



# NORTHEASTERN SOCIETY OF PERIODONTISTS BULLETIN

VOLUME 33, No. 1

SPRING 2004

SPRING MEETING • FRIDAY, APRIL 2, 2004

*Periodontal & Prosthodontic Synergy to Create the Ultimate Aesthetic Restoration*

Joint Symposium: Northeastern Society of Periodontists  
and Northeastern Gnathological Society

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

Once again, we will have a joint meeting with the Northeastern Gnathological Society to enjoy a well-balanced combination of perio-restorative presentations. The challenging task of putting together such a program has fallen to Dr. Constantine Pavlakos and his NGS counterpart. The subject matter and renowned speakers he has selected indicate his astute attention to what is in demand by NESP members. The theme for this meeting, *Periodontal & Prosthodontic Synergy to Create the Ultimate Aesthetic Restoration*, promises an exciting and practical series of presentations for our members.

The day will start with registration, exhibits, and coffee between 8:00–9:00 A.M.

Dr. Alan Sulikowski will be the first speaker at 9:00 A.M., discussing *Aesthetic-Based Soft Tissue Management & Three-Dimensional Control of the Dental*

*Proportions*, followed by coffee break. From 10:45 A.M.–12:00 P.M., Dr. Oded Bahat will present *Surgical Reconstruction—Great Hope vs. Realities*. Following lunch at 1:15 P.M., Drs. David Garber and Henry Salama will present *Success by Design: Integrating Biology, New Implant Designs & Aesthetics in Simplified and Complex Therapy*. A panel discussion will ensue followed by a cocktail reception courtesy of the meeting exhibitors.

**DR. ALAN SULIKOWSKI** graduated with honors from the National University of Cordoba, Argentina. Dr. Sulikowski continued his postgraduate studies at Boston University where he received his certificate in prosthodontics in 1994. He is a lecturer at Harvard School of Dental Medicine and has lectured and published nationally and internationally. He is also the

(CONTINUED ON PAGE 4)



Alan Sulikowski



Oded Bahat



Henry Salama



David Garber

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

PROVIDER CODE 05397-58

*The NESP is a recognized ADA CERP provider.  
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 Spring 2004 Meeting lectures.*

## Message from the President

It is a pleasure to take over the reins from Dr. Frank Celenza, who has done such a fine job as our president for the past year. He leaves our organization in great shape with a strong, hard-working board of directors and, as always, Dr. David Kratenstein, our dedicated Executive Director. The NESP is not a political organization, but as one of the largest regional periodontal societies in the country, its focus is as an educational forum to disseminate information regarding the art and science of periodontics. As a member of the Board of Trustees for the American Academy of Periodontology for the past 4 years, I can tell you that the future of our specialty hinges on education.

We need to educate dental students about the opportunities that exist in periodontics. To continue to be a growing, vibrant specialty we need the influx of new students to develop an interest in periodontics and bring fresh ideas to lead us into the future. We need to educate periodontal residents so they can develop a practice philosophy supported by the periodontal literature. And lastly, we need to educate our referring dentists about the newest periodontal procedures and techniques that are available to assist them in patient care.

The largest growth centers in dentistry today revolve around aesthetic and implant dentistry. This year, with the support of our board and the direction of our program chairman Dr. Gus Pavlakos, we hope to continue to bring you the very best speakers that dentistry has to offer. So get involved with the future of dentistry, *get involved with education!*

Another important aspect of education is that it leads to an improvement in quality. This quality enhancement is not only seen with improved clinical skills but with the utilization of new technology. Periodontist's are

goal-oriented professionals who continue to strive to be the best. This fits in well with the AAP's vision of being dentistry's premier providers of perioplastic, regenerative, and implant dentistry. Education is the vehicle that will help us reach our goal.

This year the board of directors has worked hard to update our organization by formulating a constitution committee charged with evaluating and reworking the NESP constitution. This new constitution will guide the NESP into modern times. The constitution will be sent to the membership for review and will be voted on at our next scientific meeting.

I hope to see you at our spring scientific meeting on April 2, 2004. The meeting is earlier this year so please mark it on your calendar. This meeting is a joint program with the Northeast Gnathological Society, and looks to be a power-packed day of education and a great way to share ideas with our restorative colleagues.

Finally, I look forward to 2004 and serving as your president.



Brian Chadroff

### Mark Your Calendar

NESP Fall Meeting

October 22, 2004

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

### New Members

The NESP welcomes the following new members:

Dr. Bernard Calem, Philadelphia, PA

Dr. Amy Chaballa-Wilde, Lancaster, PA

Dr. David Dane, New York, NY

Dr. John Lanzetta, New York, NY

Dr. Daniel Royzman, New York, NY

Dr. Irina Shapira, Jorwood, NJ

Dr. Clifford Zdanowicz Jr., Owings Mills, MD

Dr. Evan Kantor, New York, NY

#### PERIODONTIC NEWS?

*NESP Bulletin* encourages news from advanced education programs in periodontics throughout the northeastern region. News may include faculty and student activities or achievements, research projects, departmental changes or any other related activities.

The deadline for the next issue is July 30, 2004. You may send all correspondence in care of the Editor, Dr. Mehdi Saber. Please see the last page for contact information.

## Editor's Notes

### Time for Standardization

Is the standardization of implant-abutment interface on the agenda of manufacturers and the dental profession? If not, it's high time that it was. The development of the market and advances in materials and biomechanics of implant supra structures have reached a level to call for it.

Consider a very practical and real problem: In the next 30-40 years: as abutments need maintenance, who will repair them, and how? Will the manufacturer of these components even be around? Will there be a way to repair and restore such implants? By then, the dentist would have long retired and, in all likelihood, the patient would not know the specifics about the implant. Even now, it is not uncommon to encounter implants in need of abutment repairs whose components are difficult to identify and obtain. Standardization would help greatly.

Lest you think I am too preoccupied with a distant problem—didn't I just say that by then we would be retired?—let us consider the present.

What we presently face concerning implant platforms is a Tower of Babel of sorts, with a dizzying array of products. Proprietary variations, at times amounting to less than a fraction of millimeter, are unlikely to yield superior results or even marked improvement.

What stands in the way of standardization is the manufacturers' belief that niche players have a higher profit margin. Some of them even pursue proprietary interfaces as a marketing tool. However, this is short-sighted. In every industry niche players exist only in places that standard producers refuse to fill the needs—because they find it uneconomical. An entire industry being treated as a niche market operates against the laws of economics and would have to adjust. The sooner the adjustment begins the better it is for all the players.

Some may claim that standardization will thwart innovation and product improvement. This claim is unsupported by any evidence or history in other industries. In fact, uniformity among various systems could enhance implant use because:

- Dentists will have less inhibition in diagnosing and restoring implants due to reduction in complexity.
- Maintaining an implant-related inventory will become easier and more economical for restorative, surgical, and laboratory aspects.
- If the restorative dentist does not dread abutment compatibility issues, the surgical team will certainly be more prone to mixed use of various systems in complex cases, hence, maximizing the benefits of site specific-implants to improve prognosis.



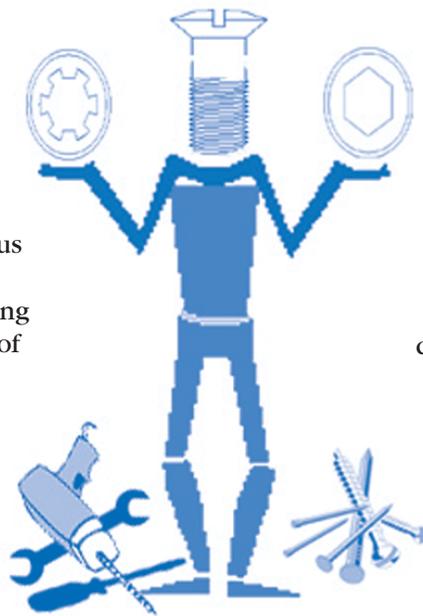
Mehdi Saber

- The uniformity could also trickle down to portions of the surgical instrumentation with its obvious advantages to the surgical team.

All of the above will ultimately benefit patients through improved prognosis and increased usage. The costs will decrease and the implant market will expand, benefiting everyone.

To be sure, there are some hurdles to standardization, from patent issues to logistics of reaching a consensus. However, that hurdle is always overcome. All industries have gone through a similar phase. Even the notoriously free spirited software and hardware industries have begun embracing standardization.

While patients are the final recipients of implants, we dentists are the consumers. In that capacity, we must take the lead to let the manufacturers know about our interest in standardization. Any step in that direction will be a win-win-win situation ■



### In Memoriam

Dr. Sol J. Ewen died on January 10, 2004. A well-known periodontist, professor, and artist, Sol was a past president of the NESP, serving in 1979. He was an innovative leader in the field of periodontology and served many years as an important contributor to the NESP. Dr. Ewen will be missed.

## PROGRAM DESCRIPTION (CONTINUED FROM PAGE 1)

co-director of the Restorative Study Club of Cambridge. Dr. Sulikowski practices in Cambridge, Massachusetts and is a partner at the Restorative Dental Group of Cambridge.

Dr. Sulikowski will present *Aesthetic-Based Soft Tissue Management and Three Dimensional Control of the Dental Proportions*. This lecture will explore the fundamental factors needed to create an aesthetically pleasing restoration. An overview of smile design and aesthetic diagnosis for single and multiple restorations will be presented. Three-dimensional management of the dental proportions, soft tissue management and the correct tooth proportions based on color will be analyzed.

**LEARNING OBJECTIVE:**

- *The attendee will be able to identify normal anatomy, aesthetic and non-aesthetic factors.*
- *The attendee will be able to identify and learn to correct aesthetic deficiencies.*
- *The attendee will be able to learn techniques of soft tissue management to maximize aesthetics.*
- *The attendee will be able to understand the indications for interdisciplinary treatment plan integration.*

**DR. ODED BAHAT** received his dental degree from the University of Witwatersand School of Medicine and Dentistry, South Africa, and his specialty certificate in periodontics at the University of Washington Postgraduate College, where he also received his M.S.D. He is a diplomate of the American Board of Periodontics and has lectured and published nationally and internationally. He is past director and chairman of post-doctoral periodontology at the University of Southern California School of Dentistry. He is member of various professional organizations including the American Academy of Periodontology, American Dental Association, Western Dental Society and Academy of Osseointegration. He is presently in private practice in Beverly Hills, California.

Dr. Bahat will present *Surgical Reconstruction—Great Hope vs. Realities*.

Reconstruction is one of the most adventurous medical endeavors undertaken by surgeons. Success in replacing lost or missing structure depends on appropriate surgical planning and execution, as well as on the patient's healing potential. Healing potential is beyond the surgeon's control; this lecture will concentrate on the surgical planning and execution.

Defining "normal"—and evaluating the deviations from it—is essential to the success of the surgical procedure and the prosthetic efforts that follow. However, even then, we cannot assume that the final result will

closely mimic the natural appearance. Therefore, understanding the interplay of surgical procedure and possible prosthetic solutions is critical to a successful outcome.

**LEARNING OBJECTIVE:**

- *The attendee will be able to understand the indications, advantages, and limitations of surgical reconstruction.*
- *The attendee will be able to understand the importance of surgical treatment planning and its healing potential.*
- *The attendee will be able to understand the interplay of surgical procedures with possible prosthetic solutions.*

**DR. DAVID GARBER** is a graduate of University of Pennsylvania School of Dentistry where he received specialty training in periodontics and fixed prosthodontics. He has served as director of Crown and Bridge and the director of the Group Clinical Practice at the University of Pennsylvania. He presently holds a dual appointment at the Medical College of Georgia School of Dentistry in the Department of Periodontics and the Department of Oral Rehabilitation.

Dr. Garber has lectured and published extensively throughout North America, Europe, Asia, and Africa. He is active in a number of professional organizations and serves on the boards of both the American Academy of Aesthetic Dentistry and the American Academy of Fixed Prosthodontics. He is a member of the American Academy of Periodontology and a Fellow of the International College of Dentists.

**DR. HENRY SALAMA** received his post-doctoral specialty certificates in both periodontics and periodontal-prosthesis, fixed prosthodontics from the University of Pennsylvania. He is the former director of the Implant Research Center at the University of Pennsylvania, where he continues to be a Clinical Assistant Professor in the Department of Periodontics. Dr. Salama is currently in private practice in Atlanta limited to advanced restorative and implant therapy. His clinical research activities focus on long-term stability of aesthetics soft tissue enhancement techniques, as well as immediate and early loading of root form implants.

Drs. Garber and Salama will present *Success by Design: Integrating Biology, New Implant Designs and Aesthetics in Simplified and Complex Therapy*.

For implant therapy to be viable in today's aesthetically demanding environment, the proposed implant supported restoration must cosmetically equal or surpass

## TRAGIC NEWS FROM STONY BROOK UNIVERSITY

Dear Members of the NESP,

It is with great sadness that I share in the loss of one of my faculty, Dr. Richard J. Oringer who died in a tragic car accident as he was leaving campus on January 29, 2004.

To appreciate the significance of this loss, one needs to understand Dr. Oringer's personal attributes and contributions to Stony Brook. His brilliance was coupled with a considerate and humble personality. He was always the first to give praise but never the one to seek it. As a leader in the Department of Periodontics, he dramatically transformed its tone to the highest level of academic achievement. He was an incredible asset to both the department and the school. He was so loved by students that he was selected as Marshall or Grand Marshall at graduation in 2000, 2002, and 2003, and had already been chosen to be the Grand Marshall in June 2004. His dedication to academic programs was tireless, resulting in his receiving two faculty awards for teaching excellence and two yearbook dedications.

Dr. Richard J. Oringer received his B.S. degree summa cum laude (1988) and his D.D.S. degree (1992) from Stony Brook University; he received his certificate in Periodontology and D.M.Sc. in Oral Biology (1996) from Harvard University. Dr. Oringer joined the faculty of Stony Brook's Department of Periodontics in 1997 as an Assistant Professor, following a one-year teaching fellowship at Harvard, and was promoted to Associate Professor with tenure in 2003. Because of his teaching prowess and excellent organizational skills, he was appointed Director of Predoctoral Periodontics in 2000. His teaching ability was recognized at the national level when he was awarded the prestigious Bud and Linda Tarrson Fellowship in 2001 by the American Academy of Periodontology. As program director, he translated his innovative teaching methodologies into practice, which included interactive CD-ROM technology, practical outcome assessment tools, a smoking cessation program, and periodontal medicine. He also contributed to the clinical and didactic teaching components of the advanced education program in periodontics. His clinical proficiency

resulted in the achievement of diplomate status by the American Board of Periodontology in 1998.

Always driven to excel, Dr. Oringer committed his time and efforts to further hone his research skills, which resulted in an impressive portfolio of research activities. He was the principal investigator of two major randomized controlled clinical trials on a minocycline periodontal therapeutic system and on the evaluation of rhBMP-2/absorbable collagen sponge as a suitable bone graft material for sinus floor augmentation. At the end of 2003, he received notice of a K23 award from the National Institute of Dental and Craniofacial Research. The project, "Dendritic Cells in Periodontal Health and Disease," would have provided him with a tremendous opportunity for research advancement. This application received the outstanding score of 1.6 from Study Section. Dr. Oringer was often called upon by the industrial sector to investigate the clinical significance of new therapeutic modalities, and his publication in peer-reviewed journals was extensive.

Notwithstanding his teaching and research commitments, Dr. Oringer was active in his regional and national periodontal organizations. He was often asked to speak on his clinical and research activities and was invited to be the major speaker at the 2003 spring meeting of the Dutch Society of Periodontology on the role of risk assessment in periodontology. His professional endeavors resulted in his being elected in 2001 to the Board of Directors of the Northeastern Society of Periodontists. He was on a fast track to becoming a leader in organized periodontics.

Dr. Oringer was married to Dr. Erin Riley, Assistant Dean of Admissions and Student Affairs at the School of Dental Medicine. They have one son, John, 5 months of age.

Vincent J. Iacono, D.M.D.  
Professor and Chair  
Department of Periodontics  
School of Dental Medicine  
Stony Brook University

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## Are You Getting Rubbed the Wrong Way?

### A New Look at Hand Washing

According to new guidelines for health care workers, you may want to stop washing your hands, writes Dr. Timothy Donley in the May/June *KDA Today*, publication of the Kentucky Dental Association.

Donley says that health care workers still need to clean hands between patients and before procedure, but there may be a better way to clean hands. The Centers for Disease Control and Prevention (CDC) has published specific recommendations to promote improved hand hygiene practices and reduce transmission of pathogenic microorganisms to patients and personnel in health care settings.

These guidelines may change the way dental professionals practice, Donley notes. The new guidelines advise the use of alcohol-based hand rubs to protect patients and practitioners in health care settings.

According to Donley's article, research indicates that formulations containing 60-95 percent alcohol

alone or 50-95 percent when combined with limited amounts of quaternary ammonium compound, hexachlorophene or chlorhexidine gluconate, lower bacterial counts on the skin more effectively than do other agents.

Data show that health care workers may be more inclined to alcohol-based hand rubs because they are more convenient to use.

Using gloves does not eliminate the need for hand hygiene, nor does the use of hand hygiene eliminate the need for gloves, Donley writes. As such, the use of alcohol-based hand rubs may be ideal in the dental setting.

The entire *Guidelines for Hand Hygiene in Health Care Setting: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HIC-PAP'SHEA/APIC/IDSA Hand Hygiene Task Force* can be found at [www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene).

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## Australian Researchers Look At *S. mutans* and Infants

Researchers in Brisbane, Queensland, Australia have found that *Streptococcus mutans* colonization increased with increasing age, so that by 24 months of age, 84 percent of the infants in their study harbored the bacteria. The study appears in the July 2003 *Journal of Dental Research*.

The same researchers had previously reported that before tooth eruption, more than one-half of infants ages 6 months were already infected with *S. mutans*. Their newest study determined the colonization of *S. mutans* after tooth eruption in the same infants.

The study's 312 infants (93 pre-term and 219 full-term) were followed at three-month intervals from birth to 24 months. The researchers found that in the eight infants who developed caries, *S. mutans* was first detected at a median age of 18 months.

The importance of regular toothbrushing in the prevention of *S. mutans* infection in infants was also demonstrated in the study, write the researchers. They say their data support and extend the work of others who reported that infants who have their teeth brushed by 12 months of age are less likely to harbor *S. mutans* compared with those who had not begun brushing.

According to the article, the study's data showed that child-rearing habits that facilitate saliva transfer from adults to the child, such as sharing of food and utensils, and habits which involve close contact, such as breast feeding and sleeping beside the mother, were also significantly associated with the colonization of *S. mutans*.

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## AAP Board of Trustees Update

Dr. Barry D. Wagenberg

District VII Trustee

### AUGUST 2003

I would like to thank all of you for electing me to a second term to serve as your trustee. As always, the officers and board have had a lot of activity since my last report. The agenda and background material book weighed in at 11.5 lbs!!

The following are highlights since the January 2003 report. As always if you have any questions please feel free to contact me.

- The committees of the board are undergoing reorganization, and appointments have not been made as yet. When they are made, it will be only for a short term to allow for the transition
- The financial status of the AAP is slowly getting better. Returns from investments are finally in the black and growing. The academy did well co-sponsoring with the Academy of Osseointegration at its annual meeting. Thanks to all of you who attended and thus permitted the AAP to receive a larger share of the profits.
- A task force to review and reorganize the annual meeting was formed and has met once. Recommendations were made to reorganize course numbers, number of speakers, and allow more time for socialization and exhibit time. The board will consider these in its August meeting.
- Approved an additional \$15 per member to accommodate deletion of charges for the periodontal referral service (previously, members were charged \$100 for participation in this activity).
- Active lobbying has taken place regarding GME funding of postgraduate programs. Originally, non-hospital training centers were cut from GME funding, effective immediately, creating a large burden for all post-graduate students. The new date when this will take effect is October 1, 2003; however, all current post-graduates will be grandfathered with GME funding. This, at least, gives us time to continue our efforts to aid future periodontists with their costly education process.
- The board considered and voted on all award recipients. They are listed on the AAP web site.
- Approval of a change in the geographic rotation to east and west. Attendance is always higher in these locations. This will be effective starting in 2008.

The board will meet in Chicago on August 22–23, 2003. After that meeting I will submit an additional report.

### JANUARY 2004

The board met from January 16–18 2004. As usual many activities were addressed at the meeting. Many of the previous initiatives were discussed and refined. The following are highlights since the August 2003 report. As always if you have any questions please feel free to contact me.

- *The Journal of Periodontology* has made some alterations in their policies. A large effort is now being made to recruit clinical articles for the journal. An effort is being made to decrease the time for publication of articles.
- The financial status of the AAP is still improving. Returns from investments are continually growing. Executive staff has been able to come in under budget once again.
- A task force to review and reorganize the annual meeting reported on the changes and the BOT approved them. The meetings will initiate most mornings with a general session (this will bring most of us together each day). There will be fewer but larger and more concentrated sessions each day. The expected savings in A-V alone should be \$75,000–\$100,000. The meeting will run from Saturday through Tuesday. Starting in 2005 PowerPoint only will be permitted at the annual session.
- Agreed to review the annual meeting refund policy. Members who were affected by the hurricane or had deaths in the immediate family will be given refunds for 2003.
- Evaluated solutions to attrition fees which could cost the AAP close to \$100,000. This occurs when many of our members book their own rooms out of the blocks made for the AAP. It was decided to decrease the number of rooms blocked. Thus, if you want to stay at AAP hotels—book early! Boston will be the site for 2009 and Hawaii for 2010.
- Approved a second reading of the bylaws to allow individuals who have completed periodontal training in a U.S.-accredited program but who do not limit their practice to periodontics, to be active members.
- The officers are continually working with the other specialties regarding issues in mutual interests.

The board will meet in Chicago on May 14–16, 2004. After that meeting I will submit an additional report.

## PROGRAM DESCRIPTION (CONTINUED FROM PAGE 4)

that of conventional restorative dentistry. In single tooth replacement, aesthetics in its fullest sense can be especially challenging, as the need to match adjacent teeth and their surrounding soft tissue is paramount. This presentation integrates evidence-based biological principles with treatment protocols and implant designs to optimize aesthetic results.

Classification schemes for ridge and papilla defects will be presented to aid the reconstruction team in clearly defining the clinical challenges and designing a systematic blueprint for their correction. To achieve optimal aesthetic results more predictably, new and innovative surgical and orthodontic hard and soft tissue enhancement techniques will be introduced that result in improvements in periodontal, occlusal and aesthetic outcomes.

In addition, this presentation outlines the biological, clinical and biomechanical factors that may allow clinicians to reduce or completely eliminate the waiting period to implant loading without sacrificing successful

osseointegration. The utilization of the new and innovative implant surface microgeometry to enhance the results of early and immediate loading will also be discussed. Throughout the presentation a review of the literature will be utilized to emphasize what is evidence-based and what is clinical hypothesis.

**LEARNING OBJECTIVE:**

- *The attendee will be able to understand the indications for preserving the restorative site, the very essence of aesthetics.*
- *The attendee will learn the new incision-less approach to immediate implant placement.*
- *The attendee will be able to describe the classification of extraction sites and ridge defects.*
- *The attendee will be able to clarify the six types of papilla defects and how to predictably correct them.*
- *The attendee will be able to understand why and when immediate loading can be utilized.*
- *The attendee will become familiar with different implant systems—what to use, where and why.*

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**ACKNOWLEDGMENTS**

The NESP wishes to thank the sponsors of the spring 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	Harvest Technologies
A.Titan	H & H Instruments
APW Dental Services PC	Innova
Atlantis	Lifecore
Bicon	The Natural Dentist
Biora	Nobel Biocare-Sterioss
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