Look back, move forward

ICOI celebrates 40 years with insight into implant dentistry’s innovations, complications and controversies

For 40 years, the ICOI has been educating clinicians on implant dentistry, along with all the innovations, complications and controversies that go with it. During the next two days, the ICOI World Congress will honor that history and look back at where this one fledgling “study club” came from.

What once was run from the office of ICOI co-chair Dr. Kenneth Judy now occupies an entire floor of an office building in Upper Montclair, N.J. What
once started as a small group of clinicians has now grown to encompass more than 13,000 dues-paying members and spans all continents except for Antarctica.

This week’s World Congress XXIX was created and prepared by Dr. John Russo and includes a diversified and international faculty. Some of the topics to be covered include cone-beam CT diagnosis and treatment planning; the use of growth factors including stem cells; digital impressions from the perspectives of the clinician and the laboratory; and diagnosing, preventing and treating soft-tissue aesthetic complications.

In addition, there are more than 100 implant dentistry-related exhibitors just waiting for you in the exhibit hall to show off the newest and most advanced products and technology.

Here is a look at some of the highlights of the scientific program for today and Saturday.

**Today**

- **1:30 to 2:30 p.m.** — Dr. Carl Misch: “Prosthetic-Related Complications”
- **2:30 to 3:30 p.m.** — Dr. Rick Ferguson: “Bone Grafting – Misconceptions and Strategies for Predictable Success”
- **5 to 6 p.m.** — Dr. John Russo: “Reduce Complications, Increase Confidence, Achieve Excellence”
- **7 to 8 p.m.** — Awards ceremony

**Saturday**

- **8 to 9 a.m.** — Dr. Bach Le: “Management of the Ailing Implant”
- **9 to 10 a.m.** — Dr. Pablo Galindo Moreno: “Bone Level Stability Around Implants Placed in Pristine and Grafted Areas”
- **10:30 to 11:30 a.m.** — Dr. Maurice Salama: “Contemporary Reconstrcutive Hard- and Soft-Tissue Surgery: Myths, Realities and Future Trend in Dentistry”
- **1:30 to 2:30 p.m.** — Dr. Alan Fetter: “Subcrestal Implant Placement to Optimize Soft-Tissue Esthetics – Controversy and Practicality”
- **4 to 4:45 p.m.** — Dr. Scott Ganz: “A Comparison of Interactive Software Applications in Assessing the Reality of Anatomy: Diagnostics and Implant Planning Accuracy”
- **6 to 6:30 p.m.** — Dr. Konstantinos Valavanis: “Perimplant Tissue Design: Parameters and Key Factors for Optimum Esthetics”

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MIS Implants offers new conical connection implant

MIS Implants Technologies has recently launched the new C1 implant system. This new C1 system brings a combination of proven and innovative design features to market, including a conical connection and abutments that utilize a platform-switching concept.

The 6-degree conical connection ensures a secure fit between the abutment and implant. By minimizing micro-movement at that junction, bone loss at the crestal level is reduced. There is a six-position cone index within the conical connection to help orient the implant during insertion and place the abutment into the proper position.

Implants, abutments and tools are color-coded according to platform size for easy identification. The standard platform refers to the 3.75 and 4.2 mm diameter implants, while the 5 mm diameter implant is the wide platform. Lengths for all of the diameters come in 8, 10, 11.5, 13 and 16 mm.

The C1 implant (as all of the MIS implants) is made from a titanium alloy that contains titanium, aluminum and vanadium known as Ti-6Al-4V-ELI (Grade 23). This alloy has high fatigue strength and is highly biocompatible. Similar to commercially pure titanium implants (Grades 1-4), the outer surface of these implants consists of a thin layer of pure titanium oxide (TiO2).

The unique geometry of the C1 implant encourages primary stability with mild bone compression at the upper 2/3 of the implant. The final drill, used during preparation of the osteotomy, is designed in such a way to allow less compression by the threads at the apical third of the implant, which will enable rapid bone growth in that area. These two characteristics have been put in place to minimize the period of time between initial mechanical stability and long-term biologic stability.

Platform switching is a restorative concept that has been shown to minimize crestal bone loss. It has been theorized that moving the junction of the implant/abutment connection away from the outer edge of the implant platform reduces the bacterial component that could lead to loss of vertical height. For those clinicians who prefer to utilize platform switching in the restorative phase, the C1 abutments have been designed to allow this.

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From Intraoral scan to final custom implant restoration

By Perry E. Jones, DDS, FAGD

This case demonstrates the optical scanning of Inclusive® Scanning Abutments (Glidewell Laboratories: Newport Beach, Calif.) utilizing the iTero® digital scanning system (Align Technology, San Jose, Calif.) with software version 4.0. Digital data was used with laboratory CAD/CAM planning to fabricate custom all-ceramic implant abutments and a four-unit fixed prosthesis. The abutments and fixed prostheses were fabricated using advanced computer-aided milling technology.

Dental history
The patient was a 52-year-old healthy Hispanic male who sustained a traumatic avulsion and lost his maxillary incisors in an automobile accident. Following healing, a four-tooth transitional removable partial denture was constructed. He was seen by the prosthodontist and maxillofacial surgery service of Virginia Commonwealth University for dental implant therapy.

Treatment plan
The patient was informed of the alternatives, benefits and potential complications of various treatment options before deciding to pursue implant restoration of his missing teeth.

The treatment plan included placement of two Replace® Select Straight RP 4.3 x 13 mm implants (Nobel Biocare; Yorba Linda, Calif.) with 5 mm healing abutments, followed by a six-month healing period and restoration with all-ceramic custom abutments and a four-unit, all-ceramic fixed prosthesis to restore the anterior incisors to form and function.

Surgical procedure
Using local anesthesia, two Replace Select Straight RP implant fixtures were placed in the area of teeth #7 and #10, using standard Nobel implant placement protocol. Placement angulation and depth were verified and deemed satisfactory. Standard RP 5 mm healing abutments were placed, and the fully reflected tissue flap was closed with interrupted sutures.

Restorative procedure
Following six months of healing post-implant placement, intraoral photos were taken to record and confirm the healthy remaining dentition. Osseous integration was confirmed with a panoramic X-ray, followed by resonance frequency analysis (RFA) using an Osstell® IQS implant stability meter with SmartPeg™ attachment (Ostell USA; Linthicum, Md.), which displayed an implant stability quotient (ISQ) of 78 on a minimum-to-maximum scale of 1–100.

Counter rotation with a torque wrench confirmed no rotation to 35 Ncm. The implant fixtures were considered acceptable for restoration.

The 5 mm healing abutments were removed, Inclusive Scanning Abutments were placed on the implants, and the accompanying titanium screws were tightened (Fig. 1).

Using the iTero scanner with updated software (version 4.0), a full maxillary arch scan, full mandibular arch scan and centric bite in maximum intercuspation were completed. A three-dimensional digital record of the patient’s anatomy was created from these scans and electronically submitted to Glidewell Laboratories to be used in the CAD/CAM restoration process.

At Glidewell Laboratories, the virtual scan was registered to the scanning abutments, providing the dental technicians with the implant system, size, axis, position relative to the adjacent anatomy and locking feature orientation. A virtual zirconia abutment was designed using ShShape’s Dental-Designer® software (ShShape Inc.; New Providence, N.J.) and the Glidewell Digital Abutment Library (Fig. 2).

From this, the corresponding physical Inclusive All-Zirconia Custom Abutments (Glidewell Laboratories) were milled.

Similarly, a BruxZir® Solid Zirconia four-unit fixed bridge (Glidewell Laboratories) was designed and milled using state-of-the-art CAD/CAM technology. The custom zirconia abutments were trial-fitted in the patient’s mouth with slight tissue blanching noted (Fig. 3).

In the same visit, the final four-unit all-ceramic milled BruxZir Solid Zirconia bridge was tried-in and examined for proper occlusion. There was “tight” anterior coupling for this case, as evidenced by the history of provisional denture fabrication. The occlusion was checked and presented as so precise that no adjustment was required.

The anterior view of the final prosthesis demonstrates optimal mesiodistal width proportion, incisal edge proportion, pontic-tissue contact and excellent shade/esthetics (Fig. 4). Further, the occlusal view demonstrates an optimal incisal edge arch form. The soft-tissue lip position and speech phonetics appeared to be optimal.

Following the trial seating, the fixed bridge was removed, the zirconia abutment retention screws torqued to 35 Ncm, the abutment screws covered with cotton/Cavit™ Temporary Fillet Material (3M™ ESPE™; St. Paul, Minn.), and the prosthesis cemented with GC Fuji PLUS® (GC America; Alsip, Ill.).

*Note: Cadenit (Carlstadt, N.J.) was acquired by Align Technology (San Jose, Calif.) in May 2011.

References


Fig. 1: Inclusive Scanning Abutments attached to implants. (Photos/Provided by Perry E. Jones, DDS, FAGD)

Fig. 2: Abutment planning (lateral view) with ShShape’s Dental-Designer software and Prismatic CZ™ add-on module (Glidewell Laboratories).

Fig. 3: Inclusive All-Zirconia Custom Abutments #7 and #10.

Fig. 4: Four-unit BruxZir Solid Zirconia fixed bridge cemented in place.
A Conical Connection Implant

- Platform Switching: Promotes vital soft tissue growth and reduces bone resorption
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All C1 implants, superstructures and tools are color coded to simplify platform identification.

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Scenes from the ICOI

- Richelle Braun, Justin Stefanick and Ken Hasty are ready to answer all your questions at the Piezosurgery booth, Nos. 508/510.

- Barbara Cox explains the benefits of Hands On Training at the booth, Nos. 204/206.

- The staff members of Implantes Dentales made the trip from their practice in Costa Rica to attend the ICOI World Congress.

- If you want to learn about hands-on dental implant education, go see Lisette Frias at the Implant Educators booth, No. 313.

- Find friendly faces Noel Wilford, Ben Moyal and Erin Griffin at the MIS Implant Technologies booths, Nos. 303/305 and Nos. 402/404.

- Denise Manekas, left, and Nita Weissman-Okamoto at the Dentatus USA booth, No. 416.

- Charles Banh, left, and Robert Chen at the Anatomage booth, No. 414.

- John Stephens of PreXion (booth No. 415).
Diane McCullough, Bryan Loch and Kristian Malooley at the Implant Direct Sybron International booth, Nos. 607/609.

Alex Miller, president of Meisinger USA, at the booth, No. 213.

The ADIN Implants booth (Nos. 514/416) staff is all smiles.

Yukari Aritake and Emiko Ota at the OSADA booth, No. 604.

Jamy Olson and Samantha Merrick in front of the OCO Biomedical booth, No. 408.

Dan Allemeier and Daniel Kohm at the Aurum Ceramic Dental Laboratories, booth No. 610.

A family of dentists, Eduardo, Alberto, Eduardo and Enrique, all from Mexico, take in the ICOI World Congress Exhibit Hall.

Paul Murphy and Peter Soto of Imaging Sciences. Come check out the i-CAT at booth Nos. 409/411.

Damon Semen tilli and Adam Driggers at the Carestream Dental/Kodak Dental Systems booth, Nos. 209/211.
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Presented by Dr. Gerald Niznick

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**GPS™ Overdenture Attachment System** features Straight & Angled Abutments that provide a retentive platform compatible with LOCATOR® attachments. All-in-1 Packaging includes Anodized Housing with 5lbs Retentive Nylon Liner (nylon liners in 1.5, 3 & 5lbs - 4 for $222) & Transfer. Straight Abutments accommodate up to 20° divergence while 15° & 30° Angled Abutments are suited for overdentures on angled implants.

**Zirconia Abutments on Titanium Bases** combine esthetics with strength precision for restorations in the esthetic zone. The titanium base is gold anodized to maintain the natural tooth color of the zirconia while providing structural support. These stock abutments with contoured margins are provided in 0°, 8° & 15° with 1 & 2mm collar heights to minimize the need for preparation, thereby providing the benefits of custom abutments at less than half the price.

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**Our price**

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<th>Angled Zirconia/Ti Abutment</th>
<th>Plastic Temporary Abutments</th>
<th>Ball Attachments</th>
<th>GPS™ Attachments</th>
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ANEW Implants are widely recognized by clinicians and universities worldwide. These narrow-body implants provide effective remedy for many because they are ideal for patients who have limited inter-dental spaces, insufficient bone or require provisionalization during augmentation procedures.

Nearly 25 percent of patients who come in for implant treatment will not have enough bone to place a conventional diameter implant, Dentatus said. ANEW Implants should also be considered when financial constraints might delay or prevent treatment. Every practitioner placing implants should consider including ANEW Implants in his or her armamentarium so that all patients might take advantage of the benefits that implants afford.

ANEW Implants are the only one-piece narrow-body implants that have restorative options for screw-retained prosthesis, Dentatus said. ANEW boasts a number of features that set it apart from other implants, including a short-threaded external connector that tolerates substantial abutment angulation without stress.

ANEW’s prosthetic components provide patients with a cosmetic, fixed chairside restoration at the time of placement so they never have to go without teeth. There are a variety of platforms available for restorative ease, presenting flexibility for optimal esthetic solutions.

For instances of single-tooth replacement in narrow spaces, the availability of ANEW Implants provides patients who might have to proceed with a fixed or resin-bonded bridge the luxury of dental implants without preparation and/or reduction of the adjacent natural dentition. Another advantage to this modality is the maintenance of alveolar bone, which is documented to undergo resorption with other restorative options.

In 2012, Dr. Francois Fisslier and Dr. Carlos Munoz from the New York University Department of Implant Dentistry presented the following findings about papilla regeneration at the Academy of Osseointegration’s 27th annual meeting.

“In this case series, nine patients received 10 [ANEW Narrow Diameter Implants (NDIs)], which were loaded for periods of six months to 10 years post-insertion. No implants or prostheses had to be removed or replaced during the follow-up period. Neither a surgical or prosthetic complication was seen on any of the 10 NDIs.

“The average mesial [Papilla Index Score (PIS)] was 2.4 and the average distal PIS was 2.7, indicating the NDIs regenerated at least 50 percent of the papilla in all cases (20/20 papilla).”

The non-hydroscopic screwcap allows for retrievability, so that during the healing period the restoration contours can be easily modified to the tissue architecture, thereby eliminat- ing a final “black triangle” result, Dentatus said.

Their effective adaptation and integration in bone has been shown to be on par with conventional implant fixtures and provide excellent support and retention.

In 2007, Dr. Stuart Froum and his colleagues published a study in the International Journal of Periodontics and Restorative Dentistry stating “40 ANEW Implants in patients for one to five years post-loading. No implant failures were reported, yielding a 100 percent survival rating.”

In 2005, the Journal of Oral and Maxillofacial Implants published Dr. Michael Rohrer’s histology study on Dentatus implants. Rohrer determined that the percentage of bone in contact with the body of Dentatus implants is in “the same range and sometimes higher than what is usually seen with conventional implants.”

The recommended surgical techniques allow for minimally invasive flapless placement and immediate loading. This eliminates most post-op erative challenges and dramatically reduces the total time in treatment.

These implants solve the problems of time, money and perceived pain for most patients who otherwise do not proceed with care, Dentatus said. Other indications for use:

**Atrophic and thin ridges**

For patients with atrophic and thin ridges who cannot or do not want to undergo lengthy augmentation procedures based on age, systemic disease or inadequate volume of bone, ANEW Implants are an economical and viable long-term solution.

**Emergency repairs**

One of the most difficult situations for the practitioner is the emergency intraoral repair of a broken bridge. With ANEW Implants on hand, those difficulties are a thing of the past, Dentatus said. Once the bridge is removed, the implant can be placed in the intercortical bone, stabilizing the bridge, returning the patient to a dentate state while a long-term treatment plan is determined.

**Bone augmentation**

Many implant treatment plans include some type of bone augmentation procedure. It may involve a sinus lift, replacement of the buccal plate and/or widening or heightening a ridge.

Selling an implant case involves overcoming a patient’s concerns; one of the major roadblocks is the patient’s perception of a long, drawn out treatment period. ANEW Implants will give patients teeth during the entire treatment and avoids transmucosal loading of the graft while the patient is able to function with a fixed restoration.

Here at the ICOI

For more information and to see other areas of use, visit www.dentatususa.com or stop by the Dentatus booth, No. 416, here at the ICOI.

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(Photo/Provided by Dentatus)
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Zimmer Dental, a leading provider of dental oral rehabilitation products and a subsidiary of Zimmer Holdings, announces the availability of the Zimmer® Angled Tapered Abutment — a line extension that provides clinicians with the flexibility to place implants off-axis (i.e., tilted) and choose from multiple surgical protocols, including immediate-load, screw-retained restorations, to best meet the specific restorative needs of their patients.

Available in 15- and 30-degree angle configurations, the Zimmer Angled Tapered Abutment promotes angulation correction for off-axis implant placement, repositioning the restorative platform to facilitate insertion of the prosthesis.

The abutment’s 1.2 mm low-profile cone is ideal for use in cases with limited interocclusal space, while the cone’s 15-degree taper allows for additional angulation correction.

The ability to place implants off-axis aids in maximizing the use of available bone, avoiding the alveolar nerve and sinus and minimizing the cantilevers for the prosthesis in multi-unit, partially and fully edentulous screw-retained restorations.

The user-friendly Zimmer Angled Tapered Abutment’s multiple cuff heights enable the clinician to select the size that best meets the patients’ soft-tissue measurements.

Furthermore, this new abutment has exhibited exceptional strength and durability in testing compared to other popular brands, according to the company, and is fully compatible with Zimmer Dental’s existing restorative components and the renowned Tapered Screw-Vent® Implant System for greater convenience.

“These new Angled Tapered Abutments broaden our restorative portfolio and give clinicians even more flexibility in choosing surgical protocols to best meet the needs of their patients, restore their mouth function and enhance their quality of life,” said Harold C. Flynn Jr., Zimmer Dental president. “At the end of the day, our focus, first and foremost, is on giving our customers the tools they need to improve their patients’ lives.”

For decades, Zimmer Dental has gained the trust of thousands of clinicians worldwide who count on its comprehensive line of products to deliver successful patient outcomes, the company says.
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*The newly created business will actively market and sell products as DENTSPLY Implants beginning with North America, effective April 2012. Transition to the new business in all other geographic locations around the globe will follow.
By Anatomage Staff

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Here at the ICOI

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  - Custom impression coping
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