

Academy News



**Academy of
Osseointegration**

Advancing the Vision of Implant Dentistry

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San Diego Annual Meeting showcases presentation innovations, February 26-28

The Academy's 2009 Annual Meeting will introduce presentation innovations,

designed to enhance the value of the February 26-28 event for attendees at the San Diego Convention Center.

"High definition projection will be featured again this year in the main ballrooms on a 20-foot by 60-foot screen, the largest transportable seamless screen available for the convention center," says AO Executive Director **Kevin P. Smith**.

Innovations introduced this year include electronic signage and live presentation of

sessions from the main ballrooms from a special viewing area in the exhibit hall.

Four electronic digital signs will be located in strategic places throughout the convention center. "These new electronic signs

will enhance the communication features of the Annual Meeting, giving attendees

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Battle-tested aircraft carrier USS Midway has opened as a fascinating museum on San Diego's waterfront.

Spaces open for bike tour, golf outing

Spaces are still open for the motorcycle tour and golf outing that can turn the Academy's 2009 San Diego Annual Meeting into the business-pleasure experience of a lifetime. Attendees are invited to tour scenic San Diego County on a Harley Davidson motorcycle and play one of Southern California's top golf courses before and after the meeting.

Harley Bike Ride – *Get your motor running, head out on the highway!* Eaglerider

Rentals and Tours, of San Diego, has agreed to reserve up to 20 motorcycles for a "Harley Bike Ride." (Tuesday, February 24, 10 a.m. – 3 p.m.)

Guests will enjoy a day ride through San Diego County's scenic back roads, including a stop for lunch, following routes mapped by host Dr. **Stephen Wheeler**, Encinitas, CA. Reserve bikes at 619/222-8822 or www.eaglerider.com. Cost is \$150, including insurance.

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Academy News

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The purpose of the Academy of Osseointegration is to advance the science and application of tissue replacement in oral and facial care.

President's Message

Automobiles, motorcycles, and implants

By Dr. Steven G. Lewis

A number of years ago, I hit my first midlife crisis. I became interested in buying a car with a high performance engine. I was very excited and started to explore the Internet to get as much information as possible. I found a forum that was comprised of people who owned the type of car I was interested in buying. I found out what a good price would be and what the best options were.



Dr. Steven Lewis

Once I bought the car, I continued to participate in the forum. I learned what tires were good for the car, what type of oil to use, etc. And when I began to have problems with the car, the forum became invaluable. On several occasions, the service department at the dealership couldn't figure out the cause of the problem; yet I already knew, based on other people's experiences that had been discussed in great detail on the forum.

Sometimes, I actually printed pages off the forum and brought that information to my service department. On every occasion, this resolved the issues. But ultimately I got tired of the problems that this car gave me, so I sold it.

A few years later, I hit my second midlife crisis and got interested in motorcycles. Once again I searched and ultimately found a very useful forum. It told me how to get started, where to take a riding course, what to look for in a bike. I have spent a great deal of time on this forum learning more and more about riding, places to go, bike accessories, etc.

Participating in these forums has not only been extremely educational for me, but fun as well. I would hate to admit to anyone exactly how much time I have spent on these forums. I actually found my experience so valuable that a few years ago I was one of several who encouraged the Academy of Osseointegration Board of Directors to look into creating a forum of its own.

Dr. **Steve Wheeler** investigated the process and then helped create a forum that can be found on our Website. It's right there on the main page—a direct link entitled “Dental Implant Forum” in between the *Academy News* link and the *IJOMI* link.

We have had the Dental Implant Forum for several years and I must say, one of my biggest disappointments has been the lack of participation in this forum. I want to use my last

“President's Message” to get the word out. The Academy of Osseointegration has a Forum!!! I believe it has the potential to be one of the best member services that the Academy has to offer.

There is no better way to learn than by experience and there is no better way to teach than by experience. The forum is a great place for all of us to ask questions and share our experiences. Through this medium, we can all share our successes, and perhaps more importantly, our failures.

Currently, there are a number of different discussion topics listed, such as early loading, occlusion, site development, and computer-guided surgical procedures. There are actually two sections on complications. One has no posts and the other has two! Now I don't know about you, but I have had enough complications in my implant experience to write a book.

The Internet isn't the future; it's the present. It has been one of my goals this year to try to develop a better Website for our

membership, with the forum being just one aspect of it. Dr. **Alan Pollack** and his committee have been developing ideas that will be presented at our San Diego Board of Directors meeting. My hope is that the Academy of Osseointegration can develop a Website that offers its members a great variety of valuable information.

Dr. **Frank Higginbottom** is heading a committee to develop continuing education programs. My hope is to combine the efforts of the two committees, so that our Website can provide our members with world class continuing education, helping fulfill our mission of “advancing oral health and well being by disseminating state-of-the-art clinical and scientific knowledge of implant dentistry and tissue engineering and by defining expertise in the field of implant dentistry.”

While it may take a little while to get some of these initiatives up and running, the Forum is already there and waiting to be used. I encourage everyone to explore it and participate in it. I've been hoping for a kick-start because I know once it gets started it will gain momentum on its own.

With this said, I want to thank my fellow board members, past and present, for making my experience on the board one of the highlights of my professional career. It has truly been an honor for me, and I hope that I have served the Academy well. I would also like to thank **Kevin Smith**, our executive director, and his staff at EAI for their management and guidance year-in and year-out. AO wouldn't be where it is today without them, and it is because of them that I end my term as president knowing that the Academy is in good hands.

Dr. Sevetz has a tall tale about placing a Zygoma implant

One of the stories Dr. **Edward B. Sevetz, Jr.**, Orange Park, FL, will be able to tell when he presents on the Zygoma implant during the San Diego Annual Meeting (Friday, February 27, 3:40 p.m.) is how this picture was taken.

A prosthodontist and fellow AO member, many miles from Florida, Dr. **George J. Schuetz**, Wilder, VT, referred a patient to Dr. Sevetz because “no one in that neck of the woods” could perform the kind of implant surgery that his patient needed. “He sent her and her husband down to me in Florida, where I was able to place four Zygoma implants,” says Dr. Sevetz.

“I guess I’ve done more of these long ones that go up into the cheekbone when there isn’t enough bone in the upper jaw to anchor implants than almost any surgeon in the U.S. Professor **Per-Ingvar Brånemark** himself showed me how to do these in 1991 during one of the times I assisted him in the O.R. in Sweden,” Dr. Sevetz says.

The patient in this case “went from being barely able to wear an upper removable denture to having fixed-in-place upper teeth,” says Dr. Sevetz. She was so thrilled that she and her husband, a big game hunter, threw a party for Dr. Sevetz and Dr. Schuetz at their home in New Hampshire, the occasion when this picture was taken.

Here’s the rest of Dr. Sevetz’s story:

“The food at the party was all wild animals he’d shot, prepared by a very knowledgeable gourmet chef. Delicious. Thanks to the fixed prosthesis that Dr. Schuetz fabricated and anchored to the four Zygoma implants, the patient had no difficulty eating the prepared feast.

“This patient’s husband has shot big game, including mountain lions, elephants, water buffalo, ostriches, and moose, on all continents. He shot the bear in this picture north of the Arctic Circle. It’s one of the larger ones on record. I’m about 6’4”, and I stood in front of it to give the photo some scale. The bear’s paw is about the size of my head, and the claws are longer than human fingers.



Dr. Edward Sevetz stands before a bear; shot by the husband of one of his patients.

He’s decorated his whole living room, with stuffed, *and posed* animals. It has a vaulted ceiling with beams running across the room. He has a stuffed mountain lion poised to “pounce” up on one of the rafters. The house is built out of wood, all harvested on their property.”

Rarely does the practice of implant dentistry yield such a tall tale.

2009 Annual Meeting Highlights on CD-ROM

Highlights of the Academy of Osseointegration’s 2009 Annual Meeting, February 26 – 28, will be available on CD-ROM soon after this year’s meeting.

The CD-ROM, which is supported by a grant from Biomet 3i, will contain 26 hours of state-of-the-art lectures and speakers’ slides from this year’s Annual Meeting that you can view in the convenience of your home or office.

This year, the CD-ROM set will also feature transferable MP3 files which allows you to listen to the presentations on your iPod or similar type portable media player.

The CD-ROM set allows you to search via keyword, title or speaker.

CD-ROM AVAILABLE JUNE, 2009

Viewers can pause, rewind, and fast-forward from anywhere in the presentation.

To order your copy of the CD-ROM, please visit the Academy’s website www.osseo.org to download the order form.



Sessions included on the CD-ROM include:

- Opening Symposium: *A New Wave in Implant Therapy: From Diagnostics to Final Restoration*
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- Restorative Track
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- Biomet 3i’s Corporate Forum

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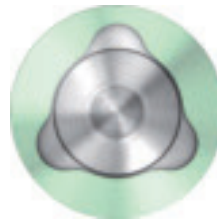
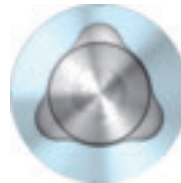
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* Source: Millennium Research Group

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In Memoriam

Dr. Willi Schulte, 1929-2008, AO's third Honorary Fellow

(Editor's Note: *The following obituary is adapted from a remembrance prepared by three of Dr. Schulte's colleagues – Bernd d'Hoedt, Mainz, Jörg Meyle, Gießen, and German Gómez-Róman, Tübingen – and published in The International Journal of Oral and Maxillofacial Implants (Volume 24, Number 1, 2009).*



Dr. Willi Schulte

Dr. Willi Schulte, of Tübingen, Germany, who became the Academy's third Honorary Fellow in 1998 in recognition of his unique contributions in the field of osseointegration, died in December, just a month before his 80th birthday.

He studied dentistry in Tübingen, where he also received his doctoral degree in 1953. In 1972, he was appointed professor and head of the Department of Oral Surgery and Periodontology at the University of Tübingen. In 1974, he introduced the "Tübingen implant" made of aluminum oxide ceramic. A paradigm change resulted in a switch from the belief that dental implants are indicated only if the conventional prosthetic therapy fails to one that proposed an early implantation to retain the alveolar bone after dental extraction.

In 1983, he was elected Dean of the Faculty of Medicine at the University of Tübingen. Upon his initiative, the priority program "Clinical Surveillance and Further Advancement of Dental Implants" had been established at the Universities of Aachen, Berlin, Düsseldorf, and Mainz. He contributed much to the integration of scientific associations dealing with dental implantology in Germany.

Professor Schulte retired in 1995. He authored and co-authored 290 publications and received many honors and awards for research activity. Three times, the German Society of Dental, Oral, and Craniomandibular Sciences (DGZMK) awarded him the best research paper. He received the golden badge of honor from the German Dental Association and the Grand Cross of the Order of Merit of the Federal Republic of Germany. In 2004, he received an honorary doctoral degree from the Faculty of Medicine at the Johannes Gutenberg University of Mainz.

Science was never an end-in-itself goal for him. Rather, all his basic research activities aimed to finally result in clinically applicable products or treatments. As a dedicated dental surgeon, he treated a huge and highly satisfied patient community, sometimes including several generations in one family.

He is survived by his wife, Dr. Margaret Schulte, and his children, Anja and Dr. Markus Schulte.

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Practice Profile

Team of 41 creates excitement at Pi Dental Implant Center

By Dr. Alfonso Monarres, Academy News Editorial Consultant

FORT WASHINGTON, PA – Dr. **Thomas J. Balshi** founded the Institute for Facial Esthetics in 1985, just as the Academy of Osseointegration, in which he was one of the early leaders, was starting to organize. The dream to house collegial specialty practices under a single roof materialized a year later when the doors to 467 Pennsylvania Avenue in Fort Washington opened, showcasing prosthodontics, periodontics, orthodontics, and oral maxillofacial and esthetic facial plastic surgery.

In addition, Fort Washington Dental Laboratory started making the first restorations of Brånemark implants in the United States. Two decades later, the building is brimming with scores of happy patients treated with a multi-disciplinary approach and unique team dynamics.

Prosthodontics Intermedica, now known simply as Pi Dental Implant Center, began at the Institute as a resource for comprehensive board-certified prosthetics and has evolved to become a cutting edge implant treatment center, the home of Teeth In a Day. A team of 41 dedicated individuals blend clinical expertise, administrative prowess, refined laboratory skills, creative marketing and academic challenge to establish an environment pulsating with excitement. New technology and old-fashioned compassion are the operative philosophies that shape each new day in this Philadelphia suburb.

Eleven of the 30 treatment rooms at the Institute are devoted to implant prosthodontics and buzz daily with diverse clinical protocols designed to engineer healthy smiles with distinctive esthetics. The Center's motto is *Luceat*, which means "let it shine," according to Dr. Balshi. "Our center has been designed to blend the most sophisticated and successful system in dentistry with a sensitive and comfortable environment that puts even your most anxious patient completely at ease," he says.

The largest of the center's operating rooms is the core of Viewpoint, the Institute's state of the art teaching center. Here fellow specialists observe the treatment of unique cases and offer their own "viewpoint," brought through wide glass pan-

els directly into the mouth of the patient. The intimacies of the surgical procedure are clearly visible from even the far corners of the classroom. Additionally, the Viewpoint operating theater houses the I-Cat cone beam scanner with the capability of projecting its results on flat screen monitors throughout the center.



Outside view of Pi Dental Implant Center in Fort Washington, a Philadelphia suburb.



The reception area recreates an African oasis.

Pi Dental Center's reception area is inviting and comfortable, envisioned and designed by **Joanne Balshi**. The theme is "oasis," reminiscent of a British respite amidst the African plains. Patients can sink into a chocolate alligator sofa or lean back into woven palm chairs. The vast open space is appointed with genuine African artifacts. The walls are adorned with several dozen artistic animal photographs, seen through Dr. Balshi's own lens while on safari in Kenya.

No glass doors or windows separate the administrative staff from the patients they welcome. The atmosphere at

the Pi Dental Center is deliberate hospitality, and those who create new smiles will warmly beam their own into the mix of travelers. Patients frequently come long distances for care; therefore, the multilingual staff members (offering fluency in English, Spanish, German, Russian, Chinese, Italian, and Portuguese) are specifically trained to extend unparalleled comfort and service.

The newest dimension to Pi is Smiles Bistro, located adjacent to Viewpoint. The Bistro provides creative home cooking and innovative cuisine for the Institute's 140 employees as well as for patient family members with time to fill. It is also the catering resource for the many implant courses regularly

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Practice Profile ...continued from page 6

offered in Viewpoint. Post-operative implant cases particularly appreciate the soft touch of Smiles Bistro after surgery. The milkshake menu is just what the doctor ordered for flavor, nourishment, and a touch of fun.

Drs. Tom Balshi and **Glenn J. Wolfinger** stand at the helm of the Pi philosophy for excellence in implant and prosthodontic care. Their team also includes the research director, **Stephen F. Balshi**, whose master's degree in biomedical engineering is invaluable in the planning of guided surgery cases, and Dr. **Gary Morreale**, the in-house board certified endodontist. Drs. **Jim Bowers** and **Jack Thaler** round out the team, with fortes in traditional crown and bridge restoration and the application of exquisite veneers.



Viewpoint's I-Cat cone beam scanner can project results throughout the center.

The Pi Dental Care Center also houses the Pi Foundation. Each year, six to eight patients with dire dental conditions and no financial resources are granted complete smile makeovers. Funds are provided by public support via lively fundraising activities. The staff donates time, and dental support companies regularly contribute materials and services.

Pi was born as Prosthodontics Intermedica. It is now recognized simply as Pi, a haven for education, research, clinical achievement, and philanthropy, thrust toward the advancement of dental medicine and hopefully making people smile from somewhere deep inside.

Spaces open for bike tour, golf outing ...continued from page 1

Golf at The Crosby Club at Rancho Santa Fe – A mid-morning tee time at the picturesque Crosby Club at Rancho Santa Fe – one of the top private courses in Southern California – will serve as the perfect way to unwind following the 2009 Annual Meeting. (Sunday, March 1)



Specialists offer their own "viewpoint" during surgery at the Institute's state of the art teaching center.



Dr. Balshi works in Viewpoint operating room.

Following the golf outing, Dr. Wheeler will host a cocktail reception for participants at his home nearby. Cost is \$100, including cart and range balls. Add \$25 - \$50 if requesting a caddie. For reservations, contact Dr. Wheeler at **Steve@Wheelerdds.com**, or 760/942-1333.

Dr. Stephen Wallace sees opportunities to build cultural bridges following Iran visit

AO Hands-On Workshop Committee Chair Dr. **Stephen S. Wallace**, Waterbury, CT, spent nearly a year debating whether to accept an invitation to present at an educational conference in the Islamic Republic of Iran.

Concerned about his personal safety, yet curious about the opportunities such a trip might offer, Dr. Wallace finally agreed to take part in the 8th Annual Congress of the Iranian Academy of Periodontology (IAP) in December 2008.

"I had been hemming and hawing about it for quite a while," Dr. Wallace recalls. "The initial invitation came from Dr. **Peyman Shahidi**, Scientific Committee Chair of the Iranian Academy, whom I had met at a conference a few months prior."

Because of current political realities, the Middle East is probably not at the top, middle or bottom of most Americans' lists of places to visit. Dr. Wallace felt no differently.

"Media coverage of Iran is not flattering, so my initial reaction was to decline the offer. I reconsidered after a colleague, who runs an advanced dental program in Dubai, told me that he visits the country all the time and that I'd be perfectly safe," he explains.

Dr. Wallace's journey to the Iranian Academy of Periodontology's first-ever international Congress began with a seven-hour flight from New York City to Paris, then a ten-hour flight to Dubai (United Arab Emirates). Following a one-night stay at the airport hotel, he was escorted by Iranian Academy representatives to another plane that flew him to Kish Island – located less than 12 miles off the Iranian coast in the Persian Gulf and site of the IAP Congress.

"IAP officials treated me as if I were a visiting head of state. A limousine met me at the tarmac, drove me to the terminal where my passport was processed, then whisked me to a 5-star hotel."

One of the meeting's "Special Guest Speakers," Dr. Wallace – who runs a private practice in Connecticut and is Associate Professor, Department of Implant Dentistry at New York University – led a hands-on course in maxillary sinus elevation using a piezoelectric surgical device. He presented a four-hour lecture on this topic the following morning.

"The professionalism and camaraderie I witnessed at the IAP Congress matches that of any meeting I've ever attended," he says. "It was an incredibly positive experience. After years of seeing Iran portrayed in an unflattering manner by

the news media, I was amazed by the Iranian people and their level of clinical knowledge."

Perhaps more important than the sharing of professional knowledge was a spirit of camaraderie established between Dr. Wallace and fellow colleagues at the meeting. This fellowship helped build a bridge of cultural understanding.

"The condition of the world today is one caused primarily by political considerations," Dr. Wallace believes. "The Iranian people are dismayed that Americans are hesitant to visit their country. They want better relationships with us. While our respective leadership may disagree on a great many things, those of us at the IAP Congress understood that we can begin building common ground between nations on a personal and professional level."

Dr. Wallace has already accepted an invitation to return to Iran. He plans to participate in a joint sinus research project at Shaheed Beheshti University, in Tehran.



Dr. Stephen Wallace

2009 Annual Meeting showcases presentation innovations

...continued from page 1

up-to-date information on last minute program or meeting changes and reminders about social gatherings and other special events," Smith says.

Signs located in the meeting section of the convention center will display information about the current and next upcoming plenary session programs. Announcements will be posted throughout the day. "In addition, to keep attendees from being caught in a time warp by being isolated in the convention center all day, CNN news briefs will crawl at the bottom of the electronic sign screens, reporting the

day's latest national and international news," he adds.

"Live presentations of plenary sessions in the exhibit area will allow attendees to increase the time they can spend with our record number of exhibitors. For the first time, attendees can stay in the exhibit area, learning about new products and services, and not miss a plenary session presentation," Smith says.

"Each speaker has been carefully chosen to address recent advances in light of existing, scientifically substantiated, protocols," says Program Chair Dr.

David L. Guichet, Orange, CA. The meeting's theme is "A New Wave in Implant Therapy."

The meeting kicks off Thursday morning with AO's Corporate Forums. These sessions give implant manufacturers an opportunity to present their newest products and latest developments. Attendees will discover the latest in craniofacial implant technology research and development.

Complete program and registration information is available on the Academy's Website, www.osseo.org.

OF charitable grant introduction: Dr. Robert R. Lemke

Academy News previously published case introductions for Osseointegration Foundation (OF) charitable grants received by two Academy members, Drs. **Sameh K. El-Ebrashi**, Portland, OR, and **John J. Richard**, Crystal Lake, IL. In this edition, we add a charitable grant introduction from a third OF charitable grant awardee, Dr. **Robert R. Lemke**, San Antonio, TX. Charitable grants are awarded to provide implant treatment to patients who otherwise could not afford it. Dr. Lemke provided the case introduction after discussion with *Academy News* Editorial Consultant Dr. **Oender Solakoglu**, Edina, MN.



An Osseointegration Foundation check for \$10,000 brought wide smiles to Dr. Lemke and his grateful patient.

Dr. Lemke's \$10,000 grant was for treatment of a 33-year-old female patient, who is congenitally missing all anterior maxillary and mandibular teeth.

Medical and Dental history

One of the most challenging implant restoration cases is the recreation of an occlusion where none existed before.

J.M. is such a patient: at age 33, she was congenitally missing thirteen anterior teeth in both her maxilla and mandible. This condition also affected her mother and her sister. Her treatment plan involved evaluation by an orthodontist, prosthodontist, and an

oral and maxillofacial surgeon.



Pre-treatment. Congenitally missing teeth with poor ridge relationship.

Treatment provided

- Staged bone grafts in the mandible.
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- Fabrication of fixed restorations on the mandibular implants.
- Bone graft in the maxilla using BMP's.
- Upon healing of the maxillary bone graft, implants will be placed and a fixed restoration will be fabricated.

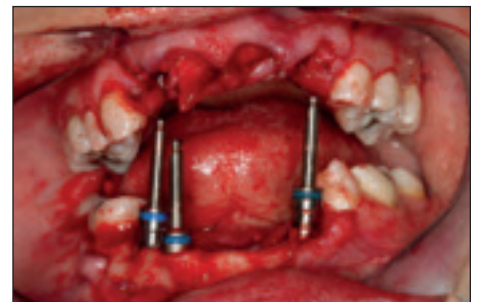
OF charitable grants of up to \$10,000 are made directly to member dentists, but the funds may not be applied to their fees or used for products provided by corporate partners, who receive recognition for their contributions. Further information about grant application guidelines can be found on the Academy's website at www.osseo.org.



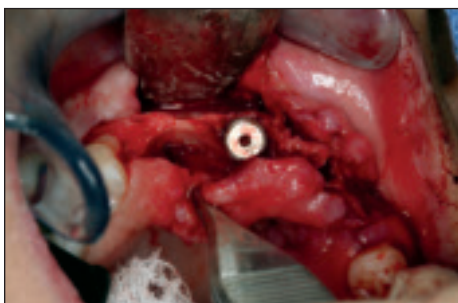
Lateral cephalogram demonstrating poor arch relationship pre-operatively.



A surgical guide created by Dr. Mickey Calverly, a prosthodontist, helps direct implant placement.



Implant positions verified in lower jaw.



Four months after implant placement – significant atrophy adjacent to implant.



BMP and allogeneic bone placed with tenting screws.



Resorbable membrane over graft. Results pending.

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¹Surgical and Mechanical Techniques to Increase Stability of Dental Implants. Kharouf, Zeineb; Oh, Hyeong Cheol; Saito, Hanae; Cardaropoli, Giuseppe; Bral, Michael; Cho, Sang-Choon; Froum, Stuart; Tarnow, Dennis. Ashman Department of Periodontology and Implant Dentistry, New York University. Research presented at the AO Boston 2008.

²Implant Design and Its Effect on Preservation of Crestal Bone Levels. Jang, Bong-Joon; Pena, Maria Luisa; Kim, Mean Ji; Eskow, Robert; Elian, Nicolas; Cho, Sang-Choon; Froum, Stuart; Tarnow, Dennis. Ashman Department of Periodontology and Implant Dentistry, New York University. Research presented at the AO Boston 2008.

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Dr. Luis J. Fujimoto leads active Membership and Awards Committee

It is quite evident that Dr. **Luis J. Fujimoto**, New York, NY, takes seriously his responsibility as chair of AO's



Dr. Luis Fujimoto

Membership and Awards Committee.

When the Academy's Board of Directors assembled for its midyear meeting in 2007, reports and proposals

from the Membership and Awards Committee took 29 pages. Tabs ran from "A" to "I" for all the committee's recommendations, ranging from a New Member Briefing Breakfast (which the Board approved) to an exhibit at the California Dental Association (rejected as too costly for AO's budget).

You couldn't blame Dr. Fujimoto for giving it his all. Many committees routinely submit two-three page reports that scarcely attract the Board's attention. No one leaving that 2007 Board meeting would forget that Dr. Fujimoto's committee had been working hard.

"I'm passionate about whatever I do. If I'm going to do something, I'm going to do it right," he says, noting that after intense one-on-one skiing lessons last year, he progressed from edging down the beginners' hill doing a classic "snow-plow" to swishing down the tough intermediate slopes in a matter of days.

He organized the Membership Committee into task forces "for accountability, follow up, and continuity of projects." Nearly everyone on the committee had a specific responsibility, starting with Vice Chair Dr. **Amerian D. Sones**, Santa Maria, CA, named to head the Subcommittee for General Practitioners.

Other subcommittees were assigned to the New Member Briefing Breakfast, Dental Meetings, Endodontists, Orthodontists, Allied Health, Postdoctoral Resident

Outreach, Predoctoral Students Outreach, Grass Roots Support Program (directed by current Board Liaison Dr. **Frank L. Higginbottom**, Dallas, TX), Member-Bring-A-Member & Member-Get-A-Member, Overseas Outreach Program, Speakers Bureau Program, and Specialty Outreach. The committee's comprehensive structure covered the waterfront, and Dr. Fujimoto's passion for accountability and follow up made sure things got done.

The New Member Briefing Breakfast, regarded somewhat skeptically at first by some AO Board members, was a resounding success at last year's Annual Meeting in Boston and will be repeated this year at San Diego.

Dr. Fujimoto brings extensive experience to committee leadership. He's been an active AO member for 16 years and a committee participant from the beginning, first serving under Drs. **Patrick J. Henry**, West Perth, WSA, Australia, and **Spencer N. Woolfe**, Dublin, Ireland, on the Ad-Hoc Committee on International Relations.

"He's a tireless worker with seemingly endless energy who's ready to join every committee," says Dr. **James H. Doundoulakis**, New York, NY, an AO past president who has worked with Dr. Fujimoto on many implant cases. "He's the kind of guy you really want in your committee structure. He's also very likeable and pleasant to work with."

At home in New York, he has been active in the Japanese Medical Society of America, Inc., and serves as Japan Chair of the Asian-American Advisory Council of the City of New York. He currently holds 14 Board of Director positions, including the Board of the Osseointegration Foundation.

"I don't know how he finds time to get it all done," Dr. Doundoulakis says.

Dr. Fujimoto's AO committee work includes the Committee on Education, Research Committee, Government Relations Key Contact Network, Dental Relations Committee, Chair of the Ad-Hoc Committee Eat & Learn Lunches, *IJOMI* Award Committee, Predoctoral Education Forum Committee, 2001 AO Program Committee, William R. Laney Award Committee, and the Ad Hoc Committee on Nominating Practices.

Dr. Fujimoto received a bachelor's degree in zoology from George Washington University before entering the University of Pennsylvania School of Dental Medicine, where he received a DMD degree and a certificate in periodontics. He received his General Practice Residency certificate from Nassau County Medical Center.

He is currently Clinical Associate Professor at the Ashman Department of

"Son of a Japanese diplomat, he was born and grew up in Cochabamba, Bolivia."

Periodontology and Implant Dentistry of the New York University College

of Dentistry. He serves on the New York State Board for Dentistry. He is past president of both the North Eastern Society of Periodontists, the second largest periodontal specialty society in the U.S., and the Eastern Dental Society.

Dr. Fujimoto has a private practice in periodontics and implant dentistry in New York City.

Son of a Japanese diplomat, he was born and grew up in Cochabamba, Bolivia, the country where his father was assigned, and attended an English school.

Skiing is a new hobby. His passion remains scuba diving. He's certified and has dived in oceans around the world—night diving, wreck diving, you name it, and Dr. Fujimoto has probably done it. He also enjoys photography.

Dr. Fujimoto's family includes his wife, Yukiko, and their son, L. Gabriel.

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Dr. Kenji Higuchi recommends international meeting on oral and facial rehabilitation in Berlin, Germany, May 14-16

One of osseointegration's pioneers and an early AO member, Dr. **Kenji W. Higuchi**, Spokane, WA, is actively involved in a joint meeting of implantologists planned for May 14-16 in Berlin, Germany. Debates and invited lectures will focus on the decision between surgical and prosthodontic treatment, validate tools for the evaluation of treatment results and provide the latest updates on the cutting edge of developing technology, according to the meeting planners.

"I am on the advisory board for the International Association for Oral and Facial Reconstruction, a group of American and European oral and maxillofacial surgeons, prosthodontists, and allied specialists who share interests in oral and facial rehabilitation," Dr. Higuchi says.

"Our chairman is Professor **Paul Stoelinga** from The Netherlands. For many years, we have sponsored a conference on preprosthetic surgery in the

U.S. (Palm Springs, CA, and most recently, Charleston, SC) and in Europe," he adds.

"This year, we are joining forces with a large implantology meeting in Germany, chaired by Dr. **Henning Schliephake**, who represents the International Academy for Oral and Facial Rehabilitation (IAOFR)," Dr. Higuchi explains. "The meeting will bring together a large community of specialists in oral implantology from Central Europe and a strong international group focused on oral rehabilitation." Other sponsors are DGI (German Association of Oral Implantology), GI (Austrian Society of Oral Implantology), and SGI (Swiss Society of Oral Implantology).

"We all share the sincere conviction that current standards of treatment as well as clinical advances can only be successfully established by a multidisciplinary collaboration," the meeting planners say. "A large number of innovations have greatly enlarged the knowledge and treat-

ment options of the different disciplines, and it is our task to jointly use this knowledge to deliver the best possible care to our patients. The aim of this meeting is, thus, to make clear that in order to arrive at real interdisciplinary treatment we have to cross borders and sometimes even need to change well adapted personal views."

The conference opens Thursday, May 14, with Gold Sponsors' workshops followed by the opening ceremony. The scientific program will run all day Friday, May 15, and Saturday, May 16.

The conference venue, Maritim Hotel Berlin, is located in the center of the city near the Potsdamer Platz, an area rebuilt in spectacular architecture. "Plenty of spots for leisure add to the unique urban atmosphere of Berlin and make this location a perfect place for the conference," the joint planners say.

For information, go to <http://jointmeeting2009.dgi-event.de>.

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and a resorbable membrane when the implant was already infected! Unfortunately, an infection developed that was not managed appropriately.

The salvage of this case included removal of a mobile implant, and delaminated graft and membrane. It left a significant osseous defect (*Figure 3*). Drainage from the area finally ceased after the surgical debridement, with IV and oral antibiotics. Once again, the patient left the dental provider whom she had been traveling 50 miles to see for the past 12 years.

The question I ask is: "Who is supposed to treat a serious, catastrophic, but not life-threatening implant complication?" Sometimes I ask, why me? This time I asked, if I as a surgeon stopped treating these complications,

where would they go? To the emergency room? Who would treat these patients? A medical provider?

What if these patients are managed by a medical provider in the hospital, and they don't have medical insurance? Who is going to pay? I guess everyone can figure that one out.

Finally, is all this good for implant dentistry? Is someone or some organization eventually going to step up to the plate and address the issue of implant complications and the training needed to manage them? The AO took an important step in the creation and publication of its Dental Implant Guidelines. We still need a discussion of potential complications in implant dentistry, referral hierarchy, and some anatomical limitation of those surgically placing implants.

This discussion leads to the following question: "Should all dentists place all implants in all locations (anterior vs. posterior; maxilla vs. mandible)?" Obviously not, because as Inspector Harry Callahan (aka Dirty Harry) says: "A man's got to know his limitations."¹ However, most non-surgeon implant placers these days don't recognize their limitations. They just recognize economics.

References

¹*Magnum Force*, The Movie, 1973.

Readers who would like to comment or express a point of view on the editorial are invited to write via e-mail to the editor at schmitzjp@hotmail.com. We will endeavor to publish pertinent comments or views when space permits.

What happens when implant placement turns catastrophic? Do we need to call Dirty Harry?

By John P. Schmitz, DDS, MS, PhD, Newsletter Editor

Everywhere I go and everywhere I lecture, I hear of more and more dentists placing their own implants. I finally felt that I should “address” the issue, even though I am hesitant to air



Dr. John Schmitz

my own views. First, let me say that I trained during the “Team Concept” era. I am still a big believer in the team concept as Professor **Per-Ingvar Brånemark** espoused it.

Most oral and maxillofacial surgeons and periodontists still rigidly adhere to the

team concept and will continue to stay that way. Rather than address the reasons why adherence to the team concept is changing or has been abandoned, I want to take it to the next level, the complication issue.

Complications are the things never addressed when the advertisement says, “Anyone can place implants,” or “Learn to place implants in our nine-month mini-residency.”

In my surgical residency, I trained with Dr. **Gil Triplett** at one of the first Brånemark teaching centers. We placed a lot of implants, most in the OR under sterile conditions exactly as Brånemark prescribed. We also learned and performed a lot of ridge augmentation procedures. Our success rate was pretty remarkable. Most of that success was due to a great team of prosthodontists (among them Dr. **Stephen Parel**), who were exact about restoring implants and tackling some very complex cases.

Despite our willingness to take these complex cases, our complication rate was very, very low. When we had a surgical complication, we just dealt with it. I learned to treat infections, jaw fractures, and nerve paresthesias, to name a few. Now, however, my colleagues and I continue to see many very serious implant complications, including some I

can't even dream or envision how they occurred. Personally, I'm getting tired of seeing all of it. It's just bad practice, bad dentistry, and bad for implant dentistry in general.

As osseointegration gains greater acceptance, there are an increasing number of surgical implant “placers.” Let me present what I see in my practice several times a year. The first case is a 47-year-old male who underwent removal of 9 teeth

and placement of two dental implants to the right maxilla. These were performed by a general dentist in my area who has attended many dental implant CE courses. The procedure was performed under local anesthesia, took three hours, and was highlighted by the #3 implant being dislodged into the maxillary sinus (*Figure 1*).

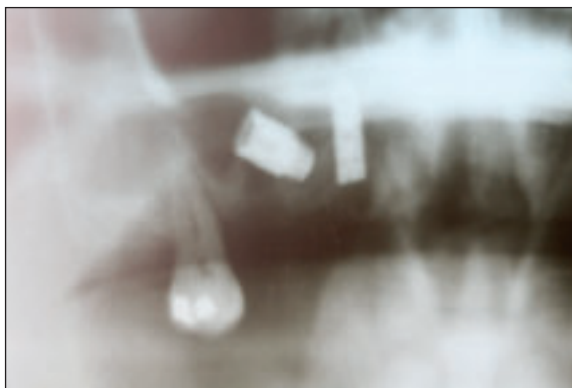


Figure 1: The #3 implant was dislodged into the maxillary sinus.



Figure 2: Removal of dislodged implant.



Figure 3: Salvage of this case left a significant osseous defect.

I removed the implant endoscopically in the office (*Figure 2*) and closed what potentially could have developed into a serious oro-antral fistula. The patient was miserable, disillusioned, and felt he had been deceived by his general dentist. His comment to me was: “If they do surgery, they should manage their own complications.”

This patient ultimately took his entire family and left that office for another family dentist. As a result, his “implant placer” lost the entire family's routine exams, dental hygiene, and all of their restorative services. Forever! I just wonder if management of that complication was taught in the mini-residency at the local university.

The second case was a maxillary infection with a draining fistula after implant placement to the #14 area. An implant was placed and became mobile secondary to thread stripping during insertion. All the buccal bone resorbed, and was treated with bone substitutes

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