

PERIO NEWS

IMPrESS Perio Implant Center | Dr. Noroozi, Certified Periodontist | Burnaby

From Our Office to Yours

Dear Colleagues,

This recent issue of the Perio News presents the biologic bone augmentation concept with application of autogenous bone as the gold standard to manage complex bony defects, allograft ring for 3D bone augmentation, application of acellular dermal matrix as an alternative to autogenous gingival graft for root coverage and new innovative techniques for bone preservation and augmentation. I strongly recommend that you follow us on Instagram @impressperio to get updates about new developments in the field of periodontics and implantology.

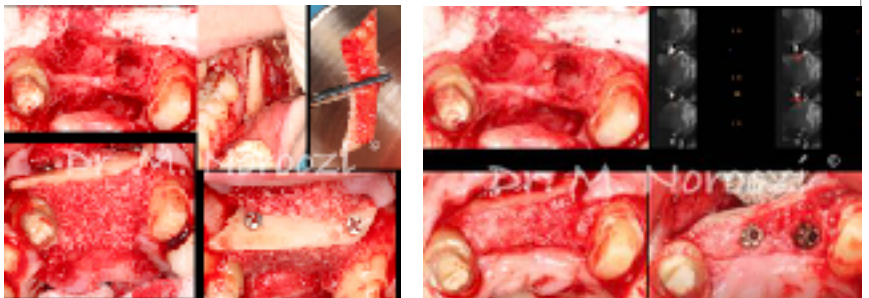
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Biologic Bone Augmentation

Trauma to teeth and the dentoalveolar process may result in a ridge defect that precludes straightforward implant therapy of the patient. Typically bone and soft tissue augmentation of the area would first be needed to adequately prepare the tissues for the implant and its restoration. Grafting of the site is substantially more difficult in cases where the ridge also lacks adequate height, and techniques to recreate a bony envelope to apply guided bone regeneration may be required. Moreover, defects in the anterior aesthetic zone that require both bone and soft tissue grafting and a restoration that harmonizes the adjacent pink and white aesthetics may be an even more significant challenge to the restorative team. **Autogenous bone grafting** has several **advantages** over other augmentation techniques including short healing times, favourable **bone** quality, lower material costs, no risk of disease transmission or antigenicity, and predictability in the repair of larger defects or greater atrophy. BBA also is a great solution when GBR with the use of particulate bone substitutes such as allograft or xenograft failed to regenerate quality bone.

Case 1: Vertical and horizontal bone augmentation with Khoury bone shield technique; Adequate solid bone formation in 5 month reentry is shown below.

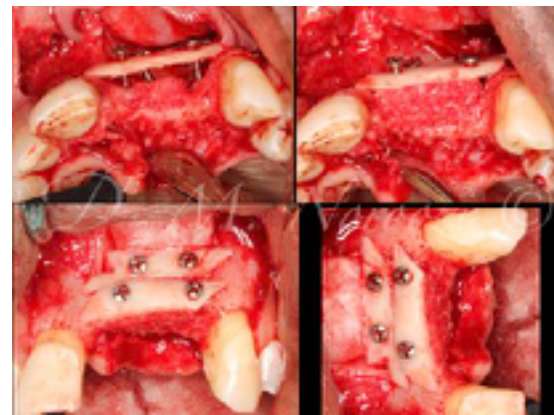


Case II: Significant periapical infection and endo-perio lesion has led to oral nasal communication. Autogenous bone from ext. oblique ridge was used to reconstruct the horizontal and vertical bone for implant therapy. 4 months reentry shows significant bone gain, complete closure of the oral nasal communication and successfully integrated implant in the anterior maxilla.

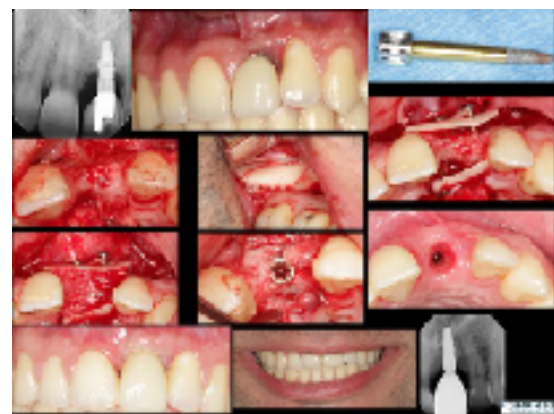


Case III : 3D reconstruction of the alveolar bone in the area of molar (3.6) with autogenous bone. 4 month reentry shows excellent vital bone formation. Implant was successfully integrated and restored.

Case IV: 3D reconstruction of the alveolar bone in anterior maxilla with autogenous thin bone block and and autogenous particulate graft.



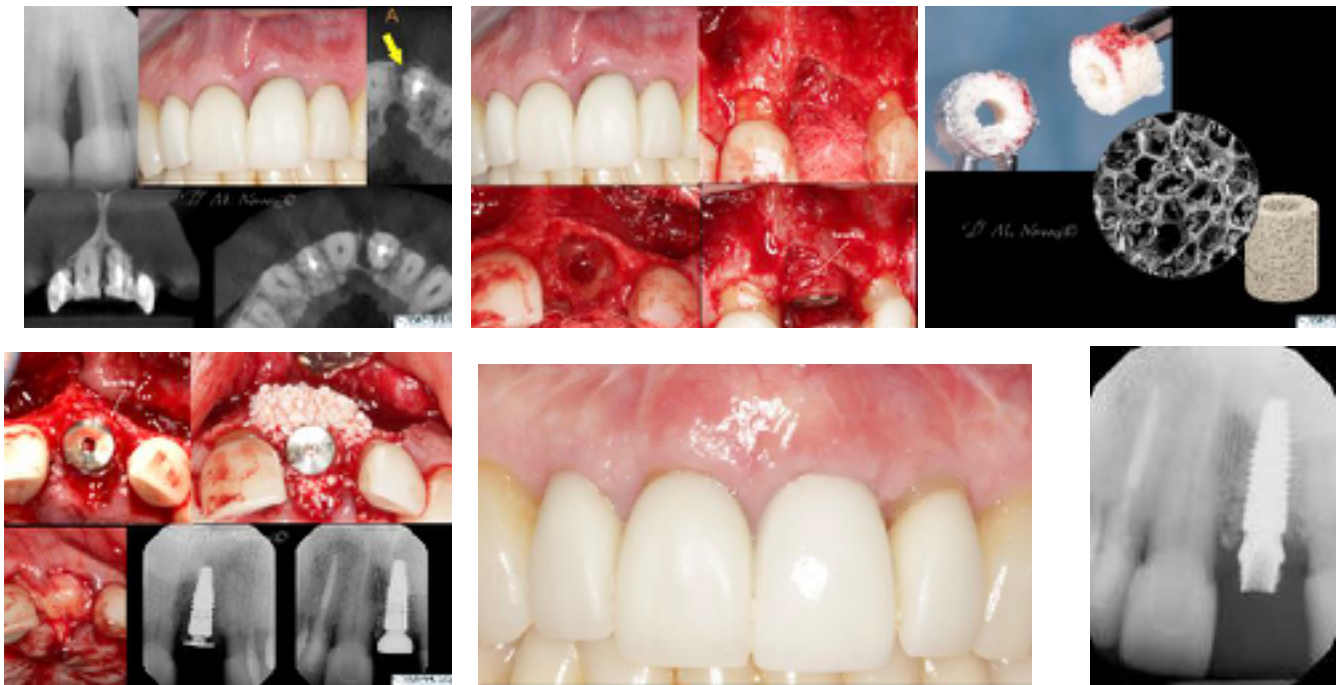
Case V: Pure autogenous bone graft with use of ext oblique ridge bone shields and autogenous particulate graft to correct the moderate buccal and **severe** palatal bone deficiency in the area of failing implant 2.1(#9). Solid vital de-novo bone formation with no dead particles hanging around, Palatal pedicled connective tissue graft was done to improve the peri-implant soft tissue.



3D Bone Regeneration with Allograft Ring

This is an innovative solution for 3-dimensional vertical augmentation of bone defects allowing a single-stage graft and implant placement. A prefabricated ring of processed allogenic donor bone that is placed press-fit into a trephine drill-prepared ring bed. The simultaneous implant placement saves you and your patient time and a surgical step compared to a conventional bone block, reducing chair time compared to a bone block, eliminating the need for a second harvesting site and shorter time-to-teeth.

Case V: Immediate implant placement in extraction socket with buccal bone deficiency; allograft ring was used to reconstruct the alveolar bone at the same time of implant surgery.

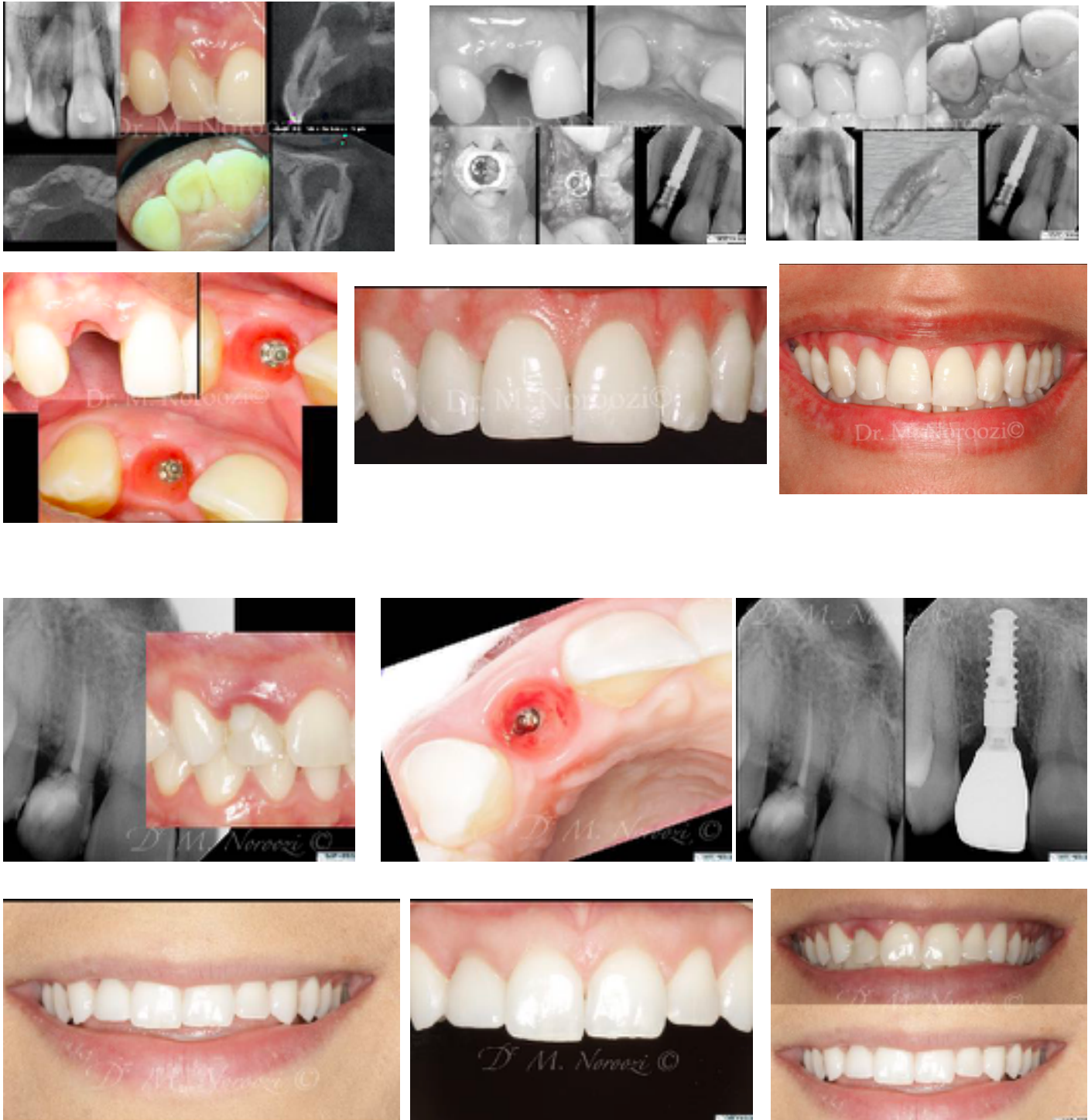


Case VI: Vertical and horizontal bone augmentation and simultaneous implant placement in the aesthetic zone with application of allograft ring. Excellent bone gain and stable long term results



Keys for Successful Esthetic-Zone Single Implants

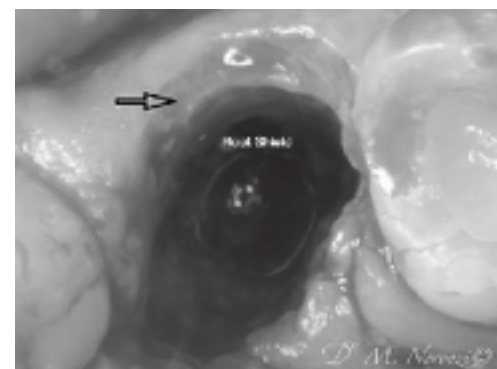
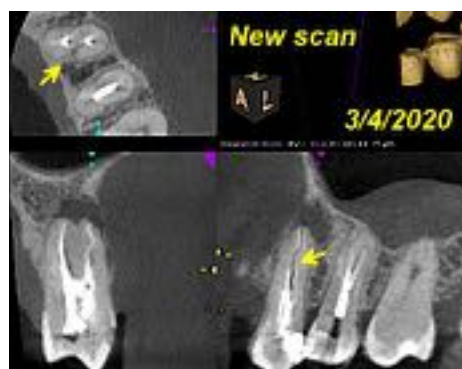
To achieve a successful esthetic result and good patient satisfaction, implant placement in the esthetic zone demands a thorough understanding of anatomic, biologic, surgical, and prosthetic principles. The ability to achieve harmonious, indistinguishable prosthesis from adjacent natural teeth in the esthetic zone is sometimes challenging. Placement of dental implants in the esthetic zone is a technique-sensitive procedure with little room for error.



Partial Extraction Therapy: An Approach to Preserve the Buccal Plate



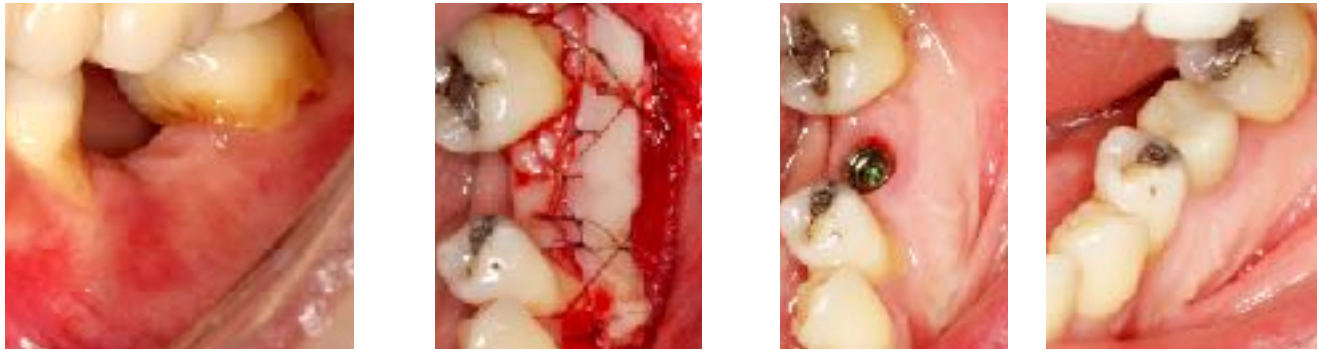
The case of immediate guided implant surgery and immediate screw retained provisionalization following extraction of unsalvageable 1.5 due to vertical crown/root fracture. Partial extraction therapy concept was applied to preserve the buccal contour and to minimize tissue deformity following tooth extraction. Almost no bleeding, no sutures and no uncomfortable removable denture. Final screw retained implant zirconia crown in place.



Partial Extraction Therapy: An Approach to Preserve the Buccal Plate, PET is a unique treatment alternative that requires one surgical procedure thus reducing patient morbidity, as well as, reducing overall treatment time and cost associated with treatment.

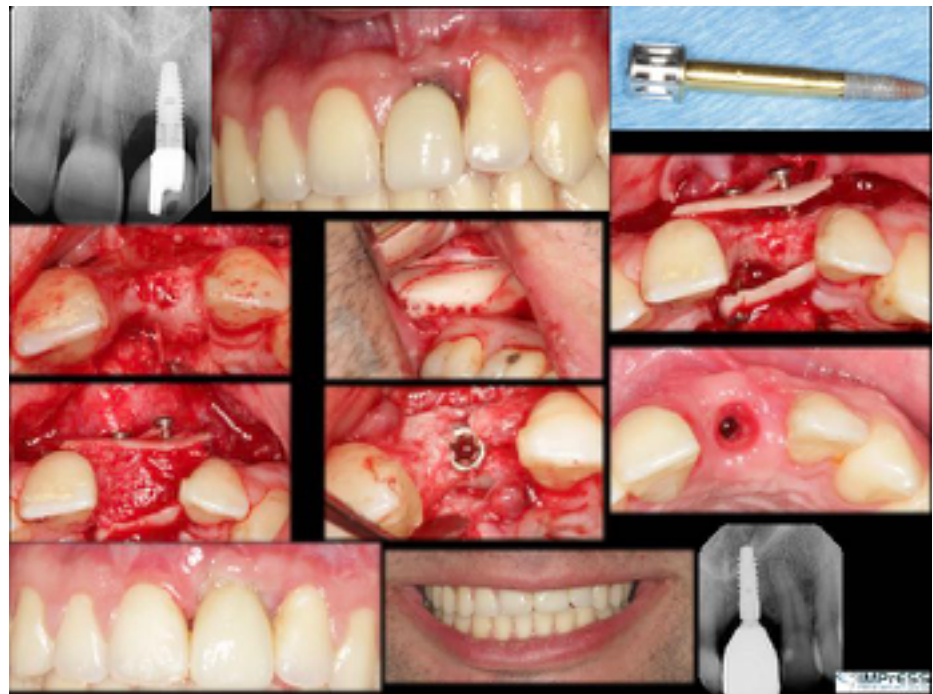
Importance of Keratinized Tissue Around Implants

Various studies have shown that lack of keratinized soft tissue around teeth and implants can have negative consequences in both function and esthetics. Prospective and retrospective studies have shown that in the presence of suboptimal plaque control and clinical inflammation, bone loss, attachment loss and gingival recession may result unless a minimum amount of 2 mm of keratinized and attached tissue are present. Some body of evidence suggests higher rate of peri-implant bone loss with inadequate keratinized attached soft tissue. The soft tissue grafting is relatively minor oral surgical procedure with long term benefits for maintenance and longevity of dental implants.



Management of Failing Implants

Here is a referral case to address the peri-implantitis and bone loss around implant at site 2.I. GBR already was attempted by previous practitioners with no success. Implant was removed followed by autogenous bone grafting with harvest from mandibular ext. oblique ridge, split bone technique and palatal soft tissue graft to manage very complex bone deformity in preparation for a new dental implant. Autogenous bone grafts are advantageous in that the graft material is live bone, meaning it contains living cellular elements that enhance bone growth.



Here is another case referred to our office to address the peri-implantitis, soft tissue and bone loss around implant at site 1.1. Implant was placed outside the alveolar bony housing with no buccal bone available so it was decided to be removed followed by autogenous bone grafting with harvest from mandibular ext. oblique ridge, split bone technique and palatal soft tissue graft to manage very complex bone deformity in preparation for a new dental implant. The new crown was done by the referring dentist.



Management of Peri-Implant Soft Tissue Deficiencies

This clinical report describes the use of a subepithelial connective tissue graft to recontour a soft tissue margin discrepancy for a single-implant crown in the anterior maxilla. This procedure demonstrates that the use of soft tissue grafts to correct an esthetic deficiency may be a feasible approach to establish new and stable peri-implant soft tissue.



Mucogingival Surgery, Palatal Connective Tissue for Lingual Recessions

The goal of this post is to demonstrate the practicality and results of increasing the zone of keratinized tissue on the lingual surface of mandibular anterior teeth. Calculus is most commonly found on the lingual surface of mandibular teeth, so they are subjected to inflammatory elements resulting in tissue deformation and destruction. Significant attention has been paid to grafting the buccal surface, but there is a paucity of information addressing the lingual surface of mandibular anterior teeth. Gingival augmentation procedures are essential before fixed restorative dentistry to prevent further recession and facilitate plaque control.



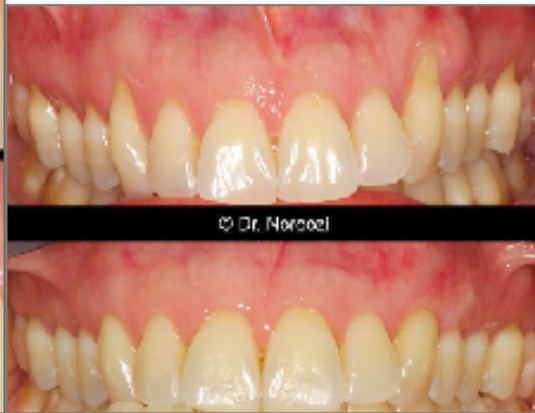
Autogenous Connective Tissue Graft, The Gold Standard



Allograft Dermal Matrix with Modified Tunnel Technique for Soft Tissue Augmentation

Since its introduction to dentistry in 1997, Allograft Regenerative Tissue Matrix has been a widely accepted acellular dermal matrix (ADM) for soft tissue applications. It supports tissue regeneration by allowing rapid revascularization, white cell migration and cell population - ultimately being transformed into host tissue for a strong, natural repair. This product has been widely used in my practice over the past several years to substitute for autogenous gingival grafting to treat gingival recessions, to enhance the tissue phenotype and to achieve root coverage. Since the amount of tissue that can be harvested from palate is relatively limited, patients with generalized gingival recessions have to go through multiple operations with long and slow recovery. The application of donor tissue has the following benefits:

- Incision and scalpel free
- Accelerated recovery
- One visit can treat multiple areas of recession
- Less discomfort for the patient after treatment
- No need for scalpels or invasive surgical tools
- No need to take donor tissue from the patient's palate



Contact Us:

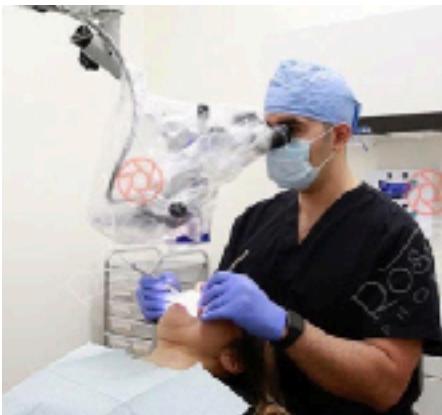
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Committed to Excellence Through Passion



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- Diploma In Periodontics (UBC)
- Master of Science in Craniofacial Science (UBC)
- Doctor of Dental Surgery (University of Toronto)



To join our study group, contact us at 604-733-4867 to reserve your spot.



We welcome referrals from all clinicians. If you would like to refer a case to us we are happy to help. Whether it is working with you on a consultation only basis or referring patients for treatment - we will work in partnership with you to ensure successful treatment outcomes. For more information, please visit www.implantperiospecialist.com

Partnership

Our goal is to support our referring clinicians in providing exceptional health care for patients through collaboration, peer support and a culture of knowledge sharing. We welcome referrals from all dentists and specialists and are equipped to support you based on your level of experience. IMPrESS team is dedicated to working closely with your office and we are proud to provide evidence-based periodontal procedures. Your patient's care and comfort are our priority from the initial consultation through to future treatment. Our office will work with you to ensure a positive experience and optimal results for your referrals.

Dr. Noroozi is trained in the latest Micro-Surgical procedures that offer increased esthetics, predictability, and patient comfort. Our office is pleased to offer IV Sedation and a broad range of advanced Periodontal, Implant, Sinus, and Bone Grafting procedures.. All implant systems used in our office are research based to provide predictable long-term results for you and your patients. Our practice is focused on implants and periodontal treatments. We support you from start to finish. We will inform you about all steps of evaluation and treatments of your referred patients.

Patient Consultation

A personal consultation with Dr. Noroozi helps patients make informed, pressure-free decisions. In addition, we always respect and support the recommendations of the referring dentist, assuring your role as their primary care provider is maintained. We also offer comprehensive, easy to understand information along with well established web resources to help patients better understand their treatment options. As more and more patients turn to the web to feel more comfortable with their treatment decisions, it is important that they are able to find relevant information from reputable and ethical sources.

Clinical Support

Implant instruments and techniques are constantly evolving, therefore we provide our referring doctors with on-going technical support. Our comprehensive clinical support program includes:

- Explaining prosthetic steps (case by case)
- Guided soft tissue contouring and immediate chair side provisionalization
- Insertion of temporary implant crown/bridge and custom-made final abutment
- Providing chair-side assistance at your office
- Lending prosthetic instruments helping you select and purchase components
- Meeting with your staff
- providing you with training material
- Following up after treatment

Our personalized service can also provide you with additional tools and training to help you learn new techniques and grow as a practice. Our component loan program offers access to the right piece of equipment when you need it. Once proficient with a particular instrument, we can help you decide if it should be part of your everyday practice.