

The nuances of 3-D Imaging: Bone density

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But that is not the only critical observation noted on this cross-sectional image. The crest of the bone is narrow and is lingual so that if an implant were inserted into this bone, it would be narrower than is usually preferred, short, and lingually placed, which will impact on the final restoration. With respect to wound healing, mention must be made that cortical bone is relatively avascular. This needs to be taken into consideration because if an implant were inserted to the collar in this site, the likelihood would be that some of the crestal bone would resorb due to the trauma and threads may very well be exposed when the healing was completed. If possible, with thick cortical bone, it is beneficial to insert the implant a little deeper than usual since crestal bone resorption can be expected. Should that be attempted in this case, there must be concern as to the proximity of the inferior alveolar nerve.

So what should be done to treat this area? While it is not the purpose of this article to get into detailed treatment planning discussions, consideration must be given to augmenting the labial bone or possibly expanding the bone (as reported by Bruschi and Scipioni) in order to have better placement for the implant. The limiting factor in this case is not only the excessive cortical bone but both the inferior alveolar nerve and the location of the mental foramen. A short implant may be considered.

Figure 4 is another example of thick cortical bone. However in this example, thickest bone is found on the buccal and inferior borders of the mandible which will not influence the implant placement. As can be seen below, the crestal bone is not dense and that the implant can be placed so that it emerges in good position to the opposing teeth. While it is rarely mentioned as a

benefit of obtaining a CT scan as part of pre-surgical planning, is to learn (from the scan) that there are

no special factors that will affect the surgical procedure or anticipated results. IT

IT About the author



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AAID brings its own bag of evidence to Vegas



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“Many academic people emerge from this society, and we are pleased to devote a day to their symposium,” Iyer said. “We are bringing about 40-50 physicians to speak.”

The event’s main draw, of course, will be the opportunity to hear from top experts in the field of implant dentistry.

“Everything has been planned so it’ll have an evidence-based touch aspect to it,” Iyer said. “For instance, Dr. Gordon Christensen will be speaking about ‘Gold Standards’: What should we really be looking at;

what is it we are going to go by? What the company says, or is there real evidence to back it up?”

“World-renowned expert Sascha Jovanovic and Dr. Dennis Tarnow will give an excellent overview of the surgical side of implant dentistry.

“Dr. Andre Saadoun will talk about the soft-tissue support for these procedures and how he obtains ideal esthetic outcome. Dr. Michael Glick will speak to the medical diagnoses of implant outcome.

It’s not often you see Dr. Saadoun at U.S. conferences, so this is a rare treat.



“Also Dr. (Makoto) Shiota from Japan, who will be speaking about radiology, and Stefan Paul, who has written several expert chapters, will make one of his first appearances in the U.S.,” Iyer said.

Attendees of the conference will go home with unique information, he added.

“They will go home with the comfort of knowing there is merit as to what they’re doing or not doing because now they can really have the raw data to support those procedures, and it’s not just going to be anecdotal,” Iyer said. “They’ll know they’re doing something with sound backing instead of ‘experimenting’ on the patient.”

For more information about the AAID’s annual meeting in Las Vegas – or for next year’s event in San Diego – check out its Web site at www.aaid-implant.org. IT

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