Interview
today international spoke with Prof. Daniel Wismeijer about problems that implantologists are still facing in using digital technologies and the future of computer-guided implant surgery. » page 6

Osstell symposium
Yesterday, experienced clinicians discussed how to address challenges in implant treatment using implant stability quotient ISQ technology. » page 8

Dental products in focus
The 25th annual scientific congress of the EAO will be an excellent opportunity to see the most up-to-date technologies and achievements in the field of dental implantology. » page 24

A feast for excellence in dental implantology
Anniversary meeting of the European Association for Osseointegration begins in Paris

Over 110 sponsors—the most ever in the relatively short history of the meeting—are exhibiting their latest products and services in Paris, including a number of industry heavyweights. MIS, for example, is showcasing its VCONCEPT, which was introduced at the company’s third Global Conference in May as a comprehensive approach intended to provide clinicians with all the tools necessary for a successful and complete rehabilitation process. A new restorative concept is also being presented by Nobel Biocare with the On1. According to the company, the On1 Base connects to the implant at the time of surgery and remains in place throughout the healing process, the prosthetic work and the lifetime of the restoration. In this way, it brings the connection for restorative components to tissue level so that, unlike with conventional two-stage healing and temporary abutments for bone level implants, the biological seal created by the soft tissue remains undisturbed for optimised healing. The focus of ACTEON’s presentation is the Implant Center 2 surgical unit, which gives clinicians access to both ultrasonic and rotating technologies for total independence in increasingly diverse clinical areas. At Straumann’s booth, attendees are invited to discover brand-new data on the SLActive surface that demonstrates incredible performance in the most challenging conditions, the company said.

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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.

Continuing its successful tradition of inviting a guest country from outside Europe, the EAO is holding today a special session organised with the Japanese Society of Oral Implantology. Chaired by Prof. Sato Hirohito from the Fukuoka Dental College and Dr Yataro Komiyama, the Director of the Brånemark Osteointegration Center in Tokyo, it will present the latest research from one of the most established markets for dental implantology in Asia and worldwide.

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.
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In your presentation, you stated that 70 per cent of your patients lacked ade-

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 unrivalled precision and ability to perform bone cuts without bone loss. Further-

On the first day of the EAO congress, an expert panel discussed current re-

In your presentation, you introduced the flagless Piezotome-enhanced crest splitting and widening technique (FPeCSWT) for implant placement in the lateral atrophic alveolar crest. What were your major aims when de-

In your presentation, you introduced the flagless Piezotome-enhanced crest splitting and widening technique (FPeCSWT) for implant placement in the lateral atrophic alveolar crest. What were your major aims when de-

What are the advantages of using piezoelectric surgery in general and the OBS technique in particular to perfor-

Is the relocation of ankylosed teeth the only application of the OBS technique?

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-

Two breakthroughs in piezoelectric surgery

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Interview: “Dentists cannot blindly rely on the computer-guided approach”

Daniel Wismeijer, Professor of Oral Implantology and Prosthodontics at the Academic Centre for Dentistry Amsterdam in the Netherlands, about the problems that implantologists are still facing in using digital technologies and the future of computer-guided implant surgery.

today international: Prof. Wismeijer, with the emergence of new digital technologies, novel treatment approaches have become available to dentists—particularly in the field of implant dentistry. While some implantologists embrace these new technologies, others are still sceptical of them. Why do you think that is?

Prof. Daniel Wismeijer: Novel technologies do not only affect implantology; they introduce digitization into other areas of dental practice too. Consider the applications of intra-oral scanners and CEREC (Dentsply Sirona) machines and the use of new technologies in planning and designing customised implant superstructures. While some dentists use quite a lot of these tools, others do not use them at all and leave everything up to the dental technicians. This largely depends on the dentist and his or her attitude towards digital technologies and digitisation in general—be it at home or in the dental practice.

Then, of course, dentists have to invest in this sort of technology, as well as learn it and be prepared to unlearn their current practices. This too depends on the dentist: is he or she ready to use new technologies or would he or she prefer to stick with what he or she had learnt previously? On the one hand, we see many young dentists start working with these new technologies immediately and thereby become very experienced in new treatment approaches. On the other hand, dentists who are more experienced in established treatment protocols are, of course, less inclined to unlearn the old and start learning the new technologies.

In the “Emerging technologies: Head to head” session at the EAO congress, you will be talking about computer-guided implant surgery. What advantages does such surgery offer? Has it already proven itself in research and clinical practice, and what results can it achieve compared with free-hand surgery?

In my opinion, guided surgery helps dentists become increasingly precise in our work. Digital technologies are proving themselves in implant dentistry and I think that they are improving with time. If the practitioner can plan up front where he or she wants to place an implant and what sort of superstructure he or she wants to put on top of that, and if he or she can also place the implant in that exact position and implement a superstructure that fits precisely,
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that will show that we have come a long way. However, we are not there yet. There are still certain problems we have to work with, problems in precision, problems in combining all the tools needed for guided implant surgery and the limitations of these tools. For example, in order to plan the position of an implant and its superstructure exactly, we have to superimpose CBCT scans and intra-oral scans using software. Factors such as voxel size and the absence of clear landmarks by which to superimpose the different scans correctly can affect precision and cause deviations between the planned and the realised positions. I am not saying that free-hand surgery is more precise; however, the free-hand surgical approach may in some cases be more rewarding, as at least then the practitioner knows what he or she can expect and what he or her limitations are.

So what can dentists do to better implement a digital workflow in implant treatment?

Dentists have to know that they cannot blindly rely on the computer-guided approach. They still need to get their heads around the technology and that computer-guided surgery will not work 100 per cent the first time it is applied. In my lectures, I will be discussing the variables that influence the precision of the guided surgery workflow and what dentists are able to do to overcome associated problems. Primarily, they have to become comfortable with the different tools and software packages and gain experience in working with them. In the long run—and I think that we are not so far away from that—now, computer-guided surgery is a treatment approach that will probably be much more precise than planning and placing implants without any guidance at all.

Osstell symposium:
Experts discuss benefits of ISQ diagnostics in daily practice

Dr Marcus Dagnelid from Sweden (left) and Prof. Daniel Wismeijer will be presenting a paper titled ‘Hand-guided surgery versus guided surgery’ on Friday, 30 September, during a session running from 3.30 p.m. to 5 p.m., in the Amphitheatre Max at the Palacio dos Congressos de Porto.

Prof. Daniel Wismeijer will be presenting a paper titled ‘Hand-guided surgery versus guided surgery’ on Friday, 30 September, during a session running from 3.30 p.m. to 5 p.m., in the Amphitheatre Max at the Palacio dos Congressos de Porto. At this year’s symposium, held by Swedish dental manufacturer Osstell as part of the 2016 EAO congress, experienced clinicians discussed how to address these challenges using implant stability quotient (ISQ) technology.

The aim of our annual symposium is to provide an opportunity for dental professionals to learn about the use of ISQ diagnostics in everyday practice and to interactively discuss the topic with experienced clinicians, commented Osstell CEO Jonas Ehlander. “At this year’s symposium, four well-known experts demonstrated how to monitor co-ordination in various treatment scenarios in order to optimise treatment time and implant loading and accomplish predictable results.”

For more than 25 years, Osstell has been manufacturing instruments for analysing dental implant stability that help assess osseointegration through resonance frequency analysis (RFA). The method, developed by Prof. Neil Meredith from Australia and Prof. Peter Cawley from the UK, is currently the only objective and non-invasive means of measuring implant stability. Meredith, one of the speakers at yesterday’s symposium, elaborated on the scientific concept of RFA, the development of ISQ technology over the last 25 years and the advantages of using ISQ measurement to enhance long-term clinical outcomes. “Osstell’s technology has improved the predictability of the treatment planning of his cases, presenting examples of guided surgery and immediate loading in the case of single-implant treatment. “From the point when an implant is placed, the degree of micro-mobility and the process of osseointegration can be monitored. This is especially important in the demanding clinical situations that we are facing today, as we are treating more difficult cases than in the past,” Dagnelid said. Moreover, he showed how the online service Osstell Connect enables clinicians to connect several devices and share ISQ values between rooms, team members and dental practices worldwide.

Osstell’s technology helps reassure the practitioner that an implant is secure for loading purposes, thereby enhancing predictability and treatment success,” Malmquist stated.

For patients undergoing a complex implant and prosthetic treatment, reducing treatment time and ensuring a predictable outcome are still the most relevant factors,” explained Dr Jörg Neugebauer from Germany. The implantologist and oral surgeon presented cases of short and angulated placed implants and pointed out that grafting procedures are still necessary even with the use of these. Therefore, determining healing time after implant placement and loading time after second-stage surgery is essential for a safe treatment, he added. “With ISQ being the most relevant, individual determination of the different healing periods is possible, which leads to an optimum treatment time and allows management of high risk patients,” Neugebauer explained.

EAO congress visitors who wish to learn more about ISQ can visit the company’s booth S18 until Saturday.

Opinion

How will digital technology further change implant dentistry in the future?

One of the tools that I will be demonstrating during my presentation is a dynamic navigation system that provides real-time guidance based on the patient’s CBCT scan. During surgery, the dentist sees the planned implant position on a screen while sensors track the drill and the patient’s jaw and the system provides visual and tactile feedback to ensure that the dentist drills exactly at the planned osteotomy site. Dynamic navigation systems like this one are the next step towards robotisation in implant dentistry. From there, it will not take much to develop a computer- steered robot arm that calculates whether the drill is in line with the planning and, supervised and handled by the dentist, drills the osteotomy in various surgical disciplines, for example neurosurgery. Operations are already being performed using robotic technologies, so they are able to perform much more precisely than the human hand alone. It is only a matter of time until these technologies enter dentistry as well.
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Implant dentistry is constantly advancing. New research results, the rapid development of digital technologies and increasing experience in clinical practice change the way implantologists work. This may lead to a rethinking of already established treatment approaches. In the “Things we stopped in our practice due to failures” session, the 2016 congress of the European Association for Osseointegration (EAO) will address this topic, evaluating the possibilities and risks of certain treatment protocols.

Today international: Dr Hultin, how has implant dentistry developed in recent years, and what new insights have changed the way implantologists work?

Dr Margareta Hultin: Implant dentistry has developed in several areas in recent years, such as grafting and augmentation procedures, as well as treatments for optimizing and predicting the aesthetic result after rehabilitation. On the one hand, improvements in implant treatment can be attributed to a better understanding of how both the hard- and soft-tissue anatomy—influence the long-term outcome and aesthetic result. On the other hand, 3-D radiographic images...
"Although computer-guided techniques for implant placement can offer advantages for both the dentist and the patient, guided implant surgery is technically demanding and not free of specific procedure-related complications."

Digital dentistry is increasingly relevant in dental practice nowadays. How has digital technology changed implant dentistry, and what are its main advantages?

Digital technology can support dentists in several steps of restorative treatment, from cone beam computed tomography and the virtual planning of implant positions through to prosthesis manufacture for immediate function. Also, virtual planning can be transferred to the actual clinical setting by fabricating surgical guides for flapless implant placement.

The main advantage of digital techniques is the ability to plan and optimise the positioning of implants in a prosthetically driven manner. Moreover, computer-guided techniques can help decrease postoperative discomfort and allow immediate function, as they enable implant placement with minimal surgical trauma. In addition, these techniques can offer a useful alternative to bone augmentation in severely resorbed jaws, as they facilitate optimal positioning of implants in the available bone.

In your lecture at this year’s EAO congress in the “Things we stopped doing and are starting to do again” session, you will be discussing immediate CAD/CAM restoration. What are potential complications of immediate CAD/CAM restoration, and why is this treatment approach prone to failure?

Although computer-guided techniques for implant placement can offer advantages for both the dentist and the patient, guided implant surgery is technically demanding and not free of specific procedure-related complications. For example, the drilling template may fracture or there may be complications related to limited access and visibility when using a flapless approach. This can lead to deviations in implant positioning and ultimately a poorly fitting prosthesis. Moreover, high aesthetic demands may be difficult to completely foresee, since computer-guided implant positioning carries the risk of overlooking the ideal location of an implant with regard to the soft tissue. Therefore, the skills and experience of a clinician who wants to use these techniques need to go far beyond those necessary for regular implant surgery.

What alternative treatment protocol do you recommend for less experienced clinicians?

A good option is to use digital techniques for implant placement in combination with traditional protocols for prosthesis manufacture. For example, a template-guided flapless surgery for implant placement can be combined with a traditional protocol for unloaded healing and the fabrication of a permanent prosthesis.
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Lateral maxillary incisor implant: Key issues for esthetic success

Part 2: Prosthetic stages and long-term issues. By Dr Philippe Russe and Prof. Patrice Margossian, France.

Having discussed in yesterday’s article all of the properties of the implant, today we discuss the prosthetic stages. The observation of clinical cases over a period of almost 15 years has made it possible to assess, over the different steps of the prosthetic chain, the impact of particular choices of components or clinical procedures on the final esthetic outcome of the gingival setting and the ceramic crown. As a result, for each clinical step, there are recommendations to help optimize and complete the surgical outcome and to ensure a long-lasting result.

In the last section, the esthetic outcome will be considered in relation to its medium-and long-term evolution, compared with the initial results. The efficacy of continuous tooth eruption and an analysis of different risk factors lead the authors to make clinical recommendations to minimize any negative effects.

Provisional prosthesis
A provisional prosthesis can be fabricated at different stages of treatment: when the implant is placed to provide an immediate temporary solution, when the implant is uncovered, or once the soft tissues have healed. A temporary abutment can be utilized, but this will involve greater manipulation of the subgingival components (Figs. 1a & b).

One abutment, one time
The concept of the single abutment being seated early and definitively during implant treatment is to preserve the attachment of soft tissues around the abutment is based on a protocol proposed by Albrektsson et al. For these authors, the multiple connections and disconnections of healing screws resulted in apicalization of the periimplant bone. This study is now considered to be biased because of the cleaning of healing screws with alcohol (which destroys the attached fibrinolast). Nevertheless, it provided the basis for the one-abutment–one-time concept (OAOT) put forward by Maurice and Henry Salama at conferences from 2007. At present, the medical literature is generally in favor of this concept, even though research results are mixed.

In dogs, the results of Ghaith et al. showed a highly negative outcome of connection and disconnection at four and six weeks, while in Alves et al. five such manipulations between 6 and 14 weeks had no negative consequences.

In humans, several recent studies have concluded that there is a vertical advantage of 0.5 mm, horizontal advantage of 0.3 mm, vertical advantage of 0.2 mm, and nonsignificant result for the OAOT protocol in different clinical situations.

In their 2014 review of the literature on factors influencing apicalization of periimplant tissue, Ghaith et al. documented interest in the concept of the single abutment and proposed recording the position of the implant at the time of placement. Thus, there is some evidence suggesting that it is desirable to limit the number of manipulations of the subgingival elements as much as possible, even though the literature is not unanimous in this regard.

The OAOT technique has a drawback pointed out by Puķeys and Tucker: however, the increased risk of cement overflow where the abutment–crown limit is deeply buried. Different clinical strategies make it possible to apply the OAOT concept.

The fabrication, using 3-D imaging, of a surgical guide and a machined abutment prepared during the preoperative stage makes it possible to have the immediate implant placement, but it is also more risky, since any error in the guide or any lack of precision in the placement could result in the prepared abutment unusable.

The same technique, starting with an impression at time of implant placement, is less risky, since the position of the implant has already been finalized.

Since these two techniques involve the collaboration of the laboratory, a simplified protocol was used for the majority of the 120 NobelActive implants (Nobel BioCare: 3 mm) placed over the past three years:

- Preoperative cone computed tomography imaging is used to determine whether a straight abutment or a 15° angulated abutment is the best choice for the specific clinical case.
- Radiographic monitoring makes it possible to check on the place-

- Emergence profile

- Keep manipulations of the abutment to a minimum

In order to respect the principle of OAOT during the fitting of the provisional crown, a provisional resin coping is prepared on a straight or angled abutment, depending on the clinical requirement, along with a resin veneer created from a prosthetic tooth (Figs. 4a–c). The resin coping is bonded in the mouth to the veneer using a minimum quantity of resin in order to avoid direct pollution of the soft tissues by the cytotoxic resin monomer (Figs. 5a–e). The use of a standard abutment and a provisional coping makes the fabrication of temporary crowns very quick and simple while also respecting the principle of OAOT.

Emergence profile
When putting the provisional tooth in place, it is preferable to give it an initial emergence profile that is convex in order to allow healing of the papilla with the maximum space available. A convex profile or an overcontour encourages apicalization of the gingival margin, which is generally deleterious buccally (Figs. 6a–c). After stabilizing the soft-tissue margin, small amounts of resin placed mesially and distally with a brush on the temporary tooth allow some pressure to be placed on the papilla according to the cervical crown contouring concept of Bichacho and Landsberg and, in this way, to optimize the filling of any gap and the emergence profile. Buccally, the gingival level or the crown zenith can be moved by modifying the temp-
to reduce any excess cement and to allow it to escape during setting. A 0.75 mm hole can be drilled on the palatal side in the incisal half of the temporary crown. Optimize the emergence profile by progressive modification of the temporary crown

Taking impression
In order to comply with OATOT, the ideal, provided that the abutment has not been adjusted, is to take an impression of the abutment. A resin impression coping fabricated over an abutment identical to the one seated in the mouth makes it possible to transfer the position of the abutment without unscrewing it (Figs. 7a & b). An abutment and a laboratory copy are positioned in the impression and, if it is thought that the abutment is not suitable for the permanent prosthesis, one could opt for a NobelProcera abutment (Nobel Biocare) or a modified abutment (Fig. 7c).

Take an impression of the abutment without removing it

Abutment
Material
According to several publications, 10-12 titanium and aluminum and zirconium oxides are the only materials that allow attachment of soft tissues on the abutment. For Van Brackle et al. 14 it is a study on human abutments there is no difference between titanium and zirconia regarding biology, with just a slight advantage in favor of zirconia for sulcular mans, there is no difference between titanium showing through when the periimplant mu- ccosa is at an almost normal height, the mesial and distal papillae are the two principal issues pre- sented initially for its theoretical re- tention of reducing excess cement. 14 It standard abutments are used, the joint and the amount of excess cement has not been adjusted, is to take an impression of the abutment. A resin impression coping fabricated over an abutment identical to the one seated in the mouth makes it possible to transfer the position of the abutment without unscrewing it (Figs. 7a & b). An abutment and a laboratory copy are positioned in the impression and, if it is thought that the abutment is not suitable for the permanent prosthesis, one could opt for a NobelProcera abutment (Nobel Biocare) or a modified abutment (Fig. 7c). In this situ- ation, the thick- abutments made by 3-D machining commercial titanium abutments or chan- nical resistance. In such cases, prosthetic ranges for reasons of me- dical retentions in the incisal zone of the abutment reduces any loosening (Fig. 8).

Maximize retention of small-diameter abutments
Crown
Where edentulous gaps were narrow, 3 mm Nobel Active im- plants were placed and only tita- nium abutments, standard or Nobel Procera, were used. Two types of crown are possible: metal-ceramic crowns or all-ceramic crown.

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If the abutment is titanium, us- ing an all-ceramic crown can pres- ent restrictions related to the buc- cal palatal thickness of the lateral in- cisor. When the tooth is thick, this prosthesis solution makes it possi- ble to achieve an acceptable es- thetic outcome (Figs. 9a–d). Con- versely, when the thickness is less, this type of all-ceramic crown can sometimes result in more disad- vantages than advantages from an esthetic perspective. In such a case, for the coping in lithium disilicate, one has to use high-opacity ceramic of significant thickness in order to hide the titanium abutment as much as possible. This has the effect of reducing the thickness of the meta- lic ceramic and thus reduces its ability to mimic the appearance of adjacent teeth (Figs. 10a–d).

Metal-ceramic crowns
Conversely, using metal fused-to- porcelain crowns on narrow and small teeth makes it possible to re- duce the thickness of the copings made from precious alloy or palla- dium (0.3 mm or 0.4 mm) and in this way to increase stratification (Figs. 11a-c & Figs. 12a-c). However, the transgingival area remains the weak point in this type of restora- tion with a risk of the grey color of the titanium abutment showing through when the periimplant mu- cosa is thin (see Fig. 33 in Russe & Limbourg). 25 Do not hesitate to use metal-ceramic crowns for small lateral incisors
Monoblock screwed zirconia crown
The use of hexagonal implants measuring 5 mm externally or with an internal connection measur- ing 3.5 mm makes it possible to use zirconia abutments. In these circum- stances, two options are possible, depending on the emergence posi- tion of the abutment screw–either a two-stage solution of a zirconia abut- ment supporting a cemented ce- ramic crown (Figs. 13a–d) or a mono- block crown screwed directly on to the implant (Figs. 14a & b). In these situations, the semitranslucency character of the material makes it pos- sible to ensure optical continuity in both the coronal section and the gingival section, resulting in better esthetic integration.

Cement
In order to reduce the visibility of titanium showing through when a glass-ceramic crown is used, an opaque white cement should be em- ployed according to Dede et al. 32 This involves a polycarbo- xylate cement (Poly-F, DENTSPLY DeTrey), se- lected initially for its theoretical ability to potentially allow detach- ment of the crown. Recent studies have demonstrated that polycarbo- xylate has greater tensile strength than does zinc oxidephosphate or glass- ionomer. 33 At the time of ce- menting, the cement-coated crown is placed on a replica abutment; any excess is removed before placing the crown in the mouth. 34 This clin- ical technique has been proven beneficial for both its qualities of re- tention and reducing excess ce- ment. 35

Continuous eruption
Since the 1980s, authors such as Loevers and Darius 36 have described the phenomenon of continuous erup- tion, which results in a verticalization of the maxillary incisors. The con- tinual eruption of implants prevents them from following this migration and, over time, the lateral incisors can end up in a more apical and buccal posi- tion than the central incisors. This phenomenon is sometimes paradoxi- cal after some years have passed, whatever the age when the implants were placed (Figs. 18a & b). Thus, the organization of anterior guidance be- comes particularly important, since rapid movement of the central inci- sors can occur if these are not incised when the occlusion are placed. During orthodontic treat-
Warn the patient of the negative impact of continuous eruption on the esthetic outcome

Risk factors

Andersson et al.12 who followed 34 patients over a period of 17–19 years, showed that severe infraocclusions (>1 mm) affected 35% of the patients. They made several findings, including the following:

- Women were affected more than men.
- It was more noticeable in long rather than short faces.
- There was no correlation with age.
- The patients were more satisfied with the results than were the practitioners.

The findings of the same researchers were presented at the 2012 Academy of Osseointegration annual meeting in Phoenix, AZ, US, by Torsten Jent, who attributed implant-supported crown infraocclusions to posterior mandibular rotation resulting in verticalization of natural incisors that is not followed by the crowns on the implants. In the results reported, 19 out of 69 cases presented infraocclusions of more than 1 mm and the phenomenon affected twice as many women as men.

A recommendation has been made by the practitioners of the Brånemark clinic in Gothenburg, Sweden, to place implants in a palatal position in anticipation of possible verticalization of the central incisors. Such placement also facilitates any prosthetic adjustment.40

Favor a palatal positioning of implants

Conclusion

Replacement of a lateral maxillary incisor is a difficult task. The great visibility of the tooth in the smile and comparison with the contralateral teeth in the same view are factors with intrinsic esthetic risks. In both parts of this article series, emphasis has been placed on the most difficult situations when the lateral incisor is small. In such circumstances, any lack of precision in the planning or placement of implants may result, at the very least, in having to change the crown on the implant. This change to the esthetic outcome should form part of the information provided to patients before starting treatment.40

Editorial note: A list of references is available from the publisher. Conflict of interest: The authors declare that they have no conflict of interests relating to this article.

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The Osstell IDx helps you to objectively determine implant stability and to assess the progress of osseointegration – without jeopardizing the healing process. It is an accurate and non-invasive method that will provide the objective information needed to determine when to load the implant.

Implant dentistry has developed further over the last several years as a result of patient demand for aesthetic treatment. Augmentation of hard and soft tissue is increasingly necessary to achieve good aesthetic results and to follow a precise backward treatment plan. Nowadays, guided bone regeneration, the use of a barrier membrane that will separate and protect the grafting material covered by a flap, is the preferred technique among all augmentation procedures in the treatment of alveolar ridge defects.

At aesthetic ONE dental studios, we recently conducted a study based on our clinical cases. The purpose was to determine whether a ridge augmentation procedure using a resorbable collagen membrane deliberately left open to heal, that is not covered by a flap (open healing), could be an alternative for better bone preservation and new bone formation. We also wanted to establish whether it would increase patient comfort in daily practice compared with the classic guided bone regeneration protocol.

For the study, radiographs, CBCT scans and measurements were taken preoperatively, immediately postoperatively, as well as after six and 12 months, in order to determine the bone preservation and formation at each point and to integrate the results with the clinical outcome. We found that the bone volume was preserved in height and width for an ideal second-stage flapless implant placement after six months with bone preservation of 98.9 ± 0.7% compared with initial measurements.

In all of the cases we performed bone grafts without deperiostation and flap mobilisation, covering the augmented area from the beginning with only a resorbable collagen membrane and suturing it to the wound edges in order to fix it in a stable position using a PTFE suture (Coreflon, Implacore). We followed the same procedure for both aesthetic and posterior zones. Owing to its unique properties, the PTFE suture contributed to adequate tissue healing with minimal micro-damage reaction and bacterial colonisation. It also increased patient comfort by very good adaptation to the volume of tissue in all its healing stages. We therefore consider the use of a continuous suture with Coreflon the gold standard in the open healing protocol.
BE PREPARED TO TAKE A FRESH LOOK AT IMPLANTOLOGY

EAO

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PRIME MOVER IN IMPLANTOLOGY
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Dr. Luigi Vito Stefanelli, DDS
Rome, Italy

*Average error of 0.4mm in internal bench tests with a range of operating conditions.

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Peri-implantitis has been among the most discussed topics at the European Association for Osseointegration congress in Paris in France this year. Despite major advancements in implant placement and increasing success rates, peri-implantitis continues to pose the risk of implant failure. This inflammatory disease arises as a result of the formation of dental plaque on the implant surface. While peri-implant mucositis is reversible, peri-implantitis might lead to irreversible, peri-implantitis might face. While peri-implant mucositis arises as a result of the formation of biofilm. Therefore, peri-implantitis can be prevented by changing implants regularly with the most suitable tools in the right places in combination with appropriate techniques. Only regular implant care maintains the conditions necessary to prevent such diseases.

“Peri-implantitis can be prevented by cleaning implants regularly with the most suitable tools in the right places in combination with appropriate techniques.”

Peri-implantitis is an aspect oral surgeons usually leave to dental hygienists and general practitioners, but all dental professionals should get to know their patients and adapt the treatment to the specific needs of each of them, especially in order to prevent peri-implantitis,” said Dr Laura Ventimiglia, an oral surgeon and implant specialist from Sweden. “Any dentist who places implants has to teach his or her patients proper oral hygiene techniques and provide the necessary information to help them maintain a balanced microbial environment. Most importantly, however, the dental professional should be able to recommend the appropriate cleaning tools to his or her patients. This begins with the measurement of the interdental space and the use of the correct toothbrush for gentle and effective cleaning of implants and the gingival margin, as well as chlorhexidine mouthrinses in certain cases.” As a leading oral health care company, Curaden recommends cleaning the gap between the implant and soft tissue twice a day, ideally with an interdental brush. Specifically designed for implant patients, only interdental brushes with long, resilient bristles can reach the sulcus and other critical interdental areas to remove the bacteria responsible for inflammatory periodontal disease, lowering the probability of developing periodontal disease. The CPS soft implant plastic-coated series with its fine, long bristles has been specially designed for cleaning of large interdental spaces after implant treatment. Patient acceptance of these interdental brushes has proven to be very high. “The Curaprox interdental toothbrush is the thinnest on the market and can even be used by patients as an alternative to dental floss. Their special design makes them reliable and easy to use, durable and effective. Owing to technological innovation, CURAPROX is able to manufacture interdental brushes that have a very thin central core supporting long, soft bristles, which makes them very versatile and extremely effective, even in tight interdental spaces,” explained Dr Mayur Dutt, Director of Marketing at Curaden. The CPS soft implant range is available in five sizes, ranging from 5.5 mm (CPS 505) to 16 mm (CPS 516).

Choosing the right chlorhexidine

In combination with interdental brushes and toothbrushes, oral antibiotics reduce the bacteria in the oral cavity price to and during implant placement and supplement mechanical plaque control. Based on 40 years of research, chlorhexidine continues to be the most effective anti-plaque agent in dentistry. Used in a specific concentration in a mouthwash, chlorhexidine is bactericidal and disrupts the formation of biofilm. CURASEPT ADS Implant was developed for short-term intensive plaque control after surgery, such as implant treatment, bone regeneration and augmentation procedures, and periodontal and peri-implant operations. The chlorhexidine concentration of 0.2 per cent is highly effective in the patency of plaque and bacteria, and protects the surgically treated areas from superinfection. The combination of chlorhexidine with polyvinylpyrrolidone-vinylacetate (PVP-VA) and hyaluronic acid (HA) offers further benefits both for patients and for dental professionals: it promotes healing and tissue regeneration, reduces swelling, as well as plaque accumulation, and serves as an important adjunct in the treatment of periimplantitis and mucositis.

In order to address chlorhexidine’s side-effect of staining the teeth—which often lowers patient compliance and interrupts the treatment and healing process, Curaden’s chlorhexidine mouthwash contains ADS (anti-discoloration system). The benefits of chlorhexidine are not affected by this addition and several studies have shown that Curaden’s 0.2 per cent chlorhexidine mouthwash containing ADS has the same beneficial effect as other 0.2 per cent chlorhexidine mouthwashes, but without discoloration of the teeth.

The company’s portfolio of chlorhexidine products includes CURASEPT ADS 250 Peridontal Gel with 0.5 per cent chlorhexidine for topical application. The product can be used weekly in treating difficult periodontal cases and peri-implantitis.

The right kit used according to the right technique

As an all-in-one solution to implant care, the CURAPROX implant kit contains a CS 5440 ultra-soft toothbrush, a CS 1009 single toothbrush, CPS soft implant interdental brushes and probes and a brochure that comprehensively explains why care of your patient’s oral hygiene is so important and easy. “When recommending this kit to your patients, it is helpful to use the brochure to explain the right techniques to your patient. No matter what tools you use for implant care, implant specialists need to determine the individual periodontal situation of each patient,” said Ventimiglia. “Following a simple, systematic oral hygiene routine for implant patients should be standard in implant treatment.”
Innovative Solutions for Contemporary Implant Dentistry
December 8th & 9th, 2016

In cooperation with Columbia University & ICOI Dental Implant Symposium
December 10th, 2016

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TRI OUTPERFORMS COMPETITION IN TWO NEW STUDIES, PRESENTS TRI POD AT EAO

According to TRI Dental Implants, its solutions are developed to streamline the clinical process and improve outcome performance in the hands of the practitioner. The company thus pursues true design innovations that will advance surgical performance. The latest such product by the Swiss implant manufacturer is its new touchless TRI Pod, which it is presenting at the annual scientific congress of the European Association for Osseointegration (EAO) in Paris in France. This concept combines simplicity with innovative design and allows the clinician to pick up the implant directly with the surgical handpiece in one step, thereby ensuring that the TRI SBA surface remains untouched and the workflow is optimised. The implant can be inserted with a ratchet, with the surgical handpiece or by hand. According to the company, TRI Pod integrates the latest engineering expertise and technology well. The TRI Surgical Kit, which can be used for all TRI product lines (bone- and tissue-level implants). The drilling protocol has been enormously simplified, the number of components reduced and instrument selection made easier with colour coding. The insertion tool now features a spring-loaded ruby to ensure consistent retention. Furthermore, the entire surgical kit can be placed into the thermal disinfectant without first removing the instruments.

In addition to its latest innovations, TRI is presenting its entire line of minimally invasive implants. TRI has a range of 6 mm implants available for the standard bone- and tissue-level implant lines, and has now added a minimally invasive solution for the TRI Narrow line (D 3.3 mm) with a 10 mm length implant. “Owing to the crestal thread design of the tapered implant body, a high primary stability can be achieved, the company said. The TRI Narrow portfolio is ideal for minimally invasive procedures in cases of limited horizontal bone and will significantly reduce surgical time for the practitioner.”

TRI has recently received a certificate for its SBA surface. TRI & SBA (Swiss Biologic Abutment) implants are fully biocompatible and are based on the latest European Association of Dental Implantologists’ implant study at the University of Cologne in Germany. The study found that the roughness of the TRI SBA surface was in the ideal range, problems having been observed both with very smooth surfaces and with very rough surfaces. In addition, TRI has just received the preliminary results of a study conducted in collaboration with the University of Basel showing excellent primary stability.

Modern technology and materials expand the possibilities in prosthetics. All implant systems from CAMLOG are optimally designed for the digital workflow. With DEDICAM, CAMLOG offers its customers a comprehensive range of services for CAD/CAM-fabricated reconstructions.

The company provides certified continuing education courses for both dentists and oral and maxillofacial surgeons that are presented by distinguished speakers. For beginners in implant dentistry, CAMLOG arranges their participation in implantations carried out by experienced implantologists. At the EAO congress, attendees will be able to meet experts and share in their expertise on the following dates:

Friday, September 30
- 10:30: Digital dentistry, Dr Selim Pasmak – 12:30: Guided surgery, Dr Mario Beretta

Saturday, October 1
- 10:30: Digital dentistry, Dr Selim Pasmak – 12:30: Product news, Henry Schein representative

CAMLOG Biotechnologies, Switzerland
www.camlog.com
Booth 001

The best ideas come from experienced practitioners. Since its inception in 1999, this has been the guiding principle and reason for the success of the CAMLOG Implant System. Today, CAMLOG offers a comprehensive portfolio of leading-edge products for implant and restorative dentistry. During booth presentations held over the course of the European Association for Osseointegration (EAO) congress, prominent speakers are going to share their knowledge with visitors and present their expertise on digital dentistry, guided surgery and the COMFOUR abutment system.

CAMLOG’s implant systems feature an ideal number of system components and offer easy and efficient handling properties. The Tube-in-Tube implant-abutment connection with its unmistakable three cams has proven itself with millions of successful implantations. In comparative studies, the connection has achieved good results with regard to a tight and precise fit. The three cams are an advantage over competing systems, improving the geometry of the implant. The implant is pre-implanted and therefore only one surgical set is needed for both.

With the COMPOUR system, clinicians can offer their edentulous patients immediate, comfortable and permanent solutions on four or six implants. The multifunctional system allows for occlusal screw-retained bars, as well as single-tooth and bridge restorations on straight and angled CAMLOG and CINELOG bar-abutments. Major advantages of the COMPOUR implant are:

- Ported by a number of technical advancements, including an anti-rotation mechanism, a pre-mounted flexible handle and an alignment tool compatible with the CAMLOG Guide System in 17° and 30° angles, all in a low and slim design.
- Perfect positioning of the implants is critical to the long-term stability and success of reconstruction. As an option in conventional planning procedures, the Guide System provides a template-guided alternative for implant placement based on various digital 3D planning systems. All physiological structures can be considered when planning the exact implant position with multiple 3D planning programmes.

Being intelligent, lean and simple, iSy is the latest generation of the CAMLOG implant systems. As implied by the name and experienced in every case, the compact system design offers efficiency and simplicity to users through a unique workflow. The iSy Implant System has gained numerous supporters owing to the benefits of being a cost-efficient solution with first-class quality. iSy implants, healing caps, multi-functional caps and a single patient form drill are included in a single set. The iSy concept is based solely on transmarginal healing, and is used by many customers to attract more patients desiring restorations with implants.
VERS L'EXCELLENCE EN IMPLANTOLOGIE

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NOBEL BIOCARE’S MULTI-UNIT ABUTMENT PLUS

Over 15 years ago Nobel Biocare began producing its original Multi-unit Abutment, which was a first for the industry at the time. Since then, this product has had a big impact on patient treatment as it started the trend for restoring multiple teeth using one implant. Today the maxillary sinus. All this makes support for the prostheses. Further-augmentation. Tilting the implants increases bone-to-implant contact and the bone is often resorbed. This increases bone-to-implant contact and the need for vertical bone augmentation. Tilting the implants also reduces cantilever, improving support for the prosthesis. Furthermore, tilting the implants helps avoid critical nerve structures and the maxillary sinus. All this makes for a less invasive and more efficient procedure.

Added efficiency now comes from the innovative snap-fit function of the Multi-unit Abutment Plus. The Multi-unit Abutment Plus is designed to substantially reduce the chairtime required to perform a den- ture conversion, a procedure commonly used for the All-on-4 treatment concept. By introducing a snap-fit function between the Temporary Snap Coping Multi-unit Plus and the abutment, screws are no longer re- quired during the tryin process. This means the practice of removing the temporary cylinders and the den- ture several times during the conver- sion process can be done in a few snaps, with no need to tighten and loosen four screws each time. This represents a significant time-saving opportunity for the clinician. It can also dramatically increase patient comfort and eliminates any worry about the screws potentially dropping out.

An immediate solution for edentulism

Nobel Biocare implants are designed to offer primary stability at a level that allows for the restora- tion to be placed immediately. The Tiltsite surface and patented grooves then help maintain this stability dur- ing osseointegration. In combination with Nobel Biocare’s Multi-unit Abut- ment Plus and the All-on-4 treatment concept, this allows many eden- dulous and soon-to-be edentulous pa- tients to leave the dental surgery with a full set of teeth and renewed self-confidence. Nobel Biocare’s phi- losophy is that patients should live every day to the fullest, and that the months of waiting for teeth in de- layed loading protocols should be avoided if the clinical parameters al- low.

Nobel Biocare’s Multi-unit Abut- ments open the door to a complete individualized restorative portfolio through NobelProcera. A wide range of precision milled and Aesthetically excellent restorative frameworks in both titanium and zirconia are avail- able.

Though only a small part of Nobel Biocare’s All-on-4 treatment concept, the Multiunit Abutment plays a very substantial role. With- out it, this innovative and effective solution for edentulous and soon- to-be edentulous patients would not be possible. The new Multiunit Abutment Plus offers the same ben- efits together with a more efficient workflow. It is the supporting act that allows the All-on-4 treatment concept to SHINE, both for patients and clinicians.

OSTTELL PARTNERS WITH W&H TO BRING INNOVATIVE AND INTEGRATED SOLUTION TO DENTAL IMPLANT PROCEDURES

The global leader in implant sta- bility measurement, Osstell, just announced its partnership with the Swedish dental company W&H Dentalwerk. The collabor- ation will focus on bring- ing innovative all-in-one solu- tions to support dental im- plant clinicians in their every- day practice. The first result of this partnership is now be- ing introduced in the form of W&H’s latest generation surgical device, implantmed, for which an integrated Osstell ISO module is available. This unique combination of technolo- gies allows a new stand- ard to be set in the global den- tal industry, helping clinicians im- prove patient confidence and com- fort and giving users significant benefit in terms of functional- ity and optimum efficiency during treatment.

W&H is known in the global dental market as a leading manufacturer of dental precision instruments and devices. Innovative processes and outstanding quality have been at the heart of the company for over 125 years, as have lasting collaborative partnerships. "We are very happy that such a recogn- ised company like W&H has cho- sen to partner with Osstell, with the intent to bring innovative products to the market that will help clinicians to even further improve implant treatment and patient comfort. Osstell’s implant sta- bility diagnostics combined with the state of the art Implantmed for the surgical placement, provides a unique opportunity benefitting both clinicians and patients”, said Jonas Thöger, CEO Osstell. "Being able to monitor osseointegration after place- ment will allow optimal implant- treatment, including reduced treat- ment time and improved manage- ment of patients with risk factors."

Objective measurement of implant stability

The integration of the propris- tory Osstell ISO (Implant Stability Quedstedt technology) in the new Im- plantmed device allows the user to benefit from non-invasive monitor- ing of osseointegration. Knowing the right time to load an implant is be- coming increasingly complex due to all the key parameters and risk fac- tors that need to be considered for each patient. The ISO measurements allow clinicians working with implants to make decisions based on reliable and objective stability values when determining the course of treatment for each pa- tient. This procedure can be used to measure primary implant stability, observe osseointegration on the basis of sec- ondary stability readings and deter- mine the best possible time for load- ing the implant, thereby helping to prevent failures and ensuring high quality. The W&H Osstell ISO module is available as an option and can also be retrofitted for use on one of the new generation of Implantmed devices.

"While developing our product solutions, we constantly aim to set new benchmarks for the dental mar- ket. In this regard, we do not just fo- cus on the capabilities of our own company but also actively look for collaboration with suitable external partners. This approach has once again been impressively demonstr- ated by our development of the new generation of Implantmed, and our successful partnership with Os- tell," commented W&H’s Managing Director Peter Malata.

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www.osstell.com
Booth S18

W&H, Austria
www.w-and-h.com
Booth S10
MIS SHOWCASES INNOVATIVE VCONCEPT

Introduced in May at the third MIS Global Conference, held in Barcelona in Spain, VCONCEPT is a holistic approach intended to provide clinicians with all the tools necessary for a successful and complete rehabilitation process. The innovative V3 implant and the advanced prosthetic system, resulting in a greater volume of bone and soft tissue, delivered a clear message of innovation, aesthetics and simplicity.

The V3 provides clinicians with a better starting point. The unique triangular shape of the coronal part of the implant reduces the amount of titanium and allows more room for bone growth. The compression-free gaps at the top portion of the V3 provide a reservoir for blood pooling and the formation of blood clots, which leads to enhanced bone growth at the crestal area around the implant, according to MIS Implants Technologies.

A consistent concave emergence profile, which more closely resembles natural contours, of all prosthetic components allows for a more efficient restorative procedure and the gain of extra soft-tissue volume for more favourable aesthetic results. Dentists can utilise all the impressive VCONCEPT benefits of greater bone and soft-tissue volume without having to learn new protocols or procedures. In addition, a dedicated V3 surgical motor with 6 Ncm, provides the widest revolution range in its class. And with 6 Nm, it provides unrivalled torque in micro-motions, which allows smooth function of the drill.

The progressive footswitch allows to adjust the required power according to the anatomical constraints encountered in Piezotome, NEWTRON® and I-SURGE modes. There is also a traditional ON/OFF function. To limit cross contamination, special attention was given to the footswitch design to facilitate access to the various parameters, such as modes, irrigation, purge, choice of the active instrument (handpiece/motor) and speed regulation, without having to touch the device screen. Furthermore, the metal arch allows clinicians to move it at their convenience.

Acteon Group, France
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IMPLANTCENTER 2 FOR FAST AND SECURE BONE SURGERIES

Owing to its minimally invasive approach, piezoelectric surgery has gained increasing acceptance in various pre-implant surgical procedures. The benefits of ultrasonic power have been widely proven and demonstrated. It’s use is highly precise and safe selective, offers minimal bone loss, optimal visibility as well as superior healing with reduced post-operative pain for better comfort for both patient and practitioner.

Specially designed to meet everyone’s goal of improving patient care, the ACTEON ImplantCenter 2 surgical unit was developed as a highly reliable tool whose unmatched performance combined with clinical expertise paves the way for faster, more precise, and painless pre-implant surgeries. The combination of the most advanced ultrasonic and rotating technologies provides total independence in increasingly diverse clinical areas.

According to the manufacturer Acteon, the ImplantCenter 2 represents the perfect combination of safety and speed. All surgical applications, ranging from implantology to periodontal treatment, can be covered with this one single unit. Its elegant design, LED handpieces and large user-friendly touch sensitive screen make it the ideal device dedicated to bone surgery, the company said.

The exclusive and patented NEWTRON® technology allows more preservation of tissue with minimal bone loss. It is non-active on soft tissue, limiting the risk of tissue lesions. Frequency adjustment and power regulation offer maximal performances and effortless cut adjustment to the resistance met by the tip. The irrigation flow rate manages the peristaltic water pump can be precisely controlled to cool down the site to prevent intrasosseous temperature rise and bone necrosis.

The ImplantCenter 2 also optimises the visibility on the surgical field thanks to the ultra-powerful white light for better distinction of the tissues. Clinicians can choose between three modes (Piezotome for pre-implant surgery, I-SURGE implantology motor and NEWTRON for all conventional treatments) depending on the treatment. Each mode can be customised in terms of ultrasonic power, speed rotation, contra-angle, irrigation, torque and saved.

The Piezotome mode facilitates and improves the safety of delicate pre-implant surgical procedures. Thanks to the ultrasonic frequencies (28-36 kHz), ImplantCenter 2 works selectively on hard tissue without adversely affecting soft tissue and surrounding anatomical areas such as blood vessels and nerves. The modulated pinn signal (alternation between high and low amplitudes of signal) allows tissue relaxation and excellent cell repair for a clean cut and better healing. The six ceramic rings of the Piezotome LED motor significantly boost the power of the generator for fast interventions but at the same time limit the risk of soft tissue lesion.

The innovative Piezotome tips are specially designed to suit the different clinical procedures and anatomical situations encountered in pre-implant practice. This wide range is supposed to help the practitioners to perform fine osteotomy, osteoplasty, sinus elevation (lateral and crestal), ridge expansion, extraction, Piezocision (surgical orthodontic treatment).

The NEWTRON mode, intended for conventional treatment, allows the use of the widest range of tips on the market, suitable for periodontal treatment, implant maintenance, prophylaxis, endodontics and surgical endodontics, as well as conservative and restorative dentistry.

The I-SURGE rotating mode combines with its unsurpassed constant torque and steady high performance, even in lower revolution ranges. This motor provides a wide range from 100 to 40,000 rpm, which is the widest revolution range in its class. And with 6 Nm, it provides unrivalled torque in micro-motors, which allows smooth function of the drill.

The progressive footswitch allows to adjust the required power according to the anatomical constraints encountered in Piezotome, NEWTRON® and I-SURGE modes. There is also a traditional ON/OFF function. To limit cross contamination, special attention was given to the footswitch design to facilitate access to the various parameters, such as modes, irrigation, purge, choice of the active instrument (handpiece/motor) and speed regulation, without having to touch the device screen. Furthermore, the metal arch allows clinicians to move it at their convenience.

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25th EAO Annual Scientific Meeting 27
STRAUMANN TO OFFER NEW INSIGHTS INTO SLACTIVE

Since dental implants have become a mainstream treatment option, clinicians face ever-increasing patient expectations. Nowadays, patients expect successful treatment results irrespective of their bone quality, age, lifestyle, or medical history. For over six decades, Straumann has made significant contributions to the progressing field of dental implants. Through pioneering innovation, the company has defined the boundaries of clinical possibilities for both dental professionals and patients. Ten years ago, Straumann pioneered accelerated osseointegration with Straumann SLActive, reducing the healing period down to 3–4 weeks irrespective of their bone quality, age, lifestyle, or medical history. With Straumann SLActive®, we pioneered accelerated osseointegration, reducing the healing period down to 3–4 weeks with Straumann® SLActive®. The company has studied the clinical performance of SLActive implants under the most challenging medical conditions and treatment protocols to demonstrate the outstanding healing capacity of the SLActive surface.

As new insights emerge and new data becomes available, clinicians can discover how they can benefit from the truly phenomenal performance of SLActive to maximise their patients’ healing capabilities. Attendees of this year’s annual scientific congress of The EAO are invited to discover the brand NEW SLActive data that shows incredible performance in the most challenging conditions.

BRENDENT GROUP AND DESS COOPERATE FOR IMPROVED SOFT TISSUE ATTACHMENT

For the long term success of dental implants the soft tissue attachment on the abutment plays an important role. If it is insufficient then plaque accumulation in the pocket can cause gingivitis and subsequently periimplantitis when not treated the right way. Unfortunately, the attachment of soft tissue on standard titanium surfaces is very limited as it is viable on many histologies where deep pockets down to the abutment-implant interface are normally visible. In addition, many of the abutment changes in the classical implantology cause trauma which impacts the soft tissue attachment even more. At the EAO congress in Paris, the brendent group and DESS the start of a cooperation between the two companies to offer the SKY implant user an innovative solution to improve the soft tissue attachment of customised titanium abutments with the Metalive surface. The Metalive process is changing the abutments surfaces in the sulcus on that way that the connective tissue can attach in a better way. Clinical studies have provided evidence to the implant the customised abutment and crowns are placed and the treatment is finished.

In the second workflow, impressions are taken and the customised abutment with Metalive (a laboratory abutment copy functioning as base to produce aesthetic ceramic crowns is produced at the same time) as well as the customised definitive crown made of broCAML HPC are designed and manufactured. On the day of the exposure of the implant the customised abutment with Metalive surface is inserted and restored with the temporary crown. In the dental lab on the customised abutment copy the definitive crown is produced. After the soft tissue healing the temporary crown is exchanged with the definitive crown.

TAILORED DENTAL IMPLANT CARE WITH TEPE PRODUCTS

Over 10 million dental implants are placed every year around the world and it is a well-known fact that they need good care to last for a long time. Proper oral hygiene reduces the risk for peri-implant mucositis and periimplantitis, common diseases among implant patients, says Anna Nilvéus, Business Development Manager at TePe. To support this highly successful concept, TePe has been developing high-quality oral hygiene products, including interdental brushes, dental sticks, floss, and toothbrushes, in collaboration with dental experts since 1965. Based in Malmö in southern Swe-
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Tips for visitors to Paris

MUSEUM

Maison de Balzac
• 47 rue Raynouard, 75016 Paris • Tel.: +33 (0) 1 55 74 41 80 • www.parismusees.paris.fr

In the heart of the old Passy village, the Maison de Balzac is the last famous Parisian novelist’s house to exist today. It was in this house that Balzac wrote ‘La Comédie Humaine’.

The museum, along with other things, holds personal memories of the writer and his family, numerous original editions, manuscripts and illustrations. You can also see paintings, engravings and documents about his loved ones.

The museum also organizes exhibitions and events about the author. Reference library, concerts, readings (for adults).

Musée Dapper

• 35 bis rue Paul Vaillant, 75011 Paris • Tel.: +33 (0) 1 44 65 73 21 • www.dapper.fr

Since it opened in 1986, the Musée Dapper has contributed to bringing the African arts to a wider audience by hosting numerous exhibitions. Through its rigorous research and care taken into the layout of the items on display, it has become one of the best places in Paris to see African sculpture at its finest.

As well as promoting the African arts, it now covers all the other cultural aspects of the diaspora of the African Continent, particularly those of the Caribbean and Guyana.

The Musée Dapper also offers the public opportunities to meet all kinds of artists from Africa or mixed societies through theatre or cinema.

Shows open to all and storytelling sessions are also part of the regular programming at the theatre.

TEA HOUSE

Acide Macaron
• 24 rue des Moines, 75017 Paris • Tel.: +33 (0) 9 83 87 05 0

Jonathan Blot considers it an honor to sell the experience of gourmandise. This pastry chef presents his macarons on rue Legendre and now also spoils his customers in a sunny tea-room in the Batignolles district. His trademark? Acidity. “I’m from a Franco-Armenian background, so I’ve always been exposed to a many different kinds of acidity.” Acidity is a flavour enhancer that also has the unusual trait of stimulating saliva.

The other day, I got a craving for some Kramik, a Flemish bricole. I made it my way, I liked it … and I put it on the menu.”

RESTAURANT

Les Chouettes
• 32, rue de Picardie, Paris 3e • Tel.: +33 (0) 1 44 61 73 21 • www.restaurant-les-chouettes-paris.fr

Les Chouettes has opened in a former jewelry workshop transformed into a magnificent gourmet jewel box in the trendy Upper Marais under a glass roof, two stories of passageways with Eiffel-style cast iron beams, alcoves, two bars and a library. The frequently changing menu offers delicious surprises, featuring fish and seafood (squid, sea bass Carpaccio), poultry (quail with seared foie gras and Jerusalem artichokes) and desserts (clementine Mont Blanc, hazelnut Paris-Brest). A favorite!

KONG
• Immeuble Pont-Neuf – 1 rue du Pont Neuf, 75001 Paris • Tel.: +33 (0) 1 40 39 09 00 • www.kong.fr

Located in the building where the Samaritaine department store used to be, at Pont Neuf, this restaurant’s decor is designer Philippe Starck’s vision of 21st-century Japan. French hipster Béatrice Ardisson has compiled the background music.

Situated on the two upper floors of the former Samaritaine, it is certainly an eye-catching place. Philippe Starck’s decor is a mix of Japanese pop and 17th-century French aesthetics. With walls of glass and Flexijas, the dining rooms are rich in color and Japanese pop art features. Once you’ve got over your initial surprise about this highly unusual interior, you’ll be swept away by the view from the glass-roofed terrace.

The menu crafted by chef Richard Pommes is a subtle blend of French and Japanese food, emphasizing the potential for successfully combining these two great culinary traditions.

Explore Paris from 150m in the air (and up to 300 m on mornings with perfect weather) aboard the air apparatus at the André Citroën Park. The experience guaranteed to thrill and serves a greater good, as well, scientific research! Not only will you enjoy the grand spectacle of Paris at your feet, but the flights also measure pollution. The balloon changes colour depending on Paris’ air quality: red means high pollution levels, while green means the air at it’s cleanest. Price 12€ per adult for a ten minute flight.

DISCOVERY

Balloon de Paris
• Parc André Citroën – 2 rue de la Montagnes de la Fagne, 75015 Paris • Tel.: +33 (0) 1 44 26 20 08 • www.balloondeparis.com

In the heart of the old Passy village, the Maison de Balzac is the last famous Parisian novelist’s house to exist today. It was in this house that Balzac wrote ‘La Comédie Humaine’.

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What’s on in Paris, 30 September & 1 October

**Piano concert at Musée de l’Orangerie**
- Date: 30 September
- Starting time: 19:00
- Venue: Jardin des Tuileries (alongside the River Seine)
- [www.musee-orangerie.fr](http://www.musee-orangerie.fr)

**Sacré-Cœur at night**
- Times: 18:00-22:30
- Address: 35 rue du Chevaleret de la Barre
- [www.sacre-coeur-montmartre.com](http://www.sacre-coeur-montmartre.com)

The Basilica of the Sacred Heart of Paris is one of the most popular monuments of the city and always worth a visit, particularly at night. The church is situated on top of the hill of Montmartre, the highest point of Paris. With the dark sky above, the basilica spectacularly illuminated and the amazing view over Paris in the moonlight, visiting Sacré-Cœur by night is a unique experience. Once the tourist buses have left and the site is less crowded, you can enjoy the basilica in all its beauty and leave behind the stress of a busy congress day.

**Allard**
- Times: 12:00-14:00 and 19:30-22:00
- Address: 41 rue Saint-André des Arts
- [www.restaurant-allard.fr](http://www.restaurant-allard.fr)

For over 80 years, Allard has been one of the most sought-after gourmet addresses in Paris. Located in the heart of Saint-Germain-des-Prés, it remains one of the last authentic French bistros. To this day, the establishment is filled with the spirit of Marthe Allard, a peasant from the Burgundy region who came to Paris with her family recipes and founded the restaurant in 1932. Behind the stress of a busy congress day, the restaurant offers a warm atmosphere and a selection of 150 exquisite French wines.

**Imany**
- Date: 1 October
- Starting time: 20:30
- Venue: Théâtre Alexandre-Dumas
- [www.festival.fr](http://www.festival.fr)

Before launching her music career in 2008, French-Congolese soul singer Nadja Mladjao, better known as Imany, worked as a model in New York for several years. Her musical style combines soul, blues, as well as folk and pop, and is defined by her distinctive low voice and thoughtful lyrics. After releasing her second album, The Wrong Kind of War, including her hit single “Don’t be so shy”, Imany is touring Europe for the next few months. Her first concert takes place in her home city of Paris during L’Estival, a music festival dedicated to francophone music and artists.

**Sur-exposition—A performance by Tilda Swinton and Charlotte Rampling**
- Dates: 30 September & 1 October
- Starting time: 19:00 (Friday), 18:00 and 20:30 (Saturday)
- Venue: Musée d’Art Moderne de la Ville de Paris
- [www.festivalautomne.com](http://www.festivalautomne.com)

For the photographic collections on display at the Maison Européenne de la Photographie, actors Charlotte Rampling and Tilda Swinton become... picture rails. In an extraordinary performance, composed of nothing more than their moving bodies, interacting glances and incisive voices, reciting the photographers’ captions, Rampling and Swinton will hold up the portrait and landscape works of photographers such as Irving Penn, Rodin Avedon and Brassaï, creating a mise en abyme of a museum or gallery. The performance is part of the 45th Festival d’Automne à Paris, a festival of contemporary arts that embraces and combines different art forms and is held every year from September to December in cultural institutions all over Paris.

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