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Davidoff Dental Seminars

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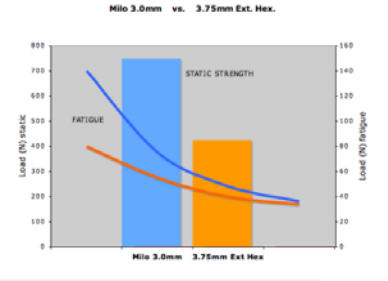
- See insert for information on Intra-Lock products
- 26 hours of CE credit are available at dds-online.com
- Dental Implants for your patients are still available at $950.00 per implant.

Inside this issue:

MILO™

Intra-Lock has just received FDA approval for their one-piece Milo Dental implant. This implant has been engineered for the anatomical and physiological demands of both maxillary and mandibular denture stabilization and the rehabilitation of maxillary lateral incisors and mandibular central and lateral incisors. The simplified surgical protocol is similar to that of the Intra-Lock MDL mini implant, however, Milo has the added advantage of increased bone surface interface, improved load transfer capabilities and greater ultimate yield strength.

There are two thread pitches available: Fine Pitch has self tapping capabilities and is ideal for D1 and D2 type bone. D3 and D4 bone is accommodated with an aggressive Wide Pitch thread profile.



The MILO implant with its attached O-ball is particularly well suited for over-denture stabilization. Three or four of these implants may easily be placed into the anterior mandible without raising flaps. The implants with the attachments picked up in the patient's denture will give optimum stabilization to the denture prosthesis and these implants are not merely transitional in nature… they are permanent implants and will provide long term stabilization of the denture. Furthermore, it is possible to upgrade the prosthesis to a bar overdenture by utilizing the cementable abutments to construct a Hader bar and making a new clip-bar prosthesis for the patient. The MILO implant system comes with a placement kit that includes the two drills for preparing the sites and the instruments for placing the implants. The MILO system follows the Intra-Lock placement standard of "hands-off" placement with drive-lock technology. To learn more about the system, visit the Intra-Lock web site at www.intra-lock.com or go to http://www.dental-implants.com/MILO/Milo.html on my web site. SRD

Major Reconstruction

Every once in a while a particularly interesting patient treatment presents with challenging aspects that are indeed intriguing. This 37 year old female patient was sent to my office by an organization called Metro DreamWorks which is sort of like the Make-a-Wish foundation. The patient was in an auto accident and lost both of her condyles resulting in devastating dental problems both in terms of function and esthetics. To correct the issues, she would need orthodontics, surgical reconstruction and prosthodontic reconstruction. Myself, Dr. Louis Cardenas and Drs Kawa and Nicolas all donated our services as did the laboratories that were involved (Boca Provisionals and Lifelike Laboratories). In addition, the twenty thousand dollar TMJ components were donated for the reconstruction process. The entire treatment took almost 5 years starting with the provisional restorations. The initial orthodontic movements followed with the surgical reconstruction of joints and the maxilla soon afterward. Final orthodontic movement was then accomplished and the patient was placed in the final provisional restorations.

Myself, Dr. Louis Cardenas and Drs Kawa and Nicolas all donated our services"

When I was satisfied that everything was completely stable, I placed two implants into the maxillary left quadrant and allowed them to fully integrate. There were some root canal treatments performed by Drs Mullaney and Hancock and at this point, the patient was ready for final restoration.

Major Reconstruction

Everything was restored except for the six mandibular anterior teeth. The restorations were porcelain-fused-to-gold including the two implants. The posterior occlusion was very carefully worked out on a fully adjustable Panadent articulator and incisal guidance and lateral excursions were kept to minimal levels to avoid any undue strain on the prosthetic joints. Everything came out very nice and the patient was very pleased with the result. As a matter of fact, this patient was one of the most appreciative patients that I have ever had the pleasure to work on. She wrote thank you notes to all the labs and everyone involved in her treatment and was a joy to work with throughout the entire treatment.

"this patient was one of the most appreciative patients that I have ever had the pleasure to work on"

Her function is greatly improved and the overall esthetic result was remarkable. This indeed was one of the best examples of team work dentistry that I have ever seen and I think that we were all gratified to work towards her rehabilitation. We have some plans to publish this treatment and I will be getting more photos up on my web site as soon as possible so check there in the "What's New" section every once in a while. SRD

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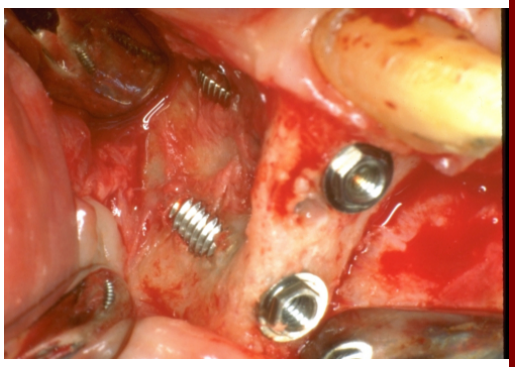
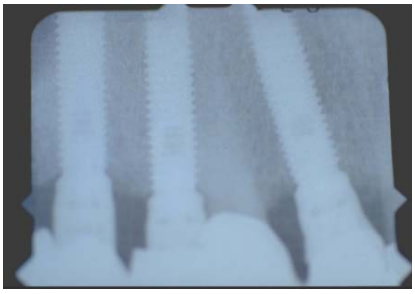
Bone Grafting: Revisited

Every once in a while, I get a chance to go back and take a look at something that I have done that would normally be out of site and for the most part out of mind… This patient was treated about twelve years ago with dental implants and crowns. In the upper right maxilla, I had placed two implants and due to the anatomy of the area, the threads were exposed on both implants. I did a standard grafting procedure which consisted of decorticating the bone around the implants, placing freeze dried bone over the exposed threads of the implants and then covering the area with a non-resorbable Gortex membrane. The membrane was removed about 3 months later, but as I usually do, it was just pulled out of the site and the bone was not exposed. I assumed that bone had grown in there based on numerous other sites that I had exposed in other patients.





Last year, the patient fracture the distal implant and I had an opportunity to expose the area and view the healing of the original graft. The reason for the fractured implant was probably excessive force on that implant due to the presence of a cantilever restoration and the bruxism of the patient and when I replaced the implant, I used a wider fixture to better control the forces in the area. What I was pleased to see, however, was the contour, quality and volume of bone that had been generated over the original implants. The normal bone contour was completely restored by the graft and had done very well over the 12 year period.

Now you might be concerned about an implant fracturing, but it is really not that big a deal if everything else is intact. The original implant was a fairly soft titanium and today we use a much harder medical grade. It is relatively easy to trephine and implant out and replace it with a wider diameter one and to replace a small part of a prosthesis in a 12 year period was no problem for the patient. the patient. SRD