AO elects Taylor as 32nd president

Aims to lead strategic global course

By AO Staff

Dr. James C. Taylor from Ottawa, Canada, recently became the newest president of the Academy of Osseointegration (AO) at the organization’s annual business meeting in Los Angeles. As the academy’s 32nd president, and the first from Canada, Taylor succeeds Dr. Michael R. Norton from London, England, at the helm of AO.

“I’m honored to have the opportunity to lead our academy in its global role of enabling the development, dissemination and application of knowledge in the domain of implant dentistry, for the well-being of our patients,” Taylor said. “The academy is a grand constellation of interrelated and interdependent elements, perpetually interacting to create a whole that is so much greater than the sum of its parts, which makes AO the world’s premier international academy in the domain of evidence-based and patient-centered care in implant dentistry.”

As part of his presidential address, Taylor outlined his vision for continuing to move AO forward on its robust strategic course and highlighted his upcoming agenda to foster AO’s message of multidisciplinary and evidence-based patient care in implant dentistry around the world.

“I can say from personal experience that it is rare to assume the presidency of an organization that is already on a sound and successful strategic trajectory. This is a trajectory that I had the privilege of helping to shape and implement during the presidencies of my predecessors, and I plan to stay that course during my presidency,” he continued.

Looking ahead to his year as president, Taylor outlined his vision for continuing to move AO forward on its robust strategic course and highlighted his upcoming agenda to foster AO’s message of multidisciplinary and evidence-based patient care in implant dentistry around the world.

JOI: Patient satisfaction and clinical data shape effectiveness of dental prostheses

The growing success of dental implants provides an alternative to traditional dentures. Implant-supported fixed complete dental prostheses (IFCDPs) are changing modern dentistry and allowing for a new, innovative way to treat endentulism (toothlessness). As more dental providers move toward IFCDPs, data on both patient satisfaction and clinical outcomes are necessary.

Researchers from the University of Illinois at Chicago and a private practice in Dallas recently performed a retrospective study published in the Journal of Oral Implantology that focused on patients’ oral health, quality of life and IFCDP complications. 37 patients with 49 prostheses participated in this study by completing a written questionnaire, attending an in-person interview and having an oral exam of their IFCDPs.

The synthetic materials contained in the IFCDPs included 22 metal-acrylic (MA), 14 retrievable crown (RC), seven monolithic zirconia (M2) and six porcelain-veneered zirconia (PVZ). The most common complications found for each compound were: MA had posterior tooth wear, RC contained fractures and chipping, MZ contained wear of opposing restorations (wear on natural teeth), and PVZ had chipping of opposing restorations. The researchers deemed six prostheses as failures, mainly due to fracturing and chipping. This included two MA, two PVZ and two RC.

When reviewing patient questionnaires and interviews, the researchers found that the overall level of satisfaction patients had with their prostheses was high. 87 percent of patients were very extremely satisfied, and 89 percent felt their IFCDPs “looked great.” However, the PVZ prostheses were shown to have the most negative effect on patients, while the MZ had the least.

The chief complaint was functional limitation with regard to chewing, differences in speech patterns and hygiene. The researchers noted, “This leading-edge study helps clinicians recognize common problems with full arch dental implant-supported prostheses, so that they can provide predictable results for patients ...

“It is clear that patient satisfaction was closely related to patient expectations and patient education. By selecting the prosthesis that best suits each patient, and by sharing with patients the types of problems they might have, fewer complications and greater patient satisfaction with care is possible.”

This research is limited in its scope of observed complications as well as the size of the study group. The researchers are viewing it as a preliminary study and verification of outcomes needs to be conducted with a larger sample size and more real-time data, vs. a retrospective analysis.


About Journal of Oral Implantology
The Journal of Oral Implantology is the official publication of the American Academy of Implant Dentistry and of the American Academy of Implant Prosthodontics. It is dedicated to providing valuable information to general dentists, oral surgeons, prosthodontists, periodontists, scientists, clinicians, laboratory owners and technicians, manufacturers and educators.

The JOI distinguishes itself as the first and oldest journal in the world devoted exclusively to implant dentistry. For more information about the journal or society, visit www.joionline.org.
Taylor indicated that this busy course will include a number of outreach and charter initiative projects outside North America, regional meetings within North America, global university programs, and symposiums with the International Association for Dental Research (IADR) and the FDI World Dental Federation, the upcoming AO Summit in Chicago, and a continued partnership with the International Journal of Oral and Maxillofacial Implants (IOMI).

“My year will culminate in AO’s 2019 annual meeting in Washington, D.C., the theme for which is ‘Current Factors in Clinical Excellence.’ This event will take place March 13–16, 2019.”

Also as part of its annual business meeting, one AO director moved up to treasurer and one new director was elected. The full 2018–2019 Board of Directors serving with Dr. Taylor will be:

**Officers**
- **President-elect:** Jay P. Maliniquist, DMD, an oral and maxillofacial surgeon from Portland.
- **Vice-president:** Clark M. Stanford, DMD, PhD, a prosthodontist from Chicago.
- **Secretary:** Tara L. Aghaloo, DDS, MD, PhD, an oral and maxillofacial surgeon from Los Angeles.
- **Treasurer:** American D. Sones, DMD, MS, a prosthodontist from Dallas.
- **Past president:** Michael R. Norton, BDS, FDS, RCS (Ed), an oral surgeon from London, England.

**Directors**
- **New Director:** Jeffrey Ganeles, DMD, a periodontist from Boca Raton, Fla.
- **Joseph P. Fiorellini, DMD, DMSc,** a periodontist from Philadelphia.
- **Jeffrey D. Lloyd, DDS,** a general practitioner from Rancho Cucamonga, Calif.
- **Joerg Neugebauer, DDS, PhD,** an oral surgeon from Landsberg am Lech, Germany.
- **Robert C. Vogel, DDS,** a general practitioner from Palm Beach Gardens, Fla.
- **Hom-Lay Wang, DDS, MSD, PhD,** a periodontist from Ann Arbor, Mich.

“Thank you for the opportunity to lead our academy, and I look forward to working with you all, and indeed all elements of the grand AO constellation, to shape the present and future of global implant dentistry for the benefit of our patients worldwide,” Taylor concluded.

**About Academy of Osseointegration**

With nearly 6,000 members in more than 60 countries, AO is recognized as a premier international association for scientists and professionals interested in osseointegration and implant dentistry.
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JOI: Removal of exposed titanium mesh leads to more successful dental implants

Implant dentistry practitioners are increasingly seeing more difficult cases of implantation in which they must first overcome insufficient bone volume within the upper and lower jaw. These types of difficult cases have led to new surgical techniques, such as utilizing titanium mesh to assist in guided-bone regeneration.

While this technique can lead to a successful implant procedure, the use of titanium mesh has been known to cause complications in some patients.

Researchers from Loma Linda University, King Saud University (Saudi Arabia) and Imam Abdulrahman Bin Faisal University (Saudi Arabia) recently published a study in the Journal of Oral Implantology that introduces a new method for treating exposed titanium mesh. Through four case studies, the researchers show that by removing the exposed titanium mesh and leaving the remainder to continue the regenerative process, dental implantation can be more effective and successful.

Between 2015 and 2017, four patients were treated with titanium mesh. The patients were between the ages of 27 and 50, and each had two previously failed bone regenerative procedures.

In all four cases, the surgical technique used to incorporate the titanium mesh with the bone graft was the same; however, each patient received a different type of material or membrane to cover the titanium mesh. Each patient also experienced mesh exposure at a different rate, ranging from one to six weeks post-operation. The exposed mesh was removed between four and 10 weeks after exposure occurred. The remaining titanium mesh was removed approximately six months after insertion and one to two months prior to dental implantation.

In all four cases, the researchers found that by removing the exposed titanium mesh and allowing the rest to remain, the bone volume reached a level that was adequate for dental implants. Another benefit of exposure removal was the creation of a more hygienic space for the implant. Caring for areas with exposed mesh caused difficulty and discomfort for patients, compromising the integrity of the regenerative site.

“The removal of the exposed part seemingly did not have a negative effect clinically on bone integration in the final volume of the augmented bone, and allowed for easier hygiene maintenance by the patient,” said researcher Dr. Aladdin J. Al-Ardah.

The researchers acknowledge that their technique has been successful and helps ensure proper bone regeneration and hygiene maintenance for dental implant surgery, but that further analyses are necessary. Before this technique can be carried out in routine dentistry, more clinical research with a greater number of patients is needed.


About Journal of Oral Implantology


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For more information about the journal or society, visit www.joionline.org.

Dr. Kenji Higuchi selected as 11th Nobel Biocare Brånemark Osseointegration Award winner

Dr. Kenji W. Higuchi, an oral and maxillofacial surgeon from Spokane, Wash., is the 11th recipient of the Nobel Biocare Brånemark Osseointegration Award. This annual award, bestowed by the Osseointegration Foundation (OF), the philanthropic arm of the Academy of Osseointegration (AO), honors an individual whose impact on implant dentistry is exemplary in any or all of the foundation’s mission categories: research, education and charitable causes. The award is made possible by a grant from Nobel Biocare.

“Dr. Higuchi is a diplomate of the American Board of Oral and Maxillofacial Surgery. His private practice (Drs. Higuchi and Skinner PS) emphasizes reconstructive oral and maxillofacial surgery. Since 1984, he has been the director of the Spokane Center for Tissue Integrated Reconstruction. Since 2007, Higuchi and Professor John Brunski, Stanford University, have been the principals in OsseoConception LLC.

Higuchi concluded.

He completed his undergraduate studies at the University of Wisconsin, his DDS from Marquette University School of Dentistry and served four years on active duty in the U.S. Army, including an internship at Letterman General Hospital at the Presidio in San Francisco. He obtained his residency with a master’s of science in oral and maxillofacial surgery at University Hospitals at the University of Iowa and has held past full-time and adjunct academic appointments at that institution. From 1986-2018, Higuchi participated in 10 separate multi-center prospective clinical trials.

With his humanitarian heart, science-oriented mind and openly-friendly personality, Dr. Higuchi is an exemplary role model to all of us on how to lead our professional and personal lives,” Sevetz concluded.
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