The bone renaissance
Mahmood Hussain Qureshi
Pakistan Academy of Implant Dentistry, Pakistan

In a relentless pursuit of perfection and a definitive solution for long term stability of tissues around implants, the author will present an exceptional concept the 'Bone Renaissance'; a unique philosophy encompassing the sequential and codified reversal of the bone back to its original 3-D engineered divine osseo-architecture by incorporating the 5 in 1 modus operandi: 'SABIRIN', Stable Alveolar Bone Implant Reconstructive Integration Naturally; a major paradigm shift in re-establishing the natural spiritual union of the form and function. The SABIRIN components resurrect the lost contours of the hard and soft tissues with a long-term, esthetic predictability. The refurbishment of patients to innate curve, contour, aesthetics and function is achieved by using SABIRIN components: Vascularized osteotomies, Sinus grafts, onlay grafts, bone renaissance implant placement with especially designed osteotomes (rotary & manual) and soft tissue manipulation. Based on the 25 years of experience, the presenter thoroughly discusses the rationale, gives practical guidelines and presents surgical maneuvers to rectify hard and soft tissue deficiencies.

mqimplants@gmail.com

Enhancing implant esthetics with multiple provisionalization
Majid A Al-Harthi
Armed Forces Hospitals, KSA

Implant dentistry has come a long way since 1981 with great improvements made to achieve primary implant stability and improve bone-to-implant contact. The focus has since shifted toward creating an esthetic restoration that is indistinguishable from natural teeth and is stable over time. The success of a single tooth implant restoration in the esthetic zone depends not only on restored function but also on harmonious integration of the restoration into the patient’s overall appearance, especially the peri-implant soft tissue. In spite of the available surgical techniques, Fu et al. 2011 proposed a guideline that demonstrates possible ways to increase the soft tissue thickness around implants, i.e. the "PDP management triad": implant position (P), implant design (D) and prosthetic design (P). First, the implant position, and angulation are key determinants in ensuring that an implant supported restoration has functional and esthetic success through an ideal emergence profile. Second, implant diameter and platform design can help prevent crestal bone resorption, which is a great asset in preserving esthetics. Third, the prosthetic design can provide the additional space for soft tissue in growth to create a fuller soft tissue profile. To optimize esthetic treatment outcomes, the use of provisional restorations with adequate emergence profiles is recommended to guide and shape the peri-implant tissues prior to definitive restoration. It is preferable to place provisional restorations on the implant at the time the restorative procedure is started. This process will establish a natural and esthetic soft tissue form that will determine guidelines for laboratory fabrication of an anatomically appropriate soft tissue model. The case demonstrates the fabrication of a provisional temporary crown designed to optimize the development of ideal soft tissue form around implant in esthetic zone.

dr_maj@hotmail.com