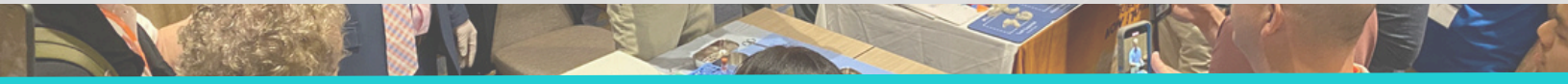
RESNIK IMPLANT INSTITUTE

NEWSLETTER

March 2025 / Vol 29



ODONTONGENIC SINUSITIS: A CBCT-Based Diagnostic Consideration in Oral Implantology

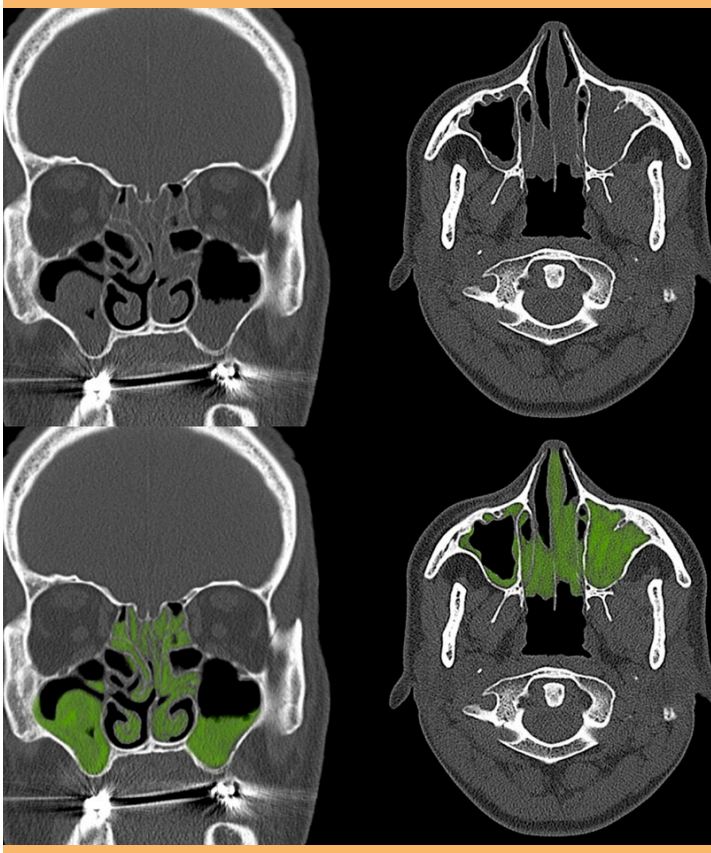
by Randolph R. Resnik, DMD, MDS

Definition

Odontogenic sinusitis refers to a subtype of maxillary sinus disease characterized by radiographic, microbiologic, and/or clinical evidence indicating a dental origin—most commonly from maxillary posterior teeth. Due to the anatomical proximity of these teeth to the maxillary sinus floor, inflammatory processes involving the periodontium or adjacent alveolar bone can extend into the sinus cavity, resulting in pathological changes.

Etiology

The condition most frequently arises from dental infections such as periapical abscesses, granulomas, cysts, or periodontal disease, which may lead to an expansile lesion breaching the sinus floor. Notably, periapical inflammation has the capacity to affect the sinus mucosa even without perforation of the sinus floor's cortical plate. Pathogenic spread can occur directly or via bone marrow, vasculature, and lymphatics. Other contributory factors include iatrogenic sinus perforation during extractions and the presence of foreign materials (e.g., gutta-percha, retained root fragments, amalgam). Odontogenic rhinosinusitis typically exhibits a polymicrobial profile, commonly involving anaerobic streptococci, Bacteroides species, Proteus species, and coliform bacilli. [1]



(cont'd. pg 3)

RESNIK GRAND ROUNDS

Join Us 7pm EST every 2nd and 4th Wednesday of the Month

Can't make it! No worries, visit our YouTube Channel to watch past webinars ...

YouTube https://www.youtube.com/@ResnikImplantInstitute-ij3yb

Everything You Need to Know About All-On-X Surgery and Prosthetics in Just One Weekend!

RESNIK IMPLANT INSTITUTE

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1 DIGITAL WORKFLOW *Full Arch Protocols*

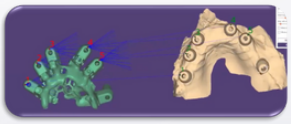
May 15, 2025
Dallas, TX

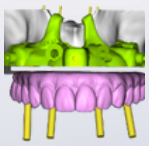
Topics:

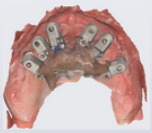
- Principles and Protocols for All-On-X Therapy
- Restorative Options for All-On-X Therapy
- Stackable Surgical Guides
- Full Arch Intraoral Scanning Techniques
- Facial Scanning, Digital Smile Design
- Digital Occlusal Evaluation (T-Scan)
- Digital Denture/Full-Arch Waxup Workflow (Exocad)
- Overview of Direct to MUA Restorations
- All-On-X Prosthetic Design Workflow (Exocad)
- Photogrammetry
- Additive and Subtractive Manufacturing

Hands- On Labs:

- Stackable Guide
- Optisplint
- Photogrammetry
- Facial Scanning
- Digital Smile Design
- T-Scan
- Staining of Prosthetics
- ConnX







2 MODULE 2: *Multiple Implant Placement Immediate Load and Placement*

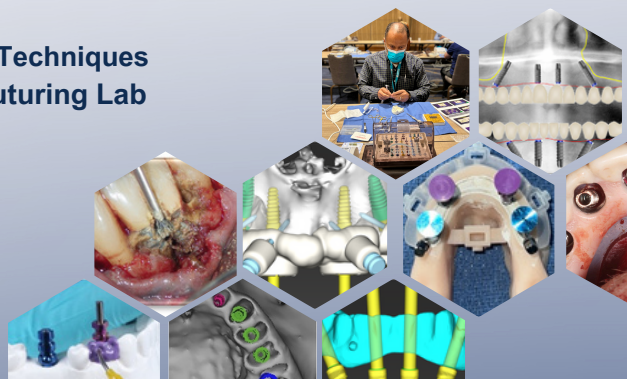
May 16-17, 2025
Dallas, TX

Topics:

- Edentulous Patient Treatment Planning
- Maxillary & Mandibular Surgical Anatomy
- Edentulous Surgical Protocols
- Overdenture vs. Fixed Protocols
- All-On-X / Immediate Load Protocols
- Full Arch Prosthesis Materials
- Material Specific Restorative Space
- Full Arch CBCT Guides (Stackable Guides)
- Maintaining Idea Maxillomandibular Relations
- Full-Arch Digital Workflow Protocols
- Full-Arch Soft Tissue Procedures
- Full-Arch Post-Insertion Protocols
- Conversion Techniques and Protocols
- Advanced Full-Arch Suturing Techniques
- Avoiding Neurosensory Impairment Complications
- Full-Arch Surgical and Prosthetic Complications ++ so much more

Hands- On Labs:

- All-On-X Implant Placement
- Full-Arch Guided Surgery (Pilot, Universal, Fully, Stackable)
- Free Hand Edentulous Implant Placement
- Acellular Dermal Matrix
- Immediate Implant Placement (numerous anatomical sites)
- Digital Workflow Techniques
- Soft Tissue Manipulation Labs
- 3-D Printing
- Conversion Techniques
- Full-Arch Suturing Lab



Radiographic Features

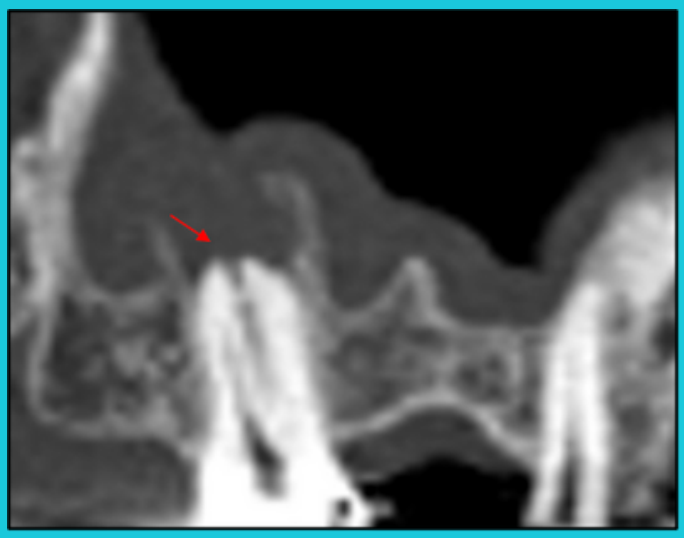
Radiographic assessment often reveals unilateral maxillary rhinosinusitis, a hallmark finding of odontogenic origin. This presentation may be overlooked, particularly in asymptomatic patients undergoing CBCT imaging. Involvement of the osteomeatal complex can facilitate the spread of infection to adjacent paranasal sinuses (ethmoid, frontal, sphenoid), occurring in approximately 27–60% of cases. Bilateral sinus involvement is seen in roughly 20% of patients. Subtle findings, such as localized mucosal thickening adjacent to the offending tooth, may appear as a radiopaque band conforming to the sinus floor. [2]

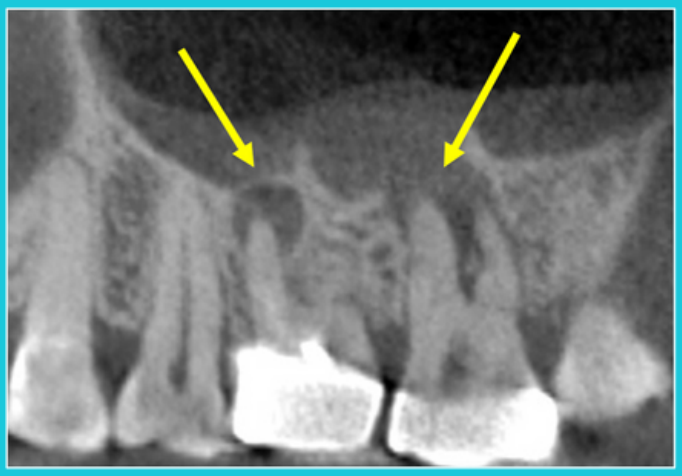
Differential Diagnosis

Odontogenic sinusitis may mimic acute rhinosinusitis; however, the latter is typically symptomatic. Mild mucosal thickening due to non-odontogenic causes (e.g., tobacco use) may present similarly on imaging but lacks corresponding dental pathology on radiographs or clinical examination.

Treatment Considerations

Before any sinus augmentation or implant placement within the sinus cavity, appropriate management of the offending tooth—via periodontal therapy, endodontic treatment, or extraction—is essential. A healing period of at least six weeks post-treatment is recommended to allow for soft tissue resolution and reduction of pathology prior to surgical intervention. While extraction of infected teeth can reduce sinus membrane thickening, complete resolution is not always achieved. Chronic inflammation may result in epithelial metaplasia, where the normal pseudostratified ciliated columnar epithelium transforms into simple cuboidal or stratified squamous keratinized epithelium. Consequently, residual mucosal thickening may persist due to these irreversible histologic changes. [3]





Epidemiological Context

Chronic rhinosinusitis (CRS) is the most prevalent sinonasal disorder in the United States, affecting over 34 million individuals annually—approximately 14% of the population. Recent studies estimate that odontogenic sources account for nearly 40% of CRS cases, highlighting the importance of dental evaluation in the diagnosis and management of maxillary sinus disease. [4]

[1] Maillet, Michelle, et al. "Cone-beam computed tomography evaluation of maxillary sinusitis." Journal of endodontics 37.6 (2011): 753-757.
[2] Saibene AM, Pipolo GC, Lozza P, et al. Redefining boundaries in odontogenic sinusitis: a retrospective evaluation of extramaxillary involvement in 315 patients. Int Forum Allergy Rhinol 2014;4:1020–1023
[3] Hinni, M.L., McCaffrey, T.V., Kasperbauer, J.L. Early mucosal changes in experimental sinusitis. Otolaryngol Head Neck Surg. 1993;107:537.
[4] Lechien, Jerome R., et al. "Chronic maxillary rhinosinusitis of dental origin: a systematic review of 674 patient cases." International journal of otolaryngology 2014 (2014).

RADIOLOGY TIP OF THE MONTH

By Ethar ElShennawy, BDS, MSc
Radiology Research and Development Specialist (ITXPROS)

EFFECT OF KVP ON CONTRAST RESOLUTION:

Contrast Resolution: refers to the ability of an imaging system to distinguish between subtle differences in the shades of gray or the intensity of signals within an image.
Grayscale: refers to the range of shades of gray that can be displayed in an image, from pure black to pure white.

How kVp Affects Contrast Resolution:

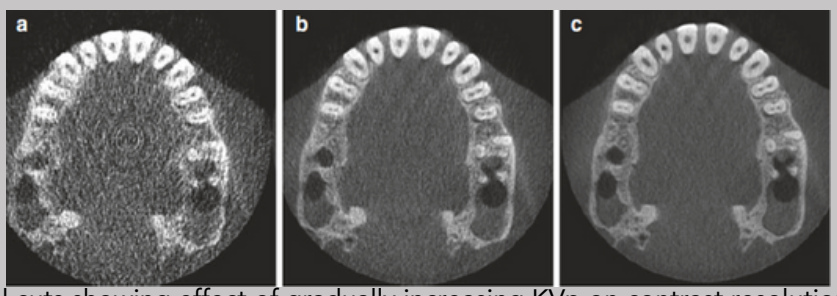
Lower kVp = Higher Contrast:

- When you use a lower kVp, the X-ray beam has less energy.
- This results in a greater difference in absorption between different tissues.
- Therefore, you get a higher contrast image, with more distinct differences between light and dark areas. This is often described as a "short grayscale" of contrast.

Higher kVp = Lower Contrast:

- When you use a higher kVp, the X-ray beam has more energy.
- The X-rays penetrate more uniformly, reducing the differences in absorption between tissues.
- This results in a lower contrast image, with more shades of gray and less distinct differences between light and dark areas. This is often described as a "long grayscale" of contrast.

"It is not always the case that high contrast is good contrast. A high contrast image can obscure subtle changes in tissue density that are important for diagnosis, the goal is to achieve optimal contrast, not just high contrast."



Axial cuts showing effect of gradually increasing KVp on contrast resolution, with A showing high contrast (Short grayscale) and C showing low contrast (Long grayscale)

CASE PRESENTATION

COMPLICATED BONE GRAFT FAILURE:

Radiographic evaluation of a 78-year-old patient's bone graft at site #3 revealed a distinct line of demarcation at the apical extent of the graft. While initially asymptomatic, a follow-up examination one year later showed delayed graft failure. This was accompanied by significant alveolar bone loss, replacement of the graft with fibrous tissue, and a subsequent infection extending into the maxillary sinus. Radiographic findings included mucosal thickening, an air-fluid level within the sinus, and evidence of an oro-antral communication.

(cont'd. pg 5)

CASE PRESENTATION (cont'd)

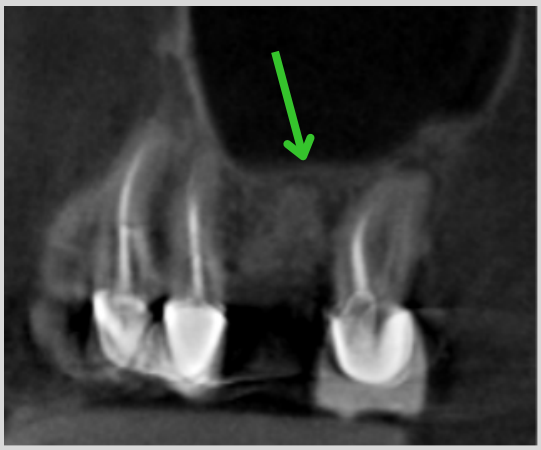
CLINICAL CONSIDERATIONS

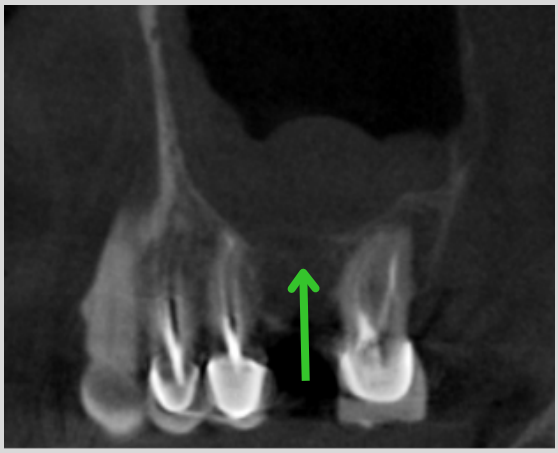
Early Detection is Crucial:

- Radiographic signs, even subtle ones like a line of demarcation, indicate potential issues.
- Prompt intervention can prevent progression to more severe complications.

Regular Radiographic Monitoring:

- Establish a consistent follow-up schedule with radiographs, even if the patient is asymptomatic.
- This allows for early detection of changes and timely intervention.





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SURGICAL

SURGICAL CERTIFICATE

- Completion of Surgical Continuum
  - Modules 1-3 Online and In-Person

SURGICAL FELLOWSHIP AWARD

Additional Requirements:

- Completion of Surgical Continuum
  - Session 1-5 or Module # 1-3
  - CBCT Bootcamp
- Completion of Surgical Complications Course
- Successful Completion of Surgical Fellowship Exam

PROSTHO

PROSTHO CERTIFICATE

- Completion of Prostho Bootcamp

PROSTHO FELLOWSHIP AWARD

Additional Requirements:

- Completion of Prostho Bootcamp
- Completion of Digital Workflow
- Completion of Prostho Complications Course
- Successful Completion of Prostho Fellowship Exam

MASTERSHIP AWARD

- Obtain Both Surgical and Prostho Fellowship Awards
- Three Oral Case Presentations
- Documentation of Cases

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I GOT A BAD REVIEW ONLINE - WHAT SHOULD I DO?

by Mark Romano, CEO of NOW MEDIA

To effectively address unfavorable online reviews, you can take several actions. If a review violates platform guidelines, flag it as inappropriate. For legitimate negative reviews, respond professionally by acknowledging the issue and offering a solution. If a review violates platform policies, you can seek its removal by contacting customer support or, as a last resort, considering legal action.

Whether you're a current client or not, I'm always happy to help mitigate negative online reviews for your practice. Please contact me anytime at mark@nowmediagroup.tv or via call/text at 858-352-8474.

HERE'S A DETAILED BREAKDOWN OF THESE STEPS:

1. IDENTIFY THE ISSUE AND PLATFORM

- Determine the platform where the review was posted.
- Assess whether the review is genuine or violates the platform's policies.

2. FLAG THE REVIEW

- Use the platform's flagging option if the review violates its guidelines.
- Provide a clear reason for flagging the review.

3. RESPOND PROFESSIONALLY (If the review is legitimate)

- Thank the reviewer for their feedback.
- Offer a solution and explain your steps to possibly resolve it.
- If possible, offer to discuss the issue further in private.

4. SEEK REMOVAL (If the Review Violates Platform Policies)

- Contact the platform's customer support and request removal.
- Provide evidence if the review is defamatory or violates policies.
- Consult with an attorney to explore legal options if the review is defamatory or illegal.

5. **PROACTIVELY MANAGE YOUR ONLINE REPUTATION**

- Encourage satisfied customers to leave positive reviews.
- Monitor your online reputation and address negative comments promptly.
- Build a strong online presence through high-quality content and customer engagement.

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MASTERING THE BUSINESS OF DENTISTRY

ROGER P. LEVIN DDS

Hello Readers,

I am very excited to provide the latest installment of "Mastering the Business of Dentistry" in the Resnik Implant Institute newsletter. I have great respect for the educational importance of the Institute, and I sincerely hope that I will be able to contribute ideas on the business of dentistry and increasing practice production that will benefit all students and alumni. My own career as CEO of Levin Group began with one question that I am still asking 40 years later – how do you increase production in a dental practice while reducing stress? Based on this critical question, I look forward to providing more practical recommendations that can be implemented quickly to benefit all your practices.

All the best,
Roger

HOW TO INCREASE CASE ACCEPTANCE BY RAISING YOUR LIKABILITY QUOTIENT

INTRODUCTION

Some people are just born with natural charismatic personalities. The age-old question is, can you build charisma and what impact would it have on your practice. The reality is that you absolutely can build charisma or create what I call likeability, and it will increase case acceptance and add hundreds of thousands of dollars in production to your practice.

UNDERSTANDING CHARISMA

Charisma, in my own definition, is simply having people like you almost instantly. Charismatic people attract others to them. People want to be with them, talk to them and buy from them. People like to be around them, and they feel better about themselves when they are. In a sense, as you become more charismatic, you make other people feel good, but the spin-off is that you will also have much higher case acceptance for implants or any other services . People trust people they like, and charismatic people have a high likability quotient.

How then do you become more likable or enhance your likability quotient. The answer is by making a real effort and by developing new habits. You want to gradually transform yourself into being more charismatic and have it become a completely natural and normal part of your personality. Almost everyone likes the idea of getting along better with other people, even if there is an ulterior motive for increasing case acceptance.

RAISING YOUR LIKABILITY QUOTIENT

1. The first way to enhance your likability is to give people a big greeting every time you see them. You can start by practicing with family and friends, but you then want to integrate this into your practice behavior. Every patient gets a big hello and an enthusiastic welcome. This concept is so important that it is taught to all employees regularly and consistently by The Ritz-Carlton, which is one of the most successful luxury hotel chains on the planet. They recognize that it may sound like a minor idea to give every guest a big greeting, but they know that it is so important and makes a huge difference in the overall perception of the guest in regard to their stay. The same is true for your practice and a big greeting for every patient every day, every time will go a long way toward raising your likability quotient

2. The second way is to smile. In a world of masks, it is important for patients to have an opportunity to see your smile because the smile says that you like them. When your body language, in this case of a smile, says that you like them, they automatically start to like you. The reason is simple. People like people that like them, and you want to send that message to every patient. Many dentists and team members don't realize that they do not smile as much as they think during the workday. After all, everyone has a job to do and is focused and serious. But taking the time to smile at every patient every time you see them is a critical concept in letting them know that you like them. *(cont'd. pg 10)*

3 The third method of increasing your likability quotient is to make eye contact with patients. You may think you do this, but if you were observed by someone scoring how often you make eye contact with people it may be lower than you think. Eye contact is not always easy or comfortable. You need to practice focusing on that individual and nothing else in order to make eye contact. At first you will notice people looking away because they may not be comfortable, but as you practice this more you will be become more relaxed and natural. Patients will perceive that you are totally focused on them, making them feel important for having your complete attention.

Another way to increase your likeability is to ask people questions about themselves. Levin Group teaches a method in our case acceptance consulting module around two concepts. The first is called The Golden 10, where you do not touch a new patient until you know ten personal things about that new patient. When you get to numbers eight, nine and ten, you are beginning to move past a pure professional relationship and into a more personal one. This goes to the heart of making your patients your friends. Why? Because people like their friends, people trust people they like, and people buy from people they trust. This aspect of improving your likability goes right to the heart of increasing case acceptance. The second technique we teach is to then learn one thing new about every patient who comes to the practice every time. Simply by asking people something about themselves or learning one new thing you raise your likeability quotient. People love to talk about themselves and appreciate those who take an interest in them. And when they like you… case acceptance rises.

Another technique is to give each patient a compliment. Try to find something positive to say to every patient every day every time. (And you should do this with your staff too, as it will make them feel important, appreciated and more powerful in the work they do.) In regard to patients, they love the idea that you have something nice to say. You often notice that the most charismatic people often compliment everyone else. Just watch a skilled politician compliment a group that did something positive, another country or another organization. The same is simply true for dental practices. You should think as if your patients vote on you each time they come in. Did they have a good experience to vote you back into office as their dentist?

Creating a culture out of the likability quotient.

An individual can significantly improve his or her likability quotient and case acceptance but just imagine the overall benefit if the entire practice culture becomes one of having an excellent likability quotient. If everyone is positive, gives big greetings and goodbyes to every patient, has scripting the tells patients how much you appreciate and care about them and it is also followed with an excellent Five-Star Customer Service system. Building a culture is the key to building a world class team. In fact, I personally believe that without a great culture, you will never have a great team. When the entire team is focused on having an excellent likability quotient and led by doctors who reinforce the importance and essential nature of likability then the number of patients that stay with the practice long-term, refer other patients and accept treatment will skyrocket.

The likability quotient is not some soft concept that would simply be nice to have. Great practices know that it is essential to have an office environment focused on likability. It makes everything easier, more efficient and more fun.

SUMMARY

Most people want to be liked, but don't know how or don't make the effort. Understanding the concept of a likability quotient and how it can be implied to an individual or to an entire practice culture is a key to increasing case acceptance, referrals and production. Dentists who have added implant dentistry as a service to their practices will find that the likability quotient is even more important given the expense level of dental implants and the perceived elective nature of implants by many patients.

When patients like you there's an automatic trust that takes place and that trust then results in a patient's willingness to accept recommended treatment. Services like dental implants are often not covered by dental insurance which means it is a completely out-of-pocket decision for the patient. That decision is much more likely to be positive when they're in an environment where they feel respected and important. This is your key to immediately improving your practice and increasing practice production every year.

ROGER P. LEVIN, DDS

Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world.To contact Dr. Levin visit www.levingroup.com or email rlevin@levingroup.com.

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3 Day PROSTHO BOOTCAMP

RESNIK IMPLANT INSTITUTE

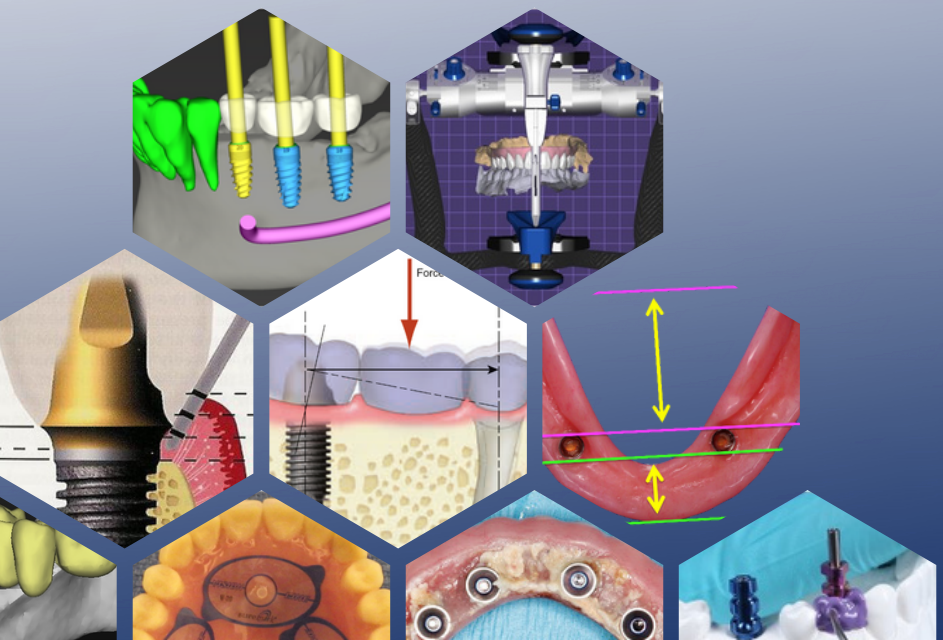
October 16-18, 2025
Dallas, TX

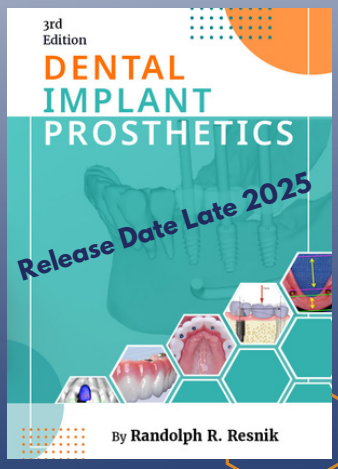
Topics

- Fixed/Removable Prosthetics Technques
- Prosthetic Driven Occlusion
- Prosthetic Design
- Screw vs. Cemented Prosthetics
- Impression Techniques
- Overdentures Technques
- Biomechanics
- Implant Protected Occlusion Concepts
- Progressive Bone Loading
- Prosthetic Complications

Hands-On Labs

- Single/Multiple/Full-Arch Prosthesis
- Screw & Retained Prosthetic Protocol
- Direct & Indirect Impression Techniques
- Digital Impressions
- Multi Unit Abutment Lab
- PMMA Interim Prosthesis
- Locator Attachment Protocol
- 3-D Printing
- Attachment Abutment Selection
- Removable Impression Techniques





NEMER'S WORDS OF *Wisdom*

Nemer Hussein, CDT

DIRECT IMMEDIATE REPAIR OF A FRACTURED PMMA INTERIM FULL ARCH PROSTHESIS

PURPOSE:

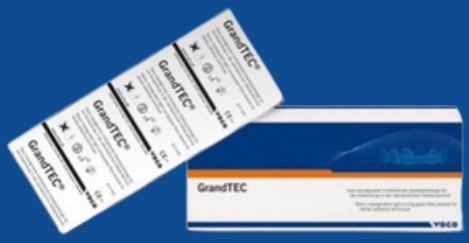
To provide a chairside method for the direct repair of a fractured provisional PMMA full-arch implant prosthesis using fiber-reinforced composite materials.

ADVANTAGE:

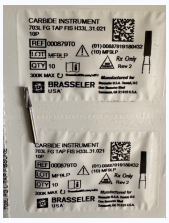
The incorporation of fiber strands significantly enhances the strength and longevity of the repair, reducing the risk of future fractures.

MATERIALS REQUIRED:

- Carbide fissure bur #703L (Brasseler)
- Flowable composite (any brand)
- Light cure strand (GrandTEC)
- Composite polishing and finishing instruments

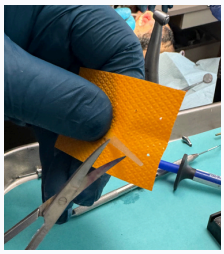


STEP BY STEP PROCEDURE



#1 SURFACE PREPARATION:

- Identify the fracture site and ensure the prosthesis is clean and dry.
- Using a #703L carbide fissure bur, horizontally grind a channel approximately 10–15 mm long and 5 mm wide along the lingual aspect of the prosthesis, crossing the fracture line.
- Ensure the groove is clean and free of debris.

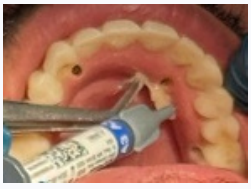


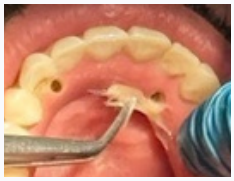
#2 FIBER REINFORCEMENT PLACEMENT:

- Cut a piece of the VOCO light cure strand to a length appropriate to fit passively within the prepared groove.

#3 BONDING:

- Apply a layer of flowable composite into the groove and onto the surface of the fiber strand.
- Seat the fiber strand into the groove, ensuring full adaptation.
- Light cure thoroughly per composite and fiber manufacturer's instructions (typically 20–40 seconds).





#4 FINISHING:

- Verify repair stability and check for proper contour and adaptation.
- Smooth and polish the repaired area using composite finishing instruments and polishing discs/paste as needed

DID YOU KNOW

What sets us apart...

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- Live Hands-On Patient Surgery
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- **LIFETIME MENTORSHIP**
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Randolph R Resnik DMD, MDS
Director

See what past graduates are saying...

Dr. Resnik and his team are amazing! I took an extensive implant curriculum about 12 years ago and only placed the straight forward single or double implants since then. If you want to raise your implant game for your patients, your practice, and yourself - you don't have a choice: SIGN UP TODAY and you won't regret it! Cheers! **-- *Dr. Chad Yenchesky***

The course gives you the confidence you need to place dental implants and allows you to meet like minded colleagues and instructors. \ Dr. Resnik is a great lecturer, keeps things interesting and presence scientific research to back up his claims. Most importantly the course will provide you with cook book instructions and protocols for everything you will encounter during your implant journey, from placement, to suture line opening to dealing with infections, consent form templates, medical clearance templates...etc. \. Strongly recommend! **-- *Dr. J Chen***

This course gives you a comprehensive introduction to placing single, multi, and full arch implants mostly using guided techniques. This course if for anyone at any level. The audience is made up of beginners who have never placed an implant (like myself) to the well seasoned general dentists/ OMFS who has had years of experience placing implants. Best money I have spent to forward my career. **-- Dr. *Natalie Sigwart***

I finished the 5-course curriculum just this past year. Dr. Resnik and the faculty are hands down the best in the business. The Resnik program gives you the education, tools, and the confidence to be proficient at implant dentistry. This curriculum gives you the knowledge and the skills to take your practice to the next level! **-- *Dr Michael Buck***

After 30 years of practicing dentistry, my only regret is that I did not get involved with implant dentistry earlier in my career, specifically with the Resnik Institute. I never realized how rewarding and exciting for both me and my practice this could be. Dr. Randy Resnik and his entire staff are a major factor in this testimony! **-- *Dr. Douglas Adel***

Dr. Resnik has an amazing depth of scientific based knowledge concerning his subject. He builds a very large zone of safety. If one stays within this zone the success rate will be maximized and complications will be extremely rare. **-- *Dr. Terry Rigdon***

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