



Misch International Implant Institute



Instructor:
Randolph R. Resnik, DMD, MDS

Newsletter 12

April 2020

UPCOMING COURSES (East Coast)

SURGICAL SESSIONS

Come see us at our NEW East Coast location



Margaritaville Resort Orlando, Florida

Session 1

SOLD OUT

Session 2

September 25-26, 2020

Multiple Implant Placement and Edentulous Arch Treatment

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

DETOXIFICATION TECHNIQUES FOR PERI-IMPLANTITIS

by Randolph R. Resnik, DMD, MDS

The American Academy of Periodontology has defined peri-implantitis as an “inflammatory reaction associated with the loss of supporting bone beyond initial biologic bone remodeling around an implant in function.” The dental implant may exhibit all the signs of peri-implant diseases, including exudate, increased pocket depths, and crater-like osseous defects, which are strictly localized around the implant. If left untreated, significant bone loss, infection, and mobility could result, leading to loss of implant osseointegration. Studies have shown the prevalence rate of peri-implantitis has been found in 28% to 56% of subjects and 12% to 43% of implant sites.¹

Although nonsurgical treatment of peri-implantitis may be effective in some cases, the majority of cases require a more invasive approach to ensure an effective treatment outcome. There are various surgical techniques that are addressed in the literature with no accepted general consensus. To simplify the treatment of peri-implant disease and maintenance protocols, Suzuki and Resnik have formulated a comprehensive treatment regimen which includes the detoxification of the implant surface along with grafting of the bony defect.²

SURGICAL TREATMENT REGIMEN: (Access, Detox, Open Debridement, Bone Graft, Closure)

Step 1: Access Flap, Open Debridement with Hand Instruments, Implantoplasty (Elective)

Step 2: Detoxify With:

1. Apply 0.12% or 0.2% Chlorhexidine with cotton pellet for 60 sec. (rinse with saline)

+

2a. Apply 20-40% Citric Acid with cotton pellet or spatula or titanium brushes (Salvin) for 60 sec. (rinse with saline)

OR

2b. Apply Tetracycline (Doxycycline) Paste with titanium brushes (Salvin) for 60 sec. (rinse with saline)

Step 3: Bone Graft with Mineralized/Demineralized (70%/30%) + Autograft (if indicated)

Step 4: Cross-Linked Collagen Membrane (Extended Collagen)

Step 5: Tension-Free Closure with Vicryl (PGA) or PTFE sutures

¹ Smeets R, Henningsen A, Jung O, Heiland M, Hammacher C, Stein JM. Definition, etiology, prevention and treatment of peri-implantitis--a review. *Head Face Med.* 2014;10:34.

² Resnik, Randolph. *Misch's Contemporary Implant Dentistry E-Book.* Elsevier Health Sciences, 2020.

NEW HOTEL VENUE FOR MISCH FLORIDA COURSES

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, and over 40,000 sq. feet of meeting space. Within walking distance is the Sunset Walk, which is a fabulous outdoor district containing over 30+ retail and dining hot spots.



IMPLANT COMPLICATIONS To Be Determined

Miami, Florida

CBCT BOOT CAMP

October 15, 2020

Orlando, Florida



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 Prostheses
- CBCT Interactive Treatment Planning
- 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 Suturing Techniques

[CLICK HERE TO REGISTER](#)

SCHEDULE CHANGES DUE TO COVID-19

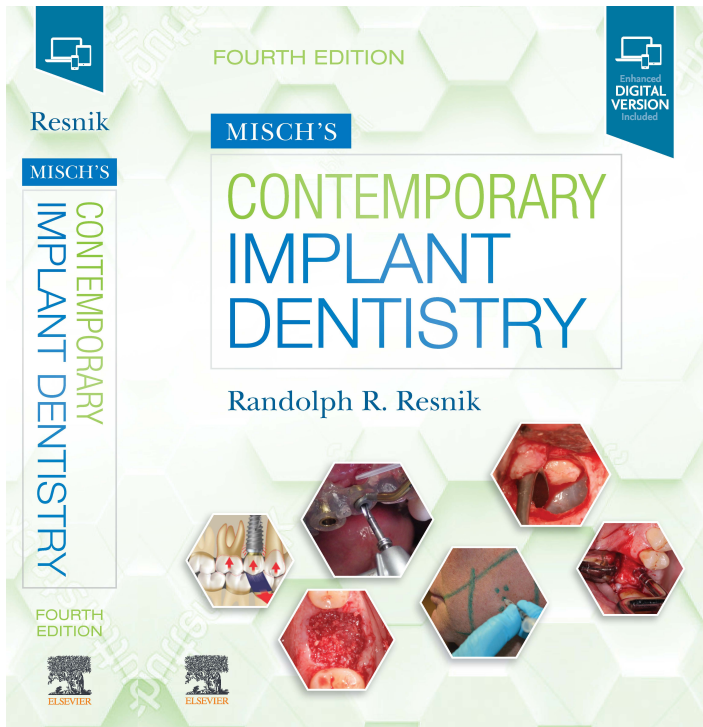
The Misch Institute has been continuously monitoring the COVID-19 (coronavirus) crisis. As the world is taking extensive measures to contain the spread of COVID-19, and after careful consideration, with the health, safety, and well-being of our attendees, the Misch Institute has decided to cancel all 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

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QUESTIONS OF THE MONTH



#1: CBCT ANATOMY QUESTION

What is this anatomical feature (red arrow) which is present in the midline of the mandible and is characterized by a circular radiolucency surrounded by a peripheral radiopacity?

#2 IMPLANT STUDY OF THE MONTH:

Kucukkurt, S., and H. C. Tükel. "Does number of implants or type of attachment affect patient satisfaction with implant-retained mandibular overdentures?." Journal of Osseointegration (2020).

In a recent Journal of Osseointegration study, patient satisfaction was evaluated to compare the number of dental implants and the most ideal attachment system (bar vs. Locator vs. Ball) mandibular overdenture.

Questions:

1. Patient satisfaction was greatest for 2, 3, or 4 implants for a mandibular overdenture?
2. Patient satisfaction was greatest for which attachment system (Bar vs. Locator vs. Ball) for a mandibular overdenture?
3. Patient satisfaction was greatest for a Locator or a Ball attachment?

#3 TRIVIA QUESTION:

An infection (redness, pain, exudate) after dental surgery has an incubation period of approximately long?

- a. 12 hours
- b. 24 hours
- c. 48 hours
- d. 72 hours

ANSWERS

CBCT Question #1

Answer:



Lingual Foramen – which is the entry into mandibular lingual vascular canal (MLVC) and houses the right and left sublingual arterial anastomosis.

Implant Study of the Month Question #2

Answer:

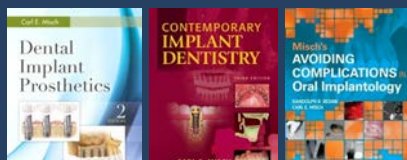
1. 4 Implants
2. Bar Attachment
3. No difference between a Locator and Ball attachment

Trivia Question #3

Answer:

- (c) 48 hours

Greenstein G, Greenstein B. Clinical management of acute orofacial infections. *Compend Contin Educ Dent.* 2015;36(2):96-103.



TEXTBOOKS FROM MISCH INSTITUTE

Contemporary Implant Dentistry Surgery - 4th Edition
Misch's Avoiding Complications in Oral Implantology - 1st Edition