



# NORTHEASTERN SOCIETY OF PERIODONTISTS BULLETIN

VOLUME 31, No. 2

FALL 2002

FALL MEETING • FRIDAY, NOVEMBER 1, 2002

*The Periodontally Compromised Patient:  
Innovative and Therapeutic Modalities*

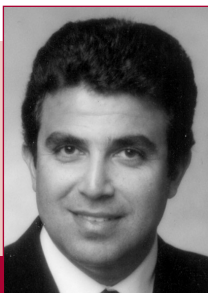
New York Marriott Marquis Hotel • 1535 Broadway, New York, NY

**T**he fall meeting will bring a refreshing coverage of subjects that deserve our attention. The periodontally compromised patient presents unique challenges that require alterations in treatment modalities. Aging population, gender differences and many other factors influence the delivery of care during periodontal treatment. Thanks to the Program Chairman, Dr. Louis F. Rose, and his keen sense of subjects that are in demand in our field, the next NESP meeting is one that should not be missed. The day will start with registration, exhibits and coffee between 7:45 and 8:30 A.M. Dr. Edmond Bedrossian will be the first speaker at 8:30 A.M., discussing "Veneer Grafts and the Zygomatic Implant for Reconstruction of Resorbed Alveolar Ridge." At 9:30 A.M. Dr. Bernard Touati will present "Anterior Aesthetics: Criteria for Success" followed by Dr. Susan Karabin, at 11:15 A.M., who will present "Gender Differences

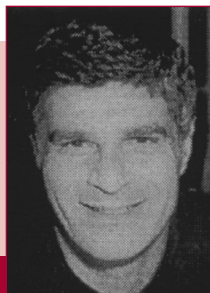
in Attachment Loss, Healing and Implant Integration." Lunch will be served from 12:15 to 1:30 P.M. After lunch, Dr. Michael Klein will discuss "Surgical Simplicity, Restorative Excellence Through Computer-Guided Surgery." Dr. Myron Nevins will be the final speaker at 2:30 P.M. presenting "Histologic and Clinical Evidence of Success with Grafting and rhBMP-2." Non-members are welcome to attend the meeting by sending a check for \$175 (payable to NESP) to: Dr. David Kratenstein, 630 Fifth Avenue, New York, NY 10111. Hotel reservations are available. Call (212) 704-8700 and ask for the Northeastern Society of Periodontists rate.

**DR. EDMOND BEDROSSIAN** will present "Veneer Grafts and the Zygomatic Implant for Reconstruction of

(CONTINUED ON PAGE 4)



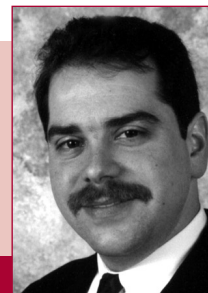
Edmond Bedrossian



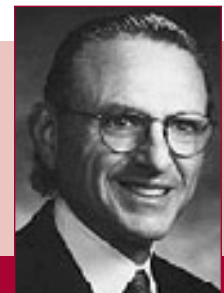
Bernard Touati



Susan Karabin



Michael Klein



Myron Nevins

**ADAC•E•R•P**  
CONTINUING EDUCATION RECOGNITION PROGRAM

Sponsored by NYSDS

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*NESP and the NYSDA are both recognized ADA CERP providers. Attendance at the meeting is open to all dues paying members. Guests have to pay the required fee as stated in the program. No refunds are allowed. There is no cancellation policy for dues paying members. Attendees will receive 7 credit hours for the Fall 2002 Meeting lectures.*

## President's Remarks

The spring meeting of the Northeastern Society of Periodontists was held jointly with the Northeastern Gnathological Society on March 22, 2002. The meeting was very well received on many levels; there was a palpable camaraderie between our periodontal and prosthodontic colleagues, educational stimulation, and the introduction of many new techniques and products. The program was arranged by Dr. Louis Rose and Dr. Robert Rawdin. It began with a spectacular presentation from Dr. Mauro Fradeani, who demonstrated some of the most beautiful porcelain restorations this side of natural; Dr. Bradley McCallister finished the morning with a thoughtful discussion of distraction osteogenesis and its use to predictably augment the edentulous ridge vertically. After lunch was served to over 300 members, the afternoon began with Dr. John Bruno presenting more than 80 cases of root coverage procedures to emphasize connective tissue grafts' usefulness and predictability; and to conclude this stimulating and educational day, Dr. Robert Winter addressed a comprehensive interdisciplinary approach to patient esthetics. The comments we received regarding these presentations were very positive.

### Important Changes at the NESP

It was very gratifying to the organizers to see that most members were still enjoying themselves at the joint cocktail party that followed the scientific session. However, it is important to note that in response to many members who live outside of New York City and who travel to come to our meetings, the governing Board of Directors has decided to start our Spring and Fall Friday meetings a bit earlier. The last speakers will end their presentation at 3:30 P.M. This should alleviate some of the difficulty of departing the city on a Friday but will not compromise the content of the scientific sessions. Dr. Louis Rose, our program chairman, will endeavor to run a tight and efficient program with our five exceptional speakers on November 1st. Please do not forget to collect your CERT credit at the conclusion of the meeting.

We will resume our traditional and popular "Luncheon for Learning" with 14 luncheon speakers on many new topics. In keeping with the trend toward the blending of the specialties, we have invited two non-peri-

odontists to join us as speakers to give a different perspective on the treatment options for our patients.

The Board of Directors has also been extremely active this year. They deserve much praise for the yeoman-like job they have done in reorganizing all the departments of the NESP that make it run so smoothly. Secretary Dr. Barry Wagenberg deserves special mention; he has devised a very orderly method of passing the torch from one officer to the next with a minimum of confusion. His updated operation manuals will be invaluable to all the officers who follow, as they outline the many responsibilities with their corresponding time frames.

A new program that we will be implementing in 2003 is the incorporation of a side program for assistants and hygienists. There never seems to be enough time in the office truly to familiarize ourselves and our staff with all the new products and techniques that are part of the knowledge explosion we are experiencing. Our aim will be to help all become actively engaged and conversant in these areas. These "for credit" scientific programs should be mutually beneficial, and they will be held simultaneously with our meetings. As the largest and best-known periodontal organization in the Northeast we feel that we can contribute substantially to the education of our auxiliaries.

Finally, I must thank Dr. David Kratenstein, our tireless Executive Director, for being unmercifully on top of everything. It is largely due to his efforts that year after year our meetings run so smoothly and we remain financially sound while still providing exceptional programs. ■



Lauren Langer

## UNIVERSITY NEWS

### COLUMBIA UNIVERSITY

Dr. Melvin L. Morris was a faculty member in the School of Dental and Oral Surgery of Columbia University for more than 50 years. When he passed away in 1993, his friend, family and the foundations that supported his research established the Melvin L. Morris Periodontal Research Fund. The Fund presents awards each year at the Postgraduate Periodontics Program year-end dinner.

The 2002 winners are:

- Melvin L. Morris Award for Excellence in Postgraduate Periodontics: Dr. Karim Jarjoura
- Melvin L. Morris Research Fellowship (shared): Dr. Karim Jarjoura and Dr. Michael Spector

## Mark Your Calendar

NESP Spring Meeting  
March 21, 2003

## Editor's Notes

### Can We Still Save Teeth?

Either we are losing our skills to save teeth or there are other dynamics involved when a periodontist recommends dental implants and extraction in lieu of periodontal treatment with splinting—especially since this periodontist would have saved the same periodontally involved teeth 10 years earlier with less invasive procedures and as predictable or better results. One cannot avoid simplifying such an intricate and complex issue over these limited pages. Many factors influence decision making in treatment planning, and make every individual case unique. However, one can only hope that such decisions are not skewed by overabundance of implant/regenerative subject coverage supported by manufacturers and professional speakers. Contrarily, the diminished exposure to traditional periodontal subjects like occlusion and splinting has left a void in continuing education and the impression on some that these “orphan” procedures may have lost or are losing their position as the standard of care. The eagerness for delivering new and advanced procedures must be balanced with a full understanding of their complications and long-term stability, together with alternatives that could produce similar results verified by the test of time.

The advent of dental implants and new techniques and materials to regenerate implant sites has been a great stride for our profession to improve the quality of life for our patients. Fully or partially edentulous cases and single tooth replacements are rewarding, and much appreciated by patients who would have otherwise been limited to poor prostheses or subject to extensive reduction of the adjacent teeth. However, one delves into a gray area and beyond, when removal or condemnation of periodontally involved teeth is expedited with the intention of implant treatment. There are merits for such treatment, but it seems that overzealous planning can result in condemning increasingly viable teeth in the interest of implant use in increasingly poor sites. The opposite of this equation is palatable: hopeless teeth may be replaced or bypassed with the use of implants in a bone with excellent quality and quantity. But how about questionable teeth, or teeth with healthy but reduced periodontium? More so, consider when extensive regenerative procedures may be necessary in order

to achieve the same results with implants. Unequivocally, saving the teeth outweighs the risk/benefit ratio of implants in such situations short of extraordinary cases and esthetic considerations. Perhaps in the future, as techniques and materials improve and long-term data become available, this ratio will change. Until then, we are obligated to attempt and very likely succeed in treating and maintaining teeth with damaged support. The dental community and the public have come to know our specialty mainly due to this quality and skill in saving teeth. Those who need extractions go to an oral surgeon, if not their general dentist. A periodontist makes the final judgment whether a tooth can be saved. The decision to extract a tooth that could have been saved in full function after periodontal care can have far-reaching consequences. It could reflect on the capability and focus of the periodontist in particular and the profession in general and would set trends that can be damaging in the long run.

Dental implants and regenerative techniques, such as sinus floor elevation, onlay bone grafting and distraction osteogenesis, are new welcome additions to more than 60 years of organized periodontal knowledge. They should be used as an adjunct to our periodontal treatment. Indiscriminate use and application could be detrimental to our patients and our reputation. This may be an opportune juncture in the evolution of our profession for the AAP and the future World Workshop in Periodontics to establish some basic guidelines and direction in the hope of reducing inconsistencies in periodontal and implant treatment planning. Otherwise, we should expect to see more negative news coverage and increasing treatment discrepancy amongst ourselves. ■



Mehdi Saber

Visit us at [www.nesp.org](http://www.nesp.org)

### New Members

The NESP welcomes the following new members:

Dr. Martin Adickman

Dr. Mahtab Azimi

Dr. Matthew Bellafiore

Dr. Eric Levine

Dr. Rakan Sheikh el Ard

Dr. Rakhi Sinha Morton

## PROGRAM DESCRIPTION (CONTINUED FROM PAGE 1)

Severely Resorbed Alveolar Ridge.” The severely resorbed maxilla presents a challenge for the surgeon and the restorative dentist planning implant dentistry. The zygomatic implant, as introduced by Dr. Branemark, allows for the surgical rehabilitation of this group of patients without major grafting procedures. Minimally two and ideally four premaxillary implants and bilateral zygomatic implants are placed to support hybrid prosthesis. The zygomatic fixtures are placed in the maxillary second bicuspid area. The implant enters the alveolus slightly palatal to the crest of the ridge. It traverses through the maxillary sinus and terminates in the body of the zygomatic bone. After six months of osseointegration, the current protocol asks for immediate rigid cross arch stabilization of the zygomatic fixtures, as there is a considerable cantilever from the fixed part of the implant to the intraoral connection. The adhesive abutment cylinder luting technique is adapted, and used on 23 patients, with 46 zygomatic implants, to deliver a passive fitting and rigid framework immediately upon uncovering of the fixtures. This eliminates the indexing and soldering required with conventional techniques currently used for fabrication of implant frameworks. This approach creates a considerable time saving over the conventional technique and allows for the reconstruction of the severely resorbed maxilla in an efficient and routine manner. It eliminates the necessity for the implant team to have the laboratory technician available on site for the whole day, allowing more teams to offer this treatment modality to their patients.

Dr. Bedrossian is a Board Certified Oral and Maxillofacial Surgeon. He has been in private practice and academics since 1990. He is the Director of Surgical Implant Training at Alameda Medical Center as well as the Director of Implant Restorative Training at University of the Pacific, AEGD Residency Program. Dr. Bedrossian served as the president of the San Francisco Dental Society in 1997. He is a fellow of the American College of Dentists together with the International and American College of Oral and Maxillofacial Surgeons.

**LEARNING OBJECTIVE:**

- To discuss a modified technique that can ameliorate rigid cross arch stabilization of zygomatic implants.

**DR. BERNARD TOUATI** will present “Anterior Esthetics: Criteria for Success.” From the 1960s until the end of the twentieth century, metal-ceramic restorations have proven to be durable, esthetic, and versatile dental

prostheses for the anterior and posterior regions. Progressively, through improvements of on-the-metal framework composition/design and the ceramic veneering material, the esthetic potential of these restorations has been increased.

Nevertheless, the infrastructure remains an obstacle to light transmission, which may be a positive factor when a metallic post and core is present, but certainly a negative aspect in anterior vital teeth that have a high value and low chroma.

Several all-ceramic systems have been developed over time to raise the esthetic standards without jeopardizing strength and longevity. As in prosthetic dentistry, implant dentistry may also benefit from new CAD-CAM technology that utilizes highly sintered aluminum oxide for the fabrication of crowns and laminate veneers. Recent developments allow us to choose between different materials (aluminum oxide or zirconia) and coping thicknesses (0.2 mm, 0.4 mm, 0.6 mm). Dr. Touati will identify their respective indications according to the color of the substrate, the color of the final restoration, the type of post and core, and type of prosthesis. He will also highlight the crucial role of transmission of esthetic information through modern means such as digital photography, 3D video camera and the Internet in order to optimize the esthetic result. This presentation will review the criteria for success of anterior restorations stressing the importance of soft tissue regeneration.

Dr. Bernard Touati was the Assistant Professor of Prosthodontics in Paris 5 University until 1985 and is a Visiting Professor at the University of Rio de Janeiro in Brazil. He is the Past President of the European Academy of Esthetic Dentistry and the founder and Past President of the French Society of Esthetic Dentistry. He currently serves as the Editor in Chief of *Practical Procedures and Aesthetic Dentistry* and as President of the International Conference on Esthetic Dentistry (CIDE). Dr. Touati is an international lecturer with many publications, including the textbook *Esthetic Dentistry and Ceramic Restorations*.

**LEARNING OBJECTIVE:**

- To learn the intricate relationship between various restorative layers, their properties, and modern means of laboratory communication in order to achieve successful anterior esthetics.

**DR. SUSAN KARABIN** will present “Gender Differences in Attachment Loss, Healing and Implant Integration.” In the first part of the lecture Dr. Karabin will discuss gender differences in oral health and what is currently known about gender differences in immune response to chronic infections. The second part of the

lecture will address bone biology and metabolic bone disorders that can contribute to adverse implant outcomes, specifically osteoporosis.

Dr. Susan Karabin completed her dental and periodontal training at Columbia School of Dental and Oral Surgery where she was awarded the William Bailey Dunning Award and the Alumni Award in Periodontics. She has served as chief resident in the General Practice Residency Program at Jamaica Hospital. Dr. Karabin is a diplomate of the American Board of Periodontology and an Associate Clinical Professor of Periodontics at Columbia University Dental School. Dr. Karabin has always had an interest in women's health and has given national and international lectures on women's oral health issues. She is presently the Dental Division Scholar for the Partnership for Women's Health at Columbia University and is on the Board of Trustees of the New York Academy of Dentistry, the Northeastern Society of Periodontics and the American Academy of Periodontology. Dr. Karabin is a native New Yorker with a full-time practice in New York City.

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**LEARNING OBJECTIVE:**

- *To discuss the current understanding of immune and metabolic processes of the host in relation to gender, chronic infections and osteoporosis.*

**DR. MICHAEL KLEIN** will present "Surgical Simplicity, Restorative Excellence Through Computer-Guided Surgery." It is the dawn of a new era of surgical technology in implant dentistry. The technological revolution has finally reached the surgical technique of implant placement. Implant placement has been converted from an art into a science. This presentation will discuss the concepts and techniques of computer-guided surgery, including the fabrication and use of computer-generated surgical guides, 3D modeling that allows precise surgical and prosthetic collaboration, as well as minimally invasive, time-efficient and precise surgical techniques. A detailed description of patient preparation, laboratory interaction, restorative collaboration and surgical technique will be introduced for the edentulous and partially edentulous patient. Dr. Klein will also discuss the use and benefits of computer-guided surgery for complex surgical/prosthetic scenarios such as the immediate load cases.

Dr. Klein graduated from the University of Maryland Dental School. He has completed a two-year, full-time Fellowship in Oral Implantology and Biomaterials at the Brookdale Hospital Medical Center in Brooklyn, New York and specialty training in prosthodontics at the University of Medicine and Dentistry of New Jersey. Dr. Klein is a Clinical Associate Professor at New York University in the Department of Implant Dentistry, as well as a Clinical Assistant Professor at the University of Medicine and

Dentistry of New Jersey in the Department of Prosthodontics. He has achieved diplomate status of the American Board of Oral Implantology/Implant Dentistry and is the President of Implant Logic Systems, producers of computer-milled surgical templates for dental implant surgery.

Dr. Klein is Director of The Center for Advanced Implant Dentistry and Oral Restoration in Cedarhurst, New York, where he maintains a private practice limited to Prosthodontics and Oral Implantology. He also serves as Director of the Center's Educational Programs in Implant Dentistry. He has co-authored a book, *Atlas of Oral Implantology*, published by Mosby.

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**LEARNING OBJECTIVE:**

- *To manage implant surgical/prosthetic procedures with accuracy and predictability through the use of computers.*

**DR. MYRON NEVINS** will discuss "Histologic and Clinical Evidence of Success with Grafting and rhBMP-2." The question of selecting the most appropriate osteopromotive substance is at the forefront of the decision-making process for intraoral reconstruction surgeries. Positive results have been reported with intraoral and extraoral autografts, freeze-dried allografts, alloplasts, xenografts and combinations of the above. All have obstacles to contend with, including the perception of morbidity and the cost of time and finance to harvest autogenous bone. The isolation and replication of BMP-2 from human bone has opened the door to pioneer a user-friendly material that has demonstrated remarkable osteogenic potential in both the animal model and the patient. Histologic evidence clearly demonstrates robust bone-forming activity followed by the maturation of woven bone to lamellar bone.

This presentation will also include results of using another growth factor to treat periodontal osseous defects.

Dr. Nevin's career in periodontics has included thirty-five years in private practice, twenty years as editor of *The International Journal of Periodontics and Restorative Dentistry* and an ongoing commitment to postgraduate education. He is presently Associate Clinical Professor of Periodontology and Program Director, Department of Continuing Education, Harvard School of Dental Medicine, and Adjunct Professor, Department of Periodontics, School of Dentistry at the University of North Carolina at Chapel Hill. His publications include two recent textbooks and sixty contributions to periodicals.

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**LEARNING OBJECTIVE:**

- *To discuss the promising results of BMP-2 in achieving osseous regeneration.*
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**NESP MOMENTS HONORING THE SPRING 2002 SPEAKERS**



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**ACKNOWLEDGMENTS**

The NESP wishes to thank the sponsors of the fall meeting for their financial support. All members are urged to visit the exhibit booths and to acquire the latest information on periodontal products.

3i-Implant Innovations	Lifecore
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