The next 100 years

By Fred Michmershuizen
Dental Tribune

It’s the 101st Thomas P. Hinman Dental Meeting, and Atlanta is abuzz with excitement for the 23,000 dentists, hygienists, assistants and office staff who are gathering from around the country here at the Georgia World Congress Center.

In addition to a comprehensive continuing education program featuring hundreds of opportunities ranging from hands-on workshops to all-day educational tracks, there’s the exhibit hall, where nearly 400 companies are presenting some of the latest and most innovative products and services available in the dental industry.

This year, meeting attendees are being invited to fill out a postcard saying thank you to the men and women who are defending our country overseas. To fill out a postcard, stop by the “Messages to Our Military” booth in the 1000 aisle. The outreach effort is sponsored by Hinman and Bennett Graphics.

Hinman’s raffle prize program is

Education in spades

By Kristine Colker, Dental Tribune

If there is one problem with the 101st Thomas P. Hinman Dental Meeting, it would have to be that there are so many educational opportunities, it is difficult to know where to look first. With more than 220 courses, including more than 60 hands-on workshops, there is something for everyone and on every topic imaginable — from Botox and dermal fillers to social media and pharmacology.

A highlight on Thursday was the “1-on-1 at the 101” sessions with Drs. Lee Ann Brady, Randy Huffines, Jeffrey Okeson and Jeffrey Rouse. Attendees were able to meet with these clinicians and ask questions, discuss case studies and learn information not shared during their lectures.

Of special interest today is the return of Dr. Peter Dawson to the Hinman Dental Meeting. Dawson, along with Dr. John Cranham, the clinical director of The Dawson Academy, will present the six-hour course, “Timeless Principles in Restorative Dentistry,” starting at 8:30 a.m.

For more information about all the educational opportunities available, pick up the Hinman Dental Meeting official program.
show news

awarding vintage-inspired jewelry, gas cards, Delta Air Lines tickets, two resort vacations and more. Look for the couple dressed in 1950s attire to turn in your ticket.

New on the exhibit hall floor is a vintage car show that includes the personal antique cars of several Hinman Dental Society members.

Many companies this year are offering new and noteworthy products.

Shofu Dental Corp (booth No. 2314) is launching BeautiCem SA, its latest addition to the Giomer family. This new self-adhesive, dual-cure resin cement incorporates Giomer filler particles, providing high-bond values across all substrates. The product is designed to give dentists extra peace of mind for all cementation needs, as well as simplified placement procedures, according to the company.

Brasseler USA (booth No. 2423), is offering its EndoSequence BC Sealer, a component of the company’s complete Endo-Sequence endodontic obturation system, which incorporates bioceramic nanotechnology. Brasseler says that since its introduction in 2009, many positive studies have established BC Sealer as a new standard for successful endodontic obturation procedures. Unlike conventional sealers, BC Sealer utilizes the moisture naturally present in dentinal tubules to initiate its setting reaction. This is just a small sampling of the new technology, equipment, products and services for the entire dental staff available here in Atlanta.

The exhibit hall is open today from 8 a.m. to 6 p.m., and tomorrow from 9 a.m. to 3 p.m.
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Scenes from Thursday

Meeting attendees take advantage of an educational opportunity in a glass classroom on the exhibit hall floor.

Tom Bats of Aribex (booth No. 923) with the NOMAD handheld X-ray machine.

Bill Turner, left, and Brian Logan of Shofu Dental Corp. (booth No. 2314).

The folks at NSK Dental are your handpiece experts (booth No. 1557).

You can play the cornhole game at Nobel Biocare (booth No. 2641).

Be sure to stop by and see Pat Solomon, left, and Jack Solomon about sending a message to our troops. Their table is on the exhibit hall floor.

Photos by Fred Michmershuizen Dental Tribune

Carla Camargo of Palisades Dental (booth No. 2029).

Dr. Fred Weinstein of Vancouver, British Columbia, from left, with Sue DeNitto and Jack Burlison of Brasseler USA (booth No. 2423).

Meeting attendees stroll the aisles of the exhibit hall Thursday morning.
Jen McGuire of Henry Schein Dental invites meeting attendees to stop by the Total Care booth (No. 1017), where free oral cancer screenings are being offered.

Katherine White of Glidewell Laboratories (booth No. 1022).

Karen Scales, left, and Emily Fink are serving up Green Mountain Coffee at Keurig (booth No. 950).

These classic cars are on display in the exhibit hall.

Nadine Bondhus, left, and Joe Mayne of DentaPure (booth No. 2724).

Meeting attendees learn more about products for oral hygiene at Crest Oral-B (booth No. 1507).

Rex Koskela, left, and Tony Aguilar of PhotoMed International (booth No. 1218).

The exhibit hall floor on Thursday morning.

You can give your raffle ticket entry to this couple dressed in 1950s attire. Good luck!

Tyran Matthews, left, and Brent Headley of Mudlick Mail (booth No. 2643).
Implant position in the esthetic zone

By Siamak Abai, DDS, MMEdSc

Since the advent of modern root form osseointegrated implant dentistry in 1952, clinicians have strived for improvements in implant positioning in the esthetic zone to achieve predictable restorative and aesthetic results.

Years of clinical experience in congruence with controlled clinical studies have helped establish parameters as a guide for these results. Establishing a treatment plan and clinical protocol prior to implant placement is paramount.

Treatment planning traditionally begins with comprehensive medical and dental evaluations, acutalized diagnostic casts, radiographs, cone-beam computed tomography (CBCT) scans and a diagnostic wax-up. Patient demands must be taken into consideration prior to surgery, and pre-surgical mockups may be necessary to convey the information to the patient.

The advancement of CBCT technology has led dentistry into a new realm of dimensional accuracy in combination with the use of a surgical or guided stent, proper 3-D positioning of an implant has led to more accurate clinical results.

The importance of the implant position can be manifested in the four dimensionally sensitive positioning criteria: mesiodistal, labiolingual and apico-coronal location, as well as implant angulation. The ultimate goal is not only to avoid sensitive structures, but to respect the established biological principles to achieve esthetic results.

Mesiodistal criteria

Correct implant position in a mesiodistal orientation allows the clinician to avoid damaging adjacent critical structures. A minimum distance of 1.5 mm between implant and existing dentition prevents damage to the adjacent teeth and provides proper osseointegration and gingival contours.1

Distances of less than 3 mm between two adjacent implants leads to increased bone loss and can reduce the height of the inter-implant bone crest. A distance of more than 3 mm between two adjacent implants preserves the bone, giving a better chance of proper interproximal papillary height (Fig. 1b).

Labiolingual criteria

An implant placed too far labially can cause bone dehiscence and gingival recession while an implant placed too far lingually can cause prosthetic difficulties. A thickness of 1.8 mm of labial bone is critical in maintaining an implant soft-tissue profile.2

Labially oriented implants compromise the subgingival emergence profile development, creating long crowns and misalignment of the collar with respect to the adjacent teeth.3

Apico-coronal criteria

Peri-implant crestal bone stability plays a critical role in the presence of interdental papilla.4 Implants placed too shallow may reveal the metal collar of the implant through the gingiva. Countersinking implants below the level of the crestal bone may give prosthetic advantages but can lead to crestal bone loss. The ideal solution would be the placement of an implant equicrestal or subcrestal to the ridge. However, the existing microgap at the implant abutment junction leads to bone resorption because of peri-implant inflammation.5 It is suggested an implant collar be located 2 mm apical to the CEJ of an adjacent tooth if no gingival recession is present.6

Implant angulation

Implant angulation is particularly important in treatment planning for screw-retained restorations. Implants angled too far labially compromise the placement of the restorative screw while implants angled too far lingually can result in an unhygienic and unesthetic prosthetic design.

For every millimeter of lingual inclination, the implant should be placed an additional millimeter apically to create an optimal emergence profile.7 In general, implant angulation should mimic angulation of adjacent teeth (Fig. 4). Furthermore, maxillary anterior regions require a subtle palatal angulation to increase labial soft-tissue bulk.8

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When utilizing the comprehensive range of Inclusive Digital Treatment Planning services, the clinician has absolute and precise control of each step. The clinician has control of the four dimensions of implant placement in the esthetic zone, creating a consistently predictable result. To read the full article, go to www.inclusivemagazine.com. References are available from the publisher.
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