Chicago’s ‘Midwinter Meeting’ promises three days of dental excellence

Lectures, hands-on courses and exhibit hall

The numbers confirm it. The Chicago Dental Society Midwinter Meeting attracts dental professionals from far beyond the borders of Chicagoland. Registrations for the meeting, one of North America’s largest, typically surpass 30,000. And this year, the meeting’s 150th anniversary, promises to be as big as ever.

The big numbers continue in the exhibit hall, on track to host more than 600 companies in Hall F on level three of the McCormick Place West Building during all three days of the meeting. Exhibit hall hours are from 9 a.m. to 5 p.m. on Thursday and Friday, Feb. 26 and 27, and from 9 a.m. to 4 p.m. on Saturday, Feb. 28.

Exhibit-only passes are available to ADA dentists, international dentists and non-ADA dentists who wish to visit only the exhibit hall. The only way to get an exhibit-only pass is to purchase one at McCormick Place during the meeting for an exhibit-only pass is to purchase one at McCormick Place West in downtown Chicago, is included in the registration fee.

Advance registration guarantees you a seat in any paid course. All programs, including the free “F” courses, require a ticket for admission, with the exception of the “Live TV” courses. To attend those “Live TV” courses, you simply need to show your Midwinter Meeting badge.

Access to the meeting’s free courses is on a first-come, first-seated basis. The free courses are all ticketed, so if you want to reserve your seat, you should register for the course in advance and arrive with your ticket prior to the start time. If you don’t reserve a ticket in advance through registration, you can ask at the classroom door if any tickets are still available.

Other educational offerings include lectures, which are either full- or half-day sessions, and panels, which are group presentations on a subject or theme of common interest to all panelists. Questions from the audience are encouraged.

Online registration, available through www.cds.org, ends Feb. 20. Organized in 1864, the Chicago Dental Society represents more than 4,000 dentists in the Chicago area. Its mission is to represent interests of dentists, promote the art and science of dentistry and advocate for improving oral health for all.

(Source: Chicago Dental Society)
Chronic periodontitis correlated to heart attack prognosis and severity

Researchers have demonstrated for the first time that chronic periodontitis is closely related to the severity of acute myocardial infarction.

In research published in the Journal of Dental Research, titled “Acute myocardial infarct size is related to periodontitis extent and severity,” a team from the University of Granada demonstrated that the extent and severity of chronic periodontitis is related to the size of acute myocardial infarction through serum levels of troponin I and myoglobin (biomarkers of cardiac infarction).

The research analyzed 112 patients who had suffered from acute myocardial infarction, at the Virgen de las Nieves University Hospital cardiology unit. Patients all underwent a series of cardiological, biochemical and periodontal health checks and tests. According to Mesa Aguado, “Chronic periodontitis appears as a death risk factor and plays an important role in the prognosis of acute myocardial infarction.”

The researchers said it will be necessary to conduct follow-up checks with periodontal patients who have suffered myocardial infarction to monitor their clinical evolution (new coronary events, cardiac failure or even death). “If that happens to be the case, chronic periodontitis should be considered as a predictor in the development of myocardial infarction, and be therefore included in the risk stratification scores,” Mesa Aguado said.

(Sources: University of Granada and Science Daily)
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Cosmetic periodontal surgery (Part 4B)

Barriers of success

By David L. Hoexter, DMD, FACD, FICD, Editor in Chief

This is a continuation of the fourth article in a series of Dental Tribune clinical articles dealing with cosmetic periodontal surgery. As a follow-up to Part 4A, Part 4B in this series focuses on barriers used in cosmetic periodontal surgery. It also presents and deals with the predictable regenerative coverage of unesthetic root recession through cosmetic periodontal surgery, using the guided tissue regeneration (GTR) technique with resorbable barriers.

In Part 4A, I concentrated solely on the use of polyalactin and polygalactin membranes used to regenerate gingival root coverage where root recession is clinically noted. While I presented clinical results using the Guidor polyalactin barrier to aid in achieving excellent results when covering recessed area of teeth for up to 10 years, it should be noted that a 10-year study published in the Journal of Periodontology concluded that after 10 years, Guidor used for gingival recession coverage, the same GTR technique as described in Part 4A, resulted in a larger recessed area than originally presented.

The “pin-hole technique” treatment to cover recession — recently popularized via the Internet — is not new. This technique was used as early as 1953 and, as was true then, still does not use barriers to help regenerate a blood supply on the previously exposed recessed tooth, as this series of articles emphasizes.

Without the newly regenerated connective tissue, the tissue covering the exposed root appears to be held in place by an adherence of a long junctional epithelium (not a regenerative attachment) and is thus doomed to repeated recession in the future.

Barrier enables selective guidance of restoration of lost periodontia

Periodontal disease leads to destruction that causes a void in which undesired cells have diminished the supportive periodontia. Periodontal surgery to correct this ideally hinges on proper sequential regeneration of the lost tissue. Restoration of the lost periodontia involves regenerating the lost supporting structures, including alveolar bone, connective tissue, keratinized epithelium, periodontal ligament and cementum. By placing a barrier to inhibit the undesired cells and to enable the desired progenitor cells to procreate, we can selectively guide the desired restoration of the lost periodontia.

For the past 40 or 50 years, regeneration of the periodontia — including osseous as well as soft tissue — has been achieved successfully by the use of barriers. The most popular barrier used to date is a membrane, although there have been several others used throughout the history of this type of treatment.

A barrier should create and maintain a sufficient space where an adequate blood supply may form to enable regeneration to occur. The space must be preserved for a certain period of time, and the barrier should be immobile during that time period. It needs to preserve this space while preventing epithelial cells and connective tissue cells from migrating into it. The barrier also must be porous so that metabolites can penetrate through to keep the underlying developing growth alive.

By using the GTR technique popularized by Dr. S. Nieman, we can inhibit the causal factors of this periodontal disease and support proper cellular regeneration. This technique involves forming a porous barrier membrane that excludes the undesired cells, yet allows nutrition through its porous membrane to aid the selective population by undifferentiated mesenchymal cells toward the regenerative goal.

Nonresorbable membranes require second surgical procedure

Historically, different materials were developed to act as barriers for the GTR technique. Initially, nonresorbable membranes were utilized. A porous Teflon barrier membrane, expanded polytetrafluoroethylene (e-PTFE), was popularized by Gore. This e-PTFE and its more economical equal, Sartorius, along with other nonresorbable barriers, such as Millipore filters, worked well. However, being nonresorbable, they required a second surgical procedure after the healing process was complete (usually months later) to remove the nonresorbable membranes. This second procedure required the patient to receive another local anesthetic and go through another uncomfortable healing process.

Other Teflon membranes that were nongenous and nonresorbable also were made available, but were not recommended for GTR because the lack of porosity inhibited essential nutrition from passing through — thus stopping newly forming blood supply from regenerating. Such membranes have, in fact, the same

Fig. 1: Note the obvious singular defect of recession at the gingival area of #11.

Fig. 2: Final 10-year result. Using the collagen barrier with the coronal repositioned flap technique permits the regeneration of the attached gingiva, with its pinkish white color blending naturally with the healthy lateral tissue of the area. Also, note the complete covering of the previous recessed root, with its tan color, to a natural appearing healthy area and a glowing smile that can be maintained with good oral hygiene.

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* See BARRIERS, page A6
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regenerative properties as a rubber dam and should not be used or considered for GTR. These various challenges ultimately led to the development of resorbable barrier membranes that eliminated the necessity of a second surgical procedure — appreciated by patient and practitioner alike.

The resorbable membrane barriers that companies started to develop had all of the desired qualities of the nonresorbable group but did not need a second surgical procedure to be removed. Different materials led to different rates of absorbption of this material is through reduction of probing depths during healing and a definite gain of clinical attachment.

Options: Human, bovine or porcine

This article concentrates on collagen resorbable membrane barriers, which are made from three sources: human, bovine and porcine. While all three are adequate, my personal preference is human. Bovine has been used quite successfully, but it and porcine are xenografts (from different species). Additionally, I do not use porcine in my private practice out of respect for the religious preferences of many of my patients.

The specific acellular barrier that is used in these presentations is distributed through TBI (Tissue Banks International) under the brand name TranZgraft® ACD. There are several popular companies, but this company’s product is a sterilized graft compared with AlloDerm, which is not.

Once again, it must be emphasized that before commencing any surgical correction, the practitioner must relieve the initiating factors that led to the recession.

Case No. 1

The patient presented with an obvious single lateral recessed root was natural and healthy appearing and would continue to be able to be maintained with good oral hygiene.

Case No. 2

This case describes two areas of recession in a single mouth, the first Salmonella being identified by identical saliva and oral habits. I used the same cosmetic surgery technique on both areas but used a barrier on only one of the areas (Figs. 3–6). The 10-plus year outcome (Fig. 7) shows complete root coverage of gingiva on tooth #11, where the barrier collagen TranZgraft was used. The adjacent bicuspid #12 had the same coronal repositioned gingival flap procedure at the same time but without use of the connective tissue barrier.

The results clinically demonstrate that use of a barrier helped achieve complete restoration of gingiva tissue on previously recessed root. The same technique in this case, without the use of a barrier membrane, results in no root coverage (Fig. 7).

This particular case would appear to confirm that barriers aid in predictability of root coverage when using this cosmetic surgery technique.


DAVID L. HOEKSTER, DMD, FICD, FACD, is director of the International Academy for Dental Facial Esthetics and a clinical professor in the department of periodontics and implantology at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration and a diplomate of the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 12 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and aesthetic surgery. He can be reached at (212) 355-0004 or dsd@highmark.com.
Pacific Dental Conference exhibit hall includes popular ‘Live Dentistry Stage’

More than 150 sessions and courses fill the March 5-7 event in downtown Vancouver

You can experience the true flavor of Canada’s West Coast — and earn C.E. credits at the same time — at the Pacific Dental Conference, March 5-7, in Vancouver, British Columbia.

The PDC has an expert lineup of local, North American and international speakers.

With more than 130 presenters, 150 open sessions and hands-on courses covering a variety of topics, the meeting should be able to offer something for every member of your dental team.

Some of dentistry’s top speakers

Here is a peek at just some of the presenters and topics on the agenda:

Gordon Christensen – materials and techniques; Jeff Brucia – restorative materials; Lee Ann Brady – restorative; Ann Esbenaur Spolarich – pharmacology; Jim Grisdale – periodontics; David Harris – endodontics; Trisha O’Hehir – hygiene; Shirley Ton – implants; Bethany Valachi – ergonomics; and Bernard Jin will present “Immediate and Forensic Operations,” and looked after the oral health needs of Canada’s troops.

This year marks the 100th anniversary of the Royal Canadian Dental Corps (RCDC). Since the formation of the Canadian Army Dental Corps on May 13, 1915, Canada’s military dental services have worn six cap badges, served overseas in both World Wars and many other peacekeeping, humanitarian and forensic operations, and looked after the oral health needs of Canada’s troops.

In recognition of the centennial, this year’s meeting includes two presentations by military personnel. Both topics should be of interest to a diverse Canadian audience of dental professionals. Lt. Col. Genevieve Bussière will speak on “Military Forensic Identification Operations,” and Maj. Sandeep Dhesi will speak on “Operational Oral and Maxillofacial Trauma Care.”

Additionally, the RCDC will have a booth in the exhibit hall (No. 1351), where visitors can view a multimedia presentation highlighting various aspects of the RCDC centennial celebration.

Explore Vancouver

At the conclusion of the conference, you can take a day to relax and revitalize by exploring some of Vancouver’s tourist attractions. The ocean is just steps from the Vancouver Convention Centre, and nearby snow-capped mountains offer up late-season skiing options.
Downtown Seattle will host pediatric dentists May 21–24

Pike Place Market, the Space Needle, the EMP Museum and some of the top thought leaders in pediatric dentistry are among the reasons to be in Seattle May 21–24 for the American Academy of Pediatric Dentistry (AAPD) annual session.

Scientific sessions are at the Washington State Convention Center, in the heart of downtown, adjacent to hotels, restaurants, nightlife and shopping. Taking advantage of the location, the welcome reception on Thursday, May 21, features exclusive access to the Space Needle, EMP Museum and Chihuly Gardens.

The keynote, on May 22, features Frank Abagnale with “The True Story of Catch Me If You Can.” An authority on forgery, embezzlement and secure documents, Abagnale became an expert of sorts 40 years ago as a world-famous con man, as depicted in his best-selling book, “Catch Me If You Can.” Leonardo DiCaprio and Tom Hanks starred in a Steven Spielberg film based on the book.

Attendees must register for the meeting prior to making hotel reservations to get the meeting rate. Hotels in the AAPD official block are the Sheraton Seattle (headquarter hotel), the Grand Hyatt Seattle, the Hyatt at Olive 8, the Fairmont Olympic, the Crowne Plaza, the Hilton Seattle and the Renaissance Seattle.

Three-day exhibit hall

Products and services in the meeting’s exhibit hall will be geared toward pediatric dental practices. An AAPD booth will have a bookstore, which will have copies of the Coding Manual, the new pediatric dentistry handbook. Also in the exhibit hall will be the Healthy Smiles, Healthy Children Donor Lounge, where you can learn more about Access to Care Grants and donate to its supporting foundation.

The exhibit hall schedule provides attendees plenty of time to explore without conflicting with education courses, while also leaving time to enjoy the city. A hospitality area on the exhibit hall floor will offer a continental breakfast, and there will be complimentary beverages each morning and afternoon and lunch available for purchase.

You can register for the meeting online by visiting www.aapd.org/annual.

(Source: AAPD)
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The dentist and the technician: A love story about breaking up with traditional methods

By Mickaela Olson, Valplast

It’s time to say goodbye to the old ways of making traditional physical impressions. While once deemed the way of the future, physical impressions have become a thing of the past. In a recent presentation, dentistry experts Justin S. Marks, CDT, of Master-Touch Dental Laboratories and Apeksha Pole, DMD, outlined the advance in digital technology using digital impressions for removable partial dentures.

Marks and Pole said that not only does this new technology and method benefit laboratories and dentists, it makes the overall experience more enjoyable for the patient. The challenge is that the stresses of managing a business on a day-to-day basis make it easy for many dentistry professionals to overlook these new methods and materials.

But according to Marks and Pole, a willingness to learn and become knowledgeable about the technology leads to acknowledgment that some traditional and current methods of taking digital impressions have become obsolete in the wake of new digital methods.

According to Marks, the key to a successful future is an understanding of the past. “We need to understand our foundation before we look to the future,” he said. “We need to look at how we can improve some of the imperfect processes that are already in place.” Explaining that new technologies and workflows can progress only if current methods are understood and refined, Marks and Pole made the distinction between the traditional methods of taking impressions and the digital methods that are now being explored.

Pole explained the many variables that go into making an impression and how each step presents a new opportunity for error. “All of these little things on the way can introduce or cause little errors that carry onto your final prosthesis,” she said. “There are stages of error that can be unpredictable and unreliable, which can lead to a poor impression and ultimately an improper fitting denture. Each step from tray selection to patient acceptance must be well thought out and precise. However, when describing her use of the new CAD/CAM technology, she said, “I am 100 percent confident the bite I am taking at that time is the patient’s bite, and the bite the patient will be receiving.”

Marks, who has been using CAD/CAM for the past five years and has witnessed better efficiency in his laboratory workflow, said that while “CAD/CAM technology itself has been around for more than 30 years, it has progressed a long way since then.” His laboratory has seen growth in business and an increase in its ability to take on more cases. “We want to show you, as a clinician, technician and lab owner, how this can benefit you in your own business because digital is the way of the future,” he said.
Intraoral camera boasts high-definition clarity

IRIS HD USB 3.0 intraoral camera from Digital Doc brings the smallest details into full-screen high-resolution focus

By Digital Doc Staff

With dual capture buttons and one-touch focus, control is always within reach with the IRIS HD USB 3.0 intraoral camera. It offers high clarity with a precision optical lens array and Sony’s advanced HD sensor, which combine to create what the company calls “best-in-its-class” picture quality.

Advanced features

The newly designed one-touch electronic focus advances automatically to the next focus mode, and all five modes are shown onscreen. Equipped with an internal motion sensor, the IRIS HD will “Auto-On” when lifted and “Auto-Off” after 10 minutes of inactivity. The streamlined profile features a small, specially designed soft-tip with bright eight-point LED lighting for true-color images. You can keep it close at hand thanks to a specially designed USB 3.0 connector that fits a standard delivery unit.

For more than 16 years, Digital Doc has been a leader in the industry with innovative design and state-of-the-art technology in intraoral cameras. According to the company, since 2007, it has sold more units than any other camera company in North America. Digital Doc considers its award-winning customer service as the cornerstone of its successful relationship with users of its cameras.

Digital Doc also offers a two-year parts and labor warranty on all camera models. According to the company, when quality and performance matter, Digital Doc considers itself to be the No. 1 choice in intraoral cameras. Contact the company at (800) 518-1102 or www.digi-doc.com.

• See STORY, page A12
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Our broad range of experience and capabilities have made Cefla Europe’s No. 1 dental-chair manufacturer. As such, Cefla Dental Group is able to draw on synergies from design through manufacturing, employing the highest standards in every phase. This means our customers get cutting-edge products at world-competitive prices.

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- **NewTom**: A pioneer of cone-beam 3-D imaging in the dental market and continued global leader, NewTom continues to set new standards in the industry. New-Toms products are engineered to provide exceptional image quality, accuracy and flexibility while minimizing patient radiation exposure.

- **Anthos**: Recently launched in North America, the Anthos line of operatory chair packages offer a level of technology, function and esthetics never before seen from a manufacturer in the U.S. market, according to Cefla. With a wide variety of standard and optional accessories and a wide range of delivery options, Anthos can accommodate any advanced practice.

- **Stern Weber**: Innovators in combining technology and ergonomics of the patient treatment center, Stern Weber continues to set the standard for dental units in patient and practitioner comfort. Stern Weber also offers a wide variety of products and accessories.

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**By Cefla Dental Group Staff**

Cefla Dental Group has a national network of certified technicians to assist its dental dealer partners in providing on-site training and service. Photo Provided by Cefla Dental Group

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**STORY, page A11**

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**STORY, page A11**

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Removable prosthesis company presenting latest technical innovations at lab meetings in Chicago

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Gianni Storni, technical director of the company, and Joe Tambasco, president of the Rhein USA group, will be attending two upcoming dental-lab meetings to personally provide information about the many innovations developed by the Rhein Research Labs.

**Two lab meetings in late February**

Rhein’83 USA will be exhibiting at the following events in February in Chicago:

- At the 2015 Cal-Lab Association Annual Meeting, Rhein’83 will be in booth No. 42 in the Ontario Room at the Westin Hotel on Michigan Avenue for the Manufacturers Exhibits, which will take place from 4–6 p.m. on Thursday, Feb. 26.
- At the 2015 annual LMT Lab Day, the Rhein’83 representatives will be in booth No. H29 in the meeting’s exhibit hall at the Hyatt Regency Chicago on East Wacker Drive from 1–6 p.m., Friday, Feb. 27, and from 8 a.m. to 4 p.m. on Saturday, Feb. 28.

**How to contact Rhein’83**

For more information or to make an appointment, contact Rhein’83 distributor American Recovery in person or by mail at 466 Main St., New Rochelle, NY, 10801, by telephoning (800) 233-6559, faxing (914) 633-6363, by sending an email to jtambasco@american-recovery.com or by visiting www.rhein83usa.com.

(Source: Rhein’83)

With 32 years of experience, Rhein’83 is considered to be a world leader in design and production of precision dental attachments on removable prostheses.

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At your fingertips: Every detail about owning a dental practice

By Aspen Dental Staff

Through our partnership with Wiley Publishing — a leading publisher of academic materials for professionals — Aspen Dental is sharing knowledge that can be used to run successful practices.

Do you want to take a step closer to ownership? Download "Practice Ownership," the latest chapter in Aspen Dental’s ongoing series, which delves into topics such as your rights as a business owner, your two compensation paths, the pros and cons of various practice types and other common issues facing owners.

Or, are you looking to own a practice but not sure which business model is right for you? Download "Choosing the right business entity," the second paper in the series. This paper discusses the various business arrangements available to dentists, provides detailed information about when to use a particular arrangement, weighs the pros and cons of each and helps you determine which one is right for you.

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Weissman’s career began in the 1940s, when he opened a dental lab in Brooklyn. His reputation for high-quality work grew rapidly, and soon he was serving some of the top dental practices in the area. One of those practices was owned by the dean of the New York University College of Dentistry, which led to Weissman being talked into a professorship with the school, a position he held for 20 years.

Through it all, Weissman kept inventing to improve what he calls the “art craft” of dentistry. Among the highlights are TMS screws patented in the ‘60s to enable reinforcement of damaged enamel and the Pindex system patented in the mid-’70s, which is still considered the gold standard for creating highly accurate cast models.

In 1977, Weissman sold Whaledent International, the dental company he founded in 1956, to what is now Coltène/Whaledent. But the inventive thinking never stopped and in 1988, he acquired the Stockholm, Sweden-based Dentatus, establishing the North and South American headquarters in New York City the following year.

At Dentatus, the flow of Weissman’s patents has continued at a steady rate, including the Profin Reciprocating Handpiece and the assorted line of Lamineer Tips for finishing and polishing. “Our products cover the full spectrum of restorative dentistry,” Weissman said. “Our factory in Stockholm produces products that are considered by dentists to be the most innovative and useful available.”

In the ‘90s, Weissman’s attention turned to making implant technology available to a broader range of patients, especially those with compromised bone structure.

First came the MTI, the first narrow-body implant for temporary restorations, which removed the lengthy delays between implant placement and restoration. That has been followed by introduction of Atlas implants for stabilizing overdentures and Anew implants, the only system with screw-retained restorations for crowns and large fixed restorations.

All of the systems will be on display at the Chicago Midwinter Meeting exhibit floor, and if you time your visit right, Weissman might be available to chat with you.

But don’t expect him to reveal too many details about what he’s planning next. The ideas are still flowing, and he always has something big in the works, always guided by the same philosophy: Make sure it’s going to help dentists perform better work and help patients enjoy better outcomes — and be affordable enough that both can actually take advantage of it.

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James Rosenwald, DDS, FAGD
“I recently bought two DocPort cameras (to replace my older units) and found them so easy to use and so valuable to my practice that I have purchased three more units. I highly recommend this camera.”

Gerald Ross DDS—Tottenham, ON
“I’ve had cameras costing more than double, but my staff prefers the DocPort over any other because the pictures show incredible detail and it’s so easy to use. We’ve tried a lot of them, but this camera is amazing.”

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Family-owned Flow Dental adds to digital imaging line

Flow Dental, long a leading manufacturer of dental film and film accessories, has transformed its product portfolio to also include unique products essential to every dental practice that has gone digital. “We determined that our relevancy in a digital world would hinge on our ability to provide dentists with accessories that improve sensor or PSP [phosphor storage plate] usage and augment procedure workflow. No pun intended,” said Bill Winters, president of Flow Dental. “Dentists have really responded to our digital products. They recognize the added value we put into each product. They don’t buy our products based on price; they buy based on the benefits to their practice and their patients.”

In today’s PSP market, for example, one in eight phosphor plate users relies on Flow’s Safe’n’Sure line of PSP envelopes. Safe’n’Sure’s three product styles offer time-saving solutions to enhance throughput and productivity, while helping to extend the life and usage of the phosphor plates. A great example of this is Flow’s Safe’n’Sure OPT style (Fig. 1). These PSP covers are designed for plates that include magnets, which account for about 25 percent of the market. Unlike any other product, Flow pre-loads the cardboard insert halfway into the PSP envelope. Not only does this remove a time-consuming step, but it also assures that the plate can never be loaded incorrectly (because the magnet on the plate must line up with the cut-out on the cardboard insert). To enhance removal of the plate, the OPT has a unique butterfly seam that enables the user to easily remove the plate with touching — thus prolonging and preserving longevity of the plates.

Flow’s Deluxe Safe’n’Sure line was recently featured in a review by Clinical Research Associates. More than 75 percent of dentists who reviewed Flow’s Deluxe Safe’n’Sure would recommend it to their peers.

In the sensor area, Flow distinguishes itself with its new Snuggies, an adjustable sensor sleeve. Snuggies enables the user to cinch-tight the sleeve around the sensor, regardless of sensor size or thickness. This means the operator no longer must twist the sleeve around the sensor cable to keep it in place. These type of details help office productivity and reduce expensive sensor repairs or replacements.

Other sensor accessories include the Sensible’s adjustable sensor positioner (Figs 2a,b), which enables the user to move from an anterior to a posterior — even to a bitewing — position all with the same bite block. The bite block can be adjusted to the midline of any sensor, whether horizontally or vertically placed.

Flow Dental is far from finished reinventing itself. Its newest product is the Exposure line of articulating strips (Fig. 3). “As a leader in diagnostic products, we felt extending our line into this area made sense. Plus we built the machinery to make it right here in the USA,” Winters said. Exposure articulating strips eliminate the need for forceps. They come with their own handles. “They’re easy to use and long enough to reach the back molars” Winters said. “Dentists will appreciate the added convenience of not having to search for forceps or get the ink all over their gloves.”

Flow recently celebrated 40 years in business. Its sister company, Wolf X-Ray, is celebrating more than 80 years in medical imaging. “As a family-owned business — much like the majority of dental offices we service — we are proud to be a valued provider of unique and elegant products, and the best is yet to come,” Winters said.

For more information on Flow’s products, visit www.flowdental.com or contact your local dealer.
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Chicago MidWinter Dental Meeting • Booth #601
Wykle Research offers Calasept Endo line

Wykle Research offers Calasept Endo products, which it distributes for Nordiska Dental of Sweden, the manufacturer of Calasept and Calasept Plus.

Calasept Irrigation Needles are high-quality, double-side-vented, luer-lock irrigation needles that optimize the cleansing of canals, creating a “swirl effect.” The needles are available in 27 g or 31 g, in packs of 40 needles.

Features include the following:
• Bendability
• Luer-lock hub
• Sterile and disposable
• Designed for ease in cleaning roots
• High-quality stainless steel

Calasept Irrigation Syringes are 3 ml luer-lock, single-use syringes. They are color coded to eliminate risk when using multiple irrigation liquids. They are available in packs of 20 syringes, 10 white and 10 green.

Features include the following:
• High-quality, three-part syringe
• Color coded
• Luer lock

These products complement Wykle’s popular Calasept line, which includes Calasept and Calasept Plus calcium hydroxide paste for temporary filling of root canals, sold in packs of four syringes with 20 needles. Calasept EDTA is 17 percent EDTA solution. Calasept CHX is 2 percent chlorhexidine solution for irrigation. Both solutions are packaged with a luer adaptor for easy filling of syringes.

For more information, contact Wykle Research at (800) 859-6641 or visit the company’s website at www.wykleresearch.com.

(Source: Wykle Research)
CALASEPT® Endo-line

CALASEPT® Irrigation needles
Double side vent

CALASEPT Irrigation Needles
* Double side vented
* With luer lock hub
* Bendable
* High quality stainless steel
* Sterile and disposable
* Easy for cleaning out the canals
* Container packed

CALASEPT® Plus
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ORAL HEALTH AMERICA’S ‘GALA & BENEFIT’ CELEBRATES 60TH AND 25TH ANNIVERSARIES

Tickets on sale for Feb. 25 event in Chicago, with chance to win an Audi A3 Cabriolet

The Oral Health America Gala & Benefit precedes the Chicago Midwinter Meeting. Photo Provided by Oral Health America

Tickets and sponsorships are available for Oral Health America’s 25th Annual Gala & Benefit, which is taking place Wednesday, Feb. 25, at the Hilton Chicago.

In addition to being a major fundraiser for OHA’s programs that connect communities with resources to drive access to oral health care, the Gala & Benefit serves as a premier networking event for the dental industry. The gala averages almost 1,000 attendees each year, representing hundreds of companies, dentists and industry professionals.

‘Smiles Under Silver Stars’

The year’s theme, ‘Smiles Under Silver Stars,’ celebrates the 25th anniversary of the gala and the 60th anniversary of OHA, which started in 1955 as the American Foundation for Dental Education to expand the pool of qualified dental educators. OHA’s history will be celebrated at a reception before the gala and with a presentation during the event.

The evening will begin with a cocktail hour, followed by a culinary feast that organizes describe as being fit for the celebration. The evening also features live music and live and silent auctions. The 2015 Gala, sponsored by Aspen Dental, is your one chance opportunity to win a 2015 Audi A3 Cabriolet. Raffle tickets can be purchased now for $100 each, with winners not needing to be present to win.

For information about the gala, you can visit www.oralhealthamerica.org/participate/gala, or send an email to Brad McLaughlin at brad.mclaughlin@oralhealthamerica.org, or call him at (312) 836-9900.

(Info: Oral Health America)

Commentary

Reflecting on oral-health’s good old iodine days

By Patricia Walsh, RDH, Hygiene Tribune Editor in Chief

While anxiously waiting for the “Downton Abbey” television series to start up again, I got my English history fix by reading the history of Wentworth Castle. The book covered the trials and tribulations of an aristocratic family in a home three times the size of Buckingham Palace. I was taken by surprise when the author mentioned the cause of death of a high-ranking nobleman as “quinsy throat.”

In modern times, with the arrival of antibiotics, you wouldn’t hear of this — at least not in a developed nation. The more I thought about it, I don’t think I had heard the term “quinsy sore throat” for a very long time. Around here, if your throat is starting to close off, you’re probably gotten yourself to an emergency room pronto. It’s an abscess in the peritonsillar area that often needs drainage.

While tonsillitis is more common in children, both kids and adults are susceptible to quinsy. One can only assume that if the breathing restrictions don’t kill you, the resulting septicemia might later. A quinsy sore throat can infect both the blood supply and individual organs.

I can recall having my tonsils painted with iodine by the school nurse when I was starting to come down with some thing. A tall canister of extra long cotton swabs were one of the staples of her office. I can’t say whether there’s any scientific proof that tonsil painting reduced cases of severe tonsillitis, but I do know that some homeopathic remedies call for gargling with a watered down Betadine solution even today. I’ve also heard that eating three or four marshmallows helps to soothe a sore throat. Apparently it has something to do with the gelatin. I suppose if you’re not eating at all, any caloric intake will do, so it might as well be fun!

Washington’s epiglottitis

George Washington’s physican mentions his quinsy sore throat prior to his death at age 63. He was thought to have suffered from a quinsy sore throat that quickly turned into epiglottitis — most likely his cause of death. The swelling of his epiglottis cut off his air supply. He also suffered from malaria, TB and smallpox during his lifetime. How sad that it may have been a very bad sore throat that got him in the end.

The blood lettering technique that was used at the time probably hindered his recovery as well. When I was a dental hygiene student, we were occasionally brought to a local city clinic to do checkups on grammar school children. These children were the poorest of the poor and were seen on old WWII wooden field chairs. There was no money in the budget for fancy things like “dis- cussing tablets.” Instead, we used iodine on long cotton swabs to paint the teeth and disclose the plaque. Our instructor kept the large bottle of iodine. The iodine that a physician uses is water-based as opposed to the alcohol-based type available for home use. We used eye droppers to fill up our little green-glass dappen dishes for each patient. I would think the taste alone would put children off dentistry for some time to come. We rinsed their mouths with a rubber ball syringe, and they expectorated into a kidney basin. Considering the number of patients I currently see with known iodine allergies, it’s amazing we never heard of any children having a reaction. Then again, people are now more ‘allergy aware’ then they once were. There is probably an equal number of children with red-dye allergies who would have done no better with the modern disclosing tablets.

In spite of iodine’s unpleasant taste, I have been known to recommend subgingival irrigation with a Betadine solution (brand name for povidone-iodine). The key to this is the dosage. I tell the patient that if the water turns brown, they’ve added too much. There is a huge temptation to use too much because most drug stores sell only very large bottles. But be- between the bad taste and the potential for staining, it’s easy to see why less is more.

Iodine kills the gram negative bacteria that live in the darker recesses of a deep perio pocket.

There is another clinical application for iodine in dentistry. An iodine staining test used to assist in discerning attached ginviva as mentioned in “Periodontics Revisited” by Shalu Bathla, MD. The physician can: “paint the gingiva and oral mucosa with Lugol’s solution (iodine,water and potassium iodide). The ovoid mucosa takes on a brown color owing to its glycogen content while the glycogen-free attached gingiva remains unstained. Measure the total width at the unstained gingiva and subtract the sulcus/pocket depth from it to determine the width of the attached gingiva.”

In the Chernobyl disaster, some lugols solution was used as an emergency source of iodide to block radiation iodine uptake, simply because it was widely available as a drinking water decontaminant, and pure potassium iodide without iodine (the preferred agent) was not available.

Mama don’t take my Mecurochrome away

Mecurochrome and mercurochrome were also very popular in my childhood. We proudly wore our pink tinctures over scraped knees like playground battle scars. When it was determined that mercury was detrimental to one’s overall health, Mecurochrome was banned from general use. The U.S. Food and Drug Administration put very strict limitations on the sale of Mecurochrome in 1998 and 1999.

* See IODINE, page B2

www.dental-tribune.com

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stated that it was no longer considered to be a GRAS (generally recognized as safe) over-the-counter product. Methiodide was another commonly found antiseptic and antifungal agent that was banned because of its mercury content.

Iodine was determined by the U.S. Justice Department to have a roll in the production of methamphetamine and is now a restricted purchase. I wouldn’t recommend bringing back anything more than 4 fl. oz. of tincture of iodine from your next Mexican vacation. Scrape your feet on a coral reef, and you might find yourself detained at customs for questioning about your toiletry kit. While iodine is often used as a test for starch conversion in the mash.

Iodine getting harder to find

The old-time iodine bottle with the skull and crossbones sitting in the medicine cabinet has come and gone. In this new age of communication and entertainment, I wonder if a child would even be put off by the sight of a poison label. Children are exposed to cartoon pirates at such an early age. In the mid 19th century, cobalt blue bottles or raised glass lettering were used to help in the identification of poison.

While there is no federal mandate for iodine strengths and quantities, iodine has disappeared from a few pharmacies and department store shelves the way Sudafed did most recently. Home brewers take heart, these pharmacists just require that you sign a poison-control statement and list the reason for your purchase. For those of you who still buy your beer in the traditional manner, iodine is often used as a test for starch conversion in the mash.

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Designs for Vision is excited to be presenting several new products at the 2015 Chicago Dental Society Midwinter Meeting.

"Designs for Vision was started by my father, Dr. William Feinbloom, as an optical company, and during the 1970s our magnification and illumination products found applications in operating rooms and in operatories," said company President Richard Feinbloom. "The [Midwinter Meeting] has always provided that comfortable space where industry and professional can interact and exchange ideas. This year we are featuring our ULTRA Mini 2.5x Telescopes, Nike® Retro and DVI Sport frames, and the NanoCamHD™ loup-mounted video camera. This is a unique opportunity to reach an important target market to introduce a major optical innovation," Feinbloom said.

A pair of ULTRA Mini Telescopes weigh as little as 34 grams (1.2 ounces) and are 40 percent smaller than regular telescopes, thus allowing for easier peripheral vision. "The ULTRA Mini Telescopes," Feinbloom said, "like our world renowned Dental Telescopes, provide 2.5x magnification that is fully customized to the individual user, providing ergonomic advantages to our customers. Designs for Vision matches the focal length of each telescope to the ideal working distance of our customers. This way the depth of focus surrounds their ideal working distance, instead of adapting to a pre-set focal length.

"We have been working with dentists and hygienists who required true 2.5x magnification, but desired a lighter, smaller device for all-day use. Designs for Vision wanted to design and engineer a full feature system that offered all of the features our customers expect of a Designs for Vision product. The lens system uses the same precision-coated optics as our traditional magnification systems. We can also accommodate eyeglass prescriptions into the ULTRA Mini Telescopes." The Nike Retro frames are exclusive to Designs for Vision. Available in tortoise shell, black and translucent gray, the Nike Retro has a classic look. The DVI Sport frames can be used for all magnifications and can incorporate eyeglass prescriptions — providing the protective wrap without any distortion.

Designs for Vision’s new NanoCamHD records digitally at 1080 high-definition resolution. The NanoCamHD records magnified HD images from the user’s perspective. The complete system includes 2.5x, 3.5x and 4.5x lens systems to match the typical magnifications, providing a true user’s point of view. As an added feature, still photographs can be taken from live video feed or during playback mode. The video or still images can be uploaded into a patient file, included in a presentation or course, or shared with a colleague or laboratory for collaborative consultations.

The NanoCamHD complete system includes a color corrected ULTRA Mini LED DayLite® headlight. The combination headlight, NanoCamHD can be attached to loupes or can be worn on a lightweight headband.

The system also includes a foot pedal to enable hands-free operation of the NanoCamHD. Record/pause, mute/unmute and still photography are controlled by the operator hands-free via the pedal.

For best results, combine the NanoCamHD with Designs for Vision’s dental telescopes. Matching true magnification levels of 2.5x, 3.5x or 4.5x can produce realistic simulation from the user’s perspective. The NanoCam can also be attached to the new Nike Retro frames or the new DVI Sport frames.

Visit Designs for Vision at the Chicago Midwinter Dental Meeting at booths 2008 or 4021 to see the ‘Visible Difference’ yourself.

(Source: Designs for Vision)
AO puts ‘Focus on South Korea’ at its annual meeting

By Academy of Osseointegration Staff

South Korea has the world’s highest per capita use of dental implants, and the Asia Pacific area is projected to witness the implant-abutment interface market grow at a fast rate during the next five years. Last year, the Ministry of Health and Welfare announced dental implants for patients ages 75 and older would be covered by South Korea’s national health insurance.

“South Korea is not only a highly developed implant market but also a leader in clinical research in the dental implant industry,” says Dr. David M. Kim, explaining why the Academy of Osseointegration (AO) has dedicated a symposium to South Korea at its 30th annual meeting, to be held in San Francisco in March. “It’s both important and refreshing to see how dentistry is practiced in different countries.”

With 6,000 members from 70 countries, AO is truly an organization with global influence and reach. With that in mind, AO began a new tradition last year by hosting a symposium dedicated to a single country. AO members Drs. David M. Kim and Brian M. Chang will moderate this year’s Focus on South Korea Symposium.

“This symposium is an excellent opportunity for AO members from across the globe to hear and learn from top-notch speakers — all of whom have a university affiliation, conduct research and see patients on a daily basis,” Kim said. “These presentations will address clinically relevant information that can be applied in the clinic the following Monday.”

All three organizations specializing in implant dentistry in South Korea — the Korean Academy of Oral & Maxillofacial Implantology (KAOMI), the Korean Academy of Implant Dentistry (KAID), and the Korean Academy of Osseointegration (KAIO) — have provided speakers for this symposium.

A group of renowned experts from South Korea will address this symposium in English, and a wide range of clinically relevant topics.

“This symposium will not just be one-way. We’re going to encourage a lively discussion and interaction both during and after the programming,” Kim said.

The Focus on South Korea Symposium will be held from 1:30 to 5 p.m. on Friday, March 13, at the Moscone Convention Center in San Francisco during the AO Annual Meeting.

For more information and to register, visit www.osseo.org/events/meetings/2015/index.html. To stay up-to-date on the academy’s news, follow the AO on Facebook and Twitter.

Kim is an associate professor at the Harvard School of Dental Medicine, as well as the school’s director of the postgraduate program in periodontology and continuing education.

Study measures micromotion at implant-abutment interface

This study was published in the November/December issue of The International Journal of Oral and Maxillofacial Implants (JOMI), the official journal of the Academy of Osseointegration (AO).

Background

Micromotion at the implant-abutment interface has been identified as a major determinant of long-term implant success. Technical problems ranging from screw loosening to screw fracture may occur as a consequence of excessive micromotion. Different concepts for the design of the implant-abutment connection have been proposed in the past. These affect micromotion at the restorative interface as well as the stability of the abutments used.

While initial micromotion depends predominantly on the fabrication accuracy achieved, long-term micromotion appears to be related primarily to wear phenomena at the implant-abutment interface. Despite the clinical importance of micromotion phenomena at the implant-abutment interface, no universally valid method for quantifying this phenomenon has been described.

Key point

It cannot be predicted that a certain type of abutment will always lead to a certain level of micromotion. Relatively equal distribution of components occurs at varying magnitudes. However, strict adherence to manufacturers’ guidelines with respect to tightening torque may help reduce implant-abutment micromotion.

Because micromovement occurs during the initial phase of loading, it may be prudent to routinely retighten the abutment screws, which might have lost preload.

Authors

Dr. Matthias Karl, department of prosthodontics, University of Erlangen-Nuremberg, Erlangen, Germany; Dr. Thomas D. Taylor, department of reconstructive sciences, University of Connecticut, Farmington, Conn.

• See STUDY, page C2
Why dental students should attend the AO Annual Meeting

By Academy of Osseointegration Staff

We asked young clinicians why they’re looking forward to the Academy of Osseointegration Annual Meeting and how the event has benefited them in the past. In their own words:

I attended the AO 2014 Annual Meeting as a second year graduate prosthodontics resident, and it was an enriching experience. The comprehensive accumulation of lectures by specialists in the field of prosthodontics, oral surgery and periodontology elevated my clinical and academic benchmark.

I had the opportunity to present a table clinic, which gave me a chance to interact with peers and improve my own presentations by watching the same training as myself. It was a great educational experience, and an environment in which to share new thoughts and ideas about what’s up and coming in our respective fields. The AO meeting also had the perfect circumstances for me to connect with eminent members of our field, like Dr. Steve Eckert and Dr. Dennis Tanno, and to talk about future professional goals and tips on how to achieve them.

As a graduate resident, my aim was to collect maximum information for my master thesis, and the various lectures on CBCT scanning and virtual treatment planning of implants were of immense value. The most comprehensive and up-to-date data provided on these subjects greatly helped my research. My keen interest in being immediately loaded and virtual planning of implants, I found it very beneficial to interpret the long-term follow up of experienced professionals in this discipline.

Vrinda Mohunta, BDS graduate resident advanced prosthodontic program Ohio State University, College of Dentistry

I attended the AO 2014 Annual Meeting as an advanced surgical implant trainee at UCLA. It was my third time attending, and I consider it to have been the most profitable in all aspects regarding education, experience, and networking.

I used the meeting to make new contacts with other residents and colleagues from other programs, as well as have fun and relax at the social events with my friends. I also did an oral presentation at the meeting, and my advice to students and residents is to attend these presentations and visit the posters. Do not be shy of asking questions and discussing them with others.

AO has such an amazing environment, which makes it easy to introduce oneself and have good conversation with the most important leaders in the field. It’s a wonderful opportunity to be at the forefront of implant science around the globe. I will be attending AO’s 2015 Annual Meeting, so I can continue to learn and see my friends again!

Rudrigo G. Beltran, DDS, PhD oral maxillofacial surgery and implant dentistry Prof Implant Dentistry Sobrados/Linea UCLA Advanced Surgical Implant

I attended the AO 2014 Annual Meeting as a graduate prosthodontics resident at University of Michigan. The meeting provided a great opportunity to combine learning with socializing. It was an opportunity to exchange ideas and lay the groundwork for future collaborations, as well as meet up with old friends and make new ones.

The uniqueness of this meeting is that it gives you a multidisciplinary forum for clinical advancements and interventions, while also giving you an opportunity to participate in social events that allow you to have fruitful dialogue about the progress being made in our field.

The opportunity to meet leaders in this field is nothing less than inspiring for the new dental generation. Plus, the destination gives you a chance to experience cultural and culinary flavors while mingling with future colleagues from around the world! I am looking forward to this year’s meeting.

Anastasia Katsavochristou, DDS graduate prosthodontics University of Michigan

Purpose

Scientists aimed to establish a biomechanical approach to directly measure relative motion at the implant-abutment interface and to quantify micro-motion in a variety of implant-abutment combinations. Geometry of the implant-abutment interface, fabrication method of the abutment, engagement of antirotation features, abutment material, tightening torque and type of manufacturer (original, clone) were investigated.

Materials and methods

Implant-abutment assemblies were fixed in a universal testing machine at a 30-degree angle. A cyclic load of 200 N (Newtons) was applied to the specimens at a 30-degree angle. A cyclic load of 200 N (original, clone) were investigated.

Researchers found tightening torque and type of manufacturer significantly affected the level of micro-motion, regardless of the implant engagement of antirotational features. Inconsistent micromotion at the implant-abutment interface resulted in increased micromotion, which ultimately led to the specimen CAD/CAM abutments coupled to proprietary and competing implant systems. In most cases, the CAD/CAM abutments performed as well as stock abutments. Great variations in micromotion were found with clone abutments and clone implant systems.

More information

For a complete copy of the study and the JOMI November/December table of contents, visit www.osseo.org/Newhome.html. To join AO and begin receiving JOMI (bi-monthly) or obtain online access to JOMI, visit www.osseo.org/NewMembershipApply.html

Graph/Provided by JOMI/the AO

showed less micromotion than CAD/CAM titanium abutments. Inconsistent levels of micromotion were reported for the specimens CAD/CAM abutments coupled to proprietary and competing implant systems.

Graph/Provided by JOMI/the AO

impacted the level of micromotion when one specific abutment type was investigated.

Investigated implant-abutment combinations produced a broad range of micromotion values. Researchers did not find perfect implant shoulder geometry or perfect fabrication technique that would result in undetectable micromotion. The values for micromotion at the implant-abutment interface ranged from 152 to 54.00 μm (micrometers). Researchers found tightening torque significantly affected the level of micro-motion when one specific abutment type was investigated.

Implant shoulder design did not reveal a significant effect in all cases. Lack of engagement of antirotational features of the implants resulted in increased micromotion, regardless of the implant system investigated.

Casting onto prefabricated gold cylinder resulted in abutments with significantly less micromotion as compared to copy-milled stock abutments. Computer-aided design/computer-assisted manufacture (CAD/CAM) zirconia abutments
Because it’s sometimes a tight squeeze:

Visit us at the CDS booth #4801 and AO booth #133 for more information

The surgical contra-angle handpiece with 45° angle head
The new WS-91 and WS-91 LG high-speed surgical contra-angle handpieces feature a 45° angle head. They allow completely new, considerably better access to hard-to-reach operating areas such as in cases of wisdom tooth extraction or apical resection.

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The Academy of Osseointegration (AO) recently hosted its first-ever AO Indian Outreach Meeting (AOIOM), in collaboration with Dr. D.Y. Patil Vidyapeeth (DPU) of Pune, India. More than 275 dentists gathered Jan. 22–24 to discuss and exchange information related to the event’s theme, “Innovation and Practice in Modern Implant Therapy.”

This three-day scientific program included plenary lectures from internationally and nationally acclaimed experts. In addition, delegates shared their scientific expertise during an e-poster session.

“Renowned experts from around the world shared their vast knowledge of the field and its latest advances. The interdisciplinary makeup of these speakers provided a refreshing and unparalleled learning experience,” said Dr. D. Gopalakrishnan, AOIOM 2015 organizing chairman.

The speaker lineup included Dr. Joseph E. Gian-Grasso (USA), Dr. Michael Norton (UK), Dr. P. P. Kala (India), Dr. Hugo De Bryun (Belgium), Dr. Saphal Shetty (India), Dr. Dhirentra Srivatsava, Dr. Georgios Romanos (USA), Dr. T. V. Padmanabhan (India), Dr. Suvarna Nene (India), Dr. Fernando Viscaya (Spain) and Dr. Jocelyne Feine (Canada).

There were 50 e-poster submissions, of which 20 were selected for a blind-review competition. Prize winners for each category are listed below:

- **Original research:** Dr. Shuchi Tripathi
- **Case series:** Dr. Gurbani Kaur
- **Case report:** Dr. Binita Srivastava

"AOIOM exemplifies the successful network AO is creating internationally to facilitate the exchange of new technologies, emerging trends and research in the fields of implant dentistry and tissue engineering," said AO President Gian-Grasso. "This is consistent with, and critical to, the academy’s mission. Exchanging ideas and learning with international colleagues is the fabric of our organization."

For more information about AO’s global outreach and chapter charters, visit www.osseo.org/charterChapters.html. To stay up-to-date on the academy’s news and upcoming meetings, follow the AO on Facebook and Twitter.

**About the Academy of Osseointegration (AO)**

With 6,000 members in 70 countries around the world, the AO is recognized as a premier international association for professionals interested in implant dentistry. AO serves as a nexus where specialists and generalists can come together to evaluate emerging research, technology and techniques, share best practices, and coordinate optimal patient care using timely, evidence-based information.
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Available for all major implant systems, the ATLANTIS Conus concept allows for friction-fit, non-resilient prosthetic solutions for fully edentulous patients.

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www.dentsplyimplants.com
For tight situations when extracting wisdom teeth, here’s how to extend your surgical viewing angle

By W&H Staff

Surgeon drive instruments face anatomical limits when extracting wisdom teeth: The cheek obstructs straight handpieces in the case of small mouths, or the distal molar makes burr access difficult for contra-angle handpieces.

In either case, the new surgical contra-angle handpieces from W&H offer a solution — even for wide apical tooth sectioning. Dental handpieces WS-91 and WS-91LG combine the advantages of surgical straight and contra-angle handpieces for the first time ever. The extended angle between the shank and burr axis allows good access to the tooth row both buccally and occlusally. Displaced teeth can be comfortably sectioned.

The dentist also has a significantly better view of the surgical site than with the instruments previously available.

Dr. Mario Kirste from Frankfurt/Oder had this to say: “If I turn the contra-angle handpiece head slightly, I can work particularly quickly and safely in the retromolar region. The instrument has the potential to reconcile the contrasting positions taken up by the users of straight and contra-angle handpieces.”

Power plus hygienic safety

The new contra-angle handpieces WS-91/WS-91LG are real powerhouses at the same time, W&H asserts. Their transmission ratio of 1:2.7 results in a speed of up to 135,000 revolutions per minute. The key factor, however, is their high power combined with a surgical motor.

The contra-angle handpieces achieve an effective power of more than 2 Ncm on the working part of the burrs, making them almost three times as powerful as standard dental contra-angle handpieces combined with an electric dental motor.

Biologically necessary and hygienically safe cooling is also taken care of: An external triple spray cools the rotating instrument with a sterile saline solution. As with all dental handpieces from W&H, the surface of the new contra-angle handpieces is scratch-resistant and therefore easy to clean, according to W&H. They can also be easily disassembled without tools.

Successful balance

Apical resection is another indication for the contra-angle handpieces WS-91/WS-91LG. The sophisticated geometry ensures excellent vision in cases involving maxillary molars and small mouths, according to W&H. In the WS-91LG, a mini LED+ also illuminates the operating area with daylight quality.

“The new contra-angle handpieces are a really successful balance. This achievement by W&H extends my viewing angle and my options in routine surgery,” Kirste said.

At left, X-ray visual.
Below, the contra angle with 45-degree head and the W&H surgical handpiece.
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MICRODENT IMPLANT SYSTEM
Dentium celebrates 10 years of clinical success

By Dentium USA Staff

Dentium is pleased to announce the results of its long-term clinical case study. The study, conducted for more than 10 years, has successfully shown Dentium implants are reliable and predictable.

The study’s radiographic images showed a successful osseointegration during a long-term observation period and also showed that Dentium’s unique design and surface features resulted in stable osseous crest without bone loss to the first thread, according to the company.

Dentium implants possess S.L.A. (sand-blasted with large grit and acid-etched) surface treatment, which facilitates the osseointegration process with a high predictability of success and provides more complete bone-to-implant contact throughout every thread of the implant.

This produces a well-attached base for osseointegration, the company said. The greater distance between the threads of the implants also helps promote early osseointegration while the increased thread height helps augment initial stability. The double-threaded design of the implants reduces insertion time, thereby decreasing the patient’s chair time.

The tapered body design of Dentium dental implants provides initial stability and bone expansion response for easy installation, according to the company. The tapered design also helps create a stable yet comfortably placed implant that provides integration with surrounding bone anatomy.

Dentium implant systems offer a variety of diameter and length options for individual cases. Dentium implants can bring initial stabilization and osseointegration, especially in soft-bone cases and in sinus graft with implant placement cases.

All implants offered by Dentium share the same internal hex. The conical hex connection between the implant and abutment interface helps ensure greater hermetic sealing and provides an improved tactile sense, the company asserts.

This helps to ensure a more stabilized abutment seating. The biological connection contained within the implant creates an even distribution load to the fixture, helping to minimize micro-movement and marginal bone loss.

Dentium components are equipped with a true single platform; only one abutment connection is used for implants. This reduces the need for multiple prosthetic components and simplifies the surgical and prosthetic procedure, according to the company.

Dentium is a dental implant manufacturing company with a heavy focus on innovative research and development. Dentium has released state-of-the-art dental technology with products ranging from implants to regenerative materials. The motto of Dentium is “Developed by Clinicians for Clinicians” because its products are developed by industry leaders. Dentium is in more than 80 countries and has a manufacturing facility here in the United States. Dentium is FDA registered and ISO certified. Dentium wants to encourage the academic community as well as future clinicians to follow its passion for research and development.

For more information and introductory specials, call (877) 304-6752 or send an e-mail to info@dentiumusa.com. You may also visit www.dentiumusa.com.
Microdent introduces its first universal connection implant

Company launches international marketing campaign to expand operations in the United States, Latin America and the Middle East

By Javier de Pison, Dental Tribune

Last year, Microdent Implant System introduced Ektos, its first universal internal connection implant. Recognized worldwide for developing the first bone expanders and implants such as the Genius, the main advantages of using Microdent implants include the company’s long background as a manufacturer and its firm commitment to quality.

Microdent Director of Production, Research and Development Joan Muñoz says the company has 25 years of manufacturing experience “backed by evidence that proves the main features of our implants: great osseointegration and very long durability.”

Microdent’s R&D director adds that the company’s implants have a unique, distinctive design.

“They are manufactured with extreme precision to ensure the best possible function,” he explains, “but what makes Microdent unique in the market is our special thread design, which provides great self-tapping capacity and large contact surface with bone for the best possible osseointegration.”

Muñoz says that quality has always been Microdent’s top priority. Asked what differentiates Microdent from the competition, he provided a list of innovations developed by the company.

- **Ektos Implants:** Microdent’s new universal internal connection implant prevents rotational movement and creates a conical coupling area between the implant and prosthesis that provides the most effective connection sealing.
- **Genius Implants:** An internal connection implant with hexagonal ribbed cone that allows for perfect sealing of the implant-prosthesis junction in a monoblock. The Genius’ emerging cone design provides a surface area for biological growth, which reduces gingival retrac-
- **Microdent External Connection Implant:** An implant system more robust and resilient than the universal external connection, which offers the same type of connection for prosthetic restorations.
- **Atraumatic expanders:** Microdent’s bone expanders provide oral implantology with an important technological innovation, a global reference product that is a must for any implant professional. This practical and simple instrument avoids surgical trauma and, because it works progressively, allows effective control of the expansion process.
- **Cortical Fix:** Like the expanders, the Cortical Fix is also an important technological innovation in the oral implants field that allows the use of a minimally invasive sinus lift, atraumatic technique. Microdent has launched an international marketing campaign to expand its operations in the United States, Latin America and the Middle East.

“We have launched an advertising campaign in print and online,” Muñoz said. “And will be providing free online implant courses through the Dental Tribune Study Club to show the quality and advantages of Microdent Implant System.”

For more information, please visit www.microdentsystem.com.

“They are manufactured with extreme precision to ensure the best possible function … but what makes Microdent unique in the market is our special thread design, which provides great self-tapping capacity and large contact surface with bone for the best possible osseointegration.”
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The Academy of Osseointegration
San Francisco Meeting
Booth #447
Do you know enough about the implant company you work with?

By DENTSPLY Implants Staff

Dental implant technology continues to evolve and grow through continued advancements in implant-to-abutment interface design, surface treatment, digital technology and patient-specific solutions. These developments have helped to simplify procedures, reduce treatment time, ensure more long-term and optimal outcomes and, ultimately, contribute to a higher level of patient satisfaction.

With these developments, new solutions and new companies are also continuing to emerge at a rapid pace, often making it more difficult to know what is the right choice for your practice and your implant patients. Some aspects to consider when choosing an implant partner may include:

- How long has the company been on the market?
- How much focus and resources does the company place on the research and documentation behind their products?
- What personnel and support are available to you in your product use and practice development?
- Is the company actively introducing new technologies and leading innovation and change?
- What type of warranty is in place should something happen?
- Will the company and products be around — not only today but tomorrow — when you need them?

These are all critical aspects to consider because, in most cases, your patients will rely on you for their long-term care. In turn, you should have the confidence that your implant provider will be there for you throughout the entire journey.

DENTSPLY Implants is based on a solid foundation of 40 years of expertise, knowledge and experience in all relevant fields and technologies of implant dentistry. Its comprehensive portfolio of solutions for all phases of implant therapy is designed to support its commitment to providing simplicity to its customers and is backed by extensive documentation, the company asserts.

The convenience of a “one-stop-shop” for implant treatment is truly delivered through the availability of solutions for digital treatment planning (SIMPLANT™), regenerative preparation of the implant site (SYMBIOS®), implant system options that include an internal conical connection (ANKYLOS® and ASTRA TECH Implant System™) or an internal flat-to-flat connection (XiVE®), and patient-specific restorations (ATLANTIS™) for cement-, screw- and attachment-retained implant-supported prostheses. These solutions are further supplemented by educational opportunities and practice-marketing tools.

The latest launch and introduction of its ASTRA TECH Implant System EV is another example of industry-leading innovation.

As a part of its focus on documented success, the foundation of this evolutionary step remains the unique ASTRA TECH Implant System BioManagement Complex with its key combination of features: the OsseoSpeed surface, microthread, conical seal design and connective contour. Well-documented for its long-term marginal bone maintenance and esthetic results, the average marginal bone reduction for the ASTRA TECH Implant System is, in fact, less than 0.3 mm after the first year of loading — a figure that still remains after five years.

The design philosophy of this new system is based on the natural dentition utilizing a site-specific, crown-down approach and is supported by an intuitive surgical protocol and a simple prosthetic workflow, for increased confidence and satisfaction for all members of the treatment team. The versatile range of implants and site-specific components are designed for long-term biological and clinical performance, ease of use, versatility of indication and mechanical robustness.

So what are you looking for in an implant company? If a strong history of experience and expertise, documented success, comprehensive solutions for all your implant needs and products and services of the highest quality matter to you, take a closer look at DENTSPLY Implants.
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CLINICAL AND LABORATORY PRODUCTS
Renovix Guided Healing Collagen Membrane ideal for grafting procedures

Ridge augmentation and sinus lifts are easier and more predictable with this product, reviewers say

Ted Chester

The Renovix® Guided Healing Collagen Membrane from Salvin Dental is getting excellent reviews from doctors using it for pre-implant grafting procedures including socket preservation, ridge augmentation and sinus lifts.

It combines the ability to drape and conform to the specific anatomy of a grafted defect, while maintaining structural integrity and elasticity. The combination of ideal handling characteristics helps to make grafting procedures easier and more predictable, the company says.

When it comes to selecting the perfect membrane for guided bone and tissue regeneration, there are many choices. Yet most clinicians are still looking for the ideal barrier that combines the best handling and performance characteristics.

Some collagen membranes remain stiff even after being hydrated, making it difficult to place over a ridge and conform to the shape of the defect. Other membranes have no memory and resemble wet tissue paper, making it extremely difficult to manipulate during surgery. Renovix was originally created for use in repairing pediatric cardiac defects.

Cardiac surgeons needed a resorbable membrane to protect the surgical site without migration and have it cross-linked in a way that significantly reduced the chance of an inflammatory response. Based on these specific requests, the material used for Renovix was developed.

Renovix is fabricated from Type I porcine collagen, known to be one of the purest forms of collagen available, the company asserts.

It is cross-linked with polysaccharide, a naturally occurring sugar, with excellent biocompatibility. The combined performance and handling characteristics of this membrane, along with specific requests from many implant surgeons, encouraged Salvin Dental to introduce Renovix for guided bone-regeneration procedures.

Case reports and clinical documentation are an important part of the decision process when determining how regenerative products will perform.

Steve Wallace, DDS, MHS, from Wilmington, N.C., has used Renovix in more than 25 cases as a guided regeneration barrier after extraction and grafting of maxillary 1st and 2nd molars in preparation for implant placement.

Wallace made the following statement detailing his clinical experience with Renovix: “Primary flap closure over maxillary molar extraction sites is always difficult to achieve. I have been using Renovix as my barrier over these grafted sites to exclude soft-tissue ingrowth. I have seen that Renovix remains intact up to 12 weeks and consistently promotes soft-tissue closure over it with minimal inflammation.”

When it is first removed from its sterile packaging, Renovix becomes opaque, making it easy to identify when brought into the surgical field, and it is very easy to manipulate.

Clinicians have said that they get their best results when trimming it after it has been hydrated, the company says.

Renovix is very thin, yet has remarkable tensile strength. This characteristic provides several clinical advantages.

First and foremost, it can easily be tacked or sutured to the surgical site if needed. Next, it can be tucked into small tunnel incisions using a micro periosteal elevator without concern that the instrument will easily puncture through the membrane.

Finally, the fact that Renovix is thin and resilient enables the clinician to create smaller flaps, leaving more of the periosteum and blood supply undisturbed, for faster healing and less patient discomfort, according to Salvin Dental.

James Woodyard, DMD, MS, from Newburgh, Ind., made the following statement regarding his experience with Renovix: “The thinness and excellent tensile strength of Renovix allows me to create small tunnel incisions and tuck it under the tissue without tearing the membrane. With thicker membranes that I used in the past, I had to create large full thickness flaps, and many of the other thin membranes had a tendency to tear when I tried to tuck them.”

“When I decrease the size of the flap elevated and exposed of bone, I decrease post-operative swelling, pain, bone loss and discomfort for the patient. The less invasive I can be, the less complications I have. I am extremely pleased with the results that I have seen when using Renovix.”

Renovix is available in three different sizes and is individually packaged sterile for immediate use.

Many doctors like the 15 x 25 mm size because it will typically fully cover a grafted extraction socket from the buccal to the opposing lingual plate, maintaining full coverage over the ridge, without having to select a larger size.

This unique size reduces waste and saves money by often eliminating the need to select the next larger size, the company says.

If you would like more information about Renovix or would like to give it a try, please see the team of experts at Salvin Dental at booth No. 825 at the Academy of Osseointegration Annual Meeting.

You may also visit www.salvin.com or speak to a sales representatives at (800) 555-6566.
Salvin Renovix
Guided Healing Collagen Membrane

- Resorbable Porcine Collagen Membrane For Guided Tissue & Bone Regeneration
- Optimal Mechanical & Elastic Handling Characteristics
- Biocompatibility With No Inflammatory Response
- Easily Sutured Or Tacked Over Your Surgical Site
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Socket Graft Without Primary Closure

Salvin Renovix + OraGraft® Mineralized Cancellous

Grafted Extraction Socket
Renovix® Draped Over Surgical Site
Sutured Without Primary Closure
4 Week Post-Op Mature Tissue Closure
16 Week X-Ray Ideal Bone Formation

Surgery & Photos: Dr. Steve Wallace, Periodontist, Wilmington, NC

Socket Graft Without Primary Closure

Salvin Renovix + Mineralized Cortical / Cancellous

Grafted Extraction Socket
Renovix® Placed Double Layer
Sutured Without Primary Closure
16 Week Post-Op Mature Tissue Closure
16 Week X-Ray Ideal Bone Formation

Surgery & Photos: Dr. James Woodard, Periodontist, Newburgh, IN
California Implant Institute to present four-day comprehensive, live patient surgical externship courses in Mexico

Students of any level can benefit from the variety and depth of courses taking place in Baja California, Mexico

The California Implant Institute is pleased to present four-day, Level I and Level II comprehensive live patient surgical externship courses in Baja California, Mexico, throughout 2015.

**Level I course**

Attendees of the Level I course will implement step-by-step implant surgical protocols on live patients under the supervision of Dr. Louie Al-Faraje and additional faculty. The four-day course will include eight hours of lectures on diagnosis and treatment planning of implant cases (around two hours each morning). Each attendee will place 10-15 implants and assist with multiple implants on live patients. Course participants will increase their knowledge and skill in the areas of flap design, alveoplasty, implant placement, bone grafting and suturing techniques. Upon completion of the externship, attendees will have smoother transition from the classroom to surgically placing implants in their own offices.

All patients are carefully selected by the California Implant Institute faculty, and CT scans are provided for all patients. During the last program, 15 participants placed more than 170 implants, including immediate and computer-guided placements, and performed multiple bone-grafting procedures.

**Level II course**

Attendees of the Level II course will increase their knowledge and skill level in the areas of advanced implant surgical techniques, including lateral-window sinus lifting, maxillary and mandibular ridge expansions, CT graft and block grafting. Level II participants will work also with Piezotome and CO2 laser units, which are available at each Level II working station. Attendees will accelerate their learning curve and add advanced implant-related surgical procedures to their practice.

**Upcoming courses**

The live patient surgical externship in Mexico is provided four times a year. Each of the Level I and Level II programs offer 32 C.E. credits. Complete information on the externship, including tuition, testimonials, staff bios, accommodations and location can be found on the California Implant Institute website at www.implanteducation.net, by calling (858) 496-0574 or by requesting information via e-mail at info@implanteducation.net.

**Academic director**

Louie Al-Faraje, DDS, is a private practitioner as well as the founder and director of the California Implant Institute, which conducts a one-year fellowship program in implant dentistry. He is a fellow of the American Academy of Implant Dentistry and a diplomate of the International Congress of Oral Implantologists and the American Board of Oral Implantology. He is the author of three Quintessence textbooks and is on the editorial board of the Journal of Oral Implantology (JOI). Al-Faraje lectures nationally and internationally.
ONE-YEAR FELLOWSHIP PROGRAM IN IMPLANT DENTISTRY

San Diego, CA Starting April 2015

Key Educational Objectives

Surgery-related topics:
Surgical anatomy and physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, implant surgical placement protocols, computer guided implant placement and restoration, immediate load techniques, mini implants, bone grafting before and after implant placement, alveolar ridge expansion using split-cortical technique, guided bone regeneration, sinus lifting through the osteotomy site and the lateral window, block grafting, BMP-2 / ACS graft with titanium mesh.

Prosthodontics-related topics:
Impression techniques, restorative steps for implant crown and bridge, implant prosthodontics for the fully edentulous patients, high-water design, bar-overdenture, CAD/CAM designs, biomechanical principles, biomaterials, implant occlusion and more.

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Hands-on workshops will be provided on models and pig jaws.

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