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## Hello, New York!



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## ‘Diagnosis is at the heart of successful treatment’

Dr. David DiGiallorenzo talks about his Dental Tribune Symposia session taking place during the Greater New York Dental Meeting

By Kristine Colker  
Managing Editor

■ You're session for the Greater New York Dental Meeting's Dental Tribune Symposia is "Tissue Care in the Maxillary Anterior: Ankylos — A New Paradigm." Please give us a general overview of the presentation and what attendees can hope to learn from it.

Long-term success in the maxillary anterior region requires an understanding of the patient biotype. Diagnosis remains at the heart of successful treatment strategies. The thin scalloped periodontal architecture is characterized by short contacts and pronounced interdental papilla and is prone to recession.

\*see Diagnosis, page 8

### See Dr. DiGiallorenzo!

Dr. DiGiallorenzo will present "Tissue Care in the Maxillary Anterior: Ankylos — A New Paradigm" as part of the first Dental Tribune Symposia from 1:30–2:30 p.m. on Dec. 1 during the Greater New York Dental Meeting.

His lecture will provide a systemic, biologic and evidence-based approach to ensure success in the class 1 to class 4 case utilizing the "Tissue Care Concept by Ankylos," PRGF, lasers and piezo surgery.

Attendance is free. For more information and registration, contact Julia Wehkamp at [j.wehkamp@dtamerica.com](mailto:j.wehkamp@dtamerica.com).

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**Diagnosis** \*from page 1

Biofilm accumulation will cause recession if and when the disease process initiates. This is the “proceed with caution” implant case.

Consequently, results may look good at one to five years, but as time proceeds, things are not what they seem.

This lecture will clarify diagnosis and surgical and prosthetic treatment options available to manage this most delicate situation in the class 1 case where hard and soft tissue architecture is healthy and intact.

Immediate tooth replacement will be demonstrated with an emphasis on hard and soft tissue overcorrection using advanced periodontal plastics and bone grafting using PRGF. Implant and abutment selection become a critical piece of the puzzle for long-term tissue care.

A bone preserving implant, such as the Ankylos Implant, will provide a unique surgical placement paradigm and biologic response, which will provide a supra-crestal bone response, consequently stabilizing the tissue. As well, a “negative contour” abutment interface design will not adversely affect the innate response of this periodontal biotype.

Finally, crowns contours remain the final piece of the puzzle for long-term success!

**You're going to be speaking about a number of different concepts in your presentation. Could you briefly touch on a few of them and why they are important to learn about?**

Maxillary anterior tooth replacement continues to represent a majority of implant restorations. In particular, central incisors are being replaced frequently as a result of long-term trauma and bio-mechanical failure. Immediacy is a hot topic, and everyone wants to provide this approach.

There is only one correct diagnosis; however, there are many treatment options. If we miss the diagnosis, then all of the treatment we provide will not address the desired therapeutic outcome.

We have a dynamic biologic response. Through precise diagnostics, we can predict patient outcomes more precisely and avoid potential esthetic problems long term.

With this understanding, our desired treatment protocol is more likely to provide the long-term stability and set the stage we desire for success. Learning why the “thin scalloped periodontium” requires a different approach is crucial for long-term success.



**About the doctor**

Dr. David Digiallorenzo graduated from Temple University School of Dentistry in 1993. In 1995 he completed his specialty in periodontics and dental implantology from the University of Pennsylvania. Dr. Digiallorenzo is an associate clinical professor at the University of Pennsylvania, Department of Periodontics. He teaches both nationally and internationally and contributes to dental literature. Contact him at:

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**Please tell us a little about your background. How did you get involved in implant-supported restorations and in teaching others about it?**

I was blessed with a very unique, multi-disciplinary specialty dental education. My training at the University of Pennsylvania in the early '90s in the Department of Periodontics and Periodontal Prosthesis included multifaceted training in prosthodontics, orthodontics, periodontics, and advanced oral reconstructive techniques including oral implantology.

We had an implant center, which was well supported by the leading implant manufacturers. In addition, we hosted one of the only ortho-perio, perio-prosth programs in the world. So, our educational arena was diverse and challenging.

I was fortunate enough to learn from the world's leaders in all of these areas, all of whom were educators as well as clinicians. You were trained not only to be a clinician but also to be educators and academics!

At the crux of our education was periodontics, the basis for all we do in dentistry! At the University of Pennsylvania, part of our mission was and is to carry the baton, so to speak – sharing knowledge and continuing the educational process in the both the clinical and university sector, if you so choose!

**Do you think it's important for dentists to incorporate different specialties of dentistry into their practices? What are some of the advantages of doing this?**

I do think it is important for dentists to become multidisciplinary, at least, from a diagnostic point of view. Now whether they provide the actual therapy will depend on them. Success in dentistry depends on education, diagnostic acumen, clinical skill and reduction of error.

Obviously, all dentists are practicing utilizing a multi-disciplinary approach as their practices provide varying services. However, practitioners must not stand alone as an island trying to provide simple and complex case care. There is no simple case! This is a misnomer! It can become frustrating individually and create a negative buzz in patient population, particularly regarding tooth replacement therapy. And this we do not want! So proper education, not corporate-driven education, is paramount!

The most successful and happy practitioners I know are niche oriented. They make their living on perhaps five procedures. Repetition creates excellence, and in excellence there is growth. Something will suffer when a practitioner has not defined his niche, and it usually is the doctor and the patient.

**If someone is interested in learning more about the Ankylos tissue care concept or implant-supported restorations in general, what would you recommend the first steps be?**

Dental implant education is diverse. The “Tissue Care Concept” is both exciting and unique! With a 20-year history, it is not new. So the data is mature and relevant.

The first step is to develop a “tissue care” mentor in your community to help you, immediately, with the Monday morning cases. Understand that there is no endpoint to education. It is a process, and the process begins with you.

Now more and more dental education is being brought right into the back yard of practitioners nationwide, creating a unique opportunity to foster one-on-one communication and substantive learning. And we have plenty

of education centers geared toward optimizing the learning experience.

Seeing is great, but dentists learn by doing, and unfortunately, we learn the most through our failures. This is why there is no replacement for mentors blending experience with literature, academics and education. Most dentists prefer to learn as they go, and the best way to learn implant restorative dentistry is on the job. So this is a great place to start.

But be sure to create a collaborative educational environment for ongoing learning.

**How did you get involved with working with DENTSPLY Tulsa, and what do you feel are the advantages of this relationship?**

I began utilizing the DENTSPLY Tulsa implant product line many years ago, beginning with the Xive implant system, a phenomenal, restoratively-based implant system. I was exposed to the product in Europe.

As a result of long-term clinical challenges in the anterior segment, I then started looking at the unique biologic design aspects of the Ankylos implant system, which was originally owned and manufactured by Degusa Dental. This implant had a long history in Europe.

When it was released in the United States under the DENTSPLY brand, I started to utilize the system, understanding its unique characteristics and how these characteristics could improve my outcomes. These characteristics make the implant system clinically and scientifically relevant.

Having a company like DENTSPLY providing world-class support and education is even more important. Patient education options, diagnostic technologies and lab interface technology like Cercon Coach and materials such as radica and cercon provide restorative solutions. In the end, isn't that what it is all about – solutions? DENTSPLY is capable of providing solutions for clinically based practitioners!

**If there is only one thing that attendees to your session come away with, what do you hope that is?**

If one light bulb goes on, success is achieved. Understanding the diagnostic principles, importance of biology and implant and abutment design that set the stage for successful case management is my goal. Again, if the practitioner is correct in the diagnosis, then the clinical treatment is more likely to be successful!

Success is an illusion in which we reduce short and long error and respond to the known biologic risk factors!