

Notes

Eastern Oklahoma Periodontics

Fall 2010

Kelly Professional Building • 6565 South Yale Ave., Ste. 1008 • Tulsa, Oklahoma 74136 • 918.492.0737 • www.eoperiodontics.com

2010 ADA Annual Session: Orlando, FL

Fall is here, and it's time for another edition of the Eastern Oklahoma Periodontics Notes! My family and I recently returned from the ADA meeting in Orlando. The meeting was great, and so was the Magic Kingdom. I did take the time to get in some good CE, and hope to implement some of the pearls immediately to help your patients! One thing that did come up was that Dr. Jon Suzuki stated that preliminary evidence shows that Vitamin D supplements might be helpful in preventing Biophosphate Associated Osteonecrosis of Bone. He also stated that a drug holiday might have no effect on the patient's risk of developing BON. He also recommended a prophylaxis a few days before to lower the bacterial load. None of this is concrete yet, but it looks like we will see more data on this in the near future.



Dr. Bobby Butler spoke on anterior implant esthetics. I felt good knowing that we are already using many of the techniques that he showed to optimize anterior implant esthetic results. First and foremost he spoke of magnification. I use magnification and a headlight on all of my implant procedures. He also spoke on using papilla sparing incisions. It is better to not lose a papilla by surgically injuring it, than explaining to the patient why you lost it!



Perio Tip: Implants & Cement

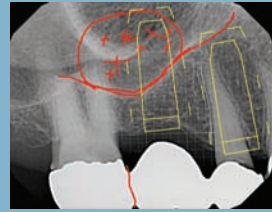
There is nothing worse for a perfectly healthy implant than a nice blob of cement down in the gingiva. Cement can set the stage for peri-implantitis. Removal of all sub-gingival cement is critical. Most implant abutments are very parallel, so only a small amount is needed. You also want to use a radiopaque cement if it is appropriate for the type of restoration you are placing. If you did an abutment level impression, after filling the restoration with cement, you can slide it on the abutment analog on the cast to remove the excess. Proper margin depth and implant design can also help you reduce your chances of having unwanted cement!

Case Studies

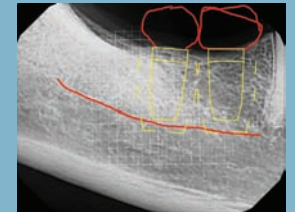
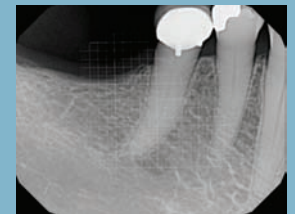
Multiple Implant Case:

Tooth #4 was failing and it was the mesial abutment to a 3 unit bridge from tooth #2 to #4. The patient was also edentulous in the #30 and #31 area. I could not easily identify the patient's mandibular nerve, so cone beam CT imaging was done. I sectioned the bridge on the mesial of tooth #2 and extracted #4. Sinus augmentation was performed and I placed an implant in the #3 area, and then I did an immediate implant in the #4 area. The #30 and #31 implants were also placed at the same time. The ridge was narrow on the #30 area, so a bone expansion kit was used. The patient will be ready to be restored in 6 months. All of this was performed with one surgical visit!

Implant Case 3 & 4



Implant Case 30 & 31



Services Offered By *Eastern Oklahoma Periodontics*

- Implant placement
- Hard and soft tissue grafting
which includes implant site preparation
- Cosmetic periodontics
- Treatment of periodontal disease

Dr. William B. Wynn, IV



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