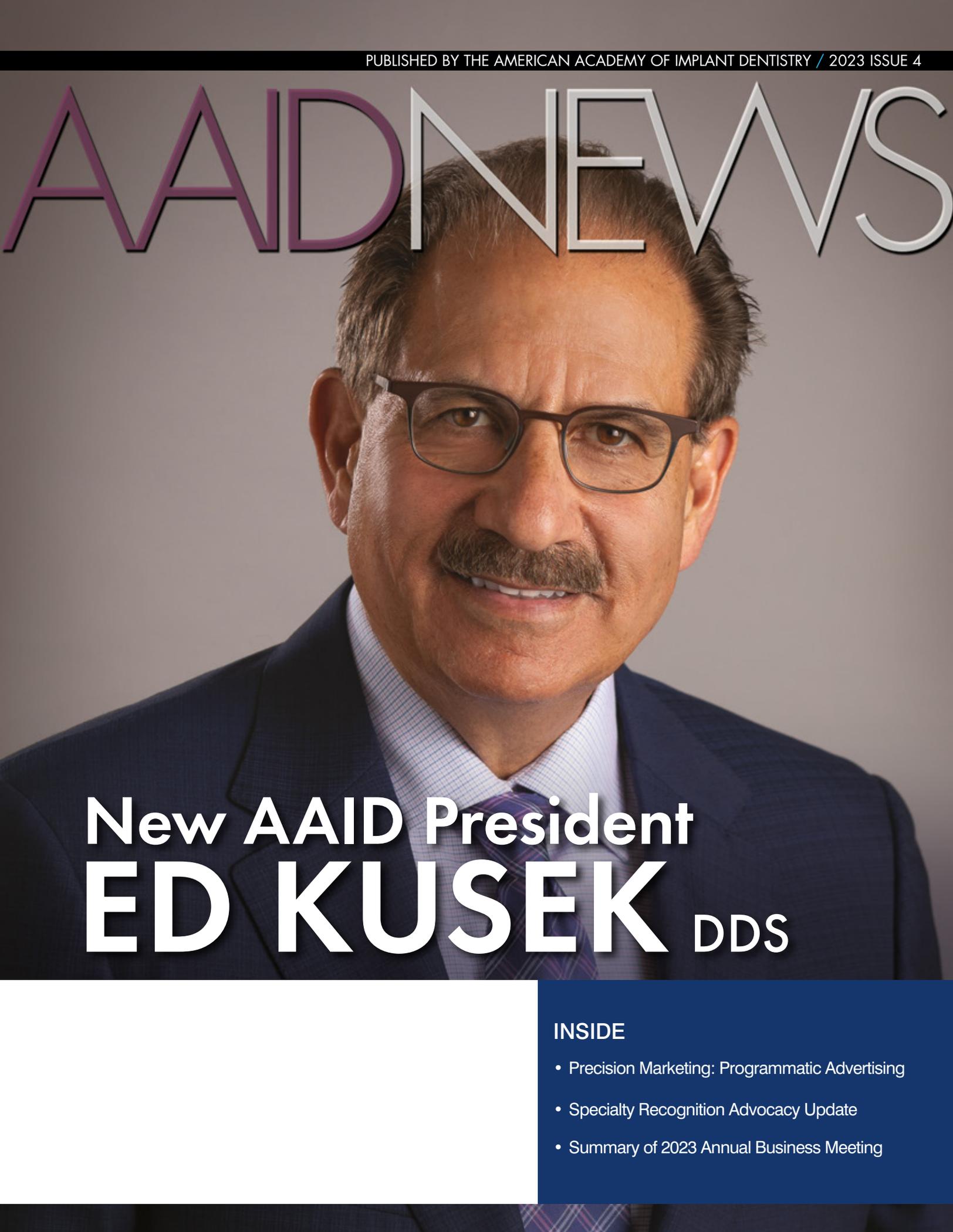


AAID NEWS

A portrait of Ed Kusek, DDS, a man with a mustache and glasses, wearing a dark blue suit jacket, a light blue checkered shirt, and a purple patterned tie. He is smiling slightly and looking directly at the camera.

New AAID President
ED KUSEK DDS

INSIDE

- Precision Marketing: Programmatic Advertising
- Specialty Recognition Advocacy Update
- Summary of 2023 Annual Business Meeting

Practice Consolidation is CRESTING

PRACTICE VALUES STILL ACHIEVING RECORDS DESPITE INFLATION, RATES AND BANK FAILURES

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By Carolina Hernandez, CAE,
AAID Executive Director

EXECUTIVEDIRECTOR'SMESSAGE

Volunteers: The Heart and Soul of AAID

It has been a banner year for your American Academy of Implant Dentistry. And none of the accomplishments we achieved would be possible without the spirit of volunteerism exhibited by the Academy's leadership and members. Your commitment to advancing AAID's mission and promoting excellence in oral implantology is invaluable.

Your willingness to contribute time, expertise, and passion for dental health has made a significant difference in the lives of our members and the patients they serve. As we reflect on the successes attained this past year, it is clear that your efforts continue to be instrumental in achieving the Academy's goals. Whether it was evaluating our record-number of credentialing candidates, spearheading the AAID Annual Conference, or collaborating on *AAID News* cover stories, your support has elevated the standards of our association and the profession of implant dentistry.

On behalf of myself and the AAID staff, thank you to the 2023 volunteers. Those who served as a volunteer in 2023 and the areas in which they served are listed below

ABOI LIAISONS

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Ed Kusek
Brian Jackson

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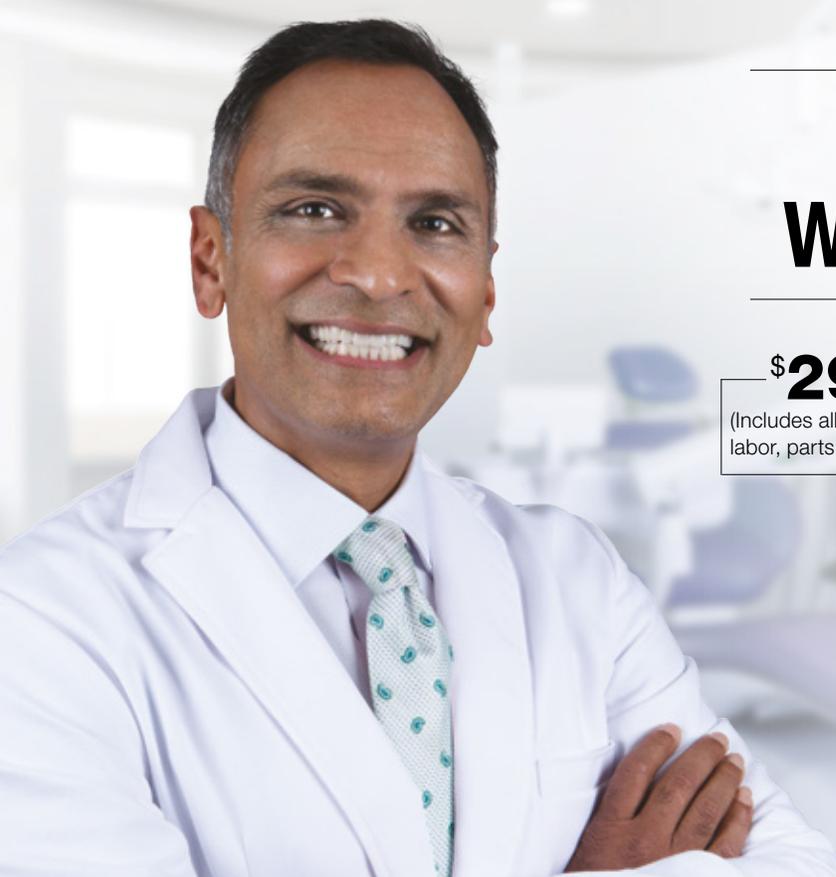
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Executive Director's Message

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Once again, thank you for your selfless dedication and hard work. We look forward to another year of collaboration, growth, and success. If you are interested in volunteering in 2024, please send an email to aaid@aaid.com.

GRADUATE EDUCATION TASK FORCE

Don Provenzale
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Bernee Dunson
Randy Rose
Ed Kusek
Michael Fioritto
Neal Redman
Liaison - Keith Long

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Dan Camm
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John Argeros
Marco Cicciù
Emad Agamy
Dennis Flanagan

Jim Rutkowski
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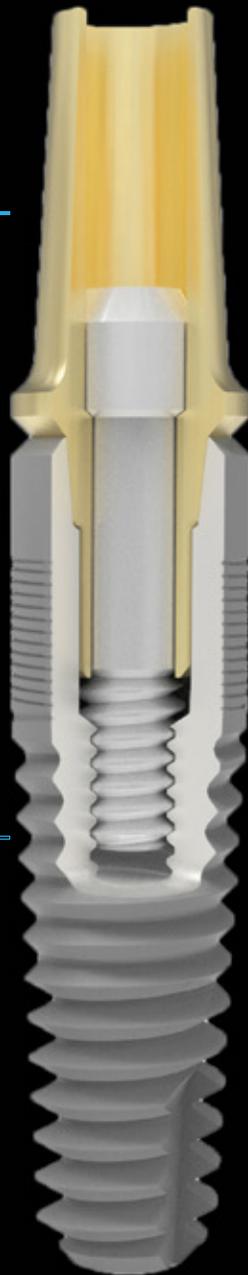
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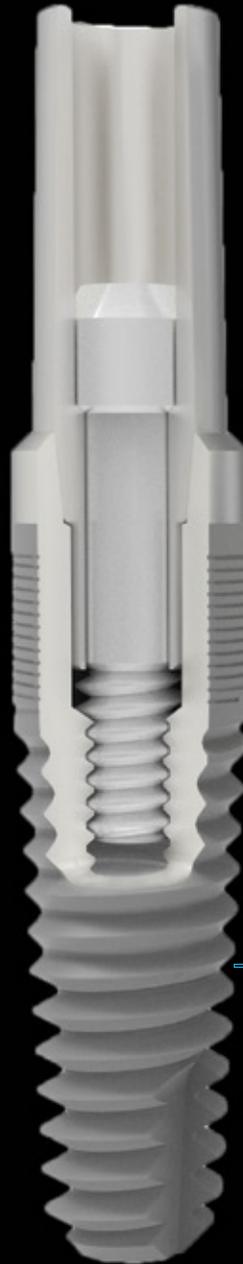
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Q&A:

Meet New AAID President,

DR. ED KUSEK

In November, Ed Kusek, DDS, FAAID, DABOI/ID was sworn in as the 2023-2024 President of AAID. We had a chance to sit down with Dr. Kusek to learn about his professional journey, get his thoughts on the future of the organization, and ask him his guidance for future generations of AAID leaders.

Q&A: Ed Kusek

AAID

Tell us about yourself and why you became a dentist.

ED KUSEK I am a second-generation citizen, my heritage is Polish and Italian. Both of my parents graduated from grade school. My father went on to one year of high school. My Italian mother was a pusher and a goal setter. My father was a self-educated, highly skilled blue-collar worker. He was born in 1910, the oldest of ten, and it was imperative to work to support his younger siblings. His first love was art, but he found it was imperative to have a steady job to support my mother and me.

There are two things he instilled in me:

1. Education is the key to a better life
2. Do it right the first time, because you don't have time to do it again

AAID

What do you enjoy most about dentistry?

ED KUSEK I like to combine science with art. Dentistry requires quick thinking and the ability to shift on the fly as the patient and body often throw you curve balls. As an implant dentist, you can make a dental cripple into someone that has self confidence in their appearance. I am sure many of you have patients that you were able to change their persona with a procedure. One that comes to mind is a male that was in a bicycle accident in which he lost tooth #8 and fractured both laterals and tooth #9. I placed an implant in position #8 and veneer remainder of the anterior maxillary teeth. I was pleased with the results, but the patient never said anything, as he did not say much during the whole process. He came back a few months later for maintenance and thanked me for changing his life and making him excited to talk to others with confidence. I thought he didn't care. Dentistry does make a difference!



AAID

Tell us about how you became involved in the AAID and who mentored you along the way.

ED KUSEK The learning tree became the Alabama Implant Study Club, where I met others like me who were eager to learn techniques from tops in the field of implant dentistry. And lucky for me, many of them were AAID leaders: Hilt Tatum, Carl Misch, Louis Naman, Ford Turner, and others. Each encouraged me to not just join, but to get involved.

I took prep courses from Norman Cranin, IV and Dan Becker. Dan introduced me to Jim Rutkowski, Rob Heller, Duke Heller, Larry Busch, and Bernee Dunson. Taking my Associate Fellow exam, I met Ber Dunn. While taking my ABOI exam, I studied with John Minichetti and Wayne Simmons.

There's a lot of past presidents in that group and individuals that pushed me to be a better implant dentist and better person. I also met my twin brother at an AAID meeting, David Hochberg! I got to meet Lenny Linkow and had lunch with him. There are numerous other individuals I have met, become friends with, and learned from, like Hamilton Sporberg, Dave Resnick, and Mike Floritto.

AAID

What goals do you have during your presidency?

ED KUSEK I would like to focus on three main initiatives.

1. **Bring Continuity to the MaxiCourses®**
Under the leadership of David Hochberg, we will work with MaxiCourse directors to standardize curriculum and set standards so participants will have a more consistent experience.
2. **Develop and Launch a Mentorship Program.** At this year's Annual Conference, we saw more Associate Fellows and Fellows inducted than ever before. Many of these individuals are young professionals who have showcased their dedication to implantology. A formal mentorship program will foster this dedication. John Minichetti and Andy Burton will work together to lead this challenge.
3. **Launch the AAID Implant Institute.** This virtual education platform is designed to meet your evolving educational needs. Implant Institute brings together content from every level – from courses for dentists with little-to-no experience with dental implants, to expert-level education – all in one place. New events will be added

regularly! Most courses will be 45-60 minutes in length and will be accompanied by a post-session quiz and short evaluation. Upon completing a session, you will become eligible to download a transcript and earn continuing education hours that can be used towards maintaining your AAID credential and meeting other professional development requirements.

AAID

What do you see as the most significant challenges facing the AAID?

ED KUSEK The first challenge is to get back to pre-COVID membership numbers. I can speak to this as past president for the Academy of Laser Dentistry (ALD) during COVID. All organizations saw decreased numbers during this critical time in dentistry. Many organizations have not shown any increase in numbers since that time, but AAID is rebounding quickly.

That is the reason we will get the mentorship program up and piggy-back on those that have recently finished a Maxi-Course, as well as newly inducted Associate Fellows and Fellows. I have seen first-hand my participation in surgical participation courses with live patients. It is great to have someone experienced with implant surgery to look over their shoulder and give the clinician new to implant dentistry positive feedback.

The second challenge is how AAID can motivate the recent graduates to become members. That is why our partnership with Aspen Dental is so important. We have an opportunity to be able to provide non-biased education and education that they may not have had the chance to experience anywhere else. AAID would not have had this exposure anywhere else, with this much impact.

On my recent trip to Aspen's national leadership meeting, I was shocked by the sheer



numbers of clinicians that are hungry for education in the implant field. Seeing how Aspen is changing their training of their clinicians on how to do things the right way first. They have hired top instructors for prosthodontics and implant clinicians. They are looking for our credentials and AAID's ability to teach their clinicians beyond Aspen's training facilities.

AAID

What are the areas of opportunity for AAID?

ED KUSEK I have talked about Aspen Dental's relationship, but it goes to other Dental Service Organizations (DSOs). I have had a relationship with Heartland Dental while president of ALD. Heartland already has the educational foundation they have developed to train their clinicians. Again this provides AAID access to the younger recent grads from dental school and

encourages them to join. This relationship would be difficult to attain without the help of the DSOs.

I started relationships with other organizations to share educational resources. We have done virtual courses with ALD, American Dental Society of Anesthesiology, American Academy of Cosmetic Dentistry, and Academy of General Dentistry. We have a great opportunity to showcase our members as the true leaders in the implant field.

AAID

You have worked closely with the AAID Foundation's *Smile, Veteran!*™ program. Tell us about that.

ED KUSEK I was born in 1957, the first year there was no draft to go to the Vietnam war, but I still had to get a draft card. I carried my draft card for several years to remind me

Q&A: Ed Kusek

of the sacrifices others have made for my freedom. My uncles served in World War II, both in Europe and in the Pacific. They would not talk about experiences, but always made a point to tell me how lucky I was to enjoy our freedom. I never realized what they meant until I visited the Vietnam Memorial during our Annual Conference in Washington D.C. The memorial is basically hidden, until you walk to it. There is a differently aura about that place.

Fast forward to a few years ago when the AAID decide to start the *Smile, Veteran!*™ program. I now had a chance to show my appreciation of the many Veterans that sacrifice for this country. I have the skills and it is the least I can do to show my appreciation. My first case was a Vietnam vet who was infected with Agent Orange.

This affected many physical parts of his body and made his teeth fragile and easy to decay. He was never angry about how his service changed his body, but was proud of his service to our country.

He grew a long mustache to hide his smile or never smiled. After completing the case, the implant hybrids changed his whole personality, which was changed by his smile.

ED KUSEK The 2024 Annual Conference will be in Atlanta, Georgia, November 13-16 at the Hyatt Regency. Each year, the conference just gets better and better. Attendees can expect hands-on workshops, a Teams program, and another sold-out Implant World Expo. More exciting details will be announced next year.

Let's continue the tradition of AAID of education and camaraderie. I am greatly honored to become the President of the AAID and look forward to serving the membership this year.

AAID

A feather in every AAID President's hat is the Annual Conference. What do attendees have to look forward to in Atlanta?

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AMERICAN ACADEMY OF IMPLANT DENTISTRY

Annual Business Meeting Summary



President Dr. Shane Samy called the 2023 Business meeting of the American Academy of Implant Dentistry (AAID) to order on Saturday, November 4, 2023. A quorum was present. Following is a summary of the activities, actions, and reports given at the meeting.

Dr. Samy introduced the 2022-2023 Board of Trustees:

2022-2023 Officers:

- * President-Elect Edward Kusek
- * Vice President Matthew Young
- * Treasurer Donald Provenzale
- * Secretary Bill Anderson
- * Immediate Past President Brian Jackson

2022-2023 Trustees:

- * Central District Trustee: Joseph Bedich
- * Central District Trustee: Suhail Mati
- * Northeast District Trustee: Mario Silvestri
- * Southern District Trustee: Danny Domingue
- * Western District Trustee: Andy Burton
- * Western District Trustee: Keith Long

Staff Support to the Board:

- * Executive Director: Carolina Hernandez
- * Chief Financial Officer: Jamey Richardson

Attendees were asked to have a moment of reflection for those who have passed away since the 2022 Annual Business Meeting:

GENERAL MEMBERS

- * Douglas Tolle, Bremen, Indiana
- * Merrill Grant, Satellite Beach, Florida
- * Bruce R. Baumann, Palm Desert, California

HONORARY MEMBER

- * Haruyuki Kawahara, Osaka, Japan

FELLOW

- * Robert J. Buhite, Sr., Rochester, New York

LIFE MEMBERS

- * Burton Balkin, Bala Cynwyd, Pennsylvania
- * Dean Doyle, Beatrice, Nebraska



2023 Annual Report: Dr. Samy provided the AAID 2023 Annual Report. The year 2023 has seen the American Academy of Implant Dentistry (AAID) make remarkable strides in three key areas: Education, Credentialing, and Advocacy, with many highlights and noteworthy achievements undertaken by the AAID in these crucial areas of focus.

A significant milestone was achieved as the AAID expanded its outreach to a broader audience through a featured appearance on the PBS program, *Viewpoint With Dennis Quaid*. Leveraging this exposure, the Academy launched a nationwide television ad campaign running through July 2024. The commercial is aired in all 50 states and 400 times regionally in the top 100 US cities. With a viewership of 60 million homes, the

ad slots are strategically scheduled during peak and prime-time hours (6 pm – 11 pm) on networks including CNBC, FOX Business News, HGTV, Bravo, Discovery Channel, and HLN. This initiative aims to enhance awareness about implant dentistry, educate the public, and reinforce AAID’s commitment to excellence in dental care.

The AAID forged its first Dental Service Organization (DSO) partnership with Aspen Dental, opening avenues to a new segment of dentists. Recognizing the evolving landscape of dentistry, where new graduates often commence their careers in DSOs, the AAID deliberately collaborated with Aspen Dental. This



Annual Business Meeting Summary



partnership facilitates the engagement of the next generation of dentists in implantology training, aligning with the AAID's mission to advance the standard of care and instill a patient-centered philosophy of excellence and compassion in the evolving dental landscape.

AAID's commitment to education is exemplified through its strategic investment in technology, culminating in the establishment of the AAID Implant Institute. A demonstration of the institute's capabilities was showcased at the AAID booth, offering a glimpse of what is to be expected upon its launch in 2024. This technological advancement represents a significant leap in credentialing efforts, providing a platform for comprehensive implant dentistry education. The Institute aims to not only build upon the existing in-person educational programs but also to make them accessible online, extending the reach of valuable educational resources to the entire dental profession.

AAID's dedication to advocacy is evident in its proactive approach to consumer outreach and engagement. The Academy's presence on national television and partnership with Aspen Dental contributes to fostering a patient-centered approach and elevating the standard of care in the dental profession. By strategically aligning with prominent media outlets and dental service organizations, AAID is actively shaping the narrative around implant dentistry, advocating for excellence, and promoting compassion in patient care.

In closing, the year 2023 has been marked by significant accomplishments in education, credentialing, and advocacy for the American Academy of Implant Dentistry. The strategic partnerships, technological investments, and nationwide outreach efforts position the AAID as a leader in advancing the standards of implant dentistry, shaping the future of dental education, and advocating for excellence and compassion in patient care. Special thanks are extended to the dedicated board members, AAID members, and staff for their collaborative efforts in driving these innovations and building a strong foundation for the future.

Nominating Committee Report: Dr. Brian Jackson, Chair advised the Nominating Committee met by video conference on June 29, 2023 and has submitted the following Slate of Officers for the 2023-2024 Leadership year:

- * President – Ed Kusek
(succession from President-Elect)
- * President-Elect – Matt Young
- * Vice President – Don Provenzale
- * Treasurer – Bill Anderson
- * Secretary – Mario Silvestri

Dr. Jackson reported the Nominating Committee prepared its report in keeping with the AAID Bylaws, and was shared



with the voting membership. No additional nominations were made by petition for any of the offices; therefore, he declared the slate elected by acclamation. No other nominations were filed by the announced deadline; therefore, the slate was elected by acclamation.

Introduction of 2023 Honored Fellows:

After reviewing the selection criteria for Honored Fellow, Dr. Michael Fioritto introduced the following members of the 2023 Class of Honored Fellows:

- * C. Edgar Davila, Tampa, Florida
- * Alvaro Gracia, Norton, Massachusetts
- * Bill Holden, Edmonton, Alberta, Canada
- * Lawrence Nalitt, Brooklyn, New York
- * Christopher Petrush, Pleasant Hill, California

Report of the Treasurer: Dr. Don Provenzale reported 2023 has offered unique challenges. Despite modest market returns, AAID is poised to conclude the year with a net positive income.

The years of strong active membership have endowed AAID with a robust financial foundation. Despite significant challenges faced in recent years, our operating reserves remain robust, ensuring a stable platform from which we can confidently move forward into the future.

In conclusion, the financial outlook for AAID is promising, with prudent management leading to positive growth and strategic planning positioning the organization for continued success.

Update on Specialty Recognition Efforts:

Dr. Matt Young, Chair of the Legal Oversight Committee (LOC), reported that the AAID is the strongest advocate for recognition of implant dentistry as a dental specialty throughout the U.S. The AAID has enjoyed success in 18 states that now allow dentists to advertise specialty status in some fashion. Currently, advocacy efforts are ongoing in three other states, either through negotiations or litigation.

Part of what makes the AAID unique is the willingness to defend the right to truthfully advertise the AAID Associate Fellow, Fellow, and ABOI Diplomat credentials. These efforts began almost 30 years ago under the guidance of Dr. Frank Recker, who is also this year's Gershkoff/Goldberg Award Recipient.



Today those efforts are guided by the Legal Oversight Committee. The LOC works with our legal counsel Justin Withrow to make the most impactful changes for our members with the most efficient use of our resources.

Dr. Young introduced Mr. Justin Withrow and Flannery Georgalis, AAID's current legal counsel, to update the members on the Specialty Recognition Efforts. Mr. Withrow provided some background on Frank Recker, DDS, JD and his career as a practicing dentist in Cincinnati, Ohio, who served as a member of the Ohio State Dental Board. In the 1980s, Dr. Recker left the clinical practice of dentistry and began a legal career solely focused on representing dentists. He was the legal pioneer behind AAID's pursuit for specialty recognition. In the late 1990s, AAID successfully sued the California Department of Consumer Affairs and California Board of Dental Examiners to allow AAID and ABOI/ID credentials to be advertised.

Mr. Withrow showed a video of Dr. Recker from the time of the Florida court decision explaining that the state law restricting how dentists can advertise credentials issued by bona fide professional organizations is unconstitutional and violates the First and Fourteenth Amendments of the U.S. Constitution. Dr. Recker reaffirmed the AAID credential is meaningful in

that it demonstrates a certain degree of competency, making it a very valuable for the public to make informed decisions about dental services.

Flannery Georgalis successfully represented the Michigan and Oregon lawsuits and is in active litigation with South Dakota and working with boards in Ohio and Pennsylvania.

Mr. Withrow emphasized there are still many states left and a lot of work to be done. He encouraged the members to connect with AAID if legislation is bubbling up in their area.

Report of ABOI/ID:

ABOI/ID Incoming President Dr. Justin Moody presented the ABOI report. 2023 has been a good year for the American Board of Oral Implantology Implant Dentistry, with the induction of 21 new Diplomates into the ABOI. The ABOI currently has 640 Active Diplomates. The ABOI Board of Directors hopes that new Associate Fellows will continue their professional training to someday achieve Diplomate status with the ABOI.

Report of the AAID Foundation:

Dr. Daniel Domingue, Chair, delivered an uplifting update on the AAID Foundation during the Annual Conference. The

Annual Business Meeting Summary

Foundation is elated to inject a dose of excitement and healthy competition into the event through the Board Challenge and Silent Auction initiatives. This year's Board Challenge successfully raised an impressive \$100,000, continuing a friendly rivalry between the AAID Board of Trustees and the AAID Foundation Board of Directors.

A heartfelt appreciation goes out to the generous companies, courses, and members who contributed to the Silent Auction. This year's auction showcased a remarkable array of 79 donations from 22 donors, featuring items including dental equipment, vacations, and more.

Contributions to the Foundation play a crucial role in supporting research grants in implant dentistry and facilitating implant

treatments for veterans through the *Smile, Veteran!*[™] program. The Foundation's commitment to nurturing the next generation of dentists is exemplified by the allocation of student grants to researchers at the University of Michigan, Indiana University, and Shivarathreeswara University (India) this year.

In a notable stride towards advancing the profession, the Foundation is awarding substantial research grants totaling \$25,000 each to two projects at the University of Michigan, Ann Arbor, one project at the University of Toronto, and another at the University of Parma, Italy.

The *Smile, Veteran!*[™] program continues its impactful work, providing vital implant treatments for U.S. veterans in need. Notable

success stories this year include Sgt. Mark Lottman and Ms. RNita Rabelais, whose smiles and dental functionality were restored through the program. AAID members are encouraged to reach out to the Foundation if they have patients who could benefit from enrolling in this impactful initiative.

The highlight of 2023 for the Foundation is the establishment of the Dr. Robert J. Buhite, Sr. Scholarship. Honoring Dr. Buhite's 50 years of membership in the AAID and his significant contributions to the University of Buffalo School of Dental Medicine, this scholarship aims to carry forward his legacy of leadership.



AAID FOUNDATION DR. ROBERT J. BUHITE, SR. SCHOLARSHIP FUND

Dr. Robert J. Buhite, Sr. was a ABOI Diplomate and Honored Fellow of the

American Academy of Implant Dentistry. He was a pioneer in the field of Implant Dentistry and was a featured lecturer on the topic. From 1986-1993, he taught Implant Dentistry as a member of the faculty at Harvard University School of Dental Medicine.

Dr. Buhite was the founding Director of the Implant Dentistry Program at SUNY at Buffalo School of Dental Medicine and recently oversaw the design and construction of the Buhite-DiMino Cen-

ter for Implant Dentistry and Advanced Dental Education which opened at SUNY Buffalo this year. He continued to teach and oversee dental implant surgeries at the University of Buffalo during this recently completed academic year.

Dr. Buhite's true passions were caring for his patients and teaching his students. He loved his family, friends, and the people with whom he worked in both his private practice and at the University.

Continuing Dr. Robert J. Buhite's legacy, this newly established scholarship fund aids eligible graduate or post-graduate

student applicants at a University or hospital participating in oral implantology programs.

Help students meet their goals by putting them in reach. Donate now to support eligible graduate or post-graduate students on their educational journey in implantology!



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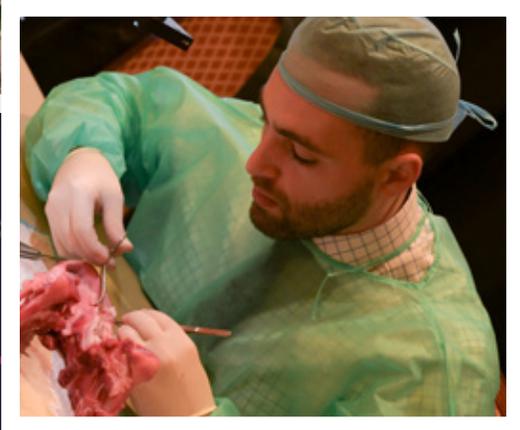
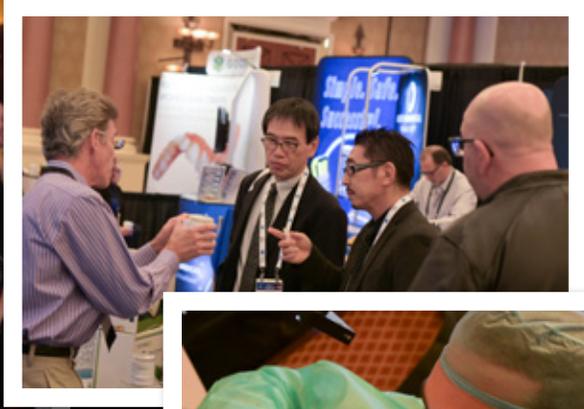
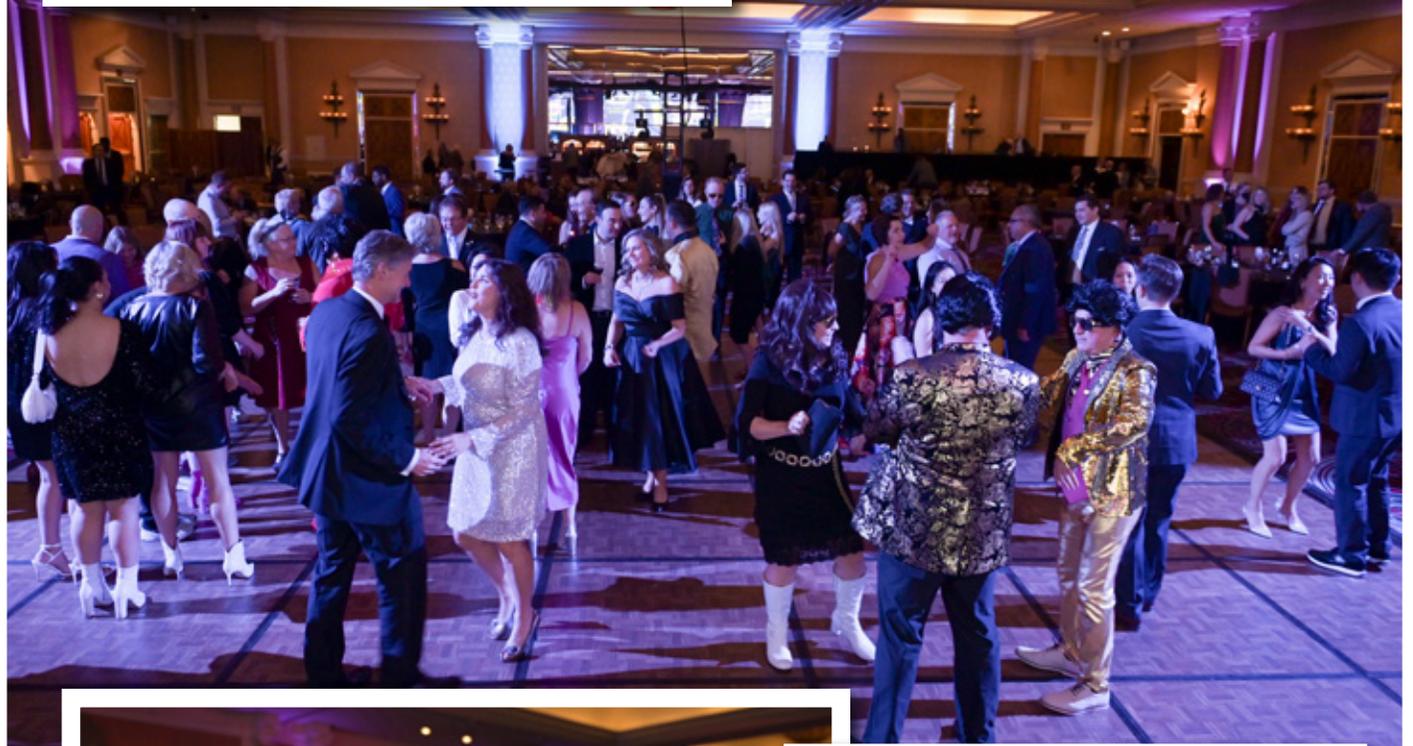
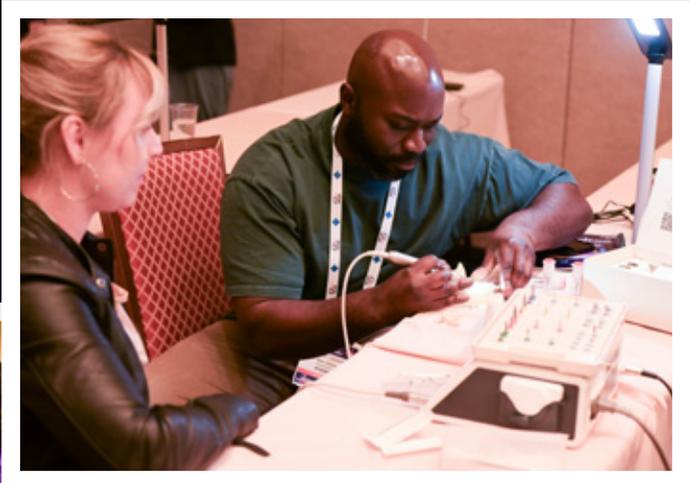
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Trends in Transformation





Jake Gregory
Chief Operating Officer,
The Association Partner

BUSINESSBITE

Precision Marketing: Sculpting the High-Value Implant Patient's Journey Through Programmatic Advertising

In the modern odyssey of dental restoration, implant dentists stand at the forefront, molding smiles that seamlessly blend aesthetics with function. Elevating patient care to its pinnacle necessitates a harmonious fusion of clinical finesse and strategic patient engagement. With the crescendo in demand for dental implants, targeting higher dollar cases is an attainable aspiration for practices eager to augment their service delivery. The beacon in this endeavor is the adept application of digital advertising, particularly through the conduit of Programmatic Advertising and Retargeting.

While not entirely nascent, the concept of programmatic advertising has evolved into a linchpin in the digital marketing spectrum across a myriad of industries. Its foray into the dental implant sector has unlocked a novel avenue of patient engagement and revenue amplification. By orchestrating a bespoke digital touchpoint journey, programmatic advertising, complemented by retargeting, provides implant dentists an avenue to resonate with individuals exhibiting

specific attributes indicative of a proclivity towards dental restoration.

The intricacies of programmatic advertising are as profound as the outcomes they can engender. At its core, this advertising mechanism leverages algorithmic engines to purchase advertising space in real-time, ensuring your implant services are showcased to a highly curated audience. The fusion with retargeting further enhances the precision, allowing for re-engagement with individuals who have previously interacted with your digital presence.

The narrative unfolds when an individual, enticed by the allure of dental restoration, traverses the online realm. Programmatic algorithms ensure that your ads rendezvous with potential patients at various digital junctures, painting a compelling picture of the transformative journey awaiting them at your clinic. The crux here is the capacity to transcend traditional advertising boundaries, reaching out to a self-selected audience with demonstrated interests, thereby propelling the likelihood of transmuting inquiries into high-value implant cases.

The potency of programmatic advertising and retargeting emanates from their ability to architect a tailored journey for each potential high-dollar implant patient. It's about engendering a digital milieu that echoes their aspirations, apprehensions, and inquiries regarding dental implants. This advertising paradigm not merely broadens the funnel; it elevates the caliber of engagements, laying down a fertile ground for nurturing rewarding patient-practice liaisons.

This advertising paradigm not merely broadens the funnel; it elevates the caliber of engagements, laying down a fertile ground for nurturing rewarding patient-practice liaisons.

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Business Bite

Moreover, the analytics undergirding this advertising framework bequeath implant dentists with precious insights into visitor behavior and campaign efficacy. This data-centric perspective enables a cyclical refinement of advertising strategies, ensuring your narrative deeply resonates with the segments most likely to invest in high-quality dental restoration.

As implant dentists navigate the intricacies of precision marketing, programmatic advertising and retargeting emerge as formidable cohorts in the quest for higher-dollar cases. By engendering a nuanced digital dialogue with potential patients, practices are not merely populating appointment slots, but are heralding a new era of patient-centric dental restoration. A practice that vibrates in harmony with the dreams and desires of its patients is one destined for sustainable growth and a profound imprint on the lives it transforms.



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By Dennis Flanagan,
DDS, MSc, FAAID, DABOI/ID,
AAID Editor

CLINICALBITE

Perforation of the Mandibular Lingual Cortex During Dental Implant Treatment

ABSTRACT

Perforation of the medial side of the mandible during dental implant surgery may have significant sequelae. Preoperative circumspection by palpation and cone beam computerized tomogram can decrease the risk of perforation during the osteotomy. The periosteum of the mandible contains blood vessels and neurons, and thus a perforation may induce a hematoma and pain. An overextended implant may be simply removed and

replaced with a shorter fixture. The patient may or may not be aware of the overextended implant if there is no hematoma or pain. If an implant drill or bone tap engages the submental artery, there may be a significant hematoma that could close the airway. Thus, a medial perforation of the mandible below the mylohyoid line that damages the submental artery may be life-threatening.

INTRODUCTION

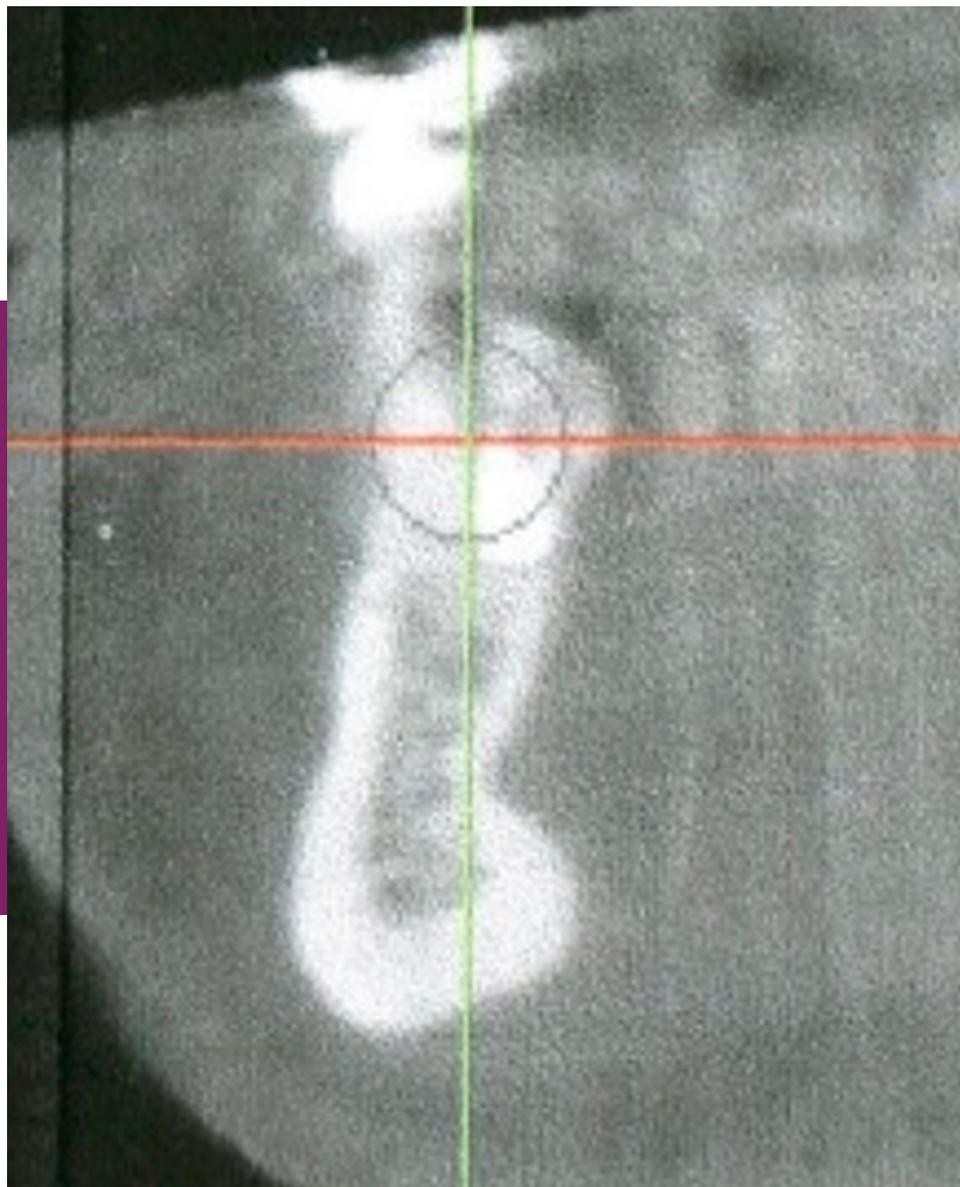
During the placement of dental implants in the mandible, the osteotomy may perforate the lingual cortical plate. Since routine post-operative cone beam computerized scans may not generally be performed, this incidence has yet to be discovered. Sequelae may depend on the diameter and degree of perforation, the distance the implant penetrates the floor of the mouth, the position of any muscle attachment, the muscle activity of the patient, patient healing capability, the thickness of the cortex, the superior-inferior location of the perforation, the body self-awareness of the patient, and blood vessels involved, such as the submental artery. Some patients may not be aware of an osseous perforation if there are no symptoms.

Even if an osteotomy does not encounter the submental artery or a branch thereof,

a subsequently placed implant may irritate the mylohyoid muscle during function. The mylohyoid muscle originates from the mylohyoid ridge on the medial mandible. An implant apex that extends into the floor of the mouth may impinge on the muscle origin, creating inflammation or pain in function (1).

The periosteum has a nerve supply that could be contacted by a perforating drill (1). Nonetheless, this would be expected to heal uneventfully, but healing may be impaired by systemic issues such as diabetes or a smoking habit. An intact periosteum may heal uneventfully if the perforation does not extend beyond the cortical surface or less than 1mm protrusion beyond the critical surface (1, 2).

EXAMPLE CASES



Right: Fig. 1

CASE 1

A 60-year-old female had two implants placed in mandibular right sites #30 and #31, which healed uneventfully. At the uncover stage, a partial thickness apically positioned buccal flap was made, an open tray impression was made with polyvinyl siloxane (Imprint), and a bis-acryl stent was applied. One week later, the patient complained of pain and localized swelling in the floor of the mouth. Palpation of the medial mandible

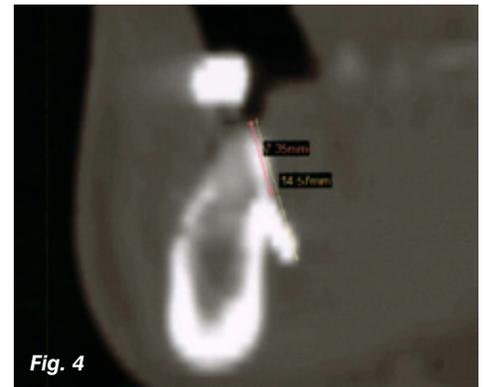
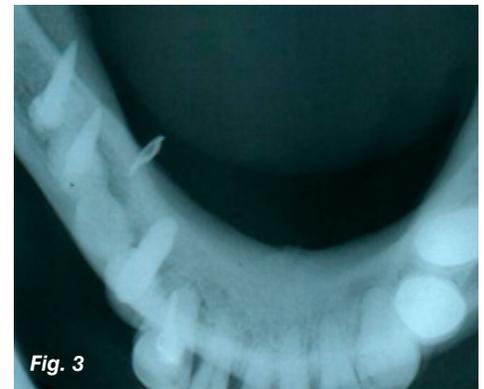
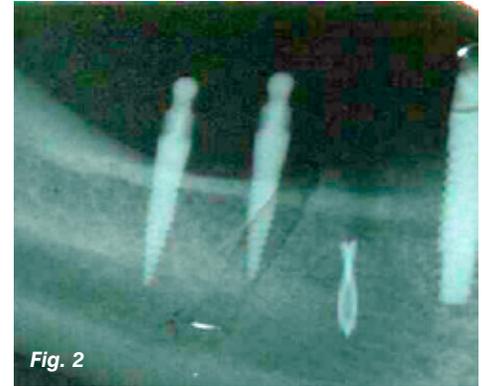
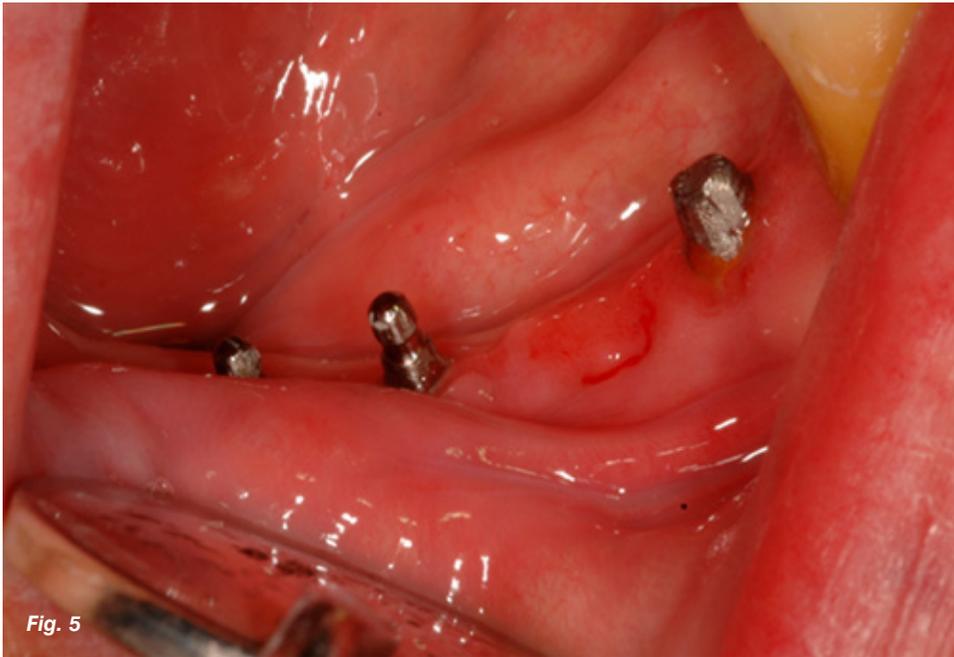
was impossible due to the pain and slight swelling at the site. A CBCT revealed a small lingual cortical perforation of the mandible at site #31 of less than 1mm (Fig. 1). The implant was removed. Amoxicillin was administered orally. After three weeks, the patient's symptoms resolved, and a new, shorter implant was placed with uneventful healing and restoration.

Clinical Bite

CASE 2

A 60-year-old female presented for implant restoration of missing mandibular right posterior teeth. During the osteotomy, the drill fractured. A periapical radiograph was taken that showed the drill tip in what appeared to be the mandible (Fig. 2). An occlusal film showed that the drill tip had spun through the medullary bone and perforated the

lingual cortex (Fig. 3). A CBCT was then taken and the location was mapped (Fig. 4). A small incision was made at the lingual mucogingival junction, and the drill tip was retrieved with Styglitz forceps. Healing was uneventful, and the remaining implants were definitively restored (Fig. 5, 6).



DISCUSSION

During an osteotomy, a drill may perforate or nearly perforate the lingual cortex in the mandible. A small or near perforation may induce osseous proliferation (2). This may induce bone apposition; this can be as much as 8.6% of the bone volume. Nonetheless, an osseous perforation and implant protrusion may be significant. The periosteum may not cover the perforation, so bone healing and proliferation may not occur (2).

Some clinicians may surgically remove the protruding portion of the implant apex. There is a risk of infection and arterial damage with this procedure.

A perforation of the lingual mandibular cortical plate may be more likely when the plate is thin or there is a concavity or pronounced lingual fossa. A virtual computer study found that the probability for lingual perforation is 3.1% and most often would occur in the second molar area. A perforation is less likely when the mandibular canal is deep in the mandible (3). Care should be taken to direct the osteotomy drill parallel to the lingual cortical surface. The astute clinician should pre-operatively take a CBCT and palpate the lingual surface of the mandible to create a “mind’s eye image” that can help the clinician orient the drill position.

There is a potential for laceration of the submental artery during an osteotomy that penetrates the lingual mandibular cortex in a second or third molar site. This may be more likely if a pronounced lingual fossa is found in long-time healed edentulous sites (4). Pre-operative palpation of the lingual surface of the site and/or cone beam computerized tomography (CBCT) may alert the clinician of the existence of such a fossa.

The course of the submental artery may be found directly against the medial mandible when the patient is older, and the site has been edentulous for many years (4). Perforation with an osteotomy drill can potentially lacerate the submental artery. If a bone tap is used, the apical blades may engage the arterial wall of the submental artery and significantly lacerate it. Placing implants in atrophic posterior mandibular ridges requires circum-spection to avoid the mandibular canal and perforation of the lingual cortex.

In Case 2, the drill fragment could have engaged the submental artery. The CBCT allowed exact measurement of its position for quick and safe removal of the drill tip.

The floor of the mouth contains a panoply of structures (4). The submental artery is in the submandibular space medial to the mandibular fossa. With age and edentulism, the submental artery may be located directly against the medial fossa of the mandible. A mandibular lingual perforation may create a life-threatening hematoma from the submental artery. Since this artery is in

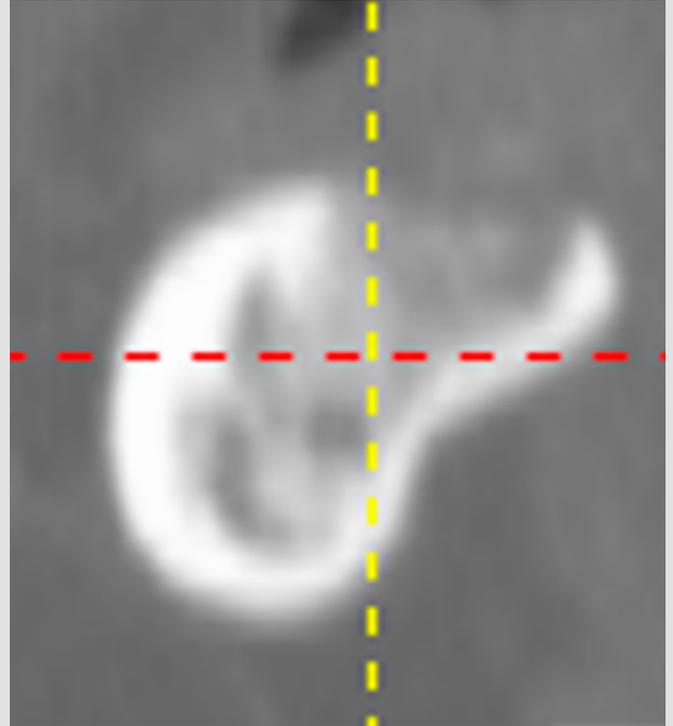


Fig. 7

the submandibular space, an expanding hematoma may close the airway, leading to asphyxiation (Fig. 7) (4).

A perforation in the anterior mandible may lacerate the sublingual artery or terminus of the submental artery and produce a hematoma. A hematoma in this location may not be life-threatening since it is probably superior to the genioglossus and mylohyoid muscles. These muscles can contain exsanguination and form a hematoma. Nonetheless, there is a risk for such a hematoma to press the tongue against the pharynx to compromise the airway (4, 5).

(continued on pg. 30)

DISCUSSION *(continued)*

The lingual cortex is generally thicker than the facial cortex at a ratio of about 1:1.3 facial: lingual and averages 2.40 mm thick (6). This thicker bone may not protect the cortex from perforation with the osteotomy drill when the drill is misdirected and is very sharp or used with inappropriate force.

The cortical mandibular periosteum contains a blood supply and neural cells (1). Thus, a lingual perforation may induce a floor of the mouth hematoma accompanied by pain.

The size and depth of a lingual perforation may be important. A wide osteotomy may have a circumference that damages more bone, periosteum, and muscle attachment. Deeper penetration may also damage bone and soft tissue and create a space for infection.

A perforating osteotomy may thin the bone, compromising its ability to resist occlusal loads. This may lead to a late

failure. A protruding implant apex may induce an obsessive tongue habit or finger palpating habit.

Post-operative palpation or CBCT examination may demonstrate an osseous perforation. It may be advisable to remove the overextended implant and replace it with a shorter fixture. The apical end of the osteotomy would be expected to heal uneventfully.

One virtual study on mandibular cone beam computerized tomograms (CBCT) concluded that implants 14 mm or longer were more likely to perforate the lingual cortex (7). Additionally, crestal “U” shaped, as opposed to “V” or “square” shaped, mandibles were more likely to sustain a lingual perforation than other shapes (7). Thus, preoperative CBCT and palpation of the edentulous site may be important to prevent lingual perforation.

Conclusions

Placement of dental implants in the mandible should be done with caution. With a lingual mandibular osteotomy perforation into the mandibular space, the submental artery may be encountered with life-threatening consequences. A perforated periosteum may induce pain. A patient may become aware and palpate the apex of the protruding implant through the mucosa with the tongue or finger and may develop a tongue or finger palpation habit. Yet others may not even be aware of a perforation. Nonetheless, preoperatively, the astute clinician should digitally palpate the medial surface of the mandible to gain a “mind’s eye” sense of the osseous landscape and view a CBCT to help avoid a lingual perforation.

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By Max G. Moses,
JD, CPA, MBA

LEGALBITE

Specialty Recognition Advocacy Efforts Continue to Progress

AAID's Legal Oversight Committee continues to push forward in pursuit of specialty recognition for implant dentistry practitioners.

PENNSYLVANIA

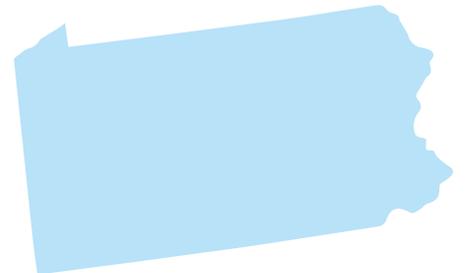
Pennsylvania is moving forward at a rapid pace after the LOC authorized AAID's legal counsel to take the lead in the Commonwealth. As reported in the previous issue of *AAID News*, the Dental Board referred revisions to the specialty advertising regulations to its Regulatory Committee for consideration.

That Committee in turn has recommended proposed changes to existing regulations that are virtually identical to those endorsed by the AAID and adopted in North Carolina.

A key difference, however is that Pennsylvania's approach is to keep language that recognizes American Dental Association recognized specialties while adding a different avenue for a dentist to advertise as

a specialist when certified by a "qualifying" board. However, in the proposed regulation, such a dentist who has been certified by a "qualifying" board would not be fully free under the rule to advertise as a specialist. Under the proposed PA rule, the dentist must also "disclose in the advertisement or communication the specialty board by which the dentist was certified and provide information about the certification criteria or where the certification criteria may be located."

While the additional avenue approach is not problematic, the disclaimer language is and will be opposed by AAID.

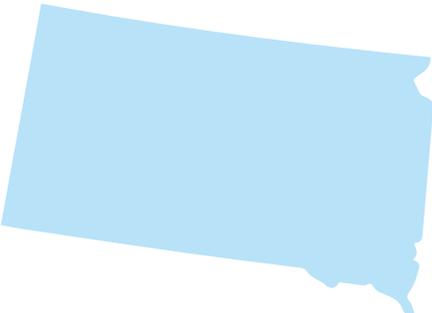




Late in September, the South Dakota Attorney General filed an answer responding to AAID's complaint, which essentially denied our substantive allegations challenging the rule.

SOUTH DAKOTA

As noted in the previous edition of the *AAID News*, AAID filed a lawsuit in July 2023 in the federal court in South Dakota challenging its new dental advertising rule, which prohibits a dentist from referring to themselves as a "specialist" unless they have a post-doctoral certification from an accredited university in the proposed specialty field.



The previous rule only allowed dentists to advertise if they were board certified in an ADA-recognized specialty field.

Late in September, the South Dakota Attorney General filed an answer responding to AAID's complaint, which essentially denied our substantive allegations challenging the rule. South Dakota did, however, admit that Diplomate status is not sufficient to call oneself a specialist under their new rule and that any dentist can practice implant dentistry in South Dakota, which legal counsel views as significant concessions.

The discovery phase is currently set to conclude in late June 2024 with motions for summary judgment anticipated by September 2024.

OHIO

The Ohio State Dental Board continues to discuss AAID's proposed revisions. A response from the Ohio Board is anticipated following its December meeting.

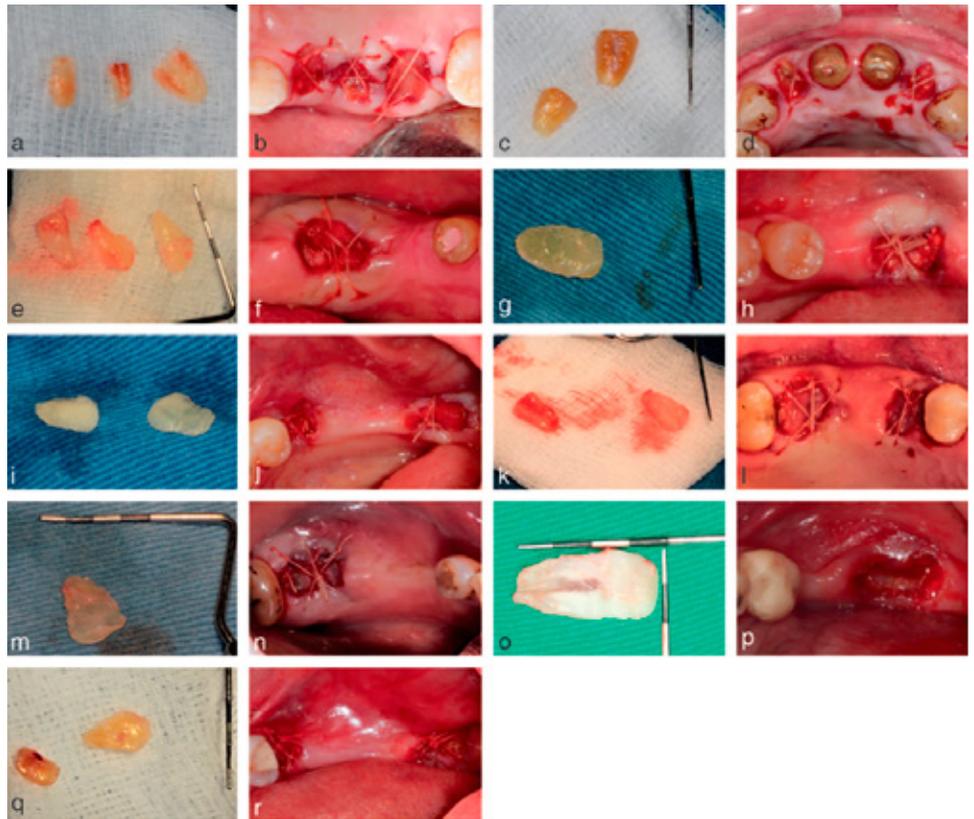
The LOC and legal counsel continue to work tirelessly to advocate on behalf of the interests of AAID members.





JOISAMPLER

Editor's Note: Because of your busy schedule, you may not have time to read the dozen or so articles in each issue of the *Journal of Oral Implantology*. In this section of *AAID News*, we select a few articles that have broad applicability to daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 49, Issue 5 (2023).



CLINICAL CASE REPORT

A Socket Seal Technique with the Use of Autologous Dental Roots for Socket Seal: A Case Series

In this case series, researchers had the objective of assessing the treatment outcomes of socket preservation (SP) procedures where the autologous dental roots (ADR) were used as barriers to seal the extraction sockets.

EDITORIAL

Letter to the Editor

In this letter to the editor, Dr. Gene McCoy addresses Dr. Ruthkowski and Dr. Iyer's question from the previous issue's editorial. He offers a plausible explanation, comments on several points made in the article, and even suggests guidelines to achieve longevity for postimplant reconstructions.

CASE REPORT AND LITERATURE REVIEW

Dental Implant Treatment in Bruxers: A Case Report and Literature Review

In this article, researchers present both a case report and literature review over a 65-year-old woman with a history of Bruxism who underwent a full-mouth implant rehabilitation.

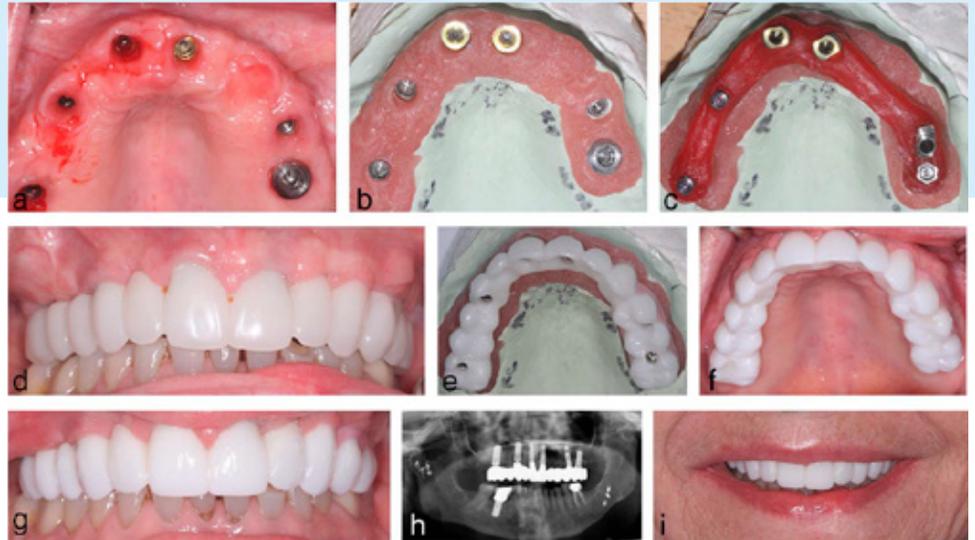


TABLE 6
Analysis results regarding the difference between GT in values

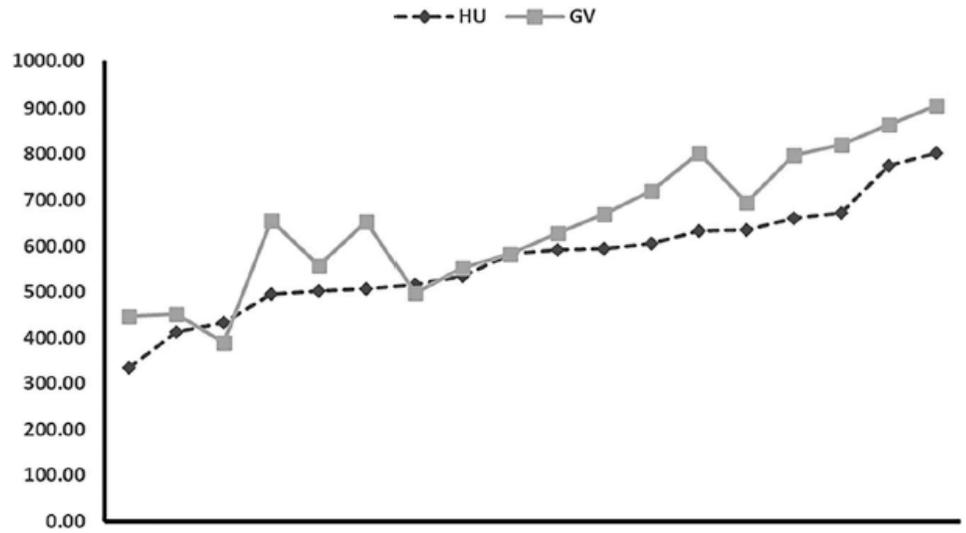
	GT						Mann-Whitney U Test		
	n	Mean	Median	Min	Max	SD	Mean Rank	Z	P
Plaque index									
Thin	128	1.11	1	0	3	0.89	106.27	-1.606	.108
Thick	74	0.92	1	0	3	0.96	93.24		
Total	202	1.04	1	0	3	0.92			
Gingival index									
Thin	128	1.75	2	0	3	0.72	112.77	-4.081	.001*
Thick	74	1.18	1.5	0	3	1.01	82.01		
Total	202	1.54	2	0	3	0.88			
Bleeding on probing									
Thin	128	2.35	3	0	4	1.47	114.54	-4.295	.001*
Thick	74	1.36	1	0	4	1.51	78.95		
Total	202	1.99	2	0	4	1.55			
Probing depth, mm									
Thin	128	4.55	4	2	9	1.54	114.96	-4.496	.001*
Thick	74	3.62	3	2	6	0.93	78.21		
Total	202	4.21	4	2	9	1.42			
Amount of gingival recession, mm									
Thin	128	1.28	1	0	5	1.2	116.61	-5.144	.001*
Thick	74	0.54	0	0	5	1.06	75.36		
Total	202	1.01	1	0	5	1.2			

*Significance level of P < .05 by Mann-Whitney U test.

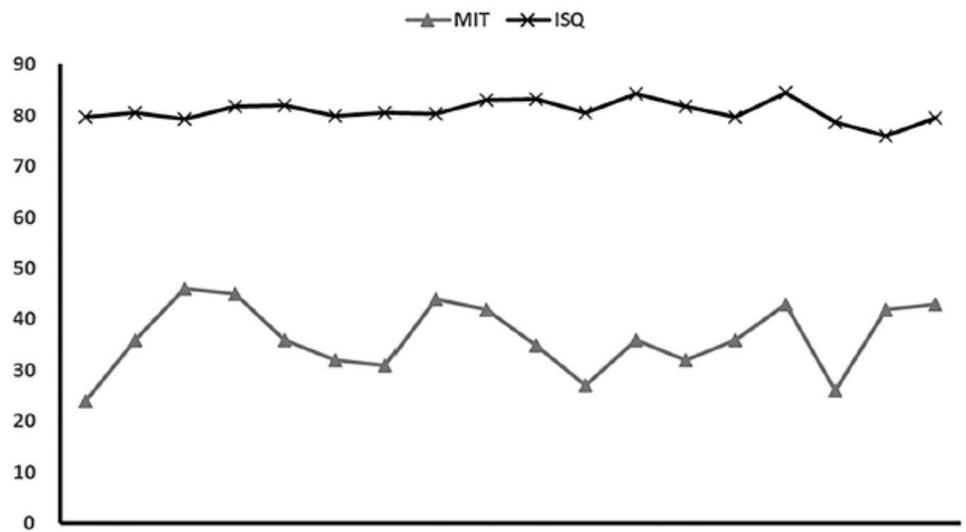
CLINICAL DENTAL IMPLANT SCIENCE RESEARCH

Investigation of the Clinical Effects of Peri-Implant Gingival Morphology on Tissue Health

In this study, the author's objective was to assess the gingival phenotype surrounding dental implants and to clinically evaluate the existing phenotype in relation to the tissue health around the implant.



a



b

CLINICAL DENTAL IMPLANT SCIENCE RESEARCH

Low Bone Density Predictability of CBCT and its Relation to Primary Stability of Tapered Implant Design: A Pilot Study

Authors of this article conducted an in vitro study with the purpose of evaluating the predictability of CBCT for low bone density areas and its correlations with primary implant stability when it came to placing tapered design implants with stepped osteotomy.

DENTAL IMPLANT SCIENCE RESEARCH

Effect of Antibiotic Prophylaxis on Early Loss of Implants Installed by Unexperienced Operators

The purpose of this study was for authors to determine and evaluate the influence of antibiotic prophylaxis in regards to postoperative healing, pain, and implants survival of patients who had undergone 2 to 4 implant placements by unexperienced operators.

TABLE 5
Quantitative data about implants used in this study

Groups	Connection	Diameter	Size	Quantity	Implant Loss	
<i>Antibiotic Group</i>	<i>Morse</i>	3.5	10	2	0	
			11.5	2	0	
	<i>Taper</i>	3.8	8.5	1	0	
			10	2	0	
			11.5	3	0	
			11.5	1	0	
		Total	11			
<i>Placebo Group</i>	3.5	10	10	3	1	
			11.5	1	0	
	3.8	10	10	2	0	
			11.5	2	0	
			13	1	0	
			Total	9	1	
<i>Antibiotic Group</i>	<i>External Hexagon</i>	3.75	8.5	11	0	
			10	33	1	
			11.5	51	0	
			13	10	0	
			Total	105		
	<i>Placebo Group</i>	3.75	7	7	2	0
8.5				13	1	
10				29	3	
11.5				47	4	
13				7	0	
4.5				10	1	0
		Total	99			

CLINICAL

Barbell Technique: A Novel Approach for Bi directional Bone Augmentation: Clinical and Tomographic Study

In this clinical and tomographic study, researchers' aim was to assess bidirectional horizontal bone reconstruction with the Barbell Technique in HAC3 and HAC4 situations.



newmembers

The AAID is pleased to welcome the following new members who joined between August 3, 2023 and November 15, 2023. The list is organized by state, with the new member's city included. International members are listed by country and province (if applicable). If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of *AAID News*.

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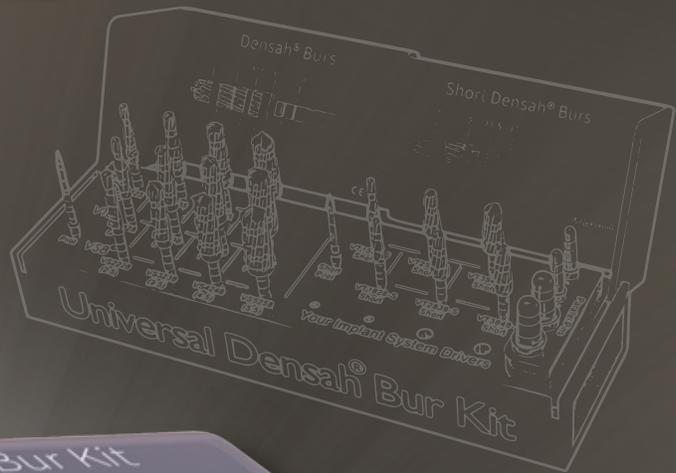
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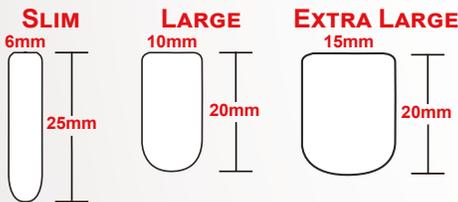
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1 FREE**

**CALL TODAY OR SHOP
ONLINE & USE CODE
OGX808**

Available in Three Sizes



Clinical Case Example

Clinical images courtesy of German Murias DDS, ABO/ID

Tooth #15, set to be extracted.

Remove the entire pathologic periodontal ligament and flush socket twice. Use #6 carbide bur, make holes through the Lamina Dura to trabecular bone and establish Regional Acceleratory Phenomenon.

Insert Large or Slim sized OsteoGen® Bone Grafting Plugs and allow blood to absorb.



Two Slim OsteoGen® Plugs are in place. Suture over top of socket to contain Plug. Do not suture through Plug. No membrane is required.

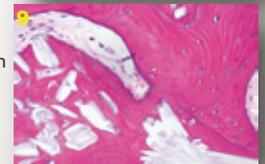
OsteoGen® is a low density bone graft and the OsteoGen® Plugs will show radiolucent on the day of placement.

As the OsteoGen® crystals are resorbed and replaced by host bone, the site will become radiopaque.



The collagen promotes keratinized soft tissue coverage while the OsteoGen® crystals resorb to form solid bone. In this image, a core sample was retrieved.

Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation.



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Dr. Bryan Kariya



Dr. Ben Kellum

Transcend Dental



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