



NORTHEASTERN SOCIETY OF PERIODONTISTS BULLETIN

VOLUME 36, No. 1

SPRING 2007

SPRING MEETING • MAY 11, 2007

NEW LOCATION THIS MEETING ONLY

Chelsea Piers, Pier 60 • 23rd Street and the Hudson River, New York, NY
JOINT MEETING WITH THE NORTHEASTERN GNATHOLOGICAL SOCIETY

Our goal in periodontal and implant treatment is to replicate nature while achieving optimal esthetics. A team approach in the coordination and sequencing of therapy with our restorative and laboratory colleagues is essential in treatment success. Our program chair, Dr. Ana Giglio, in collaboration with Dr. Howard Livers, program chair for the Northeastern Gnathological Society, have arranged an outstanding program with four highly regarded clinicians.

We look forward to a superb meeting that will reinforce the benefits of communication with our restorative peers.

DARIO ADOLFI, D.D.S. will present *Fundamental Criteria for a Perfect Esthetic Integration*, which will convey the understanding of the natural tooth according to form, shade, surface texture, superficial gloss and how the fluorescence, opalescence and natural transmission

(CONTINUED ON PAGE 5)

8:00–8:45 A.M.	Registration, Exhibits and Coffee
8:45–10:00 A.M.	<i>Fundamental Criteria for a Perfect Esthetic Integration</i> Dr. Dario Adolfi
10:00–10:45 A.M.	Coffee Break (Visit with our Exhibitors)
10:45 A.M.– 12:00 P.M.	<i>Tissue Alterations with Implant Supported Restorations</i> Dr. Jan Wennström
12:00–1:30 P.M.	LUNCH
1:30–2:45 P.M.	<i>Creating Esthetic Treatment Outcomes Through Interdisciplinary Synergy</i> Dr. Jacinthe Paquette
2:45–4:00 P.M.	<i>Surgical and Restorative Advances in Esthetic Dentistry</i> Dr. Sascha Jovanovic
4:00–5:00 P.M.	Cocktail Hour Courtesy of our sponsors



Dario Adolfi



Jan Wennström



Jacinthe Paquette



Sascha Jovanovic

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 2005 Meeting lectures.

NESP MEETING PLATINUM SPONSORS

NESP would like to acknowledge our Platinum sponsors

Astra Tech

Biomet 3I

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Zimmer Dental

whose additional educational grants have enabled this society to provide excellent programming and parallel functions to our membership.

EXHIBITOR LISTING

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The Case for a Smaller Board

For the last two years the AAP Board of Trustees has been working on restructuring our governance. We have become acutely aware that each year the budget has been more stretched, and each year, with the revision of the strategic plan, more projects and initiatives were proposed without letting go of any ongoing projects. As a result we have a board of well-meaning, intelligent people who are frustrated by the process. Reaching consensus and agreeing on priorities is extremely difficult with such a large board. The old adage that “if it ain’t broke don’t fix it” applies here, because what we have is broken.

A task force headed up by Dr. Mary Beth Neill and an outside consultant, Ms. Linda Ridge, has expertly guided these proceedings. Being a strong leader sometimes requires that you lead a group out of their comfort zone to a better place. In this case I am strongly advocating for a governance infrastructure that is proactive, nimble, and streamlined. The number of seats on the board should be based on the minimum number required to do the board’s work. This governance restructuring should not be about states, districts, and representatives. It should be about redeploying your workforce resources, creating new competencies, and involving more members in governance. Let’s be honest here, we now have a board of 21 district trustees, five officers and two non-voting members, a total of 28. How many individual members have had direct input to their trustee’s votes on any particular issue? I would venture to say a small minority. What happens instead is that a district elects its trustees and hopes that they will represent their best interests. The task force’s proposal for a smaller board is not meant to reduce grass roots representation but to actually increase it. It is one part of a package.

What the task force suggested is a revamping of the current General Assembly at the annual meeting to be an All-Member Forum, which would function more like a town hall where there is an open discussion between the leadership and members as to the challenges facing our profession and the strategic steps the board is taking to address them. Any by-laws changes, dues increases, or any other important decisions that require a vote will not be decided by the few members who show up at the General Assembly, but by the membership at large via an all member e-mail votes.

The board has also approved a State and Regional Assembly, which hopefully will be fully functioning by the end of 2008. This is envisioned to be one or two representatives from each state and regional organization that would act as a “House of Representatives” and advise the board on state and regional challenges and issues. In addition to that, I have appointed (and the

board unanimously approved) a Leadership Development and Qualification Committee.

This committee is comprised of leaders from every aspect of dentistry and dental industry. They are charged with vetting candidates for leadership and committee appointments. They will also provide mentoring and training for academy appointments. This committee will ensure that we have a pipeline of supremely qualified candidates to lead our specialty through the challenging years ahead.

A board size of 28 is no longer viable in this day and age of competitive market places. We are late in coming to this realization. Below, I have provided board sizes of other similar organizations for comparison:

Total Board Size (including officers) of Dental Organizations

The American College of Prosthodontists	16
The American Academy of Orofacial Pain	13
AAOMS	13
The American Association of Orthodontists	13
The American Dental Society of Anesthesiology	12
The American Academy of Implant Dentistry	16
American Academy of Pediatric Dentist	10
Canadian Dental Association	13
British Dental Association	16
The Chicago Dental Society	14
The National Dental Association Board	12
Mean	13

A smaller board can meet more frequently at less cost and eliminates the need for an Executive Committee. Although our board did **NOT** approve reduction of the size of the board at this time (the vote was 50/50), it has become increasingly clear to me that we must move in this direction.

There will be an important by-laws change that will come up for a vote at the General Assembly in Washington. I would strongly urge you to attend this portion of the annual meeting. This by-laws change will give the vote to all members on important issues via e-mail rather than just the few that show up at the General Assembly. Let your voice be heard. We are at a critical junction in our specialty. Our future may depend on how brave and visionary we are now. Knowledge, trust, and agility are key to a strong academy. ■



Susan Karabin

Message from the Editor

As periodontists, we are often confronted with the gingival manifestations of systemic issues. We are asked to diagnose and treat transient lesions ranging from traumatic and aphthous ulcers, herpetic lesions, and fungal infections to more serious necrotizing and possibly cancerous lesions.

We are also aware of the gingival response that some systemic drugs can manifest. Gingival hyperplasia caused by the combination of the medication Dilantin, used for the treatment of seizure disorders and local plaque accumulations, is a well known example of this. In more recent years, the increased number of patients on calcium channel blockers for angina and heart arrhythmias has demonstrated an additional drug category that can cause gingival hypertrophy. And many of us in the past 25 have seen and treated the various extreme oral presentations of some AIDS patients, prior to the advances of the more recent better treatment protocols.

Now we are faced with a new oral lesion that has appeared as a result of the use of bisphosphonates. This necrotic lesion, primarily seen (though not exclusively) in patients who have had IV dosage for the treatment of bone lesions as a result of cancer, appears as necrotic lesions of the jaw in areas of tooth extraction, surgery, implants, periodontal defect sites and at areas of denture irritation. Although this lesion resembles osteomyelitis, it does not respond to the usual treatment modalities: debridement, antibiotics, or hyperbaric oxygen therapy. In fact, these modalities can exacerbate the situation. These necrotic lesions have now been reported in the literature in patients who have been on Fosamax or similar products for as little as 3 months for routine treatment of osteopenia and osteoporosis. It has not yet been determined what length of time is sufficient for treatment once a patient has discontinued bisphosphonates. It appears that the negative effects of this medication can continue well beyond a year after discontinuation.

In an excellent article by Dr. Salvatore Ruggiero et al., (*J Oral Maxillofacial Surgery*, 62:527-534) it was noted that bisphosphonates compromise bone vascularity, blood flow, endothelial cell function and inhibit the function of osteoclasts, which decrease bone resorption. All of these activities impact on the normal bone turnover and remodeling that is essential for maintaining bone homeostasis and the formation of good quality bone. With the increase in diagnosis and treatment-planning for implants and periodontal surgery, the fact that well over 50 million people are on some form of bisphosphonate is of major concern to our profession.

In a recent presentation on bisphosphonates for the American Association of Women Dentists (Greater NY Dental Meeting, November 27, 2006), Dr. Juliana Yun indicated the importance of informed consent as an imperative both for the patient and for the practitioner.

"It is important for the patient to be fully informed of the implications of IV and oral bisphosphonate and its association with osteonecrosis of the jaw", she urged. She reiterated the necessity that "prior to patients commencing bisphosphonate therapy, all oral infections should be eliminated and teeth with poor or hopeless prognoses should be removed." Communication between dentist, patient and physician is critical. The ADA guidelines clearly state that there is no reason to discontinue bisphosphonate therapy but encourages consultation with a physician to determine risk and benefit.

With the ever-increasing development of medications and medical treatment modalities, the increasing need to be vigilant as to side effects, contraindications and potential problems that may arise are of real concern to our particular specialty. ■



Leslie Taynor

Getting to PIER 60 AT Chelsea Piers

PIER 60 is located within the Chelsea Piers Sports and Entertainment Complex, 23rd Street and the Hudson River. Vehicles may enter the complex from the West Side Highway between 22nd and 23rd Streets in Manhattan.

Telephone: 212-336-6025 • www.piersixty.com

Arriving by car: To arrive directly at the front door, please instruct drivers to follow all access/parking signs (DO NOT follow taxi drop off). Please instruct the driver to proceed through the parking gate directly to Pier Sixty, located at the tip of Pier 60. Taxis, cars and limousines are given 20-minute free access to drop off and pick up passengers.

Arriving by public transportation: The M23 bus, which runs across 23rd St., stops at Pier 62, the front door of Chelsea Piers. From Pier 62, it is a short walk to Pier 60.

The M14 bus, which runs across 14th St, stops at West 18th Street adjacent to Pier 59, it is a short walk to Pier 60.

PROGRAM DESCRIPTION (CONTINUED FROM PAGE 1)

of light is crucial for the ultimate quality of esthetic and natural result on both teeth and implants.

There is a continuous development of implant protocols and designs for making implant treatment a natural part of prosthetic dentistry. All these efforts have in common with any tooth restoration the need for human-like materials and refined processes to mimic the lost tooth substance. The technology – with all its possibilities of ceramic materials – has made the nature-like outcome a reality.

The immediate implant function concept has made it possible to use implants on the same premises as tooth abutments, as the healing process no longer is an issue for the treatment planning.

Dr. Adolfi received his D.D.S. at University of São Paulo in 1979. He is a dental technician and has extensive experience in the ceramic field. He is the president of CM Ceramics Laboratories in Lisbon, adviser for ceramics companies and for Nobel Biocare / Pro-cera®. Dr. Adolfi has published many articles and is the author of the book *Natural Esthetics* in Portuguese, English, Spanish and Russian published by Quintessence International. He has lectured practical courses and hands-on demonstration in Asia, Europe, Australia, South America, and United States.

LEARNING OBJECTIVES:

Attendees will understand:

- the importance of the esthetic checklist, and observation and understanding of the natural tooth.
- how the natural transmission of light, given by Metal Free System, is important for the high quality of esthetic and natural result.
- how the success of a full rehabilitation depends directly on the high quality of provisional restorations

JAN L. WENNSTRÖM, D.D.S., ODONT. DR. will present the lecture, *Dimensional Alterations of Hard and Soft Tissues - Considerations in Relation to the Esthetic Outcome of Implant Therapy*. The soft tissue profile is a significant factor for the esthetic/cosmetic appreciation of the dentition. Hence, for the successful outcome of, for example, orthodontic, prosthetic and implant therapy, knowledge about the biology of the mucogingival complex is essential. In order to make proper treatment decisions, the clinician must also understand how various treatment procedures may influence the soft tissue profile. Substituting a tooth with an implant-supported restoration will not alter the biology of the tissues but dimensions may

be affected, both in the short and long-term perspective, with potential negative effects on the esthetic outcome of the therapy. The focus of this presentation is on (i) factors influencing the position of the soft tissues around the natural tooth, (ii) hard tissue alterations as a result of orthodontic tooth movement, tooth extraction, surgical interventions for implant placement and remodeling over time, (iii) timing of implant placement in relation to anticipated alterations in ridge dimensions, and (iv) the peri-implant soft tissue - biological aspects on the management of soft tissue esthetics.

Jan Wennström received his DDS in 1972 and Odont. Dr. degree (PhD) in 1982 from the Göteborg University, Sweden, and his license as a specialist in periodontics in 1983. He is currently professor and chair of the Department of Periodontology at the Institute of Odontology, The Sahlgrenska Academy at Göteborg University Sweden. From 1989 to 2002 he was the director for the postgraduate program in periodontology and for the Clinic of Periodontics at the Dental School in Göteborg. Dr. Wennström has published more than 100 scientific articles in the field of periodontology and implant dentistry and authored several chapters in textbooks.

LEARNING OBJECTIVES:

Following this lecture, participants will obtain an understanding of:

- biological factors defining the topography of the periodontal and peri-implant soft tissues;
- tissue alterations as a consequence of various treatment approaches;
- possibilities and limitations in soft tissue modeling.

JACINTHE M. PAQUETTE, D.D.S., will present *Creating Esthetic Treatment Outcomes Through Interdisciplinary Synergy*. The secret to creating esthetically pleasing results lies in the recognition, management, and replication of both macroscopic and microscopic elements of treatment. Macroscopically, these elements could include the patient's oral facial parameters, hard and soft tissue symmetries, and/or the arrangement and optical qualities of the prosthodontic restorations created, to name a few. Microscopically, these could include the endosseous implant/abutment complex selection, the marginal adaptation and subgingival contours of restorations, and the biomechanical forces of occlusion. All of these elements are important in the replication of nature

PROGRAM DESCRIPTION (CONTINUED FROM PAGE 5)

and contribute to the longevity of the results achieved. This presentation will highlight these various elements through numerous simple-to-complex patient treatments that illustrate the existing possibilities within the synergistic efforts of the interdisciplinary specialties.

Dr. Jacinthe Paquette is a prosthodontist specializing in esthetic and implant dentistry, reconstructive dentistry, and the management of occlusion and temporomandibular disorders. Dr. Paquette received her prosthodontic training at the University of Southern California, where she now serves as an associate clinical professor in the School of Dentistry. Dr. Paquette is co-executive director of the Newport Coast Oral Facial Institute, an international non-profit teaching and research center that teaches small group hands-on courses on esthetic reconstructive dentistry and other related multidisciplinary subjects. She is also a diplomate of the American College of Prosthodontists.

New Members

The NESP welcomes the following new members:

Dr. Michael Breault • Schenectady, NY

Dr. Carole Hildebrand • Philadelphia, PA

Dr. Alicja McCrudden • Forest Hills, NY

Dr. Melody Schiffer • New York, NY

Dr. Howard Gross • Plymouth Meeting, PA

MARK YOUR CALENDAR

NESP Meeting Dates

NOVEMBER 16, 2007

Marriott Marquis Hotel, New York City

April 11, 2008

October 24, 2008

LEARNING OBJECTIVES:

Upon completion of this presentation, participants should be able to:

- sequence interdisciplinary care for simple-to-complex perio/restorative treatments;
- recognize oral/facial prosthodontic parameters that guide the design of esthetic rehabilitations;
- define implant abutment characteristics that enhance the appearance of peri-implant tissues.

SASHA A. JOVANOVIC, D.D.S., M.S. will lecture on *Surgical and Restorative Advances in Esthetic Dentistry*. This presentation will provide attendees with the current protocol on how to achieve the optimal placement of implants. In addition, the lecture will include discussion of the restorative requirements for enhanced esthetic of implant therapy using the team approach and including the management of soft tissue and bone as it relates to the preservation and regeneration of these tissues in extraction and healed sites. Discussion of immediate tooth replacement, esthetic implant placement, hard and soft tissue regenerative techniques for the deficient implant site, and new data on bone mixtures with their indications, will be covered.

LEARNING OBJECTIVE:

The attendees will:

- learn protocol on how to achieve optimal placement of implants;
- become familiar with the requirements for enhanced esthetics involving a team approach;
- be made aware of soft tissue and bone management in the preservation of extraction and healed sites;
- consider hard and soft tissue regenerative techniques for deficient sites and new data on bone mixtures and their indications.

This program is offered as an educational course only. The opinions and techniques offered today should be combined with additional educational experiences before considering them in your practice. Attendance at this program does not reflect specialty status, advanced training, specific skills or educational status. ■

President's Message

The Northeastern Society of Periodontists is the largest regional periodontal society in the country, and a driving force in periodontics because of you, the membership, and the generous support of our sponsors.

Executive Director, Dr. David Kratenstein, and the equally dedicated board of directors and committee chairs, are continuously making strides for the betterment of this society. Our society's primary mission is to serve as a forum for education. For that purpose, Dr. Ana Giglio, the 2007 program chairperson, has worked tirelessly to bring you the latest in the art and science of periodontics. The NESP has created an educational program that you will find to be an exceptional professional experience. We hope to bring you new findings in research, state-of-the-art clinical techniques, and the current trends in the periodontal profession – all without a dues increase.

The 2007 spring joint meeting with the Northeastern Gnathological Society will be a profound experience as we collaborate with this renowned prosthodontic organization. The 2007 fall meeting, *Providing Evidence for Clinical Practice and Achieving Excellence in Clinical Practice*, will address evidence-based techniques as they relate to excellence in clinical practice. The fall meeting will also feature the Dental Hygiene Program available to you and your allied staff at no additional cost. This parallel program has been developed and brought to you through the hard work of Dr. Roy S. Feldman. Moreover, the Graduate Student Research Forum will make its debut at the fall meeting and will feature graduate students presenting the latest findings in periodontal research.

This comes to you due to the commitment of two indefatigable volunteers, Dr. Stuart J. Froum and Dr. Vincent J. Iacono, who developed this forum through the Education Endowment Committee.

Please mark your calendar as we look forward to seeing you at both meetings.

Finally, I urge you all to take an active role in our society. The Ad-Hoc Committee on Advancement will search for ways to allow and encourage membership involvement within the society. The NESP welcomes your comments and suggestions. You have my assurance that I will personally attend to your concerns. It is my privilege and pleasure to serve you, the membership. Once again, I thank you for the opportunity to make a difference for our society.

Luis J. Fujimoto, D.M.D.
President
Northeastern Society of Periodontists

Dr. Luis J. Fujimoto received his Doctor in Medical Dentistry (D.M.D.) and Certificate in Periodontics from the University of Pennsylvania, School of Dental Medicine. He received his General Practice Residency certificate from Nassau County Medical Center. He is a clinical associate professor at the Ashman Department of Periodontology and Implant Dentistry of the New York University College of Dentistry and past president of the Eastern Dental Society. Dr. Fujimoto was awarded the coveted American Dental Association Golden Apple Award. He currently serves at the New York State Board for Dentistry and is in private practice in New York City.



Luis J. Fujimoto

From the Desk of the Executive Director



David I. Kratenstein

The year 2007 begins with a joint meeting with the Northeastern Gnathological Society (NGS). This time the NGS will host our meeting at Chelsea Piers, Pier 60, at 23rd Street and the Hudson River. **Please note this change of location!!!** An excellent program has been planned and should be well

received. At the end of the meeting our sponsors will host a cocktail party on the exhibit floor until 5:00 p.m.

Buses will be provided at the end of the

meeting that will drop attendees off at Pennsylvania Station, Port Authority and Grand Central. This courtesy is sponsored by Astra Tech. Our platinum sponsors and our exhibitors have provided additional funding that enables your board of directors to provide the finest in educational programming. Please stop by the exhibit hall and make sure you thank these important contributors.

We look forward to seeing you on May 11, 2007 – check our web site www.nesp.org for further information.

David I. Kratenstein DDS
Executive Director NESP

Graduate Student Research Forum

At the fall 2007 meeting, the NESP will hold its first annual Graduate Student Research Forum. All students in an accredited periodontal graduate program, whose director is a member of the NESP, are eligible for the competition.

Abstracts must be received by the NESP Research Forum committee (RFC) by September 30, 2007. The abstracts will be evaluated according to originality of problem and hypothesis, experimental design, data collection, analytic methods, interpretation, significance of

results and validity of the conclusion. The three students with abstracts having the highest scores will present during the forum at the start of the fall meeting of NESP. Each finalist will be given 12 minutes each to present his/her paper with three additional minutes for questions and answers. The presentations will be judged by the RFC and the winner announced during the meeting luncheon.

A copy of the application form and scoring summary will be sent to program directors and will be available on the NESP website.

Dr. Stuart Froum
Dr. Vincent Iacono

Marriott Vacation Winner

DR. SAM MORHEIM

Visit us at www.nesp.org

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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.

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