is a natural fibrin-based biomaterial prepared without anticoagulants or artificial additives (biomedical modifiers) that allow us to obtain autologous fibrin membranes and plugs with a high concentration of platelets and white cells, releasing growth factors at the surgical site for seven to 14 days and accelerating the natural healing process.

Evidence from literature suggests the potential role PRF provides in most oral-surgery procedures is key for regeneration and tissue engineering. The slow polymerization during centrifugation and fibrin-based structure could make PRF a better healing biomaterial than PRP and other fibrin adhesives, but literature is also controversial, with many publications demonstrating excellent results with PRP as well as with PRF.

There is evidence that the presence of growth factors and cytokines in platelets play key roles in inflammation and wound healing. Platelets also secrete fibrin, fibronectin and vitronectin, which act as a matrix for the connective tissue and as adhesion...
molecules for more efficient cell migration. This has led to the idea of using platelets as therapeutic tools to improve tissue repair during wound healing.

Because of the benefits to soft tissue, PRP is now being used all over the world for facial rejuvenation, joint regeneration, hair growth stimulation and ED treatment. And, because of the easier and less expensive alternative, PRF liquid is starting to be used instead of PRP (PRP $450 vs. PRF $8 per patient).

Advantages of PRF compared with PRP

A look at the advantages of PRF as compared with PRP:

- No anticoagulants that affect the release of growth factors
- No drugs (calcium chloride) that could affect fibrin polymerization
- No animal products (Bovine thrombin) that could affect the coagulation process and immune system activation
- PRF has the presence of natural fibrin network, which protects the growth factors from proteolysis
- PRF favors the development of micro vascularization leading to more efficient cell migration
- PRF has the presence of monocytes, leukocytes and other white cells that have an important role during the inflammatory phase of healing
- PRF manufacturing requires minimum time from the doctor

The manufacturing of all blood concentrates at the patient’s site of treatment brings new challenges to the dentists and staff members: Infection-control protocols, staff training, education and research of the products used during PRF manufacturing.

Handling patient’s blood and manufacturing blood products transforms the dental office into a blood bank facility where stricter cross-contamination control protocols should be followed in order to avoid doctor’s liability risks and to comply with federal regulations of the Center for Disease Control (CDC), OSHA and to perform at the standard of care protocols for surgery.

PRF is used in invasive osseous surgery close to the eyes, ear, brain and in direct contact with bone, maxillary sinus, veins, arteries and nerves that could be adversely affected, if proper contamination control protocols are not followed.

All instruments used for the manufacturing of PRF should be sealed sterile and dropped into a sterile field separate from the instruments used for the removal of contaminated tissues, debridement
of bone and teeth extraction. Two fields protocol will eliminate the risk of contamination of the PRF membranes, PRF sticky and PRF steaky bone that is going to be used for bone augmentation, as well as the PRF exudate that can be used as a sealant of the surgical site.

Tourniquets, bandages, gauze, needles and blood collection tubes should be single-patient-use packs only. I use the blood collection tubes steri-pack (BCTSP) from Boca Dental Supply, LLC. BCTSP tubes are the only single-use, medical-grade packages for blood collection and manufacture of PRF existing in the market globally. After a tubes pack is open, any unused tubes should be discarded.

The manufacturing of PRF membranes and plugs is a simple, four-step protocol:

1) Venipuncture for blood collection using needles and glass tubes from single-use packs only (medical-grade packs).
2) Use the centrifuge to obtain separation and clot of the blood components.
3) Obtain the PRF clot from the tube and process it in the PRF box to produce membranes or plugs.
4) Use membranes and plugs to mix with bone.

The doctor usually expends less than two minutes drawing blood, and the rest of the procedure to manufacture PRF can be performed by a properly trained staff member.

How is PRF clot formed?

After the blood is collected into the glass tubes and during the eight-minute centrifugation, the contact of blood coagulation factors with the natural hydrophilic glass surfaces activates the clotting cascade leading to the conversion of fibrinogen to fibrin forming a natural PRF clot.

If plastic tubes were going to be used for PRF clot, PRF membranes and PRF plugs, such tubes would likely have additives like silica and other dangerous chemical products to simulate the clothing characteristics of the natural glass, and the final product would be a chemically induced artificial PRF clot that will produce artificial PRF membranes and plugs.

The use of plastic tubes with silica coating and other chemicals to simulate the natural characteristics of the glass brings the challenge of not knowing what kind of damage the dentist would be causing to the patient’s health. The literature and research evidence has shown that silica and other coating chemicals or additives used in laboratory blood-collection tubes increase the risk of cancer and damage the DNA. The use of plastic tubes silica and other hidden additives could be detrimental and contradictory to the basic philosophy of PRF when it was adapted from cardiovascular and general surgery to dentistry: “No anticoagulants and no additives.”

More research is needed to determine the fi-
nal damage of silica and other additives in the plastic blood-collection tubes to the grafted area and grafted bone at post-extraction sites, maxillary sinus, periodontal defects and all other bone-augmentation procedures. There is currently not available publication or research to evaluate possible cancer and systemic effects of silica and all other chemicals used to simulate the natural glass in plastic laboratory tubes when used for PRF manufacturing.

When plastic blood collection tubes without any additives are used for blood collection and centrifugation, we obtain liquid PRF that is used to apply to the sticky bone and transform it into PRF steaky bone. This improves the handling characteristics of the bone and aids in keeping the bone-graft material in solid form and preventing small particles of bone from migrating between the patient’s bone and periosteum. Migration of small particles of bone could be a cause of increased inflammatory response and swelling after surgery.

Because the time in the centrifuge is reduced to process blood in the plastic tubes to manufacture PRF liquid, less heat will be generated thus allowing a greater number of live white cells without degradation. This will accelerate the healing process; and it is also possible that when the blood is processed at 700 RPM or less, some stem cells could also be concentrated in the PRF liquid.

PRF is the newest and most popular technique to accelerate healing in dentistry. During most large implant dental conventions and meetings in oral and maxillofacial surgery, periodontics, OMS, endodontics, implantology and bone regeneration, the number of speakers presenting successful cases increases every year.

We, as clinicians involved in regenerative procedures and the manufacturing of PRF, are obligated to use only materials and supplies that guarantee patients’ safety and, at the same time, eliminate the clinician’s liability risks.

_Note_

Dr. Alvaro Betancur is the inventor of the Blood Collection Tubes Steri-Pack (BCTSP).

_References_


risk substances/crystalline-silica.


7) Platelet-rich fibrin: Its role in periodontal regeneration. Author Preeja Chandrana Arun Sivadasa, Department of Periodontics, PMS College of Dental Science & Research, Golden Hills, Vattappara, Venkode (PO), Thiruvananthapuram 695028, Kerala, India. Kerala Institute of Medical Sciences, Thiruvananthapuram 695029, Kerala, India. Received 18 June 2013, Revised 7 September 2013, Accepted 7 September 2013. Available online 20 October 2013.


_about the author

Dr. Alvaro Betancur has been a dentist and a specialist in the field of implant dentistry for more than 25 years. He received his DDS degree in 1984 and completed preclinical and clinical work in operative dentistry, endodontics, TMJ, prosthodontics, pediatric dentistry, clinical diagnosis, oral surgery, maxillofacial pathology, periodontics, maxillofacial orthopedics and orthodontics. Over the years, Betancur has gained training and experience in emergency services, maxillofacial trauma, bone graft, bone augmentation, implants, oral rehabilitation, TMJ diagnosis and treatment, comprehensive dentistry, oral surgery, laboratory work, cosmetic dentistry and dentofacial orthopedics and orthodontics.
STRUGGLING TO STAY AFOAT?

FIND OUT WHY LVI IS YOUR LIFE SAVER.

Register Now For CORE I Advanced Functional Physiologic Dentistry

888.584.3237 • www.lviglobal.com • concierge@lviglobal.com
JOMS study: Some treatments of medication-related jaw necrosis produce better outcomes

Author _JOMS Staff

_In our study, a more extensive surgical procedure than curettage produced better surgical outcomes in terms of a lower incidence of relapse and repeat surgery. It appears that an extensive surgical procedure has a better prognosis than less extensive treatment._

Osteoporosis patients who suffer drug side effects that result in painful exposed bone in the jaw could benefit if they are treated with one of the more comprehensive surgical options that could lower the risk of relapse and repeat surgery, according to a study published in a recent issue of the Journal of Oral and Maxillofacial Surgery.

An adverse effect of bisphosphonates, a class of drugs administered orally or by IV to treat bone loss, as well as other drugs, is MRONJ — clinically known as medication-related osteonecrosis of the jaw. Symptoms of MRONJ — usually identified by painful exposed jaw bone in the mouth — include inflamed and non-healing oral tissues and loosening of teeth.

Many cancer patients take these drugs — and some develop MRONJ — during their treatments, but this new 12-year retrospective cohort study at the Department of Oral and Maxillofacial Surgery at Seoul National University Dental Hospital focused on patients taking the drugs for osteoporosis, the most common reason Americans take these drugs.

From 2004 to 2016, the hospital saw 325 patients who met the criteria. Of those, about 97 percent were women, with an average age of 75. Researchers analyzed the patient sample to determine which type of surgical procedure produced better treatment outcomes for osteoporosis patients who develop MRONJ.

While acknowledging that treatments should be as conservative as possible, the authors concluded in the official journal of the American Association of Oral and Maxillofacial Surgeons (AAOMS) that patients treated with a less comprehensive surgical procedure suffered higher rates of relapse than those who underwent more extensive surgical options.

Treatments for MRONJ range from the less expansive removal of superficial inflammatory soft tissue and necrotic bone (curettage) to the broader methods of removing infected pieces of the bone (sequestrectomy), removing adjacent bone and its formation of a saucer-like depression (saucerization) or re-sectioning and reconstructing the jaw bone (mandibulectomy).

“The goal of surgical treatment of patients with MRONJ should be prevention of relapse after surgery,” the authors said. “In our study, a more extensive surgical procedure than curettage produced better surgical outcomes in terms of a lower incidence of relapse and repeat surgery. It appears that an extensive surgical procedure has a better prognosis than less extensive treatment.”

Considering the greater risk of recurrence after surgery, the authors also recommend that more frequent and careful follow-up with oral and maxillofacial surgeons — especially immediately after the procedure — might be advisable.

“Although most recurrences develop soon after the surgical treatment of MRONJ, all health-care providers should remember that recurrence can also develop long after the surgery,” the authors said.

The lead authors of “Extensive Surgical Procedures Result in Better Treatment Outcomes for Bisphosphonate-Related Osteonecrosis of the Jaw in Patients with Osteoporosis” are Hui Young Kim, DDS, and Shin-Jae Lee, DDS, PhD, MS.

The full article can be accessed at www.JOMS.org/article/S0278-2391(16)31283-6/fulltext._

About JOMS

The Journal of Oral and Maxillofacial Surgery is published by the American Association of Oral and Maxillofacial Surgeons to present to the dental and medical communities comprehensive coverage of new techniques, important developments and innovative ideas in oral and maxillofacial surgery. Practice-applicable articles help develop the methods used to handle dentoalveolar surgery, facial injuries and deformities, TMJ disorders, oral and head and neck cancer, jaw reconstruction, anesthesia and analgesia. The journal also includes specifics on new instruments and diagnostic equipment, and modern therapeutic drugs and devices.
The California Implant Institute offers three comprehensive 6-Day Live-Patient Surgical Externship Programs.

Doctors ready to put theoretical knowledge into practice are able to do so with the guidance of world-renowned faculty and while using the latest equipment. Each morning begins with 3-4 hours of treatment planning from actual patient CT scans. All patients are from the U.S. and pre-selected for each program. Doctors see the type of cases they would see at their own practices, without any language barrier.

Lecture materials and surgical videos are provided prior to the course to enhance the learning experience during the externship.

Tuition: $13,995
Includes 48 CE units, course certificate, all course materials including Nobel Biocare implants, transportation (from San Diego Airport to the CII Baja Campus and back) and daily meals.

Faculty: Dr. Louie Al-Faraje, Dr. Steven Hurst, Dr. Manaly Reshad, Dr. Barry Hillam and Domenico Cascione, CDT.
More faculty members on our website.

BASIC TO ADVANCED IMPLANT SURGERY COURSE
A highly comprehensive program that covers a wide range of case selections. Doctors will gain hands-on experience placing 18-24 implants per program. Each doctor will surgically place 8-12 implants and assist in placing 8-12 implants.

Some of the procedures doctors will develop & strengthen during the program are:
- Sinus elevation through the lateral window
- Sinus elevation through the ostectomy site
- Major alveolar ridge expansion using a split-cortical technique
- Mandibular alveolar ridge expansion using Pedicled Sandwich Plasty (PSP)
- Block bone grafting

ADVANCED BONE GRAFTING PROCEDURES COURSE
For doctors with extensive experience placing implants and interested in learning how to perform advanced procedures. Doctors will gain direct experience performing 3-10 advanced implant/bone-grafting procedures. Each doctor will be assigned 3-4 surgeries and assist in 3-4 surgeries.

Surgical courses are selected from the following procedures:
- Sinus elevation through the lateral window
- Sinus elevation through the ostectomy site
- Major alveolar ridge expansion using a split-cortical technique
- Mandibular alveolar ridge expansion using Pedicled Sandwich Plasty (PSP)
- Block bone grafting

ALL-ON-4® & FULL-ARCH IMMEDIATE LOADING COURSE
Program covers all aspects from treatment planning to surgical, prosthetic and laboratory phases of the Full-Arch Immediate Loading procedures; for edentulous patients and those with terminal dentition. Each doctor will be assigned two All-on-4® / Full-Arch Immediate Loading cases and assist in two cases.

Doctors will learn the following:
- Evidence-based protocols for proper treatment planning of Full-Arch Immediate Loading cases, including treatment planning for All-on-4® cases
- How to properly place the implants in the All-on-4® configuration
- How to perform the occlusal registration
- Prostheses design
- Biomechanics for the All-on-4® protocol
- All-on-4® occlusion
- How to fabricate provisional & definitive prosthetic options
- How to solve potential All-on-4® complications & more

www.implanteducation.net
info@implanteducation.net
T +1 858 496 0574
The AAOMS Dental Implant Conference will be hitting a major milestone in 2017. This will be the 25th year that the American Association of Oral and Maxillofacial Surgeons has hosted this meeting focused on dental implants. This year’s event takes place from Nov. 30-Dec. 2 at the Sheraton Grand Chicago in Illinois.

The dental implant conference offers clinicians innovative research and procedures, state-of-the-art evidence-based information and many networking opportunities for the entire dental team. If you have the opportunity to show up a day early, you can participate in additional didactic sessions and hands-on workshops.

Held in conjunction with the implant conference are full separate C.E. programs for dental anesthesia assistants and surgical assistants, so your whole team can benefit from this educational event.

In addition, the AAOMS Dental Implant Conference exhibit hall will offer a wide range of products, technology and services related to the dental implant practice.

Registration for this event is open now. Visit www.aaoms.org and click on “Meetings & Exhibitions” for more information.

Here is a sampling of educational presentations at this year’s dental implant conference:

- “Full-arch, Immediate-load, Fixed Implant Restorations: Team Approach from Work-up to Final Prosthesis” with Dr. Gary T. Jones, DMD, Sandhills OMS, Fayetteville, N.C.; Dr. David Hedgecoe, DDS, private practice, Fayetteville, N.C.; and Lars Hansson, CDT, FICOI, DSDM, Virginia Beach, Va.
- “Intraoral, Soft-tissue Augmentation Techniques for Teeth and Dental Implants” (hands-on workshop) with Dr. Anthony G. Sclar, DMD, Sclar Center for Empowered Dental Implant Learning, Miami, Fla.
- “Implants to replace Congenital Missing Teeth” with Dr. Bach T. Le, DDS, MD, FICD, FACD, USC School of Dentistry, Whittier, Calif.
- “Where We Have Been and Where We Are Going: Celebrating 100 years of AAOMS” with Dr. Richard J. Martin, DDS, private practice, Lewisville, Texas.
Free PRF Centrifuge

MyRGF

My Regenerative Growth Factors

10 Automatic programs - wider base eliminates vibration - wider rotor for better New PRF

Special 1 Includes:
1. PRF Centrifuge - FDA Registered
2. PRF Box & all Instruments - FDA Registered
3. Box of 100 red tubes - FDA Registered
4. Box of 100 yellow tubes - FDA Registered
5. Box of 50 needles - FDA 510k Clearance - Reg.
6. Disposable tourniquets, bandages & gauzes
7. 2-Year warranty from BDS in Florida

Total $ 1,800.00

PRF Box & b instruments

50

100

100

PRF & Phlebotomy Courses

Learn all about:
Growth Factors & Concentrates
New PRF Sticky & Steaky bone
FDA Requirements for PRF
Avoid Doctor's Liability Risks
Phlebotomy - Hands on

8 CE Credits
Hands-on PRF Courses
Coming Near You
Chicago - Seattle - San Diego
Boca Raton - Dallas - Cancun
Las Vegas - Boston - Malaysia
Poland - Boston - New York

Info@BocaDentalSupply.com

BCTSP

Blood Collection Tubes Steri-Pack

Use with any centrifuge

The only medical grade package for standard blood collection tubes
Avoid the risks of patient's cross contamination
Eliminate doctor's liability risks
No additives, no silica coating

Plain Glass Tubes vs Plastic Silica Coated Tubes

See us at:
AAOMS - Booth 401
GNYDM - Booth 5600
ICOI - Orlando 2018

Boca Dental Supply, LLC.
www.bocadentalsupply.com

1- 800-768-5691
Glidewell Dental to host educational symposium

Author: Glidewell Dental Staff

Glidewell Dental, a leading technological innovator in restorative dentistry for 47 years, announced recently its sponsorship of the inaugural Glidewell Dental Symposium. Scheduled for Nov. 17 at the Dallas Marriott Las Colinas in Irving, Texas, this full-day event will bring together nearly a dozen distinguished speakers to present on a variety of tools and techniques aimed at achieving clinical and business success within the modern practice.

“Dentists have more new challenges and opportunities today than at any other time in recent history,” said Dr. Neil Park, vice president of clinical affairs at Glidewell Dental. “On the one hand, the advancement of dental technology continues to introduce new treatment modalities and make traditional ones more predictable, efficient and reliable than ever before. But we also live in an age of increased financial pressures, as well as a rising demand of patients expecting outstanding esthetic outcomes and accustomed to greater comfort and convenience. This means that today’s clinicians face mounting pressure to keep abreast of the latest improvements.”

By assembling a diverse group of experts in several areas of importance to dental practitioners, this educational symposium will cover a wide range of topics, including esthetic dentistry, digital dentistry, dental implants, tissue regeneration, sleep-related dentistry and practice management.

“Contemporary dentists are surely aware of these new developments,” Park added, “but may still be wondering which might be most beneficial to their practice or how to incorporate them. The scope and speed with which new options have proliferated in the marketplace can make it difficult to assess those solutions most valuable to a particular practitioner.”

Glidewell Dental is an ADA-CERP recognized provider and an Academy of General Dentistry-approved PACE Program Provider. Symposium attendees will have the opportunity to earn up to eight units of continuing education (C.E.) while hearing from and visiting with various, esteemed opinion leaders. Dr. Jack Hahn, a noted pioneer in the field of dental implantology, will provide the closing keynote.

Whatever a clinician’s comfort or experience level, the symposium intends to provide an expansive look at some of the most exciting tools and techniques available to the modern practice. By showcasing time-tested solutions augmented by state-of-the-art methods and materials, the organizers hope to assist attending professionals in maximizing efficiency, optimizing results and furthering practice growth.

“With new technology, there’s always the question: What is the cost of adoption?” said Jim Glidewell, founder and president of Glidewell Dental, who is scheduled to deliver the symposium’s opening remarks. “I’ve always preferred to ask, what is the cost of delay? In dentistry, we must strive first and foremost to provide the best possible service for our patients. In following this creed, I’ve found that those of us looking to advance the industry — ‘adapting at the speed of change’ — often end up benefiting greatly ourselves.”

Tuition for the event is set at $195. For the complete symposium agenda or to submit a registration request, visit GlidewellSymposium.com or call (866) 791-9539. Breakfast and lunch will be provided, along with an evening cocktail reception with hosted bar.

Glidewell Dental is among the world’s largest producers of custom restorative service and recognized as an industry-leading materials and devices manufacturer. For more information, visit GlidewellDental.com.
NEW!

Mineralized Cancellous Xenograft Material

- 0.25 - 1.0mm Microporous Granules Facilitate Osteoinduction & New Bone Formation
- Space Maintaining Material Supports New Bone Regeneration & Healing
- SalvinOss™ Particles Become An Integral Part Of Newly Formed Bone Framework
- Organic Components Removed While Maintaining Characteristics Of Native Bone
- Can Be Mixed With Sterile Saline Or The Patient’s Blood
- Radiopaque

<table>
<thead>
<tr>
<th>Size</th>
<th>Product #</th>
</tr>
</thead>
<tbody>
<tr>
<td>250-1000 microns 0.50 cc</td>
<td>#SALVINOSS-0.50</td>
</tr>
<tr>
<td>1.00 cc</td>
<td>#SALVINOSS-1.00</td>
</tr>
<tr>
<td>2.50 cc</td>
<td>#SALVINOSS-2.50</td>
</tr>
</tbody>
</table>

BUY 12 GET 3 FREE  BUY 6 GET 1 FREE

NEW!

Enhanced Version Of Our Original Renovix Membrane

Improved Handling Allows You To Trim & Place Either Wet Or Dry

Resorbable, Non-Cross Linked ECM Membrane

- Perfectly Conforms To The Defect When Hydrated
- Excellent Tensile Strength & Tear Resistance
- Resorbs Within Six Months

<table>
<thead>
<tr>
<th>Size</th>
<th>Product #</th>
</tr>
</thead>
<tbody>
<tr>
<td>15mm x 20mm</td>
<td>#RENOVIX-PLUS-15X20</td>
</tr>
<tr>
<td>20mm x 30mm</td>
<td>#RENOVIX-PLUS-20X30</td>
</tr>
<tr>
<td>30mm x 40mm</td>
<td>#RENOVIX-PLUS-30X40</td>
</tr>
</tbody>
</table>

BUY 12 GET 3 FREE  BUY 6 GET 1 FREE

Salvin Dental Specialties, Inc
Toll Free US & Canada 800-535-6566 • www.salvin.com

© 2017 Salvin Dental Specialties, Inc. All Rights Reserved.
REV. 06/2017
It’s all the rage and everywhere you look these days, the focus is on customized solutions for each individual dental patient.

One key driver of this trend are the patients themselves; as information becomes more readily accessible, patients are becoming better informed and more educated on the level of function and esthetics that can be achieved with implant therapy. Another factor driving the trend toward individualized patient care is the ongoing development and advancements in technology that allow clinicians to deliver patient-specific solutions in a simpler, faster and more predictable way.

Atlantis patient-specific solutions (Dentsply Sirona Implants; Waltham, Mass.) are a perfect example of the innovation and technology available, according to the company. The digital workflow behind the design and manufacture of Atlantis implant-supported abutments and suprastructures, from impression taking to the delivery of the final restoration, allows for precise and esthetic outcomes based on the patient’s natural tooth shape.

With the added convenience of availability for all major implant systems and in the materials of choice, including titanium, gold-shaded titanium and zirconia, it’s no wonder that Atlantis has been the patient-specific solution of choice for clinicians around the world for more than two decades, the company asserts.

“Since 2000, I have utilized Atlantis abutments extensively, recognizing their potential for soft-tissue development,” said Leonard B. Kobren, DDS (White Plains, N.Y.). “They are compatible with nearly every significant implant system; providing prosthetic convenience, versatility, soft-tissue support, stability and ideal margin placement for achieving optimum esthetics and allowing for complete cement removal.

“The digital workflow that allows practitioner input and modification is unique and invaluable. Relying on the foundation of experience and commitment behind the Atlantis solution, I am confident in the treatment I provide in the rapidly changing environment of CAD/CAM dentistry.”

From a clinical practice perspective, adopting technology and providing advanced treatment is necessary to stay competitive. Incorporating a patient-specific solution, such as Atlantis, gives you that differentiating edge, while increasing overall efficiency of your implant treatment workflow and overall practice growth from higher patient satisfaction, according to Dentsply Sirona Implants.
Neoss® Miami Symposium | April 20-21, 2018
Advancing Implant Dentistry from Ordinary to Extraordinary

For more info go to: www.neoss.com/en/events/miami-2018
Neoss: A proven heritage

Convinced that existing implant systems were too complex, Professor Neil Meredith and Fredrik Engman founded Neoss in 2000 with the idea to create a much simpler and more rationalized solution. According to the company, the benefits of the resulting products are clear: reduced patient treatment time, optimized inventory control and superior outcomes for patients.

Proven clinical evidence and design of Neoss Implants

Produced with commercially pure titanium (Grade IV), ProActive Implants have a low surface roughness flange designed to reduce marginal bone loss. At the same time, higher surface roughness of the threaded body of the implants optimizes stability and osseointegration.

The universal Thread Cutting and Forming (TCF) design of the implant ensures suitability for all bone qualities. The secondary cutting face provides additional efficiency in dense bone. Threads extend to the tip of the implant ensuring excellent stability.

Proven clinical experience

A randomly selected population of 100,000 implants was sampled from the Neoss warranty registry, and statistical analysis indicated a three-year cumulative survival rate of 98.2 percent. Of the 1.8 percent of failures, the major aetiological factors were smoking, a combination of poor bone quality, bone quantity and immediate loading.

Features of the Neoss ProActive Surface

Surface roughness and hydrophilicity are essential to the absorption of proteins and biomolecules onto implant surfaces, thereby facilitating healing and bone formation.

Neoss has utilized Electrowetting on titanium surfaces to increase hydrophilicity and maximize the penetration of blood and its components onto the implant surface.

The etched, blasted and treated Pro-Active Implant surface stimulates bone to form more rapidly and with a greater strength at the implant interface. ProActive Implants surpassed the performance of competitive implants in in-vivo removal torque tests.

In the first published study of ProActive Implants, they recorded a 100 percent success rate after one year of placement in non-bone grafted patients and 98.5 percent in bone-augmented patients. In the same study group of patients, marginal bone loss of 0.4 mm was recorded at one year.

Studies have consistently shown outstanding survival rates and retention of marginal bone levels.

With five implant diameters, two implant designs and just one connection, the Neoss Implant system provides both surgeons and restorative dentists the greatest possible freedom and flexibility without compromise in performance or success, according to the company. All prosthetic components in the Neoss System are compatible with ProActive Straight and ProActive Tapered implants.

NeoLoc connection

NeoLoc® is the unique Neoss implant to abutment connection that offers the advantages of a remarkably strong and tight connection, proven long-term clinical success, high levels of bone preservation, optimal flexibility for restoration and the "one connection" concept, the company asserts. Neoss engaging abutments have deformation lugs that minimize rotational movements and secure a distinct seating.

Crystaloc™ abutment screws are 30 percent stronger than gold screws in static strength testing, thus facilitating a high clamping force between the abutment and implant, offering an additional 10 percent resistance to fracture during long-term clinical function.

Warranty data over many years has demonstrated a low fracture rate with less than one fractured implant per 10,000 implants.

For more information, contact Neoss Inc., at (866) 626-3677 or usa@neoss.com.

* References available upon request from the publisher.
Visit Us At Greater New York at Booth 829 and at AAOAMS at Booth 111!

PROCESS FOR PRF™
CHOUKROUN PRF™ SYSTEM

Don’t You and Your Patients Deserve Choukroun’s Process PRF?

- Cost-effective and natural ways to regenerate tissues
- A powerful tool to enhance your practice
- Improves bone graft stability

Learn More About the Benefits of PRF with our 1 Day Courses
For information and reservations go to www.hitecimplantsusa.com or call 800-452-0582

Cortical Cancellous Mineralized Bone

Neomem FlexPlus Native Porcine Peritoneum - Strong performance with a supple touch.

- Stronger: Neomem® FlexPlus has 3 times the suture pull out strength compared to Bio-Gide and resorption time of 3-4 months.
- Supple: Lack of memory means that Neomem® FlexPlus follows and conforms to the defect site.
- Better Initial Resorption Rate: Compared to Bio-Gide®, Neomem® FlexPlus initial in-vivo resorption profile suggests that Neomem® FlexPlus is more stable.
- Less Inflammation: In-vivo testing also demonstrates that Neomem® FlexPlus produced a a lower level of early inflammation than Bio-Gide® and Neomem® FlexPlus shows a lower level of a giant cell response.

Advantages:
- High suture pull out strength
- Excellent draping
- Lower inflammation
- 3-4 month resorption
- Easy handling

Neomem Flex Plus
- 15 x 20 mm $92
- 20 x 30 mm $115
- 30 x 40 mm $165

250-1000 Microns

Size Your Price
0.5cc $40.00
1.0cc $56.00
2.5cc $83.00

Buy 5 Get 1 FREE!

Visit Us At Greater New York Booth 829 & AAOAMS Booth 111
submissions formatting requirements

Please note that all the textual elements of your submission:

• complete article
• figure captions
• literature list
• contact info (e-mail addy please)
• author bio

must be combined into one Microsoft Word document. Please do not submit multiple files for each of these items. In addition, images (tables, charts, photographs, etc.) must not be embedded in the text document.

All images must be submitted separately, and details about how to do this appear below.

If you are interested in submitting a C.E. article, please contact us for additional instructions before you make your submission.

Text length

Article lengths can vary greatly — from a mere 1,500 to 5,500 words — depending on the subject matter. Our approach is that if you need more or less words to do the topic justice, then please make the article as long or as short as necessary.

We can run an extra long article in multiple parts, but this is usually discussing a subject matter where each part can stand alone because it contains so much information. In addition, we do run multi-part series on various topics. In short, we do not want to limit you in terms of article length, so please use the word count above as a general guideline and if you have specific questions, please do not hesitate to contact us.

Text formatting

Please use single spacing and do not put extra space between paragraphs. We also ask that you forego any special formatting beyond the use of italics and boldface, and make sure that all text is left justified.

If you would like to emphasize certain words within the text, please only use italics (do not use underlining or a larger font size). Boldface should be reserved for article headlines, headers and subheads please.

Please do not “center” text on the page, add special tab stops or use underlines in your text as all of this must be removed manually before layout. If you require a special layout, please let the word processing program you are using help you to do this formatting automatically rather than doing it manually.

If you need to make a list or add footnotes or endnotes, please let the word processing program do it for you automatically.

There are menus in every program that will help you apply all sorts of special formatting.

Image requirements

Please number images consecutively by using a new number for each image. If it is imperative that certain images are grouped together, then use lowercase letters to designate the images in a group (i.e., Fig. 2a, Fig. 2b, Fig. 2c).

Insert figure references in your article wherever they are appropriate, whether that is in the middle or end of a sentence, but before the period rather than after. Our preference is to have figure references noted in the appropriate place within the text as it helps the readers to orient themselves when moving through the article. In addition, please note:

• We require images in TIF or JPEG format
• These images must be no smaller than 4 x 4 inches in size at 300 DPI
• Images should be 1 MB in size each

If you have an image that is greater than 1 MB, please do not bother “sizing it down” to meet our requirements, but send us the largest file size available. The larger the starting image is in terms of bytes, the more leeway the designer has in terms of resizing the image to fill up more space should there be room available.

Also, please remember that you should not embed the images into the body of the text document you submit. Images must be submitted separately from the textual submission.

You may submit images through a zipped file via email, unzipped individual files via email or post a CD containing your images directly to us (please contact us for the mailing address as this will depend upon where you will be mailing them from).

Please do not forget to send us a head shot photo of yourself that also fits the image requirements noted above so that it can be printed along with your article.

Abstracts

An abstract of your article is not required. However, if you choose to provide us with one, we will print it in a separate box.

Contact info

At the end of every article is a contact info box with contact information along with a head shot of the author.

Please note at the end of your article the exact information you would like to appear in this box and format it according to the previously mentioned standards.

A short bio (50 words or less) may precede the contact info if you provide us with the necessary text.

Questions? Comments?

Please do not hesitate to contact us for our International C.E. Magazine Author Kit or if you have other questions/comments about the article submission process:

Group Editor Kristine Colker
k.colker@dental-tribune.com

Implants Managing Editor Sierra Rendon
s.rendon@dental-tribune.com

Managing Editor Fred Michmershuizen
f.michmershuizen@dental-tribune.com
Experience the advantages of Hahn™ Tapered Implants

"The Hahn™ Tapered Implant System offers practitioners some distinct advantages: an easy-to-use surgical kit with length-specific drills, a thread pattern that engages the bone precisely as directed with a high degree of initial stability, and esthetic healing and restorative components for a natural emergence profile. Add to this the support of an industry-leading laboratory, and you won’t find a more complete implant system anywhere on the market.”

– Timothy Kosinski, DDS, MAGD
Bingham Farms, Michigan

"The simplified surgical protocol of the Hahn Tapered Implant System has helped me boost my case efficiency, with the wide-ranging assortment facilitating predictable placement in all regions of the mouth. The implant performs exceptionally well in fresh extraction sites. Anyone looking to confront the challenges of implant therapy will appreciate the versatility and performance of this exciting new system.”

– Paresh Patel, DDS
Mooreville, North Carolina

Hahn™ Tapered Implant
Official implant of the Misch International Implant Institute

$160* per implant

Ø3.0 mm
Ø3.5 mm
Ø4.3 mm
Ø5.0 mm
Ø7.0 mm

IMMEDIATE LOADING
LIMITED SPACE
MOLAR EXTRACTIONS

Achieve a high degree of primary stability, and facilitate nonfunctional provisionalization where indicated.
Robust 3 mm implant allows for restoration of narrow ridges and tight interproximal spaces.
Wide-diameter implant ideally suited for "titanium grafting" of posterior extraction sites.

GlideWell Direct
Clinical and Laboratory Products

For more information
888-786-2177
hahnimplant.com

Hahn implants and components are manufactured in our Irvine, California, facility.

*Price does not include shipping or applicable taxes.
implants
the international C.E. magazine of oral implantology

U.S. Headquarters
Tribune America
116 West 23rd Street, Ste. 500
New York, NY 10011
Tel.: (212) 244-7181
Fax: (212) 244-7185
feedback@dental-tribune.com
www.dental-tribune.com

Publisher
Torsten R. Oemus
t.oemus@dental-tribune.com

President/Chief Executive Officer
Eric Seid
e.seid@dental-tribune.com

Group Editor
Kristine Colker
k.colker@dental-tribune.com

Group Editor
Sierra Rendon
s.rendon@dental-tribune.com

Managing Editor
Fred Michmershuizen
f.michmershuizen@dental-tribune.com

Managing Editor
Robert Selleck
rselleck@dental-tribune.com

Managing Editor
Christiane Ferret
c.ferret@dtstudyclub.com

Managing Editor
Jordan McCumbee
j.mccumbee@dental-tribune.com

Managing Editor
Maria Kaiser
m.kaiser@dental-tribune.com

Managing Editor
Leerol Colquhoun
l.colquhoun@dental-tribune.com

Product/Account Manager
Humberto Estrada
h.estrada@dental-tribune.com

Product/Account Manager
Jordan McCumbee
j.mccumbee@dental-tribune.com

Product/Account Manager
Maria Kaiser
m.kaiser@dental-tribune.com

Product/Account Manager
Leerol Colquhoun
l.colquhoun@dental-tribune.com

Implants Managing Editor
Sierra Rendon
s.rendon@dental-tribune.com

Copyright Regulations

_the international C.E. magazine of implants, published by Tribune America, is printed quarterly. The magazine’s articles and illustrations are protected by copyright. Reprints of any kind, including digital mediums, without the prior consent of the publisher are inadmissible and liable to prosecution. This also applies to duplicate copies, translations, microfilms and storage and processing in electronic systems. Reproductions, including excerpts, may only be made with the permission of the publisher.

All submissions to the editorial department are understood to be the original work of the author, meaning that he or she is the sole copyright holder and no other individual(s) or publisher(s) hold the copyright to the material. The editorial department reserves the right to review all editorial submissions for factual errors and to make amendments if necessary.

Tribune America does not accept the submission of unsolicited books and manuscripts in printed or electronic form and such items will be disposed of unread should they be received.

Tribune America strives to maintain the utmost accuracy in its clinical articles. If you find a factual error or content that requires clarification, please contact Group Editor Kristine Colker at k.colker@dental-tribune.com. Opinions expressed by authors are their own and may not reflect those of Tribune America and its employees.

Tribune America cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names or statements made by advertisers.

The responsibility for advertisements and other specially labeled items shall not be borne by the editorial department. Likewise, no responsibility shall be assumed for information published about associations, companies and commercial markets. All cases of consequential liability arising from inaccurate or faulty representation are excluded. General terms and conditions apply, and the legal venue is New York, N.Y.
Targeting Perfection
Dynamic Navigation for Dental Implant Surgery

Reduce harm to patient
Perform flapless surgery, leading to reduced patient discomfort, reduced risk of infection, and faster recovery. Avoid unintentional iatrogenic damage to nearby anatomical structures.

Increase your efficiency
Eliminate plaster models, wax-ups and fabrication of guides. Reduce chair time by eliminating raising and suturing flaps.

Reduce treatment costs
Leverage accuracy to reduce the need for custom abutments, bone augmentation and re-work. Use retrievable screw-retained, rather than cement-retained, superstructures.

Attract referrals
Demonstrate to patients your ability to leverage the latest technology to deliver better, safer, less invasive care.

“Using this technology absolutely gives you an edge. There is no way that you can plan and execute a case in a more efficient and a more precise way.”
Dr. Lesley David, OMFS, Toronto, Ontario
why choose BioHorizons Laser-Lok implants?

- improved crestal bone maintenance
- reduced probing depths
- enhanced esthetics

Tapered Laser-Lok® family

Developed from over 25 years of research, the unique Laser-Lok surface has been shown to elicit a biologic response that includes the inhibition of epithelial downgrowth and the attachment of connective tissue. This physical attachment produces a biologic seal around the implant that protects and maintains crestal bone health. The Laser-Lok phenomenon has been shown in post-market studies to be more effective than other implant designs in reducing bone loss.

For more information, contact BioHorizons Customer Care at 888.246.8338 or shop online at www.biohorizons.com

Made in the USA