

DENTAL-IMPLANTS.COM  
DDS-ONLINE.COM  
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# Davidoff Dental Seminars

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## Special points of interest:

- See insert for new course schedules from DDS
- 26 hours of CE credit are available at [dds-online.com](http://dds-online.com)
- Dental Implants for your patients are still available at \$850.00 per implant.

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## Implant Residency scheduled for September

Well, it's that time of the year again. The next session of the 8 month dental implant residency will start in September. This past year was a wonderful experience. We had 9 excellent residents and I think everyone, including me, really benefited from the program. This will be the fourth year for the combined surgical-Prosthetic residency. Our teaching material is updated every year to reflect changes in the technology and new products that become available. Several of the residents that have gone through this training have incorporated dental implant placement very successfully into their practices.



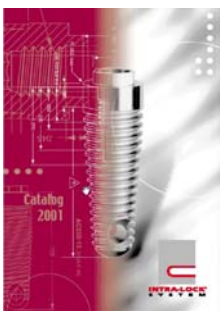
Every year, the field of dental implantology plays a larger role in the day to day treatment of our patients..... The more each of you incorporates into your own private practice, the better you will be meeting the needs of your patients. One thing that I know for sure, If you detect and meet the needs of your patients, you will be very successful in dentistry....

Any of you interested in the next section of the implant residency, please fill out the enclosed form and send it in as soon as possible. For complete details on the implant residency, see the web site at [www.dental-implants.com/seminars/html](http://www.dental-implants.com/seminars/html).

## CERP & PACE

Davidoff Dental Seminars is approved for Continuing Education Credit by the State of Florida Biennial program, The ADA CERP Program and the AGD PACE Program. Florida, of course, is a local approval that most of you require for your state re-licensure. The CERP and PACE programs provide that approval for Florida and most of the other states as well. The CERP and PACE approvals also provide for mastership credits in the AGD. By submitting to the approval processes for these accreditation programs, Davidoff Dental Seminars has demonstrated the ability to properly provide continuing education programs of high caliber for dentists. I am proud of the recognition afforded by achieving these certifications for continuing education provided by DDS.

### Intra-Lock Implant system



The Intra-Lock dental implant system has just received FDA approval for sales and distribution in the United States. The system had received its ISO (European equivalent of FDA) in March...

While the system is new to the US and Europe, it has been around for many years in Brazil where it is the leading dental implant system. Manufactured in the United States since its inception, the Intra-Lock system is the highest quality medical grade titanium available today for successful dental implant use. I have placed and restored several hundred of these implants. I was initially very impressed by the delivery system which is totally unique in dentistry. With this system, there is no carrier. A special handpiece tool is placed into the specially designed top of the implant and this provided more than enough torque to place implants in any density of bone quickly and easily....

***“It took me many years before I had the confidence to place a fixed restoration on both natural teeth and implants”***

Intra-Lock implants are presently available in two external hex forms.

The first is a round end cylindrical screw which is ideal for everyday placement in the mandible and maxilla. The rounded end gives a definitive seat to the insertion of the implant and is also quite useful in sinus lift and osteotome procedures. The second design is a tapered design which is ideal for the anterior maxilla and areas between convergent roots of natural teeth. Several different surfaces are available including the state of the art acid etched surface and Hydroxyl Apatite.



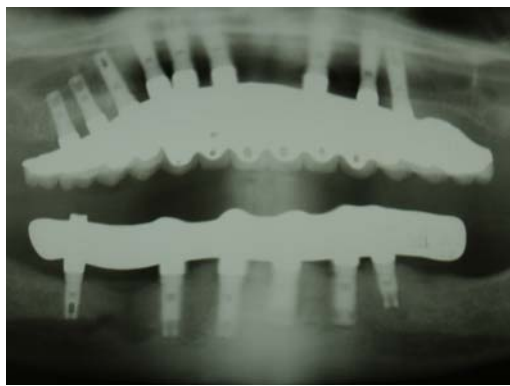
### Transitional Implants Revisited...

I have written articles before about the very versatile transitional dental implant. There are also a couple of modules on my web sites including a 2 credit course on DDS-OnLine. I recently treated a 90 year old patient with these implants and the results were superb. At 90, this particular patient was not a good candidate for conventional dental implants. He was significantly compromised medically and I did not feel that he would tolerate a lengthy surgical procedure. So, I placed 3 transitional implants (IMTEC, OK). The placement procedure took about ten minutes and the hook-up took about 20 minutes. The patient was comfortable throughout the entire procedure. The transitionals were very solid and they were immediately loaded. The patient came back several times for adjustments, but on the whole did extremely well



### Dealing with Failed Implants

Yes Virginia, Implants do fail, even though the procedure in general has an extremely high success rate. Here is the story of one patient where an initial failure turned into an outstanding success. I started treatment for this patient about four years ago. The treatment plan called for fixed implant prosthesis in the maxilla and mandible and my initial assessment was that this was a very predictable case. The patient seemed to have plenty of bone and looked like an ideal candidate. I placed several implants into the maxilla in preparation for extracting the remaining maxillary teeth. I next placed 8 im-plants in the mandible. During the healing phase, the patient had significant pain.... not a good sign. At second stage surgery, it was discovered that none of the im-plants had integrated (he actually had spit out one or two before second stage surgery). You can imagine that this was not a happy patient... I was not at all happy either. This was the first failure of this magnitude that I had experienced. I was determined to make this treatment work. My theory was that this patient actually had too much bone. He had a huge mandible and it was very avascular. When I went back to place more implants in the mandible, I noted that there was no bleeding in the osteotomies. For the second course of im-plants, I modified my technique and used HA coated implants. I placed as



many implants as I could and ultimately ended up with 6 stable im-plants in the mandible and 9 in the maxilla. The patient has been restored now for a year and I am starting to breathe more normally when I see him. It took a lot of work to get this result, and it cost me a lot of money to do it, but in the end, it was worthwhile.



***“Working with the patient’s physician who provided steroid injections, we were able to bring the reaction under control”***

### Web Site Redesign

It took a bit of time, but I think you will all find it well worth it. I have totally redesigned all of my web sites with the goal of making all of the information there much more accessible. You will now find a consistent interface for all of the sites and all of the modules and courses will be much easier to find. I have also programmed the site to store all information requests in databases for easier retrieval and tracking. For those of you interested in such things, I found it very helpful to use the new Macromedia MX programs (Dreamweaver MX, Flash MX and Fireworks MX). These programs are much more intuitive than ever and capable of achieving far superior results. The addresses for my three web sites are on the front page. SRD



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### Creating A Portrait

It is most difficult for patients to go from a dentulous to an edentulous state. We have the technology to replace missing teeth effectively, but the psychological aspects are often overwhelming for our patients. One thing we must do is try to preserve the basic “look” that the patient presents with (Unless, of course, they want to change that look) so that the transition from natural teeth to a prosthesis is not overwhelming.



This patient presented with a failing maxillary dentition. Her teeth were very visible and dominated her facial appearance. The patient wanted to maintain this look and my job was to do it in a pleasing and effective way. The immediate maxillary denture was used to simulate as much as possible her original dentition. The patient was pleased with the result and as we proceeded through implant placement (six implants were placed in the maxilla) we strove to maintain that appearance. The final prosthesis is a maxillary bar overdenture and very much fulfills the expectations of the patient.



### Maxillofacial Implantology

Treating patients who have lost significant orofacial structure due to cancer is a very challenging aspect of Prosthodontics. This patient had oral cancer with tumors in the mandible and posterior maxilla. A large section of the posterior mandible was removed as well as the right posterior palate. Mandibular continuity was re-established with a metal frame work and significant grafting. A large defect remained in the posterior maxilla. Implants were placed by the patient's oral surgeon and I was left with the reconstruction. While my training is not specifically in maxillofacial prosthodontics, the techniques are well know and lots of help and advise is available on the Internet.



The final prosthesis was a mandibular and maxillary overdenture. The maxillary overdenture had an obturator for the defect. The patient did extremely well and today lives a very normal life.