

Davidoff Dental Seminars

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

The State of Dental Implantology 2003

The dental implant field becomes more and more exciting every day and being a part of it is absolutely exhilarating. I had the pleasure of attending the Academy of Osseointegration (AO) meeting recently in Boston. This meeting was co-sponsored by the American Association of Oral and Maxillofacial Surgeons (AAOMS), The American Academy of Periodontology (AAP) and the American College of Prosthodontists (ACP). 4800 people registered for this meeting making it the largest AO meeting ever which was quite a feat since the meeting conflicted with the Chicago Midwinter meeting.



These four organizations collaborated to provide one of the finest scientific programs that I have ever attended. There were over 200 hundred scientific presentations and over 100 manufacturer exhibits. Highlights of the meeting were presentations by Dr. Harold Slavkin, Dean of the University of Southern California School of Dentistry and Former Director of the National Institute of Cranial and Dental Research, and Professor Per-Ingvar Branemark, the pioneering researcher and clinician who really started all of this.

The “Buzz” of this year’s meeting was **Immediate Implant Placement**. There was a significant differentiation between Immediate Loaded and Non-Loaded implant placement and the consensus was that, wherever possible, immediate implants should be non-loaded for a period of time to allow for Osseointegration. There was also a great deal of discussion about grafting procedures and there seems to be a maturing of this phase of implant therapy. Additionally, there were new implant designs introduced and many interesting tidbits of information concerning implant restoration, computer aided implantology, treatment protocols and problem situations. One area of implantology that was notably absent was discussion on **osseous distraction**. It is evident that this technology for increasing bone height is falling out of favor.

It was truly an enjoyable meeting made all the better by the great restaurants of Boston. The weather could have been a little warmer, but it was still a great meeting.... Bob

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Immediate Implants



This was the most talked about area of implant dentistry at the AO meeting in Boston. Immediate implant placement is nothing new in implant dentistry, it is just reaching a level of popularity that makes more and more of us think about this approach. In the past, I have been very cautious about immediate implant placement, and to tell the truth, I still am. But I do get bolder as time goes on and I must admit to using this approach more frequently these days.



The patient treatment on this page is an excellent example of when and where and immediate non-loaded implant placement should be utilized. The patient is in his seventies and has fractured a maxillary lateral incisor. The tooth had been endodontically treated and restored

with a post and core about 30 years ago by my father. The root finally fractured in two and I saw the patient on an emergency visit. I decided that the best way to approach this problem would be to extract the tooth and place the implant immediately. The patient had excellent bone support so I also elected to place a non-functional provisional restoration at the time of implant placement.



"...and I must admit to using this approach more frequently these days"

I chose an Intra-Lock conical (tapered) implant for this procedure. I removed the root using a periosteal elevator so as to not disturb the bone and prepared the palatal aspect of the socket for the implant. The implant was quickly placed and stabilized. I took a stock abutment and prepared out of the mouth on a pin vise so as to not disturb the implant any more than necessary. The prepared abutment was screwed into place and a stock provisional crown was fitted and relined on the abutment. The crown was left out of occlusion both in centric relation and, very importantly, lateral excursion. After three or four months, we will consider constructing the final crown for this patient.

A single anterior replacement is one of the best indications for immediate implant placement. It allows for the total preservation of the hard and soft tissues and offers a significant success rate comparable to non-immediate placement. .



Using the Mini Implants (Intra-Lock MDL)

A variation on the immediate implant placement of the previous page is the use of the mini dental implants in immediate load situations. I have used these implants for several years now for overdentures and to help stabilize provisional restorations. I have been surprised by the longevity of the implants and



I am now looking at them to help out in other situations where a conventional implant may not be suitable.

This particular patient came to my office missing a maxillary first bicuspid. The space had closed enough to rule out a conventional implant. The patient did not want to undergo orthodontics. We discussed using a mini dental implant talking particularly about the possibility of failure in this approach. The patient and I were both up for it so I chose to do an Intra-Lock

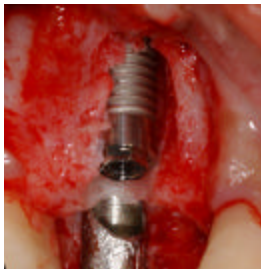
Mini Drive-Lock (MDL) implant which has a new abutment component specifically designed for fixed restorations.

As with most mini-implant applications, the drilling was done right through the mucosa. The drill is used to start the site and then the implant is inserted and advanced to the final depth. The MDL implant has a polished collar which is located below the soft tissue. The square projection above the collar serves as anchorage for the abutment which is prepared out of the mouth and cemented to place. The provisional restoration is then relined and cemented onto the abutment and kept out of occlusion.

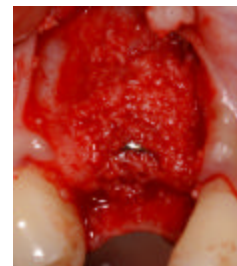


"I chose to do an Intra-Lock Mini Drive-Lock (MDL) implant which has a new abutment component specifically for fixed restorations"

Bone Grafting



I was reading through my instructions that I hand out to patients and noticed that I had said that about 15% of my implant patients will need bone grafting. Well, that was written about three years ago and I would bet that the number today is closer to 33%. You can't place dental implants without being well versed in grafting procedures. It didn't start out this way, but now this is the standard. In the patient shown here, a tooth is extracted revealing a significant loss of buccal bone. We can place the implant as long as it can be stabilized in the remaining bone, but grafting is essential for success.



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Support
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International Lectures

My involvement with the Intra-Lock Dental Implant Company has increased the amount of international lecturing that I am doing. Last Fall, I had the pleasure of speaking at an implant dental meeting in Sao Paulo, Brazil. It was an excellent meeting and I was honored to be one of the featured speakers. Fortunately they had an excellent simultaneous translation set up so everyone could actually understand what I was saying. My topic was **“Twenty Years of Modern Dental Implantology: It’s getting Better, Faster and Easier”** and this is what I have really found over the past 20 years. Today I can do more than ever with dental implants and I can do it faster and easier than ever before. I think that this goes along completely with the tone of the AO joint meeting that I just attended in Boston and I see us pursuing this direction in implantology for a long time thanks to the wonderful clinical and scientific research that is going on every day.

My next lecture series will be in Nice, France followed by Naples, Italy. In Nice I will be speaking on the MDL implant system and in Naples, I will be re-prising my “Twenty Years...” lecture with an Italian simultaneous translation. These are not easy times to travel, I know. But, I so enjoy sharing with our foreign dentists and I have never been disappointed by the comradery that they have always shown.



Annual Cruise

Time again for our Annual Cruise on the Holland American line sponsored by University at Sea. The cruise sails on July 19th for 7 days. I will be giving a total of 15 hours of lecture material. Here is a Synopsis:

Certain technologies such as dental implantology, cosmetic procedures and advanced rehabilitation dentistry lend themselves to the promulgation of a refined and rewarding dental practice. It is difficult for many of us to keep abreast of the significant advances in the delivery of dental care today and it has been a problem for many of us overcome the pitfalls in private practice that make dentistry a chore and prevent us from feeling the true rewards of state-of-the-art dentistry.

This seminar will cover the essentials of Dental implantology for the general practitioner. It will also cover state-of-the-art cosmetic dentistry in a manner designed to give the general practitioner a full understanding of what is truly essential in improving their patient’s smiles. Lastly, major reconstruction, which has so often been rather intimidating for the average practitioner will be broken down to it’s essential and predictable components and a pathway will be developed that will allow any general practitioner to provide the maximum results for their patients.

