

The Examiner

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- Practice Limited to Periodontics and Dental Implants
- Comprehensive Treatment Planning with Team Approach to Dental and Implant Therapy
- Achieving Excellence in Dentistry

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Dental Implants in the Esthetic Zone with Immediate Loading

A Practical Approach

Dental implants are an integral modality of treatment in today's dentistry. Osseointegration is a highly predictable event that was measured and studied extensively in the dental literature. However, achieving predictable esthetic results in the maxillary anterior region remains a challenge. Immediately loaded anterior single implants are becoming an accepted protocol in the periodontal practice. The use of **Straumann ITI®** implants greatly simplifies surgical and restorative procedures and helps to achieve predictable results.

Factors Affecting Esthetic Outcome:

1. **Bone Nature:** Often times we are challenged by inadequate bone height and width for implant placement due to trauma, infection and periodontal disease. The loss of bone *height* is especially challenging.
2. **Soft Tissue Nature:** Thin tissues are often at high risk of recession and loss of papillae.
3. **Number of Implants:** Achieving esthetic results with multiple anterior implants is more challenging than a single tooth implant.

Hopeless anterior teeth should ideally be replaced *immediately* with dental implants. The advantages of such approach are:

1. Single surgical treatment minimizing patient's discomfort.
2. Minimize bone loss after the extraction.
3. Preserve the soft tissue and papillae.

In a perfect situation, a hopeless tooth should be extracted atraumatically and without any incisions. The socket can be inspected after the extraction and the implant should be placed immediately. Bone grafts are only necessary if bone loss is present.

Immediate loading and temporization of the implant has the following advantages:

1. Esthetic results are achieved immediately.
2. The provisional restoration will support the soft tissue and assist in maintaining the papillae.
3. A provisional flipper that is often uncomfortable and detrimental to soft tissue healing can be avoided.
4. The need for a second surgery is eliminated.

Case Study 1

A 35-year-old female presented to my office for the removal of tooth # 9 (*Figures A-1 & A-2*). The tooth received a trauma at age 15 and subsequently had endodontic treatment and apicoectomy (*Figure A-3*). The tooth was deemed hopeless due to increased mobility



Figure A-1: Preoperative view



Figure A-2: Tooth # 9 was deemed hopeless



Figure A-3: Periapical radiolucency on tooth # 9



Figure A-4: Tooth # 9 and evidence of previous endodontic surgery



Figure A-5: Straumann ITI implant was placed at the time of extraction



Figure A-6: Immediate loading of the implant with a provisional restoration



Figure A-7: The final restoration on tooth # 9 with a porcelain fused to metal crown

“The temporary restoration provides support for the soft tissue and helps preserve the papillae”



Figure A-8: Postoperative view Restoration by Dr. Dan Patterson

and recurrent episodes of acute abscesses. Extraction of tooth # 9 and an immediate implant were recommended. The patient was deemed at high risk of gingival recession and loss of papillae due to thin gingival tissues. The tooth was extracted atraumatically without reflecting a flap (Figure A- 4). After a thorough inspection of the socket a Straumann ITI implant 4.1 X 12 mm esthetic plus (with an esthetic collar) was placed (Figure A- 5). A solid abutment (Straumann ITI prefabricated 7.0 mm abutment) was placed and a temporary restoration was cemented immediately by the restorative dentist (Figure A- 6). The temporary restoration provided support for the soft tissue and helped preserve the papillae. Subsequent post-operative visits did not show any loss of papillae or recession. Osseointegration was achieved after three months. A porcelain fused to metal crown was the chosen restoration (Figures A- 7 &

A- 8).

Case Study 2

A 55-year-old female presented to my office complaining of increased mobility on retained primary tooth # G (Figures B-1 & B-2). The tooth was deemed hopeless and extracted atraumatically. A Straumann ITI implant 4.1X 12 mm with an esthetic collar was placed at the time of the extraction (Figure B-3). A solid abutment (Straumann ITI prefabricated 5.5 mm abutment) was placed (Figure B-4) and a protective cap (Straumann) was cemented at the time of the implant placement (Figure B-5). The protective cap was used as an esthetic provisional due to shade proximity to natural dentition and was reshaped to achieve the appearance of a lateral incisor (Figure B-6). Two months after the implant placement a final crown restoration was cemented (Figure B-7).

Conclusion: Immediate loading of single anterior implants is a predictable procedure that improves the esthetic outcome of implant dentistry. Immediately loading the implant with an esthetic provisional restoration provides guidance and support for the soft tissues during the healing phase .



Figure B-1: Preoperative view of tooth # G.



Figure B-2: Radiograph of primary retained # G.



Figure B-3: Straumann ITI implant placement .



Figure B-4: Solid abutment 5.5 mm placed at the time of implant surgery .



Figure B-5: Protective cap placed at the time of surgery.



Figure B-6: One week postoperative view.



Figure B-7: Final restoration by Dr. Karyn Stockwell.

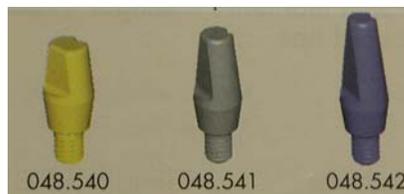
One Stage Implants, A Glossary of Terms

Single stage dental implants are gaining ground in implant dentistry and different implant manufacturers are clamoring to introduce their version of one stage implants. The concept of these implants is simple: the *fixture* (the implant) has two distinctive regions: The *rough surface*, often plasma sprayed titanium and in some situations acid etched and sand blasted (Straumann ITI implants), and the *smooth surface*. The rough surface is the part that achieves osseointegration. The smooth surface is called the *trans-gingival* part and serves as the area of soft tissue adaptation and biologic width formation. In the Straumann ITI implant the smooth surface can be short (*esthetic*) to accommodate thin tissues. The restorative abutment (*Solid Abutment* in the Straumann ITI implant) is a single part abutment/screw that is inserted inside the implant. The internal walls of the implant, not the screw, bear the lateral forces that may be directed onto the crown. The impression technique in most single stage implant systems is simple and resembles a traditional tooth crown impression, eliminating the need for any special instruments. The overall cost of restor-

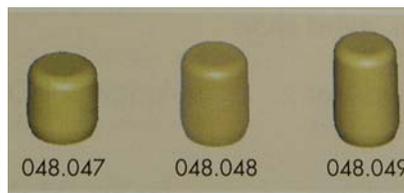
ing such systems is low since lab involvement is limited to fabricating the crown. The need for a laboratory custom-made abutment is eliminated.



Straumann ITI implant (fixture)



Solid Abutments in three heights: 4.0, 5.5, 7.0 mm



Protective Caps for the Solid Abutments

“The impression technique in most single stage implant systems is simple and resembles a traditional tooth crown impression”



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Excellence in Dentistry

*You are invited to join us
for a Night of Discussion and Dinner*

PERIODONTAL TREATMENT:

A CONTINUUM OF CARE

On Thursday, October 9, 2003

6:15 pm to 8:30 pm

At Featherstone's at Bridgemill

1190 Bridgemill Avenue, Canton

Presented By:

Dr. Wade Diab

Sponsored By:

Arestin

Dinner will be served

*** 1 CE Credit will be given ***

RSVP to Dr. Wade Diab by October 2nd.

Dentists and Hygienists Welcome

Dental Financing

The use of dental financing is becoming a common practice in dental offices. With insurance benefits remaining at levels established in the sixties and with the cost of doing dentistry rising, those yearly benefits are barely capable of covering the basic dental needs such as prophies and radiographs. In order for Fee for Service practices to continue thriving, dental financing is often becoming the only way patients can get any dental care. Several dental financing services are available and they can accommodate various styles of practices. The "twelve months same as cash" option seems to be the most popular amongst our patients. For a fee, based on a percentage of the total treatment plan fee, the patient can pay back the amount without any finance charges for up to twelve months. Larger treatment plans

with bigger fees can be also financed for over twelve months; however, interest may apply in such a situation. Some finance companies can bundle the fees of the restoring dentist and the specialist into one loan with one application and approval process. This option is very beneficial in implant treatment and restorative cases where a periodontist or other specialists are involved. Our policy is to offer these financial options to all our patients so they can take advantage of easier payments and to empower them to take control of their dental care rather than letting insurance companies control the amount and the quality of dentistry they can receive in a given calendar year.

If you have any questions about dental financing in our office, please contact our treatment coordinator, Nancy Fowler, or email her at Nancy@drdiab.com.