A warm welcome to dentists in Europe

Thousands flock to ExCeL London as EuroPerio8 officially opened on Wednesday

London certainly knows how to welcome its visitors and the city did not disappoint when the eight edition of EuroPerio was officially opened yesterday at the ExCel London Exhibition and Convention Centre in London Docklands. Accompanied by the London Marching Band, member societies of the European Federation of Periodontology paraded on stage with their national flags followed by musical performances by the New London Chamber Choir and Sheffield’s own folk rock band, Brave New Storm.

Visitors of EuroPerio8 can look forward to one of the largest conferences for implant dentistry and periodontology that has ever been held in Europe, EuroPerio Chairman Francis Hughes said during his welcome speech. According to the Kings College Professor, the event is expected to attract more than 10,000 professional visitors from the UK and beyond over the course of the next three days. “There is lots for the whole dental team,” he said.

In addition to Hughes, attendees of the conference were also addressed by EFP president Prof. Søren Jepsen, the president of the British Society of Dental Hygiene and Therapy, Michaela O’Neill as well as other EF members. “I would really like to thank the many students from the various dental schools in London who agreed to attend the conference,” said Hughes.

Flag parade of all EFP member societies.
Morita highlighted modern laser therapy against peri-implant and periodontal lesions during a satellite symposium at EuroPerio8

For periodontal treatment, modern Er:YAG lasers have proven to not only eliminate inflamed tissue, but also to preclude the risk of bacteremia by efficiently fighting resident bacteria. At the last EuroPerio in Vienna, the Japanese Morita Group already demonstrated how this important feature can be used for the effective treatment of peri-implant lesions. Its new AdvErL Evo, which is also on display in London at EuroPerio8 at booth 23, now covers cases of class-D in comparison to conservative procedures that currently only allow successful peri-implant treatment up to CIST class-C.

Presenting its latest Er:YAG laser as a valid treatment option, the company held a satellite symposium at EuroPerio8 yesterday, where dentist Dr Michael R. Norton from London focused on the challenges and issues of a peri-implant treatment. Among other things, he discussed whether peri-implantitis was a condition of the primary infective nature of the mouth or an opportunistic secondary infection subsequent to bone loss that is caused by other etiologies. Norton said that a significant advantage of the laser treatment is that it helps increase the volume of water molecules up to 800–1000 times. The subsequent micro explosions not only disconnect the implant surface, but also have a sterilizing effect, which allows surface debridement without showering the surrounding area with small particles of titanium, which would occur when titanium wire brushes are used.

In a second lecture, the Director of the Department of Periodontology at the University of Bern, Prof. Anton Sculean, underlined the key positive aspects that laser technology offers for the treatment of inflammation of the gums or implant site. According to the professor, Morita’s third generation Er:YAG laser allows a gentle, yet precise intervention that is minimally invasive, silent, painless and without significant vibrations or production of heat. Sculean said that these qualities make it suitable for conservative soft and hard tissue treatments, including the removal of supra- or sub-gingival calculus, inflamed and necrotic tissue in gingival pockets and for the treatment of abscesses or granulomas.

Visitors of EuroPerio8 will be able to test the precision and experience the handling of the AdvErL Evo over the course of the next three days during the ever-popular “Egg-tion” sessions at Morita’s booth. During these sessions, visitors are invited to engrave a smiley face on the shell of a raw egg with the laser. At the booth they can also find out more information about the company’s other products and activities.

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volunteer at the event,” Jepsen told the today in an interview.

Continuing from today until Saturday, over 100 experts from around the globe will share the latest information and their expert knowledge about a wide range of topics and issues in the field of dental implantology and periodontology. This morning started off with a presentation on surgical techniques, implant placement timing and alternative approaches to periodontal treatment instrumentation.

It will also see the world premiere of a new film demonstrating the relationship between oral and systemic health, which is supported by the Sunstar Foundation and will complement the Cell-to-Cell Communications saga by Quintessence Publishing.

Leading companies in the field of dentistry have also announced that they will showcase their latest solutions and products at the event. Among these are a couple of new products, such as a new implant from MIS in Israel that promises immediate biological benefits for better treatment outcomes. According to the Israeli implant solutions provider, the V3 is a multi use implant that is suitable for a wide range of surgical scenarios and is ideal in anterior regions, as well as in regions where space and bone may be limited and good aesthetic outcomes are essential.

Visitors will have the opportunity to get hands on exposure to the latest solutions in dentistry by means of a number of sponsored sessions featuring clinical experts and researchers.

For the latest news, updates and product launches from the conference please visit dentaltribune.co.uk or scan the QR Code below.
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Requests for shorter treatment times along with an increasing number of patients with risk factors place greater demands on dentists and technology. Correctly assessing osseointegration and implant stability and is key in successful implant treatment. Using traditional methods such as torque and percussion tests are not suitable for monitoring osseointegration, it requires a more advanced diagnostic tool.

Gain insight from these esteemed periodontists on what they do to objectively and noninvasively identify which implants are ready to load and which ones need additional healing time.

Drs Pamela K. McClain and Rachel Schallhorn, both Diplomates of the American Board of Periodontology, have been using Osstell and the ISQ scale (Booth 43d) for a number of years now to measure primary implant stability and osseointegration.

“We are currently using Osstell when we place all implants to establish a baseline measurement of implant stability,” they say. “At the time of placement if the ISQ is too low (depending on the location—anything below 45) we will remove the fixture, possibly graft and then wait another 3–6 months before trying to place another fixture. We try to take the measurement on the buccal/lingual, and mesial/distal aspects and record the highest and lowest values”

McClain and Schallhorn add: “We typically recheck the ISQ value at three months. If the ISQ has improved (or is stable if the number was high to begin with—over 65) we will release the patient for restorative treatment. It gives us and the patient a more objective way to assess the implant stability. If it’s not ready at that time we continue to recheck every six weeks until the ISQ has improved or indicates stability.”

“Since we began using this device in 2009, our decision making process has become more simple and objective. We will continue to use the Ostell values to help guide treatment decisions and as a communication tool with our referring dentists.”

Dr Paul Rosen, Clinical Professor of Periodontology & Oral Implantology Temple University Kornberg School of Dentistry in Philadelphia, USA, also explains below why Ostell is important in his practice.

“Osstell use is critical for my implant practice. Every year, this device more than pays for itself as there are always several patients who heal slowly or who have implants placed with extremely low insertion torque. This confounds my ability to predict when healing has been adequate to proceed to the restorative phase. Ostell provides me with quantitative information necessary to make informed decisions. No longer am I the villain who slows up patient care, but it is objective data about the patient’s healing that becomes the determining factor.”