



The 33rd IDS show was held in Cologne

# Implantology – a complex science

After his recent visit to the 33rd IDS in Cologne, Professor Liviu Steier reflects on just how complex the business of implantology can be for those starting out



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(Extra Dinner tickets £35). **Booking Contact Mrs Julie Parkin.**  
The Implant Course Co-ordinator, OMS, School of Clinical Dentistry, Claremont Crescent, Sheffield S10 2TA. Tel 0114 2717964 j.a.parkin@sheffield.ac.uk



The IDS in Cologne recently closed its doors for another year. The number of exhibitors, manufacturers and products were overwhelming, with exhibitors from almost every continent, from Brazil to Korea and from Europe to the USA were in attendance.

The business of implantology was certainly a dominating feature, for the implantology novice it offered a valuable learning experience, and the specialist, a chance to improve on his knowledge.

For now, I'd like to slip into the novice shoes to find out what the show had to offer in terms of learning how to recognise the best kind of implant. Making the right choice can be difficult as there are so many aspects to consider. These range from:

1. Shape
2. Features
3. Body threads
4. Body surface
5. Cervical shape
6. Cervical features
7. Apical apical shape
8. Apical features
9. Material

**'For the implantology novice the event offered a valuable learning experience, and for the specialist – a chance to improve on his knowledge'**

This can certainly be overwhelming to the novice implantologist. And to make things more difficult, these aren't the only points of differentiation either. Once you've chosen all of the above, you must then think further:

**Implant body shape**  
a. Cylinder  
b. Tapered

**Implant body features**  
a. Non-threaded  
b. Threaded

**Implant body threads**  
a. Square  
b. V-shaped  
c. Reverse buttress  
d. Buttress

**Implant body surface**

- a. Sand blast large grit Acid etch
- b. Titanium Porous Oxide – anodic oxidation
- c. Acid etching plus CaP coating
- d. Sanblast
- e. Acid etched
- f. Titanium Plasma Sprayed
- g. Hydroxyapatite coated
- h. Machined uncoated
- i. Resorbable Blast Media
- j. Aluminium Oxide
- k. Recrystallised Hydroxiapatite
- l. Beta Tricalcium Phosphate coated
- m. TiO<sub>2</sub> blast with flouride hydroflouric acid
- n. SLA and NaCl solution
- o. SBM (Soluble Blast Media)
- ... and there are many more ...

So what is the best system for me? How do I decide where to start? Who might offer objective advice? Where is my guru?

**What it's all about?**

I would suggest that implantology is not about the titanium screw itself, it is about: endodontics, prosthetics, periodontology and last but not least, patient management.

**'The ultimate treatment decision should lay in the patient's hands and should be fully covered by the oral specialist'**

In response, your first question to this might be:

**Why endodontics?**

Endodontics has evolved over the last 10 years to a fully new science: coming from a mechanical approach, it has evolved today into "Biofilm engineering" and "Tissue regeneration". As such, Endodontics is the first border to cross into the world of artificial roots.

**Why prosthetics?**

Because any oral rehabilitation is functionally driven. Function determines a wide number of implant characteristics when it comes to selecting the appropriate "Titanium screw".

**Why periodontology?**

A bacterial contaminated oral environment will lead to a treatment disaster.

**Why patient management?**

As professionals, we have the duty to offer our patients all available treatment options, explaining the benefits and the disadvantages of each one we offer. The ultimate treatment decision should lay in the patient's hands and should be fully covered by the oral specialist.

**Sounds simple?**

Did the above information help you? Do you now understand better which system to select? I would guess that you

haven't if you're a novice. The only conclusion you should have come to so far is that: implantology is a multifaced dental speciality that requires a lot of professional education and expertise. You might be thinking that you was not taught all of this at dental school! You're probably now assuming that you'll have to take some manufacturer courses, place some implants on artificial or animal bone, may even fly abroad but it's not as simple as that either.

**An ongoing practice**

Your patients will keep coming back to your practice and confront you with the most diverse variety of implant-related diagnostics: from screw-loosening under cemented restorations to periapical infections of adjacent teeth, from bone remodelling at the cervical area (showing the Titanium grey color) to perimplantitis. How will you respond to this? Again, implantology does not end with the implant place-

ment, neither with the fitting of the prosthetic restoration. Implantology is a long-term partnership with the patient.

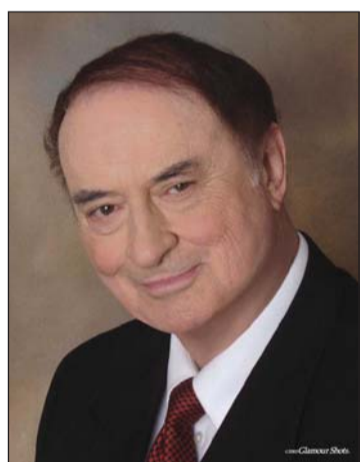
**The Endo – Implantologic Continuum**

This is not the intention of the author to frighten the reader, or to scare him off! This message is intended to be sent out to the novice as an invitation for a rendezvous with the science of implantology.

A rendezvous with a most wonderful and exciting journey through dentistry: from endodontics to implantology: the Endo – Implantologic Continuum.

*Dental Tribune* will aim in the future to help the novice implantologist on their journey by providing them with helpful clinical articles and reports, to bridge the gap between science and clinics, manufacturers and customers. ■

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