



Instructor:
Randolph R. Resnik, DMD, MDS

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 Mandibular 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

Doctor, I Am Still Numb After Surgery?

by Randolph R. Resnik DMD, MDS

It is imperative that clinicians today have a thorough understanding of the etiology, prevention, and treatment of neurosensory impairments. When a nerve deficit occurs postoperatively, a comprehensive radiographic and sensory evaluation should ideally be completed. This initial examination is crucial to determine if a sensory deficit exists, to quantify the extent of injury, document a baseline for recovery, and to determine if referral for surgical intervention is indicated. The following are 5 steps for the recommended treatment for nerve injuries.

Step 1: Clinical Assessment.

The implant clinician must first determine if a neurosensory deficit exists by mapping the area of deficit. This diagnostic examination consists of objective and subjective findings to determine the extent of impairment, to use as a baseline for future evaluation, and to determine when referral for surgical intervention is required.

The subjective clinical sensory tests involve nociceptive and mechanoreceptive examinations. Nociceptive tests trigger a variety of autonomic responses that result in the subjective experience of pain. Mechanoreceptive tests utilize mechanical stimuli to trigger sensory neurons that elicit various responses such as touch, position and motion.

Step 2: Radiographic Evaluation/Removal or Repositioning of the Implant.

A thorough and comprehensive radiographic examination should be completed including (ideally) a CBCT radiograph. If the implant (or bone screw) is in close approximation of the nerve bundle, removal or repositioning should be completed. Care should be exercised in "backing" the implant out (repositioning farther from the nerve) because trauma to the nerve may still occur from hematoma formation or pressure from cancellous bone crushed into the neural space.

In addition, backing the implant out may lead to the implant being positioned non-ideally because of lack of interocclusal space for the restoration (i.e., too coronally positioned). If verification exists of direct trauma to the mandibular canal, the osteotomy site maybe irrigated with 4% Dexamethasone (1-2 mL). No graft materials should be added to the osteotomy site as they may interfere with the reinnervation and repair of the nerve trunk.

Step 3: Pharmacologic Intervention.

Immediately after the nerve is traumatized, the inflammatory process begins with the activation of cytokines and inflammatory mediators. These inflammatory mediators will contribute to the development of nerve trauma by activating the neurons and their nociceptors. With any type of nerve impairment, corticosteroids or nonsteroidal antiinflammatory agents should be used immediately. Studies have shown that the use of systemic adrenocorticosteroids (e.g., Dexamethasone) minimizes neuropathic symptoms following nerve trauma if administered in high doses within 1 week of injury. It has been advocated that a tapering dose of a corticosteroid for 5-7 days following trigeminal nerve injury is beneficial.

Step 4: Possible Referral.

In certain situations, patients may need to be referred in a timely manner to a clinician experienced in nerve injury assessment and repair. The decision and timing to refer should be based on the patient's symptoms and the type of injury, along with the experience of the implant dentist in treating nerve injuries. In cases of dysesthesia, anesthesia, or known nerve transection, prompt surgical intervention may allow for the best chance of neurosensory recovery. Early, aggressive treatment has been shown to minimize possible transition to chronic refractory neuropathies.

Step 5: Follow-Up Care.

Follow-up care should always be a component of the treatment of a nerve impairment patient. The interval between appointments is determined by the extent and type of nerve injury. Usually, after the one week postoperative, patients are seen every 2 weeks with mapping and documentation of the deficits noted.

For More Information on Nerve Injuries:

(see the Elsevier textbook *Avoiding Complications in Oral Implantology* by Randolph R. Resnik)



SURGICAL SESSION: Multiple Site & Edentulous Arch Implant Placement

September 25-26, 2020 Orlando, FL

COURSE TOPICS:

- Multiple Implant Treatment Planning
- Multiple Implant Surgery
- Edentulous Implant Treatment Planning
- All on Four Surgery
- 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 Prostheses
- CBCT Interactive Treatment Planning
- **HANDS - ON LAB:**
- Aseptic Technique + Lab
- Overdenture Implant Placement
- Acellular Dermal Matrix
- Full Arch Implant Placement
- Bone Supported Templates

[CLICK HERE TO REGISTER](#)

NEW MEETING GUIDELINES DUE TO COVID-19

The Misch Institute is dedicated to providing a safe, healthy environment for our future meetings. Strict social-distancing protocols will be implemented along with COVID-19 prevention supplies being made available to all staff and attendees. In addition, the Misch Institute has integrated the following CDC recommended strategies and guidelines;

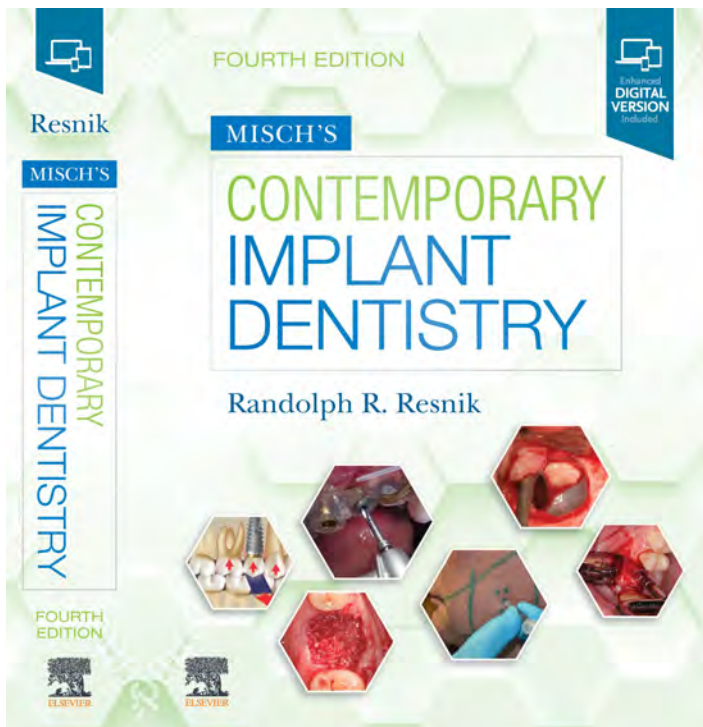
- All lectures will be in an enlarged space (Main Ballroom)
- One attendee per 6-foot table
- Enlarged Exhibitor space and tables
- Hand Sanitizer , Disposable Facemasks, and trash baskets available
- Service stations to be sanitized once per hour along with common and high-traffic areas
- Coffee and other breakout times will be served with disposable cups
- Bottled water in lieu of water carafes on meeting tables
- Temperature evaluation and questionnaire completion prior to meeting

The Misch Institute along with the Margaritaville Resort and Hotel will continually monitor the latest CDC guidelines and implement new policies as necessary. We appreciate everyone's understanding and flexibility with this very difficult situation. If you have any questions, please contact Heidi at 248-642-399.

Respectfully,

Randolph R. Resnik, DMD, MDS

Director – Misch Implant Institute



4th Edition Contemporary Implant Dentistry by Randolph R. Resnik

"a must read"

"most comprehensive reference available"

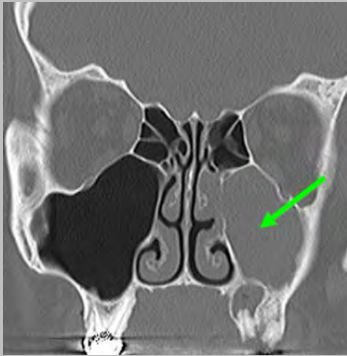
Gordon J. Christensen, DDS, MSD, PhD

- Over 1300 Pages
- 42 Chapters

[CLICK HERE TO PURCHASE](#)

QUESTIONS OF THE MONTH

#1: CBCT QUESTION OF THE MONTH



In the following coronal CBCT image, what is the diagnosis of the left opacified maxillary sinus (green arrow) ?

- Chronic Rhinosinusitis
- Fungal Rhinosinusitis
- Carcinoma
- Primary Mucocele
- All of the Above Are Possible

#2: IMPLANT STUDY OF THE MONTH:

A recent systemic review with meta-analysis evaluated bone remodeling around implants placed in areas with thick (≥ 2 -mm) vs. thin (< 2 -mm) mucosa. The following conclusions were made;

- The mucosal thickness of at least 2 mm on the day of implant placement is a prognostic predictor of reduced bone loss in the first year after prosthesis delivery
- With respect to Platform Switching (PS) connections and Screw-Retained Prostheses, bone levels were not affected by mucosal thickness.
- With Platform Matching Connections, greater bone stability was found to be associated with thick tissues

Di Gianfilippo, Riccardo, Nicola Alberto Valente, Paolo Toti, Hom-Lay Wang, and Antonio Barone. "Influence of implant mucosal thickness on early bone loss: a systematic review with meta-analysis." Journal of Periodontal & Implant Science 50, no. 4 (2020): 209.

NEW IMPLANT PRODUCT OF THE MONTH

Instrument aspiration is a serious concern when inserting implant prostheses. Salvin Dental recently made available the AccessTorq, which allows the clinician to torque and remove screws from implant prostheses without the danger of instrument aspiration. In addition, this instrument allows the clinician to have access in compromised spaces such as the posterior or when inserting full arch prostheses (All-On-Four).

Salvin Access Torq Wrench

- Ideal for posterior (poor access) areas
- Latch type for prevention of instrument aspiration
- Variable Torque Settings from 10 – 35 N/cm
- Can be used to tighten and loosen screws
- Autoclavable
- Lubrication with Handpiece spray

SALVIN ACCESS TORQ
Right Angle Variable Torque Driver



Rotation Easily Torques Or Loosens Screws



Fits "Latch" Driver Tips



Seven Torque Settings:
10, 15, 20, 25, 30, 32 & 35 Ncm

ANSWERS

#1: CBCT QUESTION OF THE MONTH

ANSWER:

E: All of the above pathologies may exhibit as a completely opacified sinus

Chronic Rhinosinusitis: radiographically may appear as thickened mucosa or in severe cases a complete opacification of the maxillary sinus.

Fungal Rhinosinusitis: usually caused by aspergillus and radiographically will present as a complete opacification. In some cases, expansion of the sinus may occur with erosion of the sinus walls.

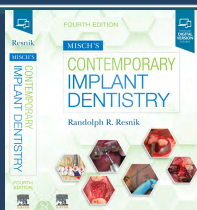
Carcinoma: Maxillary sinus neoplasms are usually caused by squamous cell carcinomas or adenocarcinomas. Radiographically, they may appear as radiopaque masses or complete opacification with bony wall destruction.

Primary Mucocele: is a cystic, expansile, and destructive lesion which in the early stages, will appear as a complete opacification. Later stages will include destruction of the bony walls

LISTEN TO DR. RESNIK'S NEXT WEBINAR (*click to register*)

[SEPT 16, 2020 @ 7:00pm EST: Explantation \(Removal\) of Dental Implants:](#)

- Clinicians often believe the difficulty in removal of dental implants is similar to removing a natural tooth
- However, removing a dental implant (fractured, non-restorable) is associated many devastating complications;
- LEARN:
 - Various Techniques in removing a Mobile vs. Non-Mobile Dental Implant (Fixture Extractor, Trepine Bur, 700XXXL Bur, PiezoTome, Conventional Forceps)
 - Understand possible clinical and anatomic complications associated with removing a dental implant
 - Understand when immediate implant vs. bone graft is indicated after implant removal



TEXTBOOKS FROM MISCH INSTITUTE

[Contemporary Implant Dentistry Surgery - 4th Edition](#)
[Misch's Avoiding Complications in Oral Implantology -1st Edition](#)