



### UPCOMING COURSES

#### SURGICAL SESSIONS

Starting in September 2020, the Misch Orlando Surgical Sessions will be held at the new Margaritaville Resort Hotel in Orlando, Florida. This newly constructed hotel features four onsite restaurants and lounges, lagoon style pool and sand beach, 16-acre water park, a spa & wellness center. Within walking distance is the Sunset Walk, which is a fabulous outdoor district containing over 30+ retail and dining hot spots.



Margaritaville Resort Hotel  
Orlando Florida

#### Session 1

Patient Evaluation, Treatment Planning, & Implant Placement into Abundant Bone

#### Session 2

September 25-26, 2020

Multiple Implant Placement and Treatment of the Edentulous Arch

#### CBCT BOOT CAMP

October 15, 2020

#### Session 3

October 16-17, 2020

Implant Placement & Bone Augmentation into Compromised Sites

#### Session 4

November 20-21 2020

Treatment of the Posterior Maxilla: Osteotome & Lateral Wall Technique

#### Session 5

January 8-9, 2021

Immediate Placement & Loading, Soft Tissue Considerations

### CEMENT VS. SCREW RETAINED PROSTHESIS: Which is Better According to the Recent Literature?

by Randolph R. Resnik, DMD, MDS

The evolution of newer prosthetic implant designs and dental materials have increased the options for clinicians to achieve a predictable prosthetic implant result. One important clinical decision is the choice of connection type – a cement or screw retained prosthesis. This connection can have a significant impact on the biological and technical success of the prosthesis. Many factors should be evaluated by the clinician when deciding on which retention system is advantageous for the individual patient.

The following is an updated summary of recent published systemic and meta-analysis studies comparing cement vs. screw-retained prostheses.

#### Complications:

In a systemic review of screw vs. cement retained prosthesis complications, cemented restorations have been shown to have more serious biological complications (implant loss, bone loss >2 mm) and screw-retained prostheses are associated with more technical problems (screw loosening).<sup>1</sup>

#### Marginal Bone Loss:

A recent systemic and meta-analysis evaluating marginal bone loss with cement and screw-retained restorations showed no significant differences.<sup>3</sup>

#### Soft Tissue Health:

In a 3-year multi-center study comparing peri-implant soft tissues, screw-retained prostheses were shown to be associated with healthier soft tissue in comparison to cement retained prostheses. No difference in soft tissue recession was noted.<sup>4</sup>

#### Implant Failure Rate:

Various studies have shown no difference in dental implant failure rates between cement and screw prostheses.<sup>5</sup>

#### Cost:

In the past, the cement-retained prosthesis has been much more popular among dental clinicians mainly because of ease of fabrication and financial reasons. Cement-retained prostheses are more like traditional prosthetic techniques which have been associated with a lower cost. Because of the extra components and more detailed lab procedures required, screw-retained crowns are thought to have associated higher costs. Currently, the costs have become more comparable with even the screw-retained prosthesis being less expensive in many situations. The following are two cost scenarios (Glidewell Laboratories).

1. Cement Retained crown (custom abutment) = ~\$413.  
vs.  
Bruxzir Screw Retained Crown = \$299.
2. Cement Retained crown (stock abutment) = > \$259. - \$ 350. (implant dependent)  
vs.  
Bruxzir Screw Retained Crown = \$299.

**Conclusion:** The decision to use cement or screw retention with an implant supported prosthesis depends on the personal preference of the clinician and patient specific clinical situation. Recently, screw-retained implant restorations have become more popular and advantageous because of the more favorable financial costs, ability to restore with minimal interocclusal space, retrievability, and lack of cement retention. However, in cases such as non-ideal implant positioning, a cement retained prosthesis may be advantageous.



## **SURGICAL SESSION 2:** **Multiple Implant Placement and Edentulous Arch Treatment**

**September 25-26, 2020      Orlando, FL**

### **COURSE TOPICS:**

- Multiple Implant Treatment Planning
- Multiple Implant Surgery
- Edentulous Implant Treatment Planning
- Mandibular Edentulous Implant Placement
- Maxillary Edentulous Implant Placement
- Pharmacological Protocol in Oral Implantology
- Post-Op / Incision Line Opening
- Mental Foramen Exposure Technique
- Avoiding Posterior Mandible Complications
- CBCT Dual Scan Technique
- Full -Arch Zirconia Prosthesis
- CBCT Interactive Treatment Planning
- Previous Recorded Surgeries
- Practice Management - Integrating Implants In Your Practice
- **HANDS - ON LAB:**
- Aseptic Technique + Lab
- Overdenture Implant Placement
- Acellular Dermal Matrix
- Full Arch Implant Placement
- Bone Supported Templates
- Advanced Surgical Techniques

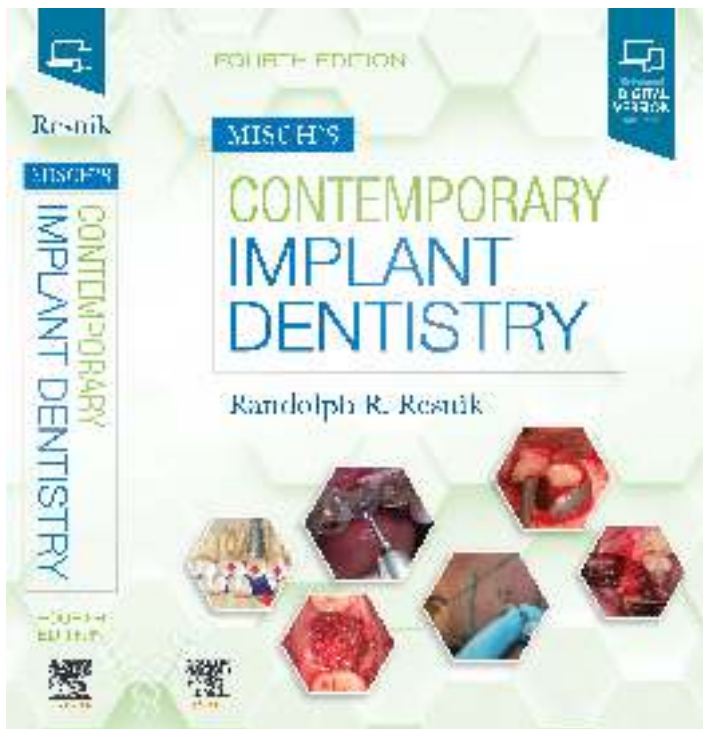
**[CLICK HERE TO REGISTER](#)**

## **SCHEDULE CHANGES DUE TO COVID-19**

The Misch Institute has been continuously monitoring the COVID-19 (coronavirus) crisis. As the world is taking extensive measures to contain the spread of COVID-19, and after careful consideration, with the health, safety, and well-being of our attendees, the Misch Institute has decided to cancel all meetings until September 2020. Our first meeting is TENTATIVELY scheduled for September 25-26, 2020 at the Margaritaville Resort and Hotel in Orlando, Florida. We will continue to monitor the COVID-19 pandemic and follow the recommendations of the Center for Disease Control (CDC) and the Department of Health. We appreciate everyone's understanding and flexibility with this very difficult situation. If you have any questions, please contact Heidi at 248-642-3199. During this unprecedented time, we thank you deeply for your patience and wish you, your family and friends safe health as we navigate this crisis.

*Respectfully,  
Randolph R. Resnik, DMD, MDS  
Director – Misch Implant Institute*

**[COVID - 19 CDC Guidelines](#)**



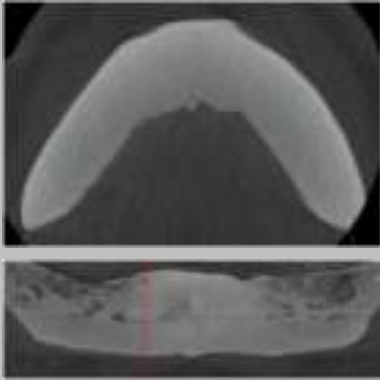
## **4th Edition Contemporary Implant Dentistry by Randolph R. Resnik**

- **Over 1300 Pages**
- **42 Chapters**

**[CLICK HERE TO PURCHASE](#)**

**\*\* NOW 20% OFF !! \*\***

## QUESTIONS OF THE MONTH



### #1: CBCT ANATOMY QUESTION

The enclosed CBCT depicts a hyperdense mandible which is characterized by reduced osteoclastic bone resorption and resultant generalized dense bone. What is this condition?

### #2 IMPLANT STUDY OF THE MONTH:

When placing implants directly anterior to the mental foramen, a common anatomic variant includes the anterior loop of the mental nerve. The anterior loop is defined as the segment of the mental nerve which crosses inferior and anterior to the mental foramen, then loops back to exit the mental foramen. A recent study evaluated the prevalence and median length of anterior loops as depicted on CBCT scans.

Which of the following is correct?

- a. Prevalence 10 %, Median Length 1.63 mm
- b. Prevalence 10 %, Median Length 2.84 mm
- c. Prevalence 15 %, Median Length 1.63 mm
- d. Prevalence 15 %, Median Length 2.84 mm
- e. Prevalence 25 %, Median Length 1.63 mm
- f. Prevalence 25 %, Median Length 2.84 mm

### #3 TRIVIA QUESTION:

What is the maximum divergence between two independent implants that a Locator (Extended Range) attachment may be used?

- a. 10 degree
- b. 20 degree
- c. 30 degree
- d. 40 degree
- e. 50 degree

## ANSWERS

### CBCT Question #1

**Answer:**

**Osteopetrosis**

Osteopetrosis is a rare metabolic bone disease characterized by impaired osteoclast activity or development which results in high bone mineral density. Approximately 10% of mandibular osteopetrosis cases develop osteomyelitis after tooth extraction or pulpal necrosis.

*Garcia, Carlos Moreno, et al. "Osteomyelitis of the mandible in a patient with osteopetrosis. Case report and review of the literature." Journal of maxillofacial and oral surgery 12.1 (2013): 94-99.*

### Implant Study of the Month Question #2

**Answer:**

**(e) Prevalence 25 %, Median Length 1.63 mm**

*Raju, Navin, et al. "Cone beam computed tomography analysis of the prevalence, length, and passage of the anterior loop of the mandibular canal." Journal of Oral Implantology(2019).*

### Trivia Question #3

**Answer:**

**(d) 40 degrees**

#### References:

<sup>1</sup>Sailer, I., Mühlemann, S., Zwahlen, M., Hämmerle, C. H. F., & Schneider, D. (2012). Cemented and screw-retained implant reconstructions: a systematic review of the survival and complication rates. *Clinical Oral Implants Research*, 23, 163–201. doi:10.1111/j.1600-0501.2012.02538.

<sup>2</sup>Al - Omari, Wael M., et al. "Porcelain fracture resistance of screw - retained, cement - retained, and screw - cement - retained implant - supported metal ceramic posterior crowns." *Journal of Prosthodontics: Implant, Esthetic and Reconstructive Dentistry*19.4 (2010): 263-273.

<sup>3</sup>de Branda-o ML, Vettore MV, Vidigal Junior GM. Peri-implant bone loss in cement- and screw-retained prostheses: systematic review and meta-analysis. *J Clin Periodontol* 2013; 40: 287–295. doi: 10.1111/jcpe.12041.

<sup>4</sup>Weber, Hans P., et al. "Peri - implant soft - tissue health surrounding cement - and screw - retained implant restorations: a multi - center, 3 - year prospective study." *Clinical oral implants research* 17.4 (2006): 375-379.

<sup>5</sup>Witneben, Julia-Gabriela, Christopher Millen, and Urs Brägger. "Clinical Performance of Screw-Versus Cement-Retained Fixed Implant-Supported Reconstructions-A Systematic Review." *International journal of oral & maxillofacial implants* 29 (2014).

