Dental rehabilitation using implants has seen significant advancements in the last decade. Trends for the future of the specialty will be discussed when the Convention Centre Dublin opens its doors this morning for the 22nd Annual Scientific Meeting of the European Association for Osseointegration (EAO).

According to predictions by the organiser, more than 2,000 dental professionals are expected for the three-day event, which is being held in the Irish capital for the second time. In addition to current issues in the field, like peri-implantitis and the challenges linked to the treatment of an increasing elderly population, the congress will reflect on new developments and methods in the field, such as computer-assisted implant rehabilitation and tissue regeneration.

Moreover, a number of sessions will focus on risk factors, treatment planning and the possibilities of virtual learning techniques. Up to 70 experts from Europe and around the globe will be speaking at the meeting. Furthermore, the latest research will be presented in the form of short oral sessions and poster presentations, which will take place between the scientific sessions.

New products for treatment outcomes that are more predictable and an improved workflow in dental practices and laboratories are going to be presented at the industry exhibition, which is being supported by 87 sponsors this year. Among others, MIS and Henry Schein have announced that they will be showcasing their latest tools for a complete digital workflow. Furthermore, Danish dental solutions provider 3Shape will have its recently launched TRIOS intra-oral scanning system on display. New and improved implant systems will be presented by Implant Direct and a number of other companies.

In 1995, the EAO held one of its earliest meetings in Dublin. Since then, the prestigious event has taken place at 17 locations in 15 countries throughout Europe. Last year’s anniversary meeting in Copenhagen saw more than 2,500 professionals participating, the number expected for the 2013 edition in Ireland.

In addition to the Royal College of Surgeons in Ireland and the Oral Surgery Society of Ireland, the meeting has received support from the Irish Society of Periodontology and the Prostodontic Society of Ireland.

“In 1995, implant treatment was provided by a fairly small number of specialists and access for patients was limited,” commented Dr Brian O’Connell, congress chairman and Professor of Restorative Dentistry at Trinity College Dublin’s dental school and hospital. “Now implant treatment is available in every part of the country and is provided by a wide range of practitioners. As a result, awareness has really grown among the population.”

More information about the meeting, scientific sessions and industry exhibition is available on the EAO congress website. The association has also recently launched an application for mobile devices and tablet computers that is aimed at giving visitors quick access to congress-related information. Daily news updates, interviews and product reviews from the show floor are available on the Dental Tribune website at www.dental-tribune.com. The newsletter can also be accessed by scanning the QR code below.
Implant dentistry is rapidly evolving

New technology and surgical techniques help avoid complex interventions

By Dr Amit Patel, UK

“Innovation” and “change” are words that are often used in dentistry. The issue is how to influence clinicians to implement innovations and to make the changes to improve their practice. Implantology is like any other field of dentistry: every year there are new developments and changes in techniques to help us as clinicians give our patients predictable results. In light of the upcoming EAO congress in Dublin, I would like to share with you my thoughts on the changes in implant dentistry, the ever-expanding digital technology that is available to us and the new surgical techniques that help us avoid complex surgery for our patients.

For some time now, we as implantologists have had CBCT at our disposal. The 3D view of a treatment site provides greater accuracy of implant planning and therefore greater predictability and success (Fig. 1). The development of custom-made surgical stents was another evolution from CBCT scans, again allowing the clinician greater control to place implants in a far more restoratively driven way. Utilising a guided surgical protocol makes placing implants in very difficult and high-risk sites easier and far more predictable.

Recently, there have been developments in the use of intra-oral scanners to make taking impressions of dental implants more accurate and therefore simpler to restore. There are many intra-oral scanners on the market, such as the S3Shape TRIOS and Invisalign®/Time scanners (Fig. 2). A very good friend of mine, Dr Nick Fahey, a specialist in prosthodontics, has been a proponent of the use of digital technology in implant dentistry and dentistry in general. For several years, he has been pushing the boundaries and seeing how he can use the new technology to make the treatment process far more efficient for his patients.

Nick has trained his staff to use the intra-oral scanner to scan the teeth to plan the surgery from a virtual model. Then combining the CBCT scan and the virtual model allows him to plan a virtual surgical guide for the implant placement. He invested in a digital printer to produce the custom-made surgical guides. When all these processes have been completed, the patient is then brought in for a surgical appointment for the placement of an implant utilising guided surgery if the implant has good stability—which is assessed using an implant stability meter with a high ISQ value. The implant head is snapped on at the time of implant placement, and the data is transmitted and stored by the dental technician for construction of the implant crown.

Our patients want a replacement tooth at the end of the day. They usually want it in the fewest appointments possible and expect the results to be good. Nick has found that utilising a digital workflow and involving all his staff allow for fewer visits to the practice, which makes patients both happy and willing to spend more because they can see the benefits of the digital technology he is implementing, as well as the efficiency of the final result (Figs. 3a & b).

Another new developing technology in implant dentistry is the availability of genetically engineered human-derived growth factor. For me, this is an amazing development. It allows us to avoid creating a second surgical site, from which to harvest bone from the ramus or the mental region to augment a future implant site, thereby reducing morbidity for our patients.

It is interesting to think to oneself how many patients that one performs a block graft would recommend to their friends that they undergo the same procedure? I would say none. The development of platelet-derived growth factor (PDGF) and bone morphogenetic proteins has changed the way I practise and my patients have been happy to use these new technologies that are available. While bone morphogenetic proteins are not available in the European Union, PDGF, which is used in a site mixed with either demineralised allograft bone or bovine bone, is. The PDGF initiates angiogenesis and is mitogenic for osteoblast cells, which means the bone graft is converted into vital bone very rapidly.

Recently I saw a 72-year-old male patient who wanted implants to replace teeth 11 and 12. There was an unrestorable tooth 13, which would have had to have been surgically removed were implants to be considered. No bone buccally or palatally for the placement of implants was available. A titanium mesh was fixed to the buccal aspect and rolled palatally. A bovine bone graft (Bio-Oss, Geistlich) mixed with PDGF was placed under the mesh and allowed to heal for a period of four months. (Figs. 4a & b) On re-entry, very little Bio-Oss was found, and the bone was vital when the implants were placed.

I think it is important that as a profession we should evolve with the new technologies available to us. This is the only way we can improve our skills and give our patients the best results. I always use this analogy when I speak to my patients on oral hygiene technique. When I ask if they use an electric toothbrush the answer is usually no but when I ask them if they own a smartphone the answer is usually yes. I then ask why they do not have an electric toothbrush. It is important for our profession to accept innovations and to see how these can help improve and change our daily practice. I have now invested in a CBCT and an intra-oral scanner.

Dr Amit Patel is a specialist on periodontology and implant dentistry. He currently works as an associate specialist in periodontics at the University of Birmingham’s School of Dentistry in the UK.
A dental specialty with tradition
The Irish perspective of the practice of and training for oral rehabilitation with osseointegrated implants

By Prof. David Harris, Ireland

Osseointegrated dental implants were first used in Ireland in 1983. This early adoption of the innovative clinical technique occurred when our own team, based at the Blackrock Clinic, was invited by Prof. P.I. Brånemark to become one of a small number of pioneer teams worldwide to introduce his techniques into clinical practice. The Blackrock Clinic in Dublin, in association with Trinity College Dublin and Prof. Daniel van Steenberghc at KU Leuven in Belgium, became a centre for the provision of advanced courses given by Prof. Brånemark, with colleagues from over 40 countries attending. This collaboration continued over the years in the areas of research, teaching and the treatment of patients with large maxillofacial defects and at the European Osseointegration Training Center based in Leuven.

Today, oral rehabilitation by means of osseointegrated implants is widely available in both private clinics and academic institutions in the Republic of Ireland. Specialists, prosthodontists, periodontists, oral surgeons and maxillofacial surgeons are extensively involved in the provision of basic and advanced treatments. A small number of general dental practitioners carry out implant surgery and a larger number choose to provide restorations on implants placed by specialists. In the vast majority of cases, a team approach is encouraged and favoured, with only a small number of practitioners carrying out both aspects in more straightforward cases.

In Ireland, implant dentistry is not recognised as a specialty in its own right, nor is there any proposal to do so at the moment. It is appreciated that in some European countries such a specialty exists and, occasionally, some of these dentists from the European Union set up practice in Ireland. The Dental Council of Ireland, who is the competent authority for registration in Ireland, does not permit the registration or the use of the term “implant specialist”. A view has been taken in Ireland that the range of competencies required to provide the full spectrum of treatment, both prosthodontic and surgical, from straightforward selected single-implant cases to full mouth rehabilitation involving advanced surgical procedures, such as large autogenous bone grafts and zygomatic implants, is too wide to allow for this.

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cessful treatment of some patients will require all the skills and training of collaborating specialists to provide optimum patient care.

Training programmes in implant procedures are available from various sources in Ireland. Implantology is, however, considered a postgraduate subject. Comprehensive training in implant procedures is an important component of the specialty training programmes provided by universities.

Undergraduates have access to lectures and demonstrations. They are also assisted in the treatment of patients and many may have a supervised opportunity to carry out a restoration on an implant. The focus is to provide undergraduates with a thorough understanding of the role of implants in dental practice and the range of skills that may be required for successful diagnosis, treatment and maintenance. This allows them to understand what will be involved in continuing their training after graduation. The emphasis is always on the value of a team approach in providing the best care for patients.

Basic training courses for general practitioners are available as well. They are often sponsored by different companies and are provided by specialists. These events include short courses on restoration and extended courses on surgery. Some practitioners choose to travel abroad for training, whereas others prefer to avail of local training with specialists who usually provide a mentoring service or membership of a study group to help with diagnosis and determining the suitability of cases for treatment. This latter approach is particularly helpful to the novice surgeon or prosthodontist, as it allows for a gradual, ongoing transfer of knowledge as experience builds up.

Continuing professional development in implantology is well catered for with the provision of excellent lecture programmes at Trinity College Dublin, University College Cork and the Faculty of Dentistry at the Royal College of Surgeons in Ireland, often with the help of a prestigious international faculty. Additionally, implant dentistry features regularly in the scientific programmes promoted by the Irish Dental Association and the various specialist societies. Many specialists have completed their training abroad in USA, the UK and other regions in Europe. This has greatly enriched the knowledge pool for teaching and practice. Irish dentists are also enthusiastic attendees and contributors at the larger overseas implant meetings in both the USA and Europe, especially the EAO.

Over the years, implant companies have always been encouraged to support the organisations listed above rather than providing direct training courses themselves and this has worked to the advantage of all concerned. From time to time, companies will have open meetings with overseas speakers to promote a new product or technique.

Patients and dentists in Ireland have benefited from the early involvement in this exciting treatment modality, as well the generous and helpful collaboration with many of the implant pioneers over the years. Ireland was among the first countries to host an EAO meeting and the return of EAO to Dublin in 2013 is especially welcome. The training and regulatory structures outlined above have worked well for the small country. It has ensured a high standard of treatment and care for patients, as well as professional and excellent collaboration between the various dental professionals and laboratories involved.

Prof. David Harris is the Clinical Director at Blackrock Clinic Dental Specialties in Dublin. He also serves as Scientific Chairman of this year’s EAO Annual Scientific Congress.
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I welcome all those attending the 22nd Annual Scientific Congress of the European Association for Osseointegration here in the capital of Ireland and express my gratitude on behalf of the city to you for choosing Dublin as the 2013 destination for your prestigious event in the field of dentistry. This important conference will highlight real and emerging issues for an ageing population, including the long-term maintenance of dental implants. I extend this welcome to the 70 international speakers and 3,000 delegates who are attending from all corners of the world. I understand it may well be the first time that many of you will be visiting Dublin. So, in our Irish language I call out a Céad Míle Fáilte (a hundred thousand “welcomes”) to you all.

Dublin has changed immeasurably over the past decades. There has been a dramatic transformation of the city landscape with a fusion of old and modern architecture. The venue for your congress, the Convention Centre Dublin, is a recent addition to our city but has already achieved iconic status in the landscape of the city. These days Dublin ranks among the top tourist destinations in Europe, and our vibrant city is a very special historic and exciting capital city, renowned for its warm and welcoming people. The medieval, Georgian and modern architecture provides an intriguing backdrop to this cosmopolitan city, famous for its musical, theatrical and literary traditions. In July 2010, Dublin became the fourth UNESCO City of Literature and it is a designation in which we take great pride. I hope you have the opportunity to experience all that Dublin has to offer and enjoy the craic for which we are world famous.

I hope that all of you will return to your respective practices enriched by this congress and your experience of Dublin. It is a wonderful opportunity to learn about new products and the latest innovations developed by the top dental implant companies worldwide. A congress like this provides excellent opportunities to meet, interact and share views with your peers from around the world, and I hope it will prove to be a successful event for all.

I know for some of you this conference will also be an opportunity to present your original research and clinical developments through the media of posters, presentations and research competitions, and I wish you all the best with your work. As Lord Mayor, I look forward to welcoming you back to Dublin and Ireland again.
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Founding Partners:
A true Irish landmark

Once a home for retired soldiers, the Royal Hospital Kilmainham in Dublin is now a centre for the arts

By Daniel Zimmermann, DTI

Once a home for retired soldiers, the Royal Hospital Kilmainham in Dublin is now a centre for the arts, including housing the Oireachtas, the Irish parliament, and a school for creative arts founded by German performance artist Joseph Beuys. Nowadays, it not only houses the Irish Museum of Modern Art, but is also regularly used as banquet venue for corporate events, like the European Association for Osseointegra-

tion’s gala dinner, which will be taking place tonight in the historical building. The hospital’s name, which is also the name of the west Dublin area surrounding the compound, was derived from the Early Christian Saint Maigneann and the seventh-century monastery dedicated to him that was located at the site before it was demolished during the Norman invasion of Ire-

land in order to make place for a medieval hospital, on which foun-

dations the current building stands today. Several burial grounds were also laid out at the site, including one of Dublin’s oldest cemeteries, where the shaft of a large tenth-century granite cross can still be viewed.

Built for the First Duke of Ormonde, James Butler, an English nobleman and Lord-lieutenant of Ireland to King Charles II, at the city gates of seventeenth-century Dublin, the classic continental building complex, which also features a French style formal garden, is still considered by many as one of the most impressive structures in Ireland. Modelled on the L’Hôtel national des Invalides, which was completed a few years earlier in Paris under the patronage of King Louis XVI, the building served as a home for pensioned soldiers who had helped the Duke and his predeces-
sors maintain English rule in Ireland until the early 1920s, when it was finally handed over to the Irish Free State after the Irish Civil War had ended. Originally consid-
ered for the seat of the newly formed Irish parliament under Prime Minister W.T. Cosgrave, it was decided to leave this role to Leinster House at Kildare Street, a former ducal palace in Dublin’s city centre, which has remained the seat of Ireland’s parliament un-
til this very day. Although the Royal Hospital was used as the headquarters of Ireland’s police force, An Garda Síochána, during most of the 1930s to 1940s, it was fi-
nally abandoned in the early 1950s and slowly deteriorated.

From there, it took more than 30 years before it found a new pur-

pose as the new National Centre for Culture and the Arts. The opening of the Irish Museum of Modern Art, which regularly exhibits works by contemporary artists from Ireland and around the world, was cele-
brated in 1991, but not without controversy owing to several struc-
tural changes to the building itself done by the City of Dublin. In re-
cent years, the venue has increas-
ingly been used for concerts and other cultural events. Among other ensembles, Britpop band Blur played here recently, as well as leg-

endary Italian composer Ennio Morricone. The building’s military

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What’s on Thursday, 17 October 2013

Priscilla, Queen of the Desert (musical)
Time: 18:30
Venue: Bord Gáis Energy Theatre, Grand Canal Square
www.bordgaisenergytheatre.ie

Playing in Dublin for two weeks only, this international feel-good musical based on the 1994 Australian cult movie with the same name is a journey to the heart of fabulous. Starring 1980s’ teen sensation Jason Donovan in the main role, the show recounts the heartwarming, uplifting adventure of three friends who hop aboard a battered old bus searching for love and friendship and end up finding more than they had ever dreamed of. The show has earned a number of honours recently, including four Whatsonstage.com Awards, including Best New Musical, and two Broadway World UK Awards.

Save the Last Dance for Me (musical)
Time: 19:30
Venue: The Gaiety Theatre, South King Street
www.gaietytheatre.ie

“For the first time without their parents, the siblings embark on a holiday to the seaside. Full of freedom and high spirits they meet a handsome young American who invites them to a dance at the local US Air Force base. But young love and holiday romance is never as simple as it sounds, and the sisters soon realize that while the world around them is still watching itself in black and white, life and love can be much more colourful.” (Quotation from the press release.)

From the creators of the successful Dreamboats and Petticoats, Save the Last Dance for Me takes the audience back to the early 1960s, when rock ‘n’ roll was becoming a lifestyle. The soundtrack features the classic hits of Doc Pomus and Mort Shuman, who also wrote the title song first interpreted by the Drifters.

Stewart Agnew (music)
Time: 20:00
Venue: The Workman’s Club, 10 Wellington Quay
theworkmansclub.com

Irish singer-songwriter Stewart Agnew will be performing at the Workman’s Club in Jamesstown tonight as the first stop of his short Ireland tour. According to his website, he works stylistically in the vein of classic Americana musicians like Ryan Adams, Ray LaMontagne, and the Pernice Brothers. Having just released a new EP, Agnew is expected to launch his fourth album early next year.

CRC Comedy Night
Time: 20:00
Venue: The Olympia Theatre, 72 Dame Street
www.olympia.ie

Séan Nolan, David O’Doherty and James Walmsley are just some of the names that have recently made their mark on the Irish comedy scene. With over 12 acts on one stage in one night, the annual CRC Comedy Night in aid of the Central Remedial Clinic has hosted some of the biggest names in Irish comedy over the last 16 years, including Tommy Tiernan, Ardal O’Hanlon, Des Bishop and Neil Delamere. With Naked Camera front man P.J. Gallagher in the lead this year, the show will feature many established and upcoming comedians on the scene today.
Useful information

• Opening hours of the exhibition
  Thursday, 17 October: 9:00–19:00
  Friday, 18 October: 8:30–19:00
  Saturday, 19 October: 8:30–14:00

• On-site registration
  The welcome desk is located at the entrance. Here you can register and/or collect your congress badge. The normal fee for attending the congress is €770, which includes admission to all congress sessions, poster areas, the exhibition and the opening ceremony. Special rates apply to members of the EAO and national societies, including the Royal College of Surgeons in Ireland, the Prosthodontic Society of Ireland, the Irish Society of Periodontology and the Oral Surgery Society of Ireland, as well as undergraduate students who present valid identification. Payments can be made in cash, as well as by cheque or credit card (VISA and MasterCard).

• Food and beverages
  The EAO will serve lunch and coffee for registered delegates inside the exhibition and the poster presentation area.

• Tourist information
  Located in Suffolk Street near Trinity College Dublin, the Dublin Discover Ireland Centre will help you with information on sights, tours and accommodation. You can also purchase a Dublin Pass there, which starts at €19 and gives you free access to 30 attractions in the Irish capital for a limited period, as well as a one-way trip to the airport by coach. The Centre can be also reached by phone at +353 1 605 7700.

• Official language of the congress
  The official language of the congress is English.

• News and information
  Dental Tribune International will provide round-the-clock independent coverage of this year’s Annual Scientific Congress of the EAO through its print and online publications. A special daily edition of the today international congress newspaper will be distributed by hostesses outside the Convention Centre Dublin. For more news and updates, you can access the online newsfeed at www.dental-tribune.com or scan the QR code below with your mobile Internet-capable device.

• Internet
  Free WiFi, provided by Bespoke Internet Solution, is available throughout the Convention Centre Dublin.

• Banking and money
  Although there are no ATMs within the Convention Centre Dublin, you can find plenty in the surrounding area. The Bank of Ireland, for example, maintains one of its branches in nearby Mayor Square, which is open from 8:30 to 16:00 during weekdays. A number of ATMs are also available at nearby convenience shops and retail stores, such as SPAR and MACE, both located in Mayor Street.

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• Emergency numbers
  Police, fire and ambulance: 112 or 999

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Thursday, 17 October

13:45–16:30
Planning for Success—How to Make it All Go Right (Plenary Session, Auditorium)
- Minimising errors in implantology: prevention vs. intervention
  Mark Pinsky, USA
- Simple methodology for successful planning in implant dentistry
  David Sarment, USA
- Can we depend on generally held beliefs in implant dentistry
  Anselm Wickott, Switzerland

Emerging technologies in tissue regeneration that can enhance patient care (Parallel Session, Liffey B)
- The future of stem cells and tissue engineering
  Ivor Lambrichts, Belgium
- Future developments in implant surfaces: can they enhance clinical outcomes?
  Peter Thomsen, Sweden
- Recent developments in bone substitutes and membranes
  Simon Storgard Jensen, Denmark
- Should implants have a periodontal ligament?
  Philippe Gaut, France
- 3 D tissue regeneration: is it fantasy or reality?
  Isabella Bocciolotta, Italy

Poster Presentations
- Physiological bone remodelling—systemic and local risk factors
  Reinhard Gruber, Switzerland
- Peri-implant diseases—systemic and local risk factors
  Stefan Rentwert, Sweden
- Peri-implant bone loss related to cement and screw retained prostheses
  Paolo Vigolo, Italy
- Can soft tissue augmentation minimise the risk of peri-implantitis?
  Gerhard Ighizia, Germany

Friday, 18 October

8:30–10:00
Learning and sharing clinical dentistry in a virtual world (Parallel session, Liffey B)
- Application of today’s technology towards e-learning
  Brian Miller, UK
- Future trends of dental education
  Nikos Matthieu, China
- Digital platforms from a developer’s point of view
  Florian Schober, Switzerland
- Privacy and EHealth – Legal aspects
  Yvo Vermeylen (Belgium)

09:00–12:30
Peri-implantitis—A growing problem or a manageable complication (Plenary Session 2, Auditorium)
- Rethinking implants as foreign bodies
  Torsten Jent, Sweden
- Minimising errors in implantology: prevention vs. intervention
  Mark Pinsky, USA
- The role of Zygomatic Implants: Possibilities and Limitations
  Markus Hurzeler, Germany
- Is Immediate Implant Placement Worth the Risk?
  Raffaele Cavalcanti, Italy

11:00–12:30
Risk Factors in Implant Dentistry (Parallel session, Liffey B)
- Surgical Causes of Neuropathic Pain
  Keith Smith, UK
- Does mechanical loading affect implant prognosis?
  Joke Dyckx, Belgium
- Update on Bisphosphonate Therapy and Implant Surgery
  Carlos Madrid, Switzerland
- Is Smoking Still a Risk Factor?
  Raffaele Cavalcanti, Italy

Poster Presentations
- Is Hard and Soft Tissue Grafting a View of the Future: Closing remarks
  Andrew Dawood, UK
- Emerging Developments in 3-D Imaging and 3-D Printing Technologies
  Lawrence Brecht, USA
- Simplification of Surgical Procedures: The Immediately Loaded Single Implant Retained Mandibular Overdenture: A 9–10 Year Review of a Prospective Study
  Denis Liddelow, Australia
- Digital Planning and CAD/CAM Materials in Implant Prosthodontics
  Petra Guett, Germany
- Advances in CAD/CAM Technologies
  German Gallucci, USA
- Designing Restorations to Achieve Predictable Aesthetics
  Stefano Gracis, Italy
- How to Deal with Aesthetic Complications
  Ueli Grunder, Switzerland

14:00–16:30
Treating the partially edentate resorbed posterior maxilla (Plenary session, Auditorium)
- Restorative Options for the Posterior Maxilla: Possibilities and Limitations
  Heinj J. Meijer, The Netherlands
- The Lateral Osteotomy Approach in Sinus Augmentation: Possibilities and Limitations
  Friedrich W. Neukam, Germany
- The Transalveolar Approach in Sinus Augmentation: Possibilities and Limitations
  Marc Quirynen, Belgium
- Are Short Implants a Reliable Option? Possibilities and Limitations
  David Nisand, France

Poster Presentations
- Is Old Age Compatible with Oral Health?
  Angus Walls, UK
- Is Old Age Compatible with Oral Health?
  Angus Walls, UK
- Simplification of Surgical Treatment: Options and Complications
  Frauke Muller, Switzerland

Saturday, 19 October

9:00–12:20
Implants in an ageing population (Plenary session, Auditorium)
- Twenty First Century Science and the impact of Global Ageing
  Rose Anne Kenny, Ireland
- Is Old Age Compatible with Oral Health?
  Angus Walls, UK
- Surgical Challenges in the Treatment of the Elderly
  Tara Renton, UK

Short Oral Communications (Wicklow Hall)
- A view of the Future: Closing remarks
  Andrew Dawood, UK
- Extending the Boundaries of Computer Assisted Rehabilitation
  Lawrence Brecht, USA
- Emerging Developments in 3-D Imaging and 3-D Printing Technologies
  Andrew Dawood, UK
- A view of the Future: Closing remarks
  Matt Anderson, Sweden

Emerging technologies in computer assisted implant rehabilitation (Parallel session, Liffey B)
- Digital Planning and CAD/CAM Materials in Implant Prosthodontics
  Petra Guett, Germany
- Advances in Digital Implant Impressions
  German Gallucci, USA
- Advances in CAD/CAM Technologies
  German Gallucci, USA
- Extending the Boundaries of Computer Assisted Rehabilitation
  Lawrence Brecht, USA
- Emerging Developments in 3-D Imaging and 3-D Printing Technologies
  Andrew Dawood, UK
- A view of the Future: Closing remarks
  Matt Anderson, Sweden

Short Oral Communications (Liffey Hall 2)
13:30–15:00
Extended Defects in the Aesthetic Zone—Dreams, Nightmares, Reality (Plenary session, Auditorium)
- How is Soft Tissue Grafting the Key to Success?
  Ronald Jung, Switzerland
- Clinical Procedures to Achieve Predictable Aesthetics
  Stefano Gracis, Italy
- Designing Restorations to Improve Aesthetic Outcomes
  Mauro Fradeani, Italy
- How to Deal with Aesthetic Complications
  Ueli Grunder, Switzerland

Dates and times are subject to change. Last update was 7 October, 2013.
“Prosthodontics is often overlooked”

An interview with congress chairman Prof. Brian O’Connell, Ireland

In the 1990s, Dublin was one of the first cities to ever host the Annual Scientific Congress of the EAO. This year marks an exciting return of the prestigious dental event, but will also provide an interim window to the development of dental implantology over the last 18 years. today international spoke with congress chairman Prof. Brian O’Connell, Professor of Restorative Dentistry at Trinity College Dublin’s dental school and hospital, about public awareness of dental implants in Ireland, his expectations for the event, and what attendees will be able to take home from it.

today international: The EAO-congress in Dublin is expected to be as well attended as last year’s congress in Denmark. How has registration been going so far?

Prof. Brian O’Connell: We are very happy with the early registration for the congress, which is similar to recent years. We expect at least 2,000 delegates to come to Dublin, and it is not too late for those who have not yet decided to attend the event.

Of all past host countries, Ireland probably has the smallest dental workforce. Are there any statistics on how many dentists in the country perform implant surgery, and is this number relevant to the congress whatsoever?

The number of dentists in Ireland providing implant treatment has grown quickly in the past ten years or so. Now, around one hundred practitioners are involved in implant treatment and many have gained further qualifications in the field. There has always been significant demand for training and learning here, and so attending conferences like EAO is seen as a great opportunity to meet colleagues and see the latest developments. Irish dentists will need to be aware of the largest group at EAO but I assure you they will be the most enthusiastic.

This year will be the second time that the EAO Annual Scientific Congress will be held in the Republic of Ireland. Do you remember the first event in 1995, and in what way has the field evolved in the last 18 years?

It was largely due to my colleague David Harris that the EAO conference came to Ireland in 1995, as he was a founding member and is an active contributor to the association. At that stage, implant treatment was provided by a fairly small number of specialists and access for patients was limited. Now implant treatment is available in every part of the country and is provided by a wide range of practitioners. As a result, awareness has really grown among the population—many patients ask about “screw-in teeth”.

This year’s scientific programme focuses primarily on future trends in implantology. What are the most significant developments besides digitalization of treatment processes, and in your opinion at what stage is the field with regard to implementing them in daily practice?

Particularly from a prostodontic point of view, the development of a completely digital workflow is very interesting, but I think it will need to be refined before it is widely applicable and really motivates practitioners to switch over.

What will be the main concepts that delegates can expect to take home from this year’s congress?

We hope that delegates will see an integrated assessment of specific clinical situations, including missing incisors, aesthetic defects, and the edentulous posterior maxilla, that they can directly apply to their own practice. Some very talented clinicians will be sharing their expertise in managing these difficult cases. Attendees will also learn about the latest evidence on risk factors and complications of implant treatment.

New developments in technology will be highlighted, so we will have a glimpse of tomorrow’s practice. Most of all, we hope that delegates will enjoy the interaction with speakers and colleagues, make new friends and explore our wonderful city.

Thank you very much for this interview. 

Creating a new paradigm

By Dr Isabella Rocchieta, Italy

Three-dimensional tissue regeneration could soon be clinical reality

It is an undeniable fact that implant treatment has modified treatment planning and outcomes dramatically. Implant treatment has been modified over the years, from surgical techniques to material, all of which aim at a theoretical perfection of treatment. However, one of the major endeavours in implant dentistry and aesthetic result, is the development of the final prosthetic restoration. Therefore, implant positioning is now driven by prosthetic demands and requirements rather than the quality, quantity and morphology of the available bone.

In view of this, a correct diagnosis based on a multidisciplinary approach, including the fluorescence and tomographic, is crucial, as well as the assessment of the anatomical site where the implants will be placed. We are faced with a high number of alternatives when it comes to treatment planning and often we find ourselves confronted with the dilemma of whether the treatment plan should contemplate bone regeneration after a meticulous diagnosis. If we decide on it, questions about the appropriate technique and material remain. This is particularly applicable to borderline cases, where the final aim may be achieved via a more pragmatic approach than bone regeneration. However, these are clinical conditions or anatomical sites where an adequate volume of bone is mandatory in order to allow implant treatment. Such areas include the maxillary molar and premolar region, where only a reduced alveolar process may separate the maxillary sinus from the oral cavity, and the corresponding mandibular region, with its mandibular nerve canal.

Moreover, a large interarch space alters coronal length and form, and produces an unfavourable crown-root ratio in the final prosthetic reconstruction. The latter may result in an aesthetically unacceptable final prosthetic restoration, and/or lead to difficulties in performing adequate oral hygiene regimes, hence potentially jeopardising the long-term prognosis.

In the past decade, many predictive techniques have been proposed in the literature to augment deficient alveolar ridges both horizontally and vertically, and/or to enhance bone deformities in conjunction with or prior to implant placement. Bone regeneration has been further improved through the introduction of barrier membranes that are more effective and osteoconductive/osteointegrative biomaterials and the development of new surgical procedures. However, the potential application to tissue regeneration?

Bone regeneration has embraced tissue engineering to overcome existing defects. The concept lies in having a 3D scaffold that holds specific signalling molecules in situ, which attract the host cells that form the tissue, that is, bone. It has been demonstrated that alveolar bone regeneration is possible following this concept. The principal aim in hard tissue regeneration would be to eliminate the need for autogenous bone harvesting and eliminate the non-resorbable membrane, which consequently leads to a less demanding surgical procedure and a significant improvement in patient morbidity.

Moreover, the advent of digital technology, which includes computerized milling and 3D printing, has aroused the enthusiasm of clinicians and researchers, who are in the process of exploring its potential application to tissue regeneration. Currently, it is used as a diagnostic and surgical tool to improve overall surgical performance. The maturation of tissue engineering in association with digital technology and its application to clinical surgical procedures will soon create a new paradigm.
The periodontal ligament (PDL) is the natural connection between the tooth root, the alveolar bone and the gingiva. It has several biomechanical characteristics that osseointegrated implants do not have. For example, its flexibility provides a damping effect, which protects the enamel from occlusal shocks. Furthermore, the PDL helps to avoid overloading by distributing the masticatory pressure over groups of teeth. When overloading occurs, its proprioception blocks the muscular action by a neuronal reflex.

Periodontal cells possess the best capacities for physiological tissue remodelling of all structural tissue cells. This characteristic is important to adapt the position of teeth during growth or orthodontic treatment continuously, as well as for compensation of occlusal and proximal enamel attrition over the entire lifetime. Histological studies about tooth orthodontic displacement and tooth transplantation have demonstrated the biological dynamism of the PDL. The tissue can be destroyed and rebuilt in three weeks. Tooth transplantation with double PDL stimulation is one of the best examples of its healing capacity. Fourteen days before the transplantation, the donor tooth is extracted and immediately reimplanted in its original alveolus. This deliberate trauma triggers a healing process within the PDL, which includes cell proliferation and differentiation. The in vivo cell culture reaches its peak of activity after 14 days, after which the transplantation of the tooth can be performed with millions of cells in full activity attached to its root by new Sharpey’s fibres.

The success rate of tooth transplantation with double PDL stimulation is 95% after ten years. With the activated cell population holding great capacity for the regeneration of bone and gingival attachment around the transplanted tooth, this surgical procedure fulfills all the criteria for good tissue engineering. Using this model in its biological and clinical aspect, we think it is now possible to obtain a similar cell culture around an artificial root using tissue engineering techniques. These cells are easy to sample from the root surface of a compromised and extracted tooth, as well as to harvest in vitro. The cells used are autologous and each implant with its own cell population is prepared in a laboratory. The cell culture needs about four weeks to grow, and enables the alveolus of the tooth to be replaced. A preliminary experiment on athymic mice with human PDL cells around porous hydroxyapatite blocks in subcutaneous localization demonstrated that the bar-
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Dr. Ulrike Kuchler  
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“Human error is inevitable”

An interview with EAO presenter Dr Mark Pinsky, USA

A US study from 2012 has suggested that errors are more likely to occur when clinicians have less than five years of clinical experience. How relevant are operative procedural errors compared with other errors? There are actually a number of studies on error, and experience should definitely be considered a component. However, there is a paradox here, as it may mean that the operator does not know what he is doing, or it may mean that he slows down and is more careful. Conversely, the experienced operator may know what he is doing, but be more prone to make errors. It is ingrained in his behavioural patterns that he does not recognize the error.

New in vitro and canine experiments were carried out after the clinical experiments. The objective was to find superior surface treatments and culturing techniques that would allow a better differentiation of the cells. Knowledge in cell biology and tissue engineering techniques is showing rapid development, and the possibility of using periodontally integrated implants could become a clinical reality within the next ten years.

As a full-time A330 airline captain who flies internationally, former dentist Dr Mark Pinsky from Ann Arbor in Michigan knows a great deal about errors and their possible consequences. Although piloting a plane and performing dental procedures require completely different skill sets, they have common ground when it comes to application of these skills, he says. Today international: “Every dentist placing implants is confronted with the possibility of errors at some stage. What are some of the most important risk factors for implant failure? Are you looking prospectively, and identifying potential threats. Then one changes the associated behavioural pattern. Over time, one looks retrospectively to see if the change was effective. Meanwhile, the process continues. It is the establishment of fundamental behavioural patterns that allows for a safe method to introduce new materials or procedures.

Periodontal disease and lack of healthy bone structure are some of the most important risk factors for implant failure. Are these still overlooked in your opinion, and what do we know at this point about their significance? Periodontal disease and lack of healthy bone structure are indeed important for predicting implant success. There are potential other risk factors as well, of which one must always be aware. They can be thought about as something determined at the population level and not at the individual level. For example, a typical risk factor statement would take the following form: when we looked at X number of patients that we did y to, we found z. The individual operator then can make decisions armed with this knowledge.

The interesting thing about risk factors is that there is an implied uncertainty associated with the term. Risk cannot exist without uncertainty. It is up to each operator to ensure that risk is identified and quantified prior to a procedure, and then all effort is made to mitigate that risk during a procedure. This will ensure a more predictable outcome.

Has there been more generally focus on prevention of these risks? So far, it is intuitively obvious that prevention is the key, as it minimizes the longer-term exposure to the risk associated with more significant procedures. The logic goes like this: if you prevent periodontal disease, you will prevent bone loss, which will prevent the loss of a tooth, which will prevent the need for an implant, which most likely will, but may not, work. This will never change. The better the long-term data, the easier it will be to incorporate that information into the early phases of a well-thought-out plan.
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Successful prevention depends to a large extent on better diagnostics. Are dentists currently up to date in this field, and what tools are available to avoid potential errors before treatment even begins? I only partially agree with this assertion. Better diagnostics is simply a group of better informational tools that presents some aspect of specific information better than before to the dentist. Successful prevention really depends on what the practitioner does with that information. Better information will only make for improved prevention if there is a system in place to capture the information and ensure its use every time. How many of the people reading this have a drawer somewhere in their office full of new items that they tried but no longer use?

Implant planning with CBCT has become very popular and an increasing number of dental practitioners have access to it. Would you consider the technology to be such a system? The product that CBCT provides is information. Some of the information can determine whether a dentist can determine through conventional methods, while some is unique to CBCT. The ALARA principle dictates that CBCT be used when the information gleaned from the radiation exposure outweighs the risk.

The information potential from a CBCT scan is truly remarkable. Since CBCT has a risk associated with it, it should be incorporated into the overall risk management strategy. The potential advantages lie in its proper use of the vast amount of single-source information it potentially has. The risk is that CBCT becomes the default standard for every issue without proper consideration for each specific case.

Risk assessment protocols are becoming increasingly important in general dentistry for identifying and managing oral diseases like caries. Should the same principles be applied to dental implantology as well? Absolutely. It is through the identification and subsequent mitigation of risk through robust risk management strategies that success rates will improve. Risk assessment protocols, like CBCT, are a tool in the bag of tricks a dentist uses to narrow the variability and make an outcome more predictable.

Speaking of risk assessment protocols, there really is one risk factor that is more important than any other with regard to dental implantology. That is how the operator feels at the time she is placing the implant. This is closely related to the concept of situational awareness. While this may seem a bit abstract, it is through the loss of situational awareness that one will not recognise or react inappropriately to all other risk factors. Examples include when the operator is in a hurry, or is tired, or is worrying about the next case, or anything else that takes away from the focus at hand.

How can loss of situational awareness be minimised? In an article in the Journal of the American Dental Association on which I was lead author, we introduced a universal dental checklist. No professional pilot would ever take off or land a plane without using a checklist, no matter how many times she has done it. The World Health Organization has promoted a surgical checklist to be used in hospital operating rooms with great success. The same should hold true for dentistry as well. Consistent use of a dental checklist is a good start at recognising the human aspect of providing dentistry, for every patient every time. No exception.

Thank you very much for the interview.
CAD/CAM and growth factors—Key areas of dental innovation

By Dr Nilesh R. Parmar, UK

Dentistry has come a long way since our colleagues were forced to use foot powered drills and mix amalgam from its bare components. Modern day dental equipment and materials are at the cutting edge of medical and dental innovation, and it’s trade shows such as the International Dental Show (IDS) where the developments of the future are announced. Modern dentists no longer have merely a straight probe and a dental drill at their disposal. We now have scans, 3D images, growth factors and an almost unlimited choice of materials available to use.

In writing this piece, I made a tough decision to focus on what I believe to be key areas of dental innovation. It is in these areas of imaging, CAD/CAM technology and growth factors that I believe are going to be important in the dental surgery of the future.

CAD/CAM

Computer-aided design/computer-aided manufacturing has had a presence in dentistry for nearly 20 years. However, it is only in the last ten years that developments have really made a difference in the reliability, ease of use and functionality of these devices. We now have CAD/CAM machines (e.g., CEREC, iXero, Lava) that can scan an entire arch, design and manufacture all-ceramic restorations in the chair. The popularity of chairside CAD/CAM units has never been greater. The materials that we are able to use in conjunction with CAD/CAM scanners have gone from monolithic, one shade blocks to multi-layered, all-ceramic, lithium disilicate constructions that can be sintered and finalised as little as 15 minutes.

The appearance of these restorations, although still needing a well-trained (and artistic) dentist, could be said to be on par with certain lab-based fabrications whilst maintaining the advantages of being a chairside single visit restoration. CAD/CAM technology is now almost universally used in the fabrication of dental implant abutments and bars, reducing construction times, designs and fit. Dentists are now beginning to use chairside CAD/CAM devices to restore dental implants without the need for any impressions.

CBCT 3-D scanners and CAD/CAM integration

Cone beam computed tomography (CBCT) scans are now commonplace in dentistry, particularly in implant dentistry where Grondahl (2007) found that 40 per cent of all CBCT scans were taken for implant treatment. Where 3D scans were reaching a shortfall was in actually relaying the information obtained into the mouth during the surgical procedure. One recent innovation has been to overlay scans of the patient’s own teeth and soft tissues onto the CBCT scan data. This gives an accurate representation of the hard and soft tissues and their relationship to each other. For example, an implant can be planned in the implant software with the arrangement of the implant taking into account the ideal position of the final crown, which can also be shown in the CBCT scan. In order to do this previously, the dentist would have to make a study model and then wax up the ideal final restoration contour, ensuring some barium sulfate within the wax in order for it to show up in the scan. This was both costly and time consuming. Recent developments have allowed one to take an intra-oral scan using a suitable device, such as a CEREC or iXero machine, and overlay this with the CBCT scan. No models, no wax ups; the procedure is almost instant and can be done with the patient in the chair. As a patient education too, this visual format is invaluable, allowing patients to fully understand the proposed work and its execution.

Taking this one step further, guided implant surgery now allows us to not only plan implant placement using ideal restoration cases without them actually seeing the patient. As already mentioned, the opportunities for patient education are huge, and with procedures such as plastic surgery and orthognathic surgery being so difficult to properly consent for, facial scanners will greatly aid clinicians.

Growth factors

Available for a long time in medicine and dentistry, growth factors have been the reserve of PhD students and professors until recently. The resurgence of the usage of platelet rich plasma (PRP) has come about with added research showing that using PRP can greatly improve osteoblast proliferation (Parmar 2009) and accelerate soft tissue healing. Companies are now offering clinical courses for dentists to make, produce and use PRP in their own surgeries within 15 to 30 minutes. The main advantage of PRP is that it’s free; it is obtained from the patients’ own blood, thus removing the risk of rejection; and can be made in vast quantities. As more research is published, coupled with simpler production kits, PRP use will increase in all aspects of invasive dental surgery.

The above is just a short description of what is being developed for the future. Dentistry has never been so intertwined with technology. The next ten years will prove to be exciting and I eagerly await to see and use the new technologies that are being developed today.

Dr Nilesh R. Parmar runs a successful five-surgery practice close to London and is a visiting implant dentist to a central London practice. His main area of interest is in dental implants and CEREC CAD/CAM technology. He can be contacted at drnileshparmar@gmail.com. More information can be found on his website, www.drnileshparmar.com; Twitter: @NileshRParmar; or Facebook: Dr Nilesh R. Parmar.
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The tenth intake, consisting of 30 students from 14 countries, for the Master of Science in Oral Implantology (MOI) recently began their classes at Goethe University Frankfurt in Germany. The full-time master’s programme, which has a stand at this year’s EAO Annual Scientific Congress in Dublin, was established four years ago to offer practising dentists advanced academic training in the field of oral implantology, including lectures, hands-on practice, research work and treatment of real patients. According to the university, it provides participants with comprehensive and highly specialised theoretical knowledge, as well as excellent practical skills.

A major training objective is the independent planning, analysis, and implementation of therapy involving initial complex clinical situations. Interdisciplinary approaches and the coordination of the various persons involved in dental therapy are also reflected and discussed. Students are encouraged to document, share and discuss their own experiences with their fellow students. A multidisciplinary and international team of experts is available to mentor the students at all times, the organiser said.

Goethe University Frankfurt’s MOI programme is independent and not affiliated with any non-university or corporate institution. Currently, the students enrolled come from over 40 countries and are dentists who have already placed implants and wish to improve their skills in order to provide safe and efficient treatment to their patients. In order to be considered for the MOI programme, applicants must be licensed to practise dentistry and hold an academic qualification entitling them to work as a dentist in their own country. In addition, a minimum of two years of relevant professional work experience and proficiency in English, demonstrated by an acceptable TOEFL score, is required. The next course starts in April 2014, with the first session scheduled for 4–13 April in Frankfurt/Main. The university is currently accepting applications and the deadline is 15 December 2013, the organisers said. More details about application and the programme are available on the MOI website, www.moi.uni-frankfurt.de, or at Booth B51 in the exhibition hall.

New nanotechnology may help provide longer-lasting dental implants

In order to lower the failure rate of dental implants, a team of researchers from the US is currently investigating a new nanomaterial that may help fight bacterial infections after implant placement and improve bone healing around the implant. The researchers believe that this material may also hold cosmetic advantages.

In collaboration with dental experts from the University of Illinois at Chicago, Dr Tolou Shokuhfar, assistant professor at Michigan Technological University’s Department of Mechanical Engineering-Engineering Mechanics, is currently working on an inexpensive and easy-to-produce dental implant surface made of titanium dioxide (TiO2) nanotubes.

She has been researching the use of the nanomaterial for several years and has demonstrated that bone cells grow faster and adhere better to titanium coated with TiO2 nanotubes than to conventional titanium surfaces.

Her research has also shown that nanotubes can be used as a drug delivery system to release naproxen sodium, an anti-inflammatory drug, gradually after surgery, reducing the risk of the unpleasant side effects that arise when drugs are injected orally.

In another study conducted by Shokuhfar involving orthopedic and dental implants, TiO2 nanotubes were laced with silver nanoparticles. Owing to the antimicrobial properties of silver, the material proved to be effective in preventing biofilms, which are increasingly recognized as an important issue in dental health care, as they can cause serious infections, particularly around medical implants.

As the material is transparent, it also holds cosmetic advantages. Furthermore, Shokuhfar expects that TiO2 nanotube implants will be easily accepted on the market because they would have the same appearance as conventional titanium implants. “A surgeon would not have to do anything different,” she said.

According to a press release issued by Michigan Technological University, the researchers have received a provisional patent and are currently working with two hospitals to develop the technology further.

In the research article, titled “Interception of Anti-inflammatory Drug Molecules within TiO2 Nanotubes,” was published in the October issue of the RSC Advances journal. The article “Biophysical Evaluation of Osteoblasts on TiO2 Nanotubes” is currently under revision for the Nanomedicine: Nanotechnology, Biology, and Medicine journal. The paper “Survivality of TiO2 Nanotubes on the Surface of Bone-Screws” has been accepted by the Surface Innovations journal.

Scientists identify predictors of satisfaction with aesthetic dental work

A new study conducted by researchers at the Department of Dental Public Health at King’s College London has found that some dental patients may need to consult a psychologist before undergoing treatment. In a study with 60 participants, the researchers found that higher satisfaction with appearance before dental aesthetic treatment affected patients’ satisfaction after treatment significantly.

For the study, all participants were asked to assess satisfaction with their appearance before and after dental work according to a predefined scale. Additionally, they completed a personality test prior to the procedure.

Among other findings, the researchers found that participants who were most satisfied with their appearance before receiving dental aesthetic treatment were also the happiest patients after treatment. On the other hand, pessimism seemed to persist after treatment in those patients who were rather dissatisfied before.

“We found that it is in patients’ and dentists’ interests to ensure that patients receiving aesthetic dental work start from as high a point of satisfaction with their current appearance as possible. This will enhance the chances that they will be satisfied with the result of the treatment,” the researchers concluded.

The findings were presented on Wednesday at the British Psychological Society’s Division of Health Psychology Annual Conference, which was held from 11 to 13 September in Brighton.
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Periodontal disease is a major public health issue that should be addressed increasingly by the medical and dental communities, the European Federation of Periodontology (EFP) and the American Academy of Periodontology (AAP) have stated in a joint manifesto. In order to convey this message to more dentists, the EFP recently launched an international awareness campaign aimed at more than 300,000 professionals in Europe.

Kicked off at the recent international symposium of the Swiss Osteology Foundation in Monaco in May, the Outreach Campaign aims to highlight both the relationship between periodontal and systematic diseases, as well as the importance of periodontitis prevention. According to the manifesto, which has been available on the organisation’s website since March, there is convincing evidence from a large number of studies that periodontitis may increase the risk of developing diabetes or cardiovascular disease, and may lead to adverse pregnancy outcomes, such as preterm birth or low birth weight. Other systemic conditions such as rheumatoid arthritis or certain kinds of cancers are also thought to be influenced by periodontal inflammation.

In light of this evidence, dental professionals will have to fundamentally change the perception of their responsibilities as providers of general health, the manifesto states. Multidisciplinary approaches through collaboration between dental and medical communities, as well as within the dental communities, will have to be developed further to meet future patients’ needs.

The content of the manifesto is based on recommendations made during a joint EFP/AAP workshop, which took place in Spain in November last year and drew 80 experts in the field. The workshop was held under the leadership of Profs. Mariano Sanz from Spain, Maurizio Tonetti from Italy, and Niklas Lang from the University of Hong Kong’s Faculty of Dentistry. Among other measures, it recommends thorough periodontal evaluation of patients presenting with signs of systematic diseases by dentists. It also calls for more clinical trials and studies researching the effects of periodontal therapy on several disease factors in different populations in order to obtain additional reliable scientific data on these issues.

Besides the manifesto, the campaign will provide information through regularly updated online dossiers, video documentaries and other promotional activities. A seven minute clip was presented to the public in Monaco and is already available on video-sharing platforms like YouTube.

In addition to the EFP member associations, the campaign has received support from dental consumables provider Colgate-Palmolive’s GABA and other professional dental bodies. Owing to these partnerships, the campaign will be presented at most of the national member events throughout the year, the organisation said. More information about the Outreach Campaign is available on a dedicated website at perioworkshop.efp.org.
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Tel: +65 6500 6706
a.berghoff@koelnmesse.com.sg
The dental implant market, consisting of implants, abutments, and other devices, in Europe was valued at approximately US$1.6 billion in 2012. Until the end of the year, the market will continue to contract slightly. It is expected to recover, however, and reach a value of just under US$2.3 billion by 2021.

Germany reigns as the largest market, worth over US$300 million in 2012—almost the equivalent of France and Spain combined. Overall, these two countries have the lowest growth rates, with both suffering from either low GDP growth or high unemployment rates along with overall concerns regarding unsustainable national debt levels.

Demand for dental implant treatment continues to be fuelled by the ageing population. The US Census Bureau forecasts that the population aged 65 and older in Europe’s seven key markets will grow at an average compound annual growth rate of approximately 1.5% until 2021, whereas the total population will only grow at approximately 0.3% per year. As people age, their oral health tends to deteriorate, resulting in edentulism, for which implant restoration is increasingly becoming a recommended treatment option.

For most European patients, dental implant procedures are considered elective and need to be paid out-of-pocket by patients. As a result, financial considerations are among the most important factors influencing patients’ decision to undergo these treatments. The unstable economy has resulted in increased patient hesitance to seek dental implant treatment and in higher preference for lower-risk and less-costly traditional procedures and products, such as traditional loading (instead of immediate functional loading) and screw-retained abutments (over cement-retained ones).

Aside from the economy, countries such as Sweden and the Netherlands have experienced drastic shifts due to changes in government reimbursement. In the past year, both countries’ markets have suffered declines due to governments proposing changes to reimbursement. This uncertainty regarding dental implant treatment coverage has fuelled physician and patient reluctance to perform and undergo procedures.

The current dental implant market is defined by a never-ending number of competitors in the marketplace. Competition will become increasingly fierce with the recent merger of DENTSPLY Friadent and Astra Tech Dental to form DENTSPLY Implants, placing the company in direct competition with market leader Straumann for the top spot. While physicians and...
Newest developments in the European dental prosthetics and CAD/CAM devices segments

By Dr Kamran Zamanian and Ceren Altincekic, Canada

The European dental prosthetics and CAD/CAM devices segments are currently experiencing two opposing forces that will determine the future of these segments. On the one hand, the eurozone crisis is far from being over. Southern European countries such as Spain, Italy and to some extent France are going through an economic downturn, which is delaying dental restorations and slowing down income growth. On the other hand, the segments are growing at a significant pace owing to technological innovations in restoration materials, CAD/CAM devices such as intra-oral scanners and smaller, but more efficient milling machines. The second trend is expected to trump the first one as countries slowly recover from the economic crisis and new technologies revive the market.

All-ceramic and porcelain-fused-to-metal restorations dominate the European dental prosthetics market

All ceramic restorations are becoming increasingly popular in the European market owing to their aesthetic value. In 2012, the all-ceramic segment grew by more than 5 per cent to constitute a third of all crowns and bridges sold. All-ceramic restorations are expected to approach the porcelain fused-to-metal share by 2019. Non-precious restorations represent the largest portion of all crown and bridge work owing to their affordability. They will remain at the level of approximately 42 per cent over the next few years. Semi-precious and high precious materials will be impacted adversely as their biocompatibility and durability are increasingly mimicked by other, less-expensive materials such as cobalt-chromium alloys. Precious metals used in dental restorations, such as gold, have experienced significant price hikes over the last decade. As their utility diminishes, these metals will begin to lose market share in the dental prosthetics segment.

New technologies are beginning to blur the lines that separate different dental restoration materials. Composite materials are becoming more popular, as they combine the most desirable characteristics of their components. New products such as translucent zirconia or hybrid ceramics are promising better value with increased resilience and a more natural look.

CAD/CAM blocks segment experienced double-digit growth

CAD/CAM blocks had a good year in 2012, despite the lingering effects of the eurozone crisis. Even though block prices have remained stable or dropped owing to increasing competition from Asian companies, the double-digit growth in unit sales largely made up for price cuts, as the segment grew by over 10 per cent in 2012. The growth in the blocks segment has been fuelled by the increase in CAD/CAM system sales, particularly chairside systems. Chairside systems come with a milling machine that mills the restorations from blocks. As sales of chairside systems have increased significantly and will continue to do so over the next few years, the blocks segment has followed that demand closely.

The majority of crowns milled from CAD/CAM blocks on chairside systems are made of all-ceramic material. However, most dental restorations are produced using semi-precious and precious metals. Dental prosthetics laboratories are still the main providers of dental prosthetics. In 2012, zirconia crowns represented over half of the CAD/CAM blocks segment, with the remainder being divided between porcelain and acrylic/composite products. By 2019, porcelain blocks are expected to close the gap, exceeding half of all blocks sold. This trend is consistent with the ever-increasing demand for all-ceramic restorations and the technological developments that make ceramic restorations more resilient and natural-looking than their counterparts are.

Alongside these rising stars, companies like Sirona, 3Shape, ESPE and DeguDent maintain their significant market share in the CAD/CAM systems segment. Sirona is the clear market leader in this space. Among others, Amann Girrbach and Dental Wings are among the rising stars of CAD/CAM systems segment.

The future of scanner software lies in open systems that create a scan file that can be sent to any milling centre in the world. Dental Wings is making great strides by providing this open-architecture software and affordable scanners to both laboratories and dentists. Through exclusive partnerships with Straumann and 3M ESPE, Dental Wings is aiming at creating a more globalised world for a variety of stand-alone scanners.

The main competitor in this market is Sirona. The company has over 20 years of experience in the intra-oral scanners segment. Its latest product, the CEREC Omnicam, has introduced a new technology with colour scanning, which allows the dental technician to scan the natural tooth in 3-D. A similar product was launched by 3Shape at the 2013 International Dental Show in Cologne. TRIOS Color can scan and capture the teeth and gingiva quickly, realistically and in great detail. Intra-oral scanners are evidently becoming the new standard at dental practices.

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Richard Laube has been CEO of Nobel Biocare since mid 2011.

With a record number of 2,000 participants, dental implant solutions provider Nobel Biocare held its second Global Symposium in the US in June. today international had the opportunity to speak with CEO Richard Laube about the state of his company, business in Europe and the newly launched Foundation for Oral Rehabilitation.

today international: Mr Laube, this is the first Global Symposium you are attending as CEO of Nobel Biocare. Has the event met your expectations?

Richard Laube: The meeting has been a pleasant surprise for us. We were sold out already in April and even had to turn 500 to 600 customers away. On the positive side, this makes it a real special event. Speakers have also been extremely disciplined and very focused in their messages that they wanted to convey. I am only hearing good things from the participants.

You joined Nobel Biocare during turbulent times. What is the state of the company compared to when you took over as CEO in 2011?

It is true that we have been drifting over the years but we are back with patient-focused, clinically relevant and evidence-based innovation. We are in materially better shape today than when I joined the company two years ago. The results from Q1 2013 were a pleasant surprise as we expected the numbers to be lower. We are seeing good things in our business and are confident we can keep this momentum going. Since 2011 we have brought three new implants into the market and upgraded our NobelClinician and NobelProcera software platforms. We also announced a new second generation NobelProcera 2G Scanner and introduced the OsseoCare Pro for iPads.

We also have a couple of new announcements here. All this combined offers probably the most exciting product line-up in the industry and provides us with the opportunity of leading again.

I also think that we have good stability in the team which is very important. A workforce consists of business relationships and you can’t have that relationship by changing people.

You have been working for big corporations like Nestlé in the past. How does the dental industry differ from your previous working experiences?

It has taken me some time to adjust but I have been learning quickly for the team’s sake. Generally speaking, to work in the dental market is like a contact sport where you have to deal with customers on the frontline every day. Take this symposium for example, where 2,000 of our customers have gathered.

The size of Nobel Biocare is also much smaller and I learned that even the slightest changes can have a dramatic impact on the whole organisation. Therefore, you have to be thoughtful about every decision you take. On the other hand, things are changing much faster which gives us an advantage when it comes to innovation, as we are able to work very closely with our researchers and developers. You do not usually get this out of big companies.

Nobel Biocare seems to struggle in Europe and Asia, in particular. Do you consider these problems to be an effect of the current market conditions or are there other reasons for this negative performance?

We had years of struggle in Europe but our figures there have consolidated this year compared to the first quarter of 2012. We are actually seeing increasing evidence that we perform better than some of our key competitors. I personally expect us to be out of the water soon and to see relative progress. I estimate we will do at least as good as the market in that region, if not better.

Our problems in Asia are of turbulent times. What is the state of the company compared to when you took over as CEO in 2011?

It is true that we have been drifting over the years but we are back with patient-focused, clinically relevant and evidence-based innovation. We are in materially better shape today than when I joined the company two years ago. The results from Q1 2013 were a pleasant surprise as we expected the numbers to be lower. We are seeing good things in our business and are confident we can keep this momentum going. Since 2011 we have brought three new implants into the market and upgraded our NobelClinician and NobelProcera software platforms. We also announced a new second generation NobelProcera 2G Scanner and introduced the OsseoCare Pro for iPads.

With the DENTSPLY Astra Tech merger and growing competition from manufacturers in Asia, e.g. Korea, the implant market seems to be on the brink of major change. How do you evaluate the development of the market and how is your company positioning itself in the years to come?

We welcome any competition as it is beneficial for patients. Our challenge is to stay ahead and innovate. Implant dentistry is still a field that is emerging rapidly and transforming itself constantly through innovation. Our aspiration is to stay in front of that.

With the Foundation for Oral Rehabilitation (FOR) your company has launched a new entity in New York. What role will it play for your business?

I would like FOR to give Nobel Biocare sweaty palms because they are talking about patient care in ways that the industry cannot deliver yet. FOR is supposed to always be a big step ahead of us providing us with the chance to develop new ideas and open new business opportunities in the future.

Thank you for the interview.
The floor plans on this page are a reproduction of the original floor plans provided by the EAO. Therefore, changes by the organiser can occur. today is not responsible for the correctness and completeness of the information. Last update was 11 September, 2013.
Providing sophisticated, intelligent simplicity for professionals, while focusing on innovation, integrity, and customer relationships, Neoss is the science-backed solution for dental implant treatments.
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The list is based on information provided solely by the exhibitors. Dental Tribune does not take responsibility for correctness or completeness of the information.

(DTI/Photo Daniel Zimmermann)
With Roxolid® SLActive® Implants we break new ground:

- Eliminate invasive grafting procedures
- Increase patient acceptance

Our new generation of implants provides you exceptional material strength combined with excellent osseointegration properties for greater confidence.

Now available:
- All diameters
- 4 mm Short Implant Line
- Loxim™ Transfer Piece

Discover more benefits on www.straumann.com/roxolid
Straumann is setting new standards with its broadened Roxolid® SLActive® implant portfolio

An interview with ITI president Prof. David Cochran, USA

Today, Prof. Cochran will give a presentation in Straumann’s Satellite Symposium about the evolution of dental implants. In the following interview he speaks about the impact of technology innovations on implant diameters and lengths. Where do you see the benefits of innovative implant materials and surface technologies?

There are many implant materials and surface technologies on the market, but only a few are really innovative and have good supportive data. We have learned over time that the titanium implant surface cannot only be biocompatible but that it can also be made osteoconductive. Straumann’s SLA® surface has been shown to be biocompatible and osteoconductive and, by altering its surface chemistry, resulting in the SLActive® surface, the implant becomes even more osteoconductive and hydrophilic.

Straumann’s alloy Roxolid®, made out of titanium and zirconium, features the SLActive® surface and thus can achieve excellent osteointegration. It is also much stronger than pure titanium so that smaller diameter implants can be placed with the same confidence that the clinician has had with much wider diameter implants. This is a big advantage to both clinicians and patients since more indications can be addressed with a reduced need for bone augmentation resulting in less invasive treatment for patients.

At the EAO, Straumann will expand its Roxolid® SLActive® portfolio. Why might these implants set new standards in dental implantology?

The combination of the technologies Roxolid® and SLActive® has allowed a huge advancement in patient treatment such that the implants can be loaded in much earlier time frames in more indications. These technologies have helped the clinicians with their treatment protocols and most importantly, have made treatment for the patients cheaper, faster and easier in many cases. With Roxolid®, we now have a strong implant material featuring one of the best osteoconductive surfaces available for our use. This allows us to further expand our clinical indications for dental implants. Roxolid® SLActive® is a real breakthrough in dental implantology.

If scientifically proven materials would allow you to use smaller diameter or shorter implants, how would this influence your daily work?

The use of smaller sized implants would affect the old concept of using the “largest and longest implant possible”. This concept was based on machined implants and bicortical stabilization, and the erroneous idea that using the implant to fill an extraction socket was the best strategy for implant placement. We now realize that the biology around the implant including the blood supply to the surrounding bone is much more important than a wide implant, so strong implants such as Roxolid® are the most scientifically based and best strategy for implant use. The same is valid for using only long enough implants to support the occlusal load which in many cases can be very short implants. This knowledge combined with Roxolid® SLActive® allows the clinician many more options in their implant treatment planning.

If a GBR procedure can be avoided it gives the patients more alternatives for less invasive treatment than they have ever had before.
NEOSS IMPLANTS COMBINE SIMPLICITY WITH SCIENCE

Last year, NEOSS introduced its new Tapered Implant at the EAO congress in Copenhagen in an effort to expand its portfolio of dental implant solutions. Its system, developed with a single platform in mind, now comes with 100 compatible implant solutions. Its system, Direct has recently introduced its new InterActive system of connections.

NEOSS states that the system gives clinicians the freedom to work with cement- or screw-retained solutions in titanium, gold or zirconia. The implants themselves are currently available as straight and tapered, as well as in five diameters and lengths, ranging from 7 to 17 mm. According to the company, they are suitable for all bone densities. Owing to their special Thread Cutting and Forming geometry, the implants possess thread sharp (biting), as well as the threads’ constituent properties. Their surface is ultraclean and has high wettability, a requirement for successful osseointegration. With the help of a single platform, single screwdriver and procedure friendly implant solutions, the company said.

NEOSS, UK
www.neoess.com
Booth B29

A NEW IMPLANT LINE FOR CONICAL CONNECTIONS

Implants with conical connections are predicted to become one of the fastest-growing segments in the dental implant market. With its new InterActive system of conical connection implants and abutments designed by company founder Dr Gerald Nuznick, implant solutions provider Implant Direct has recently introduced a new implant line designed to provide a platform compatible with the NobelActive and NobelReplace conical connections.

According to the company, the design of the new implants was modified for full seating of abutments without requiring confirming round paths. In addition, a pinning feature has been added to the bottom of the abutment’s hex to help guide insertion. An internal thread in the abutment shaft retains the screw while the abutment is rotated to be fully seated in the implant’s deep hex. Soft-tissue management has also improved through the concave emergence profile of the InterActive abutments, transfers and healing collars.

According to Implant Direct, the body of the InterActive implant matches that of the Legacy 2 implant with double lead body threads over the tapered two-thirds of the implant for faster insertion. They are flat based and therefore become progressively deeper towards the apex for an increased surface area, the company said. The combination of a tapered implant body with a round apex and three long vertical cutting grooves allow the implant to follow the trajectory of the osteotomy and allows self-tapping insertion using dense-bone drills without the need for a bone tap. Coronal quadruple-lead microthreads and micro-grooves for enhanced creetal bone preservation and initial stability are additional improvements of the design.

The InterActive implant is available in four diameters: The 3.2 and 3.7 mm implants use the same platform as the NobelActive 3.5 mm implant, and the 4.3 and 5 mm implants use the same platform as the NobelActive implants of these diameters. The platforms are colour-coded for easy identification, with matching anodised cover screws, healing collars and transfers, the company said. The InterActive line also features a two-piece fixture mount, which serves as a transfer and final preparable abutment. The All-in-1 Packaging of the InterActive implant also includes a cover screw that can be used for submerged healing or with a 2 mm extender/healing collar.

Under the brand of ConnectDental from Henry Schein, advanced solutions for dental practices and dental laboratories through digital impressions, reliable and extensive communication capabilities, as well as a wide selection of products from leading CAD/CAM system and material manufacturers will be on display at this year’s EAO congress. Furthermore, a number of complementary services are provided through this platform, including education and training concepts for the dental practice and laboratory team.

The new platform focuses on digital impression and CAD/CAM systems that, according to Henry Schein, will simplify the workflow between the dental practice and dental laboratory. The aim is to enhance digital dentistry by expanding patient services, improving treatment outcomes and experience, as well as paving the way for a patient-centric model that delivers a complete solution, the company said.

As a long-term partner of dentistry and dental laboratories, Henry Schein considers itself a leader in supporting the evolution of the digital highway, which it regards as an important tool in the improvement of dental and general health. In Europe, the company currently boasts 190 CAD/CAM and digital dentistry specialists, as well as 440 specially trained technicians. In addition, it maintains 50 Henry Schein Dental Centres that provide individual advisory services and comprehensive training, including demonstration programmes adapted to individual requirements.

The profound expertise of Henry Schein’s specialists in digital systems is a unique feature. Our specialist teams work hand in hand to ensure comprehensive advice and an individual optimisation of dental implant solutions for our customers,” said Patrick Thurm, Vice-President for Technology at Henry Schein’s Global Prosthetic Solutions division.

ConnectDental will be on display at the company’s booth at the EAO exhibition. Professionals interested in the platform will be able to attend hands-on demonstrations and consult with experts, according to the company.

HENRY SCHEIN EUROPE
www.henryschein.com
Booth S19
The prosthesis driven planning can be performed via the MGUIDE MORE network of MCENTER facilities, in addition to using the software. Full technical support and guidance are currently provided in over 20 countries in five languages.

With MGUIDE MORE process begins with a single patient CBCT scan, which is converted into DICOM compatible data, and uploaded for a 3-D clinical evaluation. At the implant planning and template design stage, the integration of a scanned wax-up and stone models enable virtual top-down planning, as well as the template design from which stereolithographic templates are produced. The open wire-frame templates are made using advanced 3-D printing technologies to ensure optimum fit and are constructed from a strong, durable biocompatible material that is lightweight for enhanced patient comfort.

Osstell ISQ

- Manage implants at risk
- Reduce treatment time

Ostell ISQ offers special value when treating patients with implants with a higher risk of failure, the company said. If the initial mechanical stability is high enough, a one-stage approach is often used together with immediate- or early loading. Measuring again before the final restoration and comparing that value to the baseline value taken at placement, can help to make the decision whether to proceed or not, easier and more objective. In addition, Ostell ISQ does also meet the demand for shorter treatment time.

So far, more than 500 articles have been published involving the Ostell technique and the ISQ scale. A searchable database with abstracts is currently available at the company’s website.

3SHAPE DIGITAL IMPRESSION TAKING SYSTEM WELCOMED BY DENTAL LABORATORIES

The TRIOS intra-oral scanning system facilitates a new and improved means of co-operation between dental clinics and laboratories, according to Danish manufacturer 3Shape. Precise scanning of the preparation, antagonist and bite can be performed entirely in the clinic with the device and sent to the laboratory, which is able to work with the files immediately, resulting in a less time-consuming, labour-intensive and expensive restoration. Extra work for the laboratory due to the shortcomings of conventional impression taking, such as blood tissue hiding the preparation margin line, can be avoided. Final fitting is also improved owing to the higher precision TRIOS scanning is said to deliver.

Kenneth Dalsgaard, owner of Dalsgaard Dental Laboratory in Copenhagen, agrees that the system is the best and most precise of its kind on the market. His laboratory, which has offered all types of crowns, including implant crowns, since 1968, has recently invested in the scanner system in order to provide clients with a better service at more flexible prices. One of the main advantages, he says, is that impressions or scans can be viewed, adjusted and discussed even while the patient is in the chair. Moreover, areas lacking data can easily be erased and re-scanned without having to redo the entire impression.

Restoration can be done via immediate provisional prosthetic solutions produced in advance using MGUIDE MORE prosthetic tools for laboratory technicians.

In addition, open wire-frame templates produced with MGUIDE MORE provide an open field of view during surgery, allowing the administration of anaesthetic and irrigation from all angles without removing the template. Raised flap surgery can also be performed more easily. The MGUIDE MORE surgical kit not only enhances accuracy and safety for a smoother guided procedure, but also simplifies the implantology process by eliminating the need for traditional guidance keys, the company said. Specially designed sleeves and drills stop at the precise position and depth planned, freeing up hands and saving valuable time.

NEW DEVELOPMENTS AND BENEFITS OF OSESTELL ISQ Discussed at EAO MEETING

The Implant Stability Quotient (ISQ) has become a global standard unit for implant stability, according to the Swedish developer Osstell. New developments and the clinical benefits of the technology will be discussed at the company’s Scientific Forum meeting, which will be held tomorrow at 7.45 in Lifefly Hall 2 at the Dublin Convention Centre.

A certain level of initial implant stability and the assurance of osseointegration over time have proven to be crucial for long-term implant success. According to the Swedish company, the Osstell ISQ is a totally objective and non-invasive handheld instrument that helps clinicians to accurately determine that information. The scale, ranging from 1 to 100, correlates perfectly with micro mobility; the higher ISQ the more stable the implant. Through a decreasing ISQ value, it provides an early warning in case of osseointegration is not progressing as expected. As a result, additional cost owing to implant failure or redoing a crown due to premature loading can be avoided.
 TRI+ Universal interface with leading digital technologies

TRI Dental Implants sets new standards with TRI+ as a universal implant interface with leading technology partners in digital dentistry. Linked with a lean dental implant system, TRI+ offers treatment options from simple to complex without limits.

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With the increase of suppliers and closed digital systems for guided surgery and dental CAD/CAM, it has become difficult for clinicians to stay abreast of the advantages of each system. TRI Dental Implants has said to have developed a universal interface for greater transparency and eliminating barriers in digital dentistry treatment, which will be on display at the EAO Annual Scientific Meeting this year for the first time. According to TRI, the TRI+ interface offers enhanced treatment options and a new approach to the drilling protocol for guided surgery, which is intended to facilitate immediate implant placement after the first drilling procedure. “TRI+ gives our customers the flexibility to work with their preferred providers in digital dentistry whilst benefiting from the simplicity of our Swiss dental implant system. With this seamless interface, we guarantee infinite treatment options for our customers in the fields of CAD/CAM and guided surgery without concern about compatibility issues,” CEO of TRI Dental Implants Tobias Richter said.

According to Richter, the digital compatibility of the TRI Dental Implants system allows a wide range of indications via 3-D planning, such as guided surgery, CAD abutments, CAD/CAM screw-retained bars and bridges, as well as CAD/CAM cement-retained crowns and bridges. Furthermore, all on-4 procedures have become possible to perform.

According to Planmeca, the quick and accurate digital impression scanner Planmeca PlanScan provides real-time digital impressions from one-tooth to full-arch scans, which can be sent to any dental lab for CAD work. It is also the first unit-integrated impression scanner. Available as a standalone version, the Planmeca PlanScan can also be connected to a laptop, for example. The new open CAD software suite for easy 3-D design, has been integrated in the Planmeca Romexis software as a perfect tool for designing prosthetic works from individual inlays to full-arch bridges and abutments. Final designs can then be sent to Planmeca PlanMill 40, a new 4-axis milling unit designed for glass ceramic and other material works.

For dental laboratories, Planmeca also offers a fast and maintenance-free desktop lab scanner for scanning plaster casts with the Planmeca PlanScan Lab. Final designs can be processed with Planmeca PlanMill 50, an accurate 5-axis milling machine designed for dental labs or ordered fast and reliable from Planmeca’s CAD/CAM milling centre PlanEasyMill, which offers a wide range of materials and fast deliveries. “Our CAD/CAM solutions are truly unique, as the system is completely open and flexible,” explains Mr. Jukka Kanerva, Director of Dental care units and CAD/CAM division at Planmeca Oy. "Dentists and laboratories can choose either the entire solution and benefit from the integrated workflow, or just pick the necessary parts and send the open data to their partners.”

TRI DENTAL IMPLANTS, SWITZERLAND
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OPEN CAD/CAM SOLUTIONS
In order to complete its offer in industry-leading dental equipment and software, Planmeca has recently introduced a full range of open CAD/CAM solutions. From high-precision desktop milling units to sophisticated CAD software and digital impression scanners, they include all tools that are required for open CAD/CAM dentistry, the Finish company said.

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**MECSTRON IMPLANT CLEANING INSERT**

Mectron’s new insert for implant cleaning is said to be easy to use while being soft on the implant. The budget-friendly instrument will be available for all mectron scalers (tipholder ICS) and for Perio-surgery (tipholder ICP), the Italian company said. According to mectron, the tipholder ICS/ICP in combination with the IC1 tip, allow optimal access and gentle plaque removal. A long and ergonomic form of the tipholder ICS/ICP is supposed to facilitate access even in the posterior region and to simplify handling during the maintenance treatment of implants in order to prevent perimplantitis.

The IC1 tip consists of biocompatible plastic material (PEEK), which is known to be gentle and soft on titanium implant surfaces. Since it has no metal core, damages on the implant surface once the plastic got consumed are prevented. In addition, it can be used on ceramic and metal restorations as well as natural teeth, the company said. The tip IC1 also does not require any key in order to be fixed on the tipholder ICS/ICP as it can simply be screwed on by hand. They are both sterilizable and reusable. The complete set, consisting of one tipholder ICS/ICP and five IC1 tips, is already available on the market.

**SOREDEX HAS DIGITAL INTRAORAL SYSTEM ON DISPLAY**

The new DIGORA Optime is said to be a powerful and easy-to-use diagnostic tool for all intraoral applications and patient sizes. According to the manufacturer Soredex, the system offers consistent diagnostic quality with smart auto-optimization features that adjust the grey levels of the image and thus compensate for all mectron scalers (tipholder ICS) and for Perio-surgery (tipholder ICP), the Italian company said. According to mectron, the tipholder ICS/ICP in combination with the IC1 tip, allow optimal access and gentle plaque removal. A long and ergonomic form of the tipholder ICS/ICP is supposed to facilitate access even in the posterior region and to simplify handling during the maintenance treatment of implants in order to prevent perimplantitis.

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**NOBEL BIOCARE EXPANDS ACCESS TO PROSTHETIC RANGE WITH NEW SCANNER PARTNERSHIP**

With NobelProcera, Dr Matts Andersson first presented fully automated industrial CAD/CAM prosthetic production to dentistry thirty years ago. Nowadays, the system continues to lead the field as it delivers outstanding quality, ready-to-use restorations, according to the manufacturers Nobel Biocare. Since the fabrication of the first coping in 1983, patients all over the world have benefitted from the more than eleven million delivered high-quality units. Every NobelProcera product and solution since then has been designed to give patients both functional and natural-looking tooth restorations, individually designed to last, the company said.

With the new NobelProcera 2G scanner, Nobel Biocare has recently taking yet another significant step forward to provide more dental laboratories and dentists with greater access to its prosthetic products and solutions than ever before. The more efficient second-generation device is supposed to deliver direct access to the comprehensive assortment of NobelProcera restorations. In addition, users of the 3Shape Dental System are now able to gain open access to Nobel Procera’s high-quality CAD/CAM solutions as well as through a new open access partnership between the Danish dental-dentistry solutions provider and Nobel Biocare.

NobelProcera encompasses a comprehensive range of innovative, science-based restorative solutions for the replacement of teeth in all indications, ranging from single tooth to the edentulous. Each can be combined with specific material properties to achieve both functional and aesthetic results. According to the company, the system provides easy access to a global network of regional production facilities to better serve each individual network of dental professionals.

Nobel Biocare is continuing to drive dental CAD/CAM innovation with high-end solutions, such as individualized abutments, implant bridges and bars. The company says to approach the development of each new product with advanced engineering, thorough verification, meticulous validation and for its new insert to be effective, proprietary hygiene accessories (Latex/PVC free, food-grade hygiene bags with Biocompatibility according to ISO 10993-1 and Opticover protective cover). A standard network connection allows images from one DIGORA Optime to be accessed from multiple locations in the dental practice, the company said.

**BONE & TISSUE DAYS TO BE HELD BY BOTISS**

According to the German dental bone and soft tissue regeneration specialist Botiss, the innovation company implantology has flattened the IMT and education focus has shifted to successful bone regeneration and soft tissue management. Therefore, the company is inviting visitors of this year’s EAO congress in Dublin to its bone & tissue days Continuous Education events in Istanbul, Turkey, in November this year as well as in Berlin in 2014. Leading regeneration experts such as Nom-Lay Wang, Marius Steigmann, Adrian Kasaj, Raj Caffesse, Peter Windsch, Anton Sculean, Sofia Aroca, Pablo Galindo Moreno, Bernhard Geissenhagen, Orcan Yuksel, Marco Aceto, Raoul Mehta, Markus Schlie, Joseph Choukroun, Gemal Ucer, Daniel Rothamel are expected to teach new concepts and innovative technologies with proven and new materials on the podium including vertical and horizontal GBR, soft tissue augmentation, mucogingival aesthetic surgery, new flap and nitrating techniques. All topics are taught and demonstrated in hands-on workshops and practical exercises. After the bone & tissue days participants still have access to those new and innovative technologies, the company said.

Botiss currently says to offer innovative and reliable biomaterials portfolio for hard and soft tissue augmentation in over 80 countries worldwide. New products, such as allogenic bone rings, CT-based patient individual bone implants, new 3-D soft tissue materials, combined with biologic loading and individualized surgical techniques enable the modern clinical user to practice new and reliable treatment concepts, also for highly complex cases. According to the company, they offer treatment alternatives, that are easier, safer and more economic than conventional methods.

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High initial stability even in compromised bone situations.

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Excellent esthetics.

It’s called NobelActive. The drilling procedure of this unique implant is designed to retain as much bone as possible, while the implant body and thread design condenses bone during insertion enhancing initial stability. The back-tapered coronal design and built-in platform shifting maximize alveolar bone and soft tissue volume, and the sharp apex and cutting blades enable you to adjust the implant position for optimal restorative orientation. Together with the strong conical connection and a comprehensive prosthetic assortment, NobelActive allows you to achieve excellent esthetic results. After 45 years as a dental innovator we have the experience to bring you future-proof and reliable technologies for effective patient treatment. 

Their smile, your skill, our solutions.