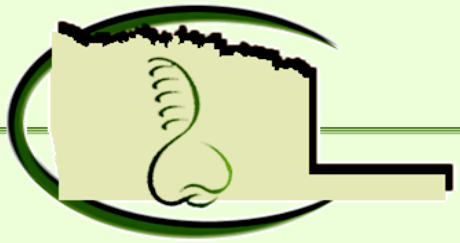

Periodontal Implant Center
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Periodontal News

A Recurring Publication from the Periodontal Implant Center ♦ No. 2, August 2008
Jacob Hager, DDS, MS ♦ Diplomate American Board of Periodontology

Our goal is to function as an extension of your office, offering your patients the highest level of periodontal and implant therapy. In doing so, we are committed to the highest level of inter–office communication and promise that you will always know what treatments your patients are receiving in our clinic.

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Ridge Split for Implant Site Development

New technology and techniques continue to improve the success of dental implants in laterally deficient ridges. When possible, splitting a narrow ridge is the primary choice for augmenting these areas. Splitting a ridge creates a much more vascular space for grafting material between the cortical plates versus a traditional onlay bone graft outside the plates. Additionally, implants are often able to be placed simultaneously with the augmentation. The split is created with Piezo surgery technology which uses high frequency vibrations sent into a narrow osteotome resulting in a near heatless cut that is very thin and precise.

CT Imaging As an Aid in Endo Diagnosis

Does this scenario sound familiar? *Patient with three contiguous teeth, each with full coverage restorations, complaining of pain indicative of pulpal involvement. None of the three teeth have had previous endodontic treatment and none show radiographic change with periapical films*. Obviously a cracked root has to be ruled out, but how do you determine which is the offending tooth? A CT scan can easily show early periapical lesions that have yet to break through a cortical plate and become visible with traditional radiographs – a very simple way to correctly diagnose the offending tooth.

Referral Guidelines for Tissue Grafts

There are many questions that must be answered prior to making the decision to treat an exposed root. As I tell most patients referred for grafting - recession alone is not a sufficient indication for treatment. Below are simple guidelines to use in considering patients for referral.

- **Esthetic complaint:** Particularly across the anterior maxilla, if a patient is complaining of a "long tooth" due to recession, a root coverage graft may be esthetically preferable to a class V composite.
- **Thermal complaint:** For areas without interproximal bone loss, root coverage grafting can predictably reduce thermal sensitivity.
- **Chronic tissue inflammation:** Usually accompanied by a very thin band of residual attached gingiva, any area of recession where the remaining gingiva is chronically tender to the patient or visibly inflamed should be considered for gingival grafting.
- **Less than 1mm of attached gingiva:** Depending on the standard of home care and the nature of the residual tissue apical to the recession defect, these areas need to be monitored very closely and grafted if attachment levels cannot be maintained over time.

- Continued -

- Continued -

- **More than 4mm of recession:** This amount of recession would indicate a facial bone level 6mm from the CEJ – an amount of bone loss equal to severe periodontal disease. Mobility now becomes a serious concern if the area suffers additional attachment loss and tissue grafting should therefore be considered.
- **Extremely thin biotype with generalized recession:** A small number of patients have attached gingiva that is so thin and friable that facial attachment levels will not hold up to normal wear and tear from mastication and tooth brushing. The key for these patients is to not wait too long to consider them for grafting procedures. Thinner biotypes are much more difficult to manage with grafting than thick biotypes.
- **Shallow root caries:** As an option to a composite restoration, tissue grafting can sometimes offer a better esthetic result and better long term stability for esthetic sites with shallow class V caries.

Two key points to remember when managing and referring patients with recession defects: 1) root coverage grafting is only an option if interproximal bone levels are ideal, and 2) long term stability of these areas requires correction of any factors that initially contributed to the recession defect such as aggressive tooth brushing.

Free Lunch CE

Call or email us to set up a lunch and learn for your office. I'll provide lunch and give an hour of free CE for you and your staff. Pick your topic:

1) General Periodontal Care – When to refer and how to get the most out of a relationship with a periodontal office.

2) Esthetic Periodontal Procedures and Soft Tissue Grafting – What Patients are Candidates?

3) Dental Implants - General Principles and Case Planning.

4) Implants in the Esthetic Zone – A Simplified Approach to Custom Abutments.

5) Topic of your choice.

To reserve a date, ask for Amanda at 405-636-1411, or email at okperioimplantcenter@yahoo.com

Easy Custom Abutments

Do you hesitate at the thought of restoring anterior esthetic implant cases? Unsure about implant level impressions and developing soft tissue contours that will match the adjacent teeth?

Rest easy. For maxillary anterior cases, we take implant level impressions at the time of surgery and have a double set of matching custom abutments and a tissue supporting provisional restoration fabricated prior to returning the patient to your office. This process results in a working master cast that can be forwarded to your porcelain lab after a final shade has been selected. ***There is no impression to take in your office***.

Call to schedule an in-office presentation to review case logistics.

Clinical Pearl

Expectations with Arestin

Most practices now use local antibiotics as part of their periodontal treatment regimens. But what expectations are placed on these products? What if sites don't respond to treatment? Below are a few things to consider when utilizing local antibiotics such as Arestin.

1. Don't overlook the importance of thorough mechanical therapy. Benefits of Arestin will only be realized if all hardened deposit and toxins are removed from root surfaces. Until the root surface is clean, any additional treatments such as Arestin, even if repeated multiple times, is going to have very limited effectiveness.
2. For the same reasons as above, extremely deep pockets (>7mm), or sites that are very difficult to access with a Cavitron or curettes (furcations or distal molar surfaces) may not respond as well you would like with the addition of Arestin.
3. Most research investigating the benefits of Arestin with root planing found an additional attachment gain versus root planning alone of 0.2 to 0.4mm for initial pocket depths in the range of 4 – 6mm.

Local antibiotics definitely have their place in the treatment of periodontal disease, but they are not meant to replace the benefits of sound mechanical therapy and should never be used without simultaneous root planing. Sites not responding to initial therapy that exhibit persistent inflammation and/or a pocket depth $\geq$ 6mm should be considered for referral.

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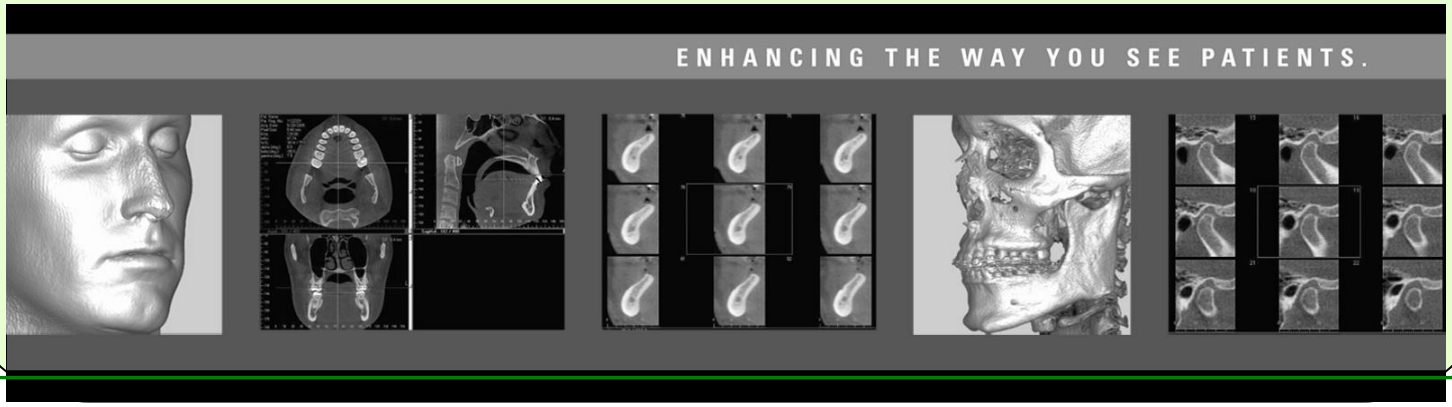
Scans for the remainder of 2008 discounted to $125.

Images are sent to sent to your office on CD with accompanying viewing software – printed images available on request.

Implant Planning
TMJ Evaluation
Impactions
Endo Diagnosis
Ortho Planning



Hygienist Questionnaire

Name _____

Name of Practice / Doctor _____

Address and Phone Number _____

Email Address _____

Would you be interested in attending a fall workshop on building a more successful referral relationship? YES NO

Do you have a Referral Booklet from the Periodontal Implant Center? YES NO

Do you have questions you would like answered in our next Newsletter?

_____

_____

_____

What do find to be the most difficult factor in successfully working with your patients and a periodontal office?

_____

_____

_____

Please mail or fax this form to:
Periodontal Implant Center, 8203 S. Walker, Oklahoma City, OK 73139
Fax: 405-636-1411