Around 3,500 dental professionals from all over the world are expected to attend the three-day meeting, which is being held in partnership with the Société Française de Parodontologie et d’Implantologie Orale, the French society of periodontology and oral implantology. Boasting one of the largest memberships of a dental society in France, it will be presenting an overview of its objectives and history in a special session on Saturday morning.

In addition, attendees will be able to learn about the latest clinical developments and processes at satellite industry symposia and hands-on sessions that will be held throughout the day and tomorrow at the centre. New this year is the ‘7 minutes to convince’ session that will feature a series of short films by researchers presenting a new approach or exceptional idea that might change the field of implant dentistry in the future, and attendees will be able to vote for the best one. More research will also be presented during the oral communications sessions and at the poster area located on Level 2.

This year is the first time since 2004 that the EAO is holding its annual scientific congress in Paris. It follows two successful editions in Stockholm in 2015 and Rome in 2014. Among this year’s speakers are over 100 of the world’s leading experts in the field. Furthermore, 645 scientific abstracts were accepted for the meeting, an unprecedented number in the event’s 25-year history.

For the latest information about the EAO congress in Paris, impressions, interviews and the latest product launches at the congress, please visit www.dental-tribune.com. As in the four previous years, Dental Tribune International will be publishing two issues of its today show newspaper during the event in Paris. In addition, daily e-newsletters covering the most important news of the day will be sent to DTI’s international audience.
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Carl Misch,
DDS, MDS, Ph.D. (hc), FACD, FICO

Jack Hahn,
DDS
Furthermore, since it is mini-
verely malpositioned implants. In an in-
fra-occluded ankylosed teeth or se-
Dr Philippe Bousquet spoke about the
presentation, you introduced the
today international:
What were your major aims when de-
the lateral atrophic alveolar crest.
(FPeCSWT) for implant placement in
splitting and widening technique
that permits conservation of in-
search and benefits of piezo-
ACTEON, Dr Angelo Trödhan began by
spoke to  both
ex  perience of ex-
On the first day of the EAO congress,
Before piezo-
the field of piezoelectric surgery.
international: Dr Trödhan, in your
you introduced the
flapless Piezotome-enhanced crest
splitting and widening technique (FPeCSWT) for implant placement in
the lateral atrophic alveolar crest.
were your major aims when de-
veloping the technique?
Dr Angelo Trödhan: Before piezoe-
later orthodontic procedures. The
perfect geometry necessary for the
task of vertical alveolar crest splitting
was unachievable with these instru-
ments and only very experienced max-
ilofacial and oral surgeons were able to
perform this surgery with predictable
results. With these older instruments,
crest splitting was limited to alveolar
crest widths of greater than 3 mm.
Since my research group explores new
applications of piezoelectric surgery,
we aimed to create piezoelectric de-
vices that allow precise and easy use
even for crest of only 1 mm in width
in the hands of less experienced oral
surgeons with the least trauma to
the patient and the lowest risk of failure.
In your presentation, you stated that
70 per cent of your patients lacked ade-
quate alveolar crest width. How does
FPeCSWT help in this respect?
Dr Trödhan: For a sustainable
dental implant in the molar region, an
alveolar crest at least 6 mm wide is nec-
essary to receive a 4 mm diameter im-
plant. As an oral surgeon, one can
choose to widen the alveolar crest by
transplanting autologous bone blocks
to the narrow crest, which is a very
traumatic and challenging procedure
and has the risk of failure in many
cases. In contrast, with FPeCSWT one
attains a very precise and simple bone
fracture that will heal like any other
simple fracture of any bone in the body
provided proper immobilization can be
achieved. Since FPeCSWT reproduces a
simple fracture exactly and is au-
to-stabilised, the risk of failure is signif-
ically lower than that of any other pro-
cedure. Furthermore, since it is mini-
ally invasive, the patient does not
have to endure any substantial post-
operative morbidity, it is just like a simple
extraction of a tooth. Our research has
shown that, even in the most difficult
cases with crest widths of only 1 mm,
the vertical bone loss after three years
was a maximum of 1.5 mm and the
overall implant loss rate was less than
3 per cent.
You mentioned that the Piezotome is
the most suitable device for such
pre-implantation surgical procedures.
How does the use of the Piezotome for
flapless vertical alveolar crest splitting
compare with other devices?
Dr Trödhan: Simply by its uni-
valled precision and ability to perform
bone cuts without bone loss. Further-
more, it can be perfectly adapted for
use according to the specific patient’s
situation and need. It is easy for the
surgeon to learn to use, the protocol is pre-
cise and the surgeon does not have to
tame stubborn rotating instruments,
but can concentrate on the task at
hand. When we started our research
and development back in 2005, very
little was known about the benefits of
piezoelectric surgery in oral surgery
and other areas of dentistry. Today, we
have scientific proof of the Piezotome’s
significant role in the management of
distal, superior soft tissue preservation
and enhanced bone healing.
Dr Bousquet, in your lecture, you
discussed at length the orthodontic
bone stretching (orthodontic bone
osteotomies) technique. How does
FPeCSWT help in this respect?
Dr Trödhan: The cortical section
decreases the resistance of the bone
and the transcutaneous cortical
bone. The use of a system to stabilise
the cortical bone is important not to
wait for the formation of a callus in the
area of the partial deep corticotomy.
The applied forces are immediate and continuous, pre-
venting healing in the area of the bone
cuts and stretching the residual palatal bone.
The use of a system to stabilise
the block is not necessary, and the at-
tached orthodontic device only induces
and directs the movement along the de-
sired axis. A clinical study is underway
to codify OBS treatment and evaluate
the duration of treatment and tooth
movement. The preliminary results
have shown movement of 1–2 mm per
month and that the relocations are sta-
table after a period of two years.
What are the advantages of using
piezoelectric surgery in general and
the OBS technique in particular to per-
form corticotomies?
Dr Bousquet: This less traumatic
technique facilitates the movement
of ankylosed teeth towards the occlusal
plate owing to several phenomena.
The cortical section decreases the re-
istance of the bone surrounding the
ankylosed teeth. Surgical woundings of
the bone by the piezoelectric surgical
device induces increased bone turn-
over and decreased bone density. This
phenomenon promotes bone stretching
and has been demonstrated with the
use of the Piezotome 2. The tips used
are the BS1S and PZ1 to cut the cortical
bone and the PZ2A to cut into the cancell-
ous bone, but preserving the opposite
cortical bone.
In the relocation of ankylosed teeth
the only application of the OBS technique?
Dr Bousquet: We have now de-
veloped the technique for implant reloca-
tion and I think it is the first time that
orthodontic treatment has been used
for implant movements. We have used
this technique to relocate implants in
the incorrect position and to treat the
effect of residual growth on implant po-
sition. The results are very promising
and this technique has great potential
for vertical bone augmentation.
Thank you both very much for the
interview.