



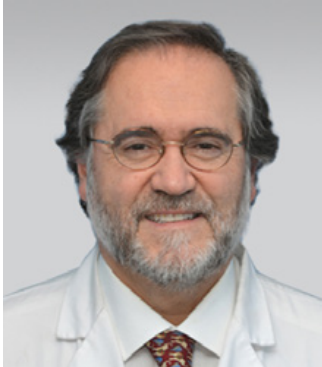
# II LASAK IBERIA CLINICAL & SCIENTIFIC UPDATE

Deusto University, November 18<sup>th</sup>, 2016

Moderator: Dr. Carlos Aparicio

**Carlos Aparicio**

- Dr. Carlos Aparicio MD, DDS, MSc, MSc, DLT, PhD, Barcelona, Spain.
- Bachelor of Medicine and Surgery, outstanding qualification, University of Navarra.
- Stomatologist, University of Barcelona.
- Dental Laboratory Technician, Ramon y Cajal School.
- Master's in Materials Science, Polytechnic University of Barcelona.
- Diploma in Implantology, University of Gothenburg.
- Master's in Biomedical Research, University of Barcelona.
- Diploma in Periodontology, University of Gothenburg.
- Founder President of the Spanish Society of Minimally Invasive Odontology.
- MD Cum Laude with international mention.
- Editor of the book Zygomatic implants: the anatomy-guided approach.
- Scientific consultant EJOI and CID & RR.
- Former President of Osseointegration Foundation.
- Elected Academician of the Royal Academy of Doctors of Catalonia.
- Founder and director of "The International Zygoma ZAGA Centers".

**Iñaki Lekuona**

- Bachelor in Medicine and Surgery, Basque University (1977).
- Internal Medicine Professional School, University Hospital (Pamplona).
- Internal MIR (Hospital Residence – Internal Medicine), Basurto Hospital (Bilbao).
- MIR (Hospital Residence – Cardiology), Cruces Hospital (Bilbao, 1980–1984).
- Deputy, Cardiology Department, Galdakao Hospital (Bilbao, 1985).
- Clinical Chief, Cardiology Department, Galdakao Hospital (Bilbao, 1992).
- Chief, Cardiology Department, Galdakao Hospital (Bilbao, 1999). Current position.
- Chief of Service, Hospital Quirón (Bilbao).
- Former President of the “Vasco-Navarra Society of Cardiology”.
- Member of the Continuing Education Committee of the SEC (Spanish Cardiology Association).
- 70 publications; 58 publications indexed in Pub Med.
- 260 communications in national and international conferences.
- 320 lectures at conferences, training courses, bachelor’s and master’s.

**Title:** *Periodontitis: Quiet enemy of my favorite organ*

**Summary:**

- Findings of cardiovascular diseases in Egyptian mummies and their possible relationship with dental health issues.
- Which is, and Why, my favorite organ.
- Understanding the main facts influencing its mal-functioning, among them inflammation and chronic infection caused by periodontitis.
- Studies that analyze the random or direct relationship between periodontitis and cardiovascular disease.
- Standpoint of 2016 European prevention guidelines in relation to periodontitis as a risk factor for cardiovascular diseases.

**After the lecture the audience should understand that:**

- Cardiovascular diseases remain the leading cause of death in our societies.
- There is a direct relation between periodontal disease and cardiovascular disease.
- If this is a causal relationship, it is still something that needs to be confirmed, nevertheless, there are already indications about that causal relationship and its biological plausibility.
- The identification of periodontal disease, both by dentists and cardiologists, as a risk indicator is a priority target with a clear beneficiary, the patient.

**Alfredo Martínez**

- Bachelor in Medicine and Surgery, Basque University.
- Bachelor in Dentistry, International University of Catalonia.
- Specialist in Oral and Maxillofacial Surgery, Hospital Vall Hebron (Barcelona).
- Author of several dentistry articles at national and international levels.

**Title:** *Soft tissue management in implantology. Beyond grafts.*

**Summary:**

- Generally, Soft Tissue Management conferences consist of case presentations with different types of grafts / flaps of gingival / connective tissue. This presentation attempts to provide a vision beyond the description of a technique.
- To achieve satisfactory results the process should start with a correct diagnosis based on an interview, photos supported with imaging tests (often TAC) and the systematic use of a Rx/surgical splint for the correct positioning of the implants (implant placement based on the prosthesis).
- Soft tissue management, is not only important from an esthetic point-of-view, but also from the functionality and periodontal health point-of-view.
- We shall highlight the idea that we should not think of bone and soft tissue volume as separate issues but, somehow, as a combined volume to fill in the profile area.
- Finally, it is very important to ensure that the patient understands the limitations that we might face.

**After the lecture the audience will understand:**

- How to identify complicated cases.
- Understand the right protocol for adequate diagnosis and case preparation.
- How to choose the type of incision.
- When it is necessary to gain volume.

**Adrian Guerrero**

- Doctor of Dentistry, University of Granada (Granada).
- Master's in Periodontology, Eastman Dental Institute (London).
- Certificate in Osseointegration, Umea University (Sweden).
- Certified Specialist in Periodontology, European Federation of Periodontology (EFP).
- Member of Editorial Board, Journal of Clinical Periodontology.
- President of the Spanish Society of Periodontology and Osseointegration (SEPA).
- Dental Clinic with exclusive focus on Periodontology and Implants (Marbella, Spain).

**Title:** *Peri-implantitis prevention: what to do before, during and after implant therapy*

**Summary:**

Most often, implants are used as an option to rehabilitate edentulous spaces adjacent to natural teeth with reduced periodontal support in patients potentially sensitive to periodontitis. In these patients, it is likely that dental implants are exposed to similar risk factors to those of natural teeth because they will share the same environmental factors and the same genetic susceptibility. Therefore, there is a high risk of peri-implant disease in this patient group. This risk can be reduced if implants are placed in patients who have already completed active periodontal therapy, but implants should be monitored even more closely when they are followed during a periodontal supportive therapy program (TPS) or maintenance, in a similar way to the teeth.

This presentation will focus on the description of the latest scientific evidence supporting the use of TPS as a method of primary and secondary prevention, both of periodontitis and peri-implantitis. The various phases of dental implant treatment within the context of a comprehensive patient treatment plan will be discussed. The clinical handling of cases, from the surgery, rehabilitation and maintenance phases will also be addressed, with the objective to prevent potential biological complications during SPT in patients sensitive to periodontitis.

**After the lecture the audience will understand:**

- The scientific evidence supporting the use of TPS in primary and secondary prevention of periodontitis and peri-implantitis.
- The scientific evidence showing that a periodontitis background is associated with an increased risk of peri-implantitis.
- Prevention procedures that must be considered from the case planning to the maintenance phase of the implant patient.

## Pilar Batalla



- Bachelor of Dentistry from USC, University of Santiago de Compostela (1994).
- Certificate of Higher Studies in Oral Biology, Paris ( 1996).
- Certificate of Higher Studies in Periodontology, Paris (1997).
- University Diploma Degree in Periodontology, Paris ( 1997).
- Associate Professor of Periodontology, University of Santiago de Compostela.
- Coordinator of Periodontology Master's, University of Santiago de Compostela.
- Coordinator, Course "Expert in Periodontology", University of Santiago de Compostela.
- Full Specialist Member, Spanish Society of Periodontology (SEPA).
- Private dental practice dedicated exclusively to periodontics.

**Title:** *Influence of prosthetic abutment height in peri-implant marginal bone loss*

### Summary:

According to Albrektsson's classical success criteria, it was considered that following the first year from implant loading, implants could lose between 1.5 and 2 mm of peri-implant bone. Subsequent annual loss could be 0.2 mm.

Since the emergence of concepts such as platform change, it seems that this peri-implant bone loss is arguably avoidable. There are recent articles showing new factors to be considered when reducing this peri-implant bone loss, such as the height of the prosthetic abutment, the thickness of the peri-implant mucosa, etc. These factors will influence our surgical technique when using "bone level" implants.

In this conference, the results of three different studies will be presented:

- A three years retrospective study with 1 and 2.5 mm high abutments.
- A two years follow-up of a prospective study with abutments of 2.5 mm high.
- 6 months initial results of a randomized clinical test using abutments of different heights.

### After the lecture the audience will understand:

- Factors influencing peri-implant bone loss include: surgical, restorative and anatomical factors, type of implant and type of abutment.
- How to improve the planning of implant placement in order to prevent peri-implant bone loss.

## Curd Bollen



- Dentistry at the Catholic University in Leuven (Belgium), title DDS.
- PhD research and MSc-specialisation in periodontology at the Catholic University in Leuven (Belgium), 1996 title PhD (“Full-mouth disinfection and hard surface smoothing reduce the subgingival microbial load”).
- In 1997, he finished his MSc in periodontology (dep. Prof. Dr. D. van Steenberghe).
- From 1998 on, Curd Bollen combined his private clinic (limited to periodontology, halitosis and implantology) with part-time jobs at different universities in Europe. He was a consultant at the universities of Leuven and Liège (Belgium), Nijmegen (The Netherlands) and Bonn (Germany).
- From 2010 till 2012, he was clinical assistant professor at the university of Düsseldorf (Germany).
- He has published more than 25 articles in peer-reviewed international dental journals. He is editor of 2 online dental journals.
- He has his private clinic, limited to several dental specializations, in the Netherlands. He is a consultant for the Foundation for Oral Rehabilitation and for the French implant company Anthogyr.
- His actual research interests are: halitosis, short/wide and thin/long implants and peri-implantitis.

**Title:** *Implants & Halitosis: Screws with a smell!*

### Summary:

- Halitosis is still, largely, a taboo subject in our society, although it is a common problem that affects nearly 25% of the population. The oral cavity is the major origin of this “disease” (85%), followed by the ENT-area (10%) and several blood-borne diseases (5%).
- First, the origin of the phenomenon will be discussed. It is explained that volatile sulphur components (e.g. H<sub>2</sub>S) and amines (e.g. cadaverine), produced by the anaerobic microflora in the oral cavity, are the main contributing fragrances.
- Furthermore, the different detection methods (subjective – organoleptical / objective – Halimeter® and Oral Chroma®) will be highlighted.
- Although gingivitis, periodontitis and, mainly, tongue coating are the principle oral causes, also dental implants can strongly contribute to breath odor problems. So, furthermore, the origin of breath malodor due to implant-involved causes (e.g. peri-implantitis) will be presented.
- Finally treatment approaches for all these different situations will be proposed and discussed.

### After the lecture the audience will understand:

- How to approach patients with bad breath in your own clinic.
- How to treat patients for halitosis in daily dental practice.
- Organoleptical scoring.
- Different implant brands may cause more or less smell.
- What we should be aware of when performing our yearly implant-controls.

## Arturo Bilbao Alonso



- Doctor in Medicine and Surgery, University of Navarra (Pamplona), Department of Orthopaedic Surgery and Traumatology.
- PhD, University of Santiago de Compostela, Department of Stomatology.
- Specialist in Oral and Maxillofacial Surgery, Hospital Virgen del Camino (Pamplona).
- Specialist in Oral Implantology, University of Santiago de Compostela.
- Author of communications, conference papers, articles and book chapters at national and international levels.
- Director of Postgraduate Implantology Course, University of Burgos and Spanish Society of Oral and Maxillofacial Surgery.
- Maxillofacial Specialist at University Hospital of Santiago de Compostela.
- Teaching Partner, University of Santiago de Compostela.
- Visiting Professor at undergraduate and graduate courses, various universities.
- Lecturer of courses and conferences in Spain, Europe, and America.

### **Title:** *Implantology “Over-Indications”*

#### **Summary:**

- We shall review different situations where it can be considered that an unnecessary or potentially “problem-creating” treatment has been performed, even leading to case failure.
- We shall divide these “over-indications” according to time criteria, starting with the planning phase, and following with implant insertion, performance of reconstructive techniques, rehabilitation and maintenance phases.

#### **After the lecture the audience will understand that:**

- If there is a field in medicine where things can be done in many different ways, that is the implantology field.
- The same case can be solved in different ways that are influenced by factors such as the patient's condition and their prospects, the patient's readiness and ability, economic criteria (both for the patient and the doctor) and, unfortunately, fashions and trends.
- Often professional egos also determine the application of specific techniques. It is not unusual to detect an increased incidence of complications following a course on a particular technique.



## Jorge Caubet



- Bachelor of Medicine and Surgery, Autonomous University of Barcelona (1989).
- Specialist in Oral and Maxillofacial Surgery, Ministry of Health (via MIR).
- Doctor in Medicine and Surgery, Rated Excellent “Cum Laude”, Autonomous University of Barcelona (2004).
- Fellow of European Board of Oral and Maxillofacial Surgery, Barcelona (2006).
- Private practice in Implantology and Maxillofacial Surgery.
- First Research Award, “End of Residence” (1997).
- Award from the Royal Academy of Medicine of the Balearic Islands (2005).
- Award, Royal Academy of Medicine of the Balearic Islands (2006).

**Title:** *Complications with implants in clinical practice*

### **Summary:**

Implantology complications are usually caused by a lack of, or poor, planning.

The most difficult complications are normally generated in the esthetic sector because it is a very visible area where case management is very often multidisciplinary.

Economic hardship times, “pushing” many dental clinics to “over-indicate” implant treatments, have also fostered the increase of such type of complications.

In this presentation we shall analyze the causes of these complications and we shall provide a protocol to avoid them.

### **After the lecture the audience will understand:**

- The importance of proper planning based on scientific literature.
- The possible solutions to the various likely complications.
- An action protocol based on scientific evidence.