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2010 A-P Section Congress



INTERNATIONAL
CONGRESS
OF ORAL IMPLANTOLOGISTS

Xiamen
China

中国
厦门

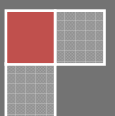
国际口腔种植医师学会 1972 創立

Program

Smile and Chewing Technology / Aesthetic Implant Dentistry

国際インプラント歯科医師学会 Since 1972

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Main Podium Program

2010/12/03 Friday (Room: 1D)

09:00~09:20 Opening Ceremony

Prof. QIO Wei-Ryo, Prof. WANG Xing, Prof. ZHOU Nuo
Prof. SUZUKI Jon B. Prof. WANG Hom-Lay,

Scientific Lecture

09:20~10:20 Prof. ABE Shinichi

“Advanced Implant Anatomy/Avoid the Surgery Risk in Your Clinic”

10:20~11:20 Dr. HAYASHI Yoshiharu

”Implant Minimum Invasion Surgery”

12:30~13:30 Dr. GANZ Scott

"Restoratively Driven Implant Dentistry"

13:30~14:30 Dr. SONICK Michael

“Implant Placement in the Esthetic Zone: Avoiding Complications
and Challenges within Compromised Patient Sub-Sets”

14:30~15:30 Dr. PALTI Ady

“4D Planning for Perfect Aesthetics: New Technologies in Oral
Implantology”

➤ **16:00~17:30 Award Ceremony (Room 1D)**

➤ **18:00~ 21:00 ICOI Gala Night Party**

晚宴要着正装和礼服

Message from ICOI

Kenneth W.M. Judy, DDS, FACD, FICD
ICOI Co-chairmen



Hom-Lay Wang, DDS, MSD, PhD
ICOI President



Dear ICOI AP Section Colleagues,

Your attendance at the 13th AP Section Symposium, held in conjunction with the Xiamen International Congress, demonstrates several ICOI commitments. They all relate to implant education. Your own education will be continued so that you will better serve your patients with advanced "smiling and chewing" technology. We all recognize people's desire to communicate and improve their masticatory function. Further, we are committed to international education. A number of our speakers are from outside of the AP section. We are further committed to regional education. A number of our speakers are from outside China, our host country. We are also clearly committed to implant education within China as well as within each AP Section country. All of this activity is a result of the rapid growth and clinical use of dental implants and related devices, materials and techniques. Your individual participation supports these commitments. The participation of ICOI's newly elected President, Professor Dr. Hom_lay Wang, and other members of ICOI's leadership is duly noted and should be appreciated by all AP Section members as well as by our hosts.

Wishing that you will have a rewarding educational experience in Xiamen, I remain,
Sincerely,

Kenneth W.M. Judy, DDS, FACD, FICD
Co-chairman, ICOI

Hom-Lay Wang, DDS, MSD, PhD
President, ICOI

Visit Local - Xiamen City



Xiamen, also known as Amoy to the west, is a bustling city located in the southeastern part of China, and has a relaxing coastal charm with a population of 1.3 million. It's a historical harbor city which was founded in the mid-14 century, in the early years of the Ming Dynasty. In the early 1980's, Xiamen was declared as one of China's first Special Economic Zone, taking advantages of the city's heritage as a trading center and the proximity to Taiwan. In 2004 the city won the finals of the world's Human Settlements and Environment Award, "Nations in Bloom". Xiamen is one of China's most attractive and best-maintained resort cities, and attracts a large number of foreign and local tourists. The city is easily accessible by air, and there are direct flights from Hong Kong, Kuala Lumpur, Osaka, Seoul, Singapore and Tokyo. Within China, Xiamen airport is linked to more than 30 domestic airports.



A mere 500 meters as the fly flies across the harbor from downtown Xiamen lies the famous 1.77 square kilometer island of Gulangyu Island (or "Drum Waves", because the breakers pound the rocks like drums). Gulangyu Island possesses one asset almost unheard of elsewhere in China: quietness! Vehicles and bicycles are forbidden on the tiny island. The only sound you will hear on Gulangyu Island is pianos. This tiny community of 20,000 has more pianos per capita than anywhere else on the planet, hence Gulangyu Island's nickname is "Piano Island." Recitals or performances are held somewhere every week on the Island. Every May, Gulangyu Island hosts "International Music Week."

The scenic zone presents a picturesque and charming view full of special nature's delight. The botanical garden boasts over 5,000 kinds of tropical and subtropical plants. The exotic rocks in different shapes create various associations with a lasting appeal.



Hakka Earth Building is a circular model of the world's unique magic mountain residential construction. It is one of China's ancient architecture of the wonderful work and has been listed under UNESCO World Cultural Heritage. There are two soil structures, square and round in shape. The strong self-defense fort constructed with earth and rock, not steel and concrete, but solid as rock.



In 1996 December, Fujian Wuyi Mountains was honored as "World Cultural and Natural Heritage" by the UN Organization of Science, Education and Culture. Wuyi Mountains is situated in the Wuyishan city, the northern part of Fujian Province; the main site is 60km in acreage, the average height of peaks is about 350 meters, it is a typical rosy cloud landform; it is a place of interesting with a long history, and among the first group of tourist sites elected as the national key tourist resort, Mrs. Barerke, president of the executive committee of World Tourism Organization, described it as "the model of world environmental protection". If you take a bamboo raft trip fleeting through the river, you will get quite a view of the water and the mountain, and particularly, the raft coffin hanging on the cliff, it is a special and mysterious burial 3800 years ago. Wuyi Mountains is thousands of kilometers long, just like a green dragon flying among Min, Zhe, Gan and Yue, four provinces. The natural condition inside the reserve is very advantageous, the forest cover is well preserved, biological resource is very rich, and there are many rare birds and animals. 2466 kinds of higher plants, 840 kinds of lower plants, 475 kinds of spinal animals, and about 5000 kinds of insects have been formally named. There are 26 kinds of most valuable plants, 56 kinds of national first and second class valuable animals, in addition, several dozens of world rare breeds such as "Jiao Guai" can be found here.



Dr. SONICK Michael

Lecture Translator: Dr. LEE Chris 翻译李佳欣 医生

Dr. Sonick is a full time practicing periodontist and implant surgeon in Fairfield, Connecticut. He is also an active teacher, clinical researcher and author. He is on the Editorial Board of *Inside Dentistry*. He is currently a guest lecturer on faculty at New York University School of Dentistry in their international program.

**12/2/2010 Pre-Congress (Room 1C) Supported by Biomet 3i
Workshop Presentation “Avoiding Complications and Improving Outcomes: Hard and Soft Tissue Challenges”**

This program focuses on periodontal challenges in cases that require ridge augmentations, sinus elevations, ridge splitting, and soft tissue augmentation. With years of practical experience in performing surgeries in compromised patients, his lecture will illustrate techniques that address complications that occur frequently in the everyday practice of implantology and help to achieve a good outcome from a less than optimal clinical situation. He will share tips and tricks to maintain or create soft tissue volume to allow an esthetic outcome.

**12/3/2010 Main Podium (Room 1D)
“Implant Placement in the Esthetic Zone: Avoiding Complications and Challenges within Compromised Patient Sub-Sets”**

The successful application of esthetic dental implant therapy in maxillary anterior positions is the most challenging case for any implant placing clinician. Knowledge of esthetics, bone grafting, gingival grafting, implant selection and precise implant placement is essential to achieve an implant restoration that is indistinguishable from natural dentition. Using abundant clinical cases to illustrate his techniques, will discuss his decision processes and other treatment planning factors that contribute to creating optimal aesthetic outcomes in a variety of complex cases and compromised patient sub-sets.

Dr. Sonick 是美国康涅狄格州费尔菲尔德的全职执业牙周和种植医师。也是一名牙科教师和临床研究员以及著有文献。他是 Inside Dentistry 期刊的编委。目前是纽约大学牙科学院国际课程的客座讲师。

12/2/2010 Pre-congress 内容:

研讨会题目 “避免并发症与提升效果：软硬组织处理的难题”

Dr. Sonick 会讲解包括牙槽嵴增量、上颌窦提升、骨劈开术及软组织增量在内的牙周复杂手术病例。基于多年的临床手术经验，他的课程会阐述日常种植手术中如何避免并发症的产生以及在不理想条件下提高最终效果的临床手术技巧。还会分享维持和增加软组织量以提升美学效果的技巧。

主会场 12/3/2010 内容:

“美学区域的种植：条件不佳的患者的手术难度和避免并发症”

上颌前牙区的种植美学修复是对种植牙医来说最有挑战性的病例。为了将种植牙的修复效果做得与天然牙一致，美学知识、骨增量技术、牙龈增量术、种植体选择和精确的植入植体是必须条件。Dr. Sonick 会使用大量的临床病例阐述针对条件不佳的患者和各种复杂病例的诊断因素和治疗决定程序。//

Do you know? “Las Vegas Symposium” comes only every two years. Join us!

你知道吗？”拉斯维加斯学术研讨会”每两年才有一次！已開始報名！

知っていますか？2年に一度しかないラスベガスの学術大会受付開始！

Dr. Michael Pikos has put together a spectacular scientific program for the ICOI Winter Implant Symposium to be held February 10-12, 2011 at the fabulous BELLAGIO HOTEL. The ADIA will also have a full 2 ½ day course for auxiliary team members, so bring your staff to this important event. Early indications are that this meeting will break all attendance records for our winter symposium. We have a rate of \$189 at the 5-star Bellagio, so rooms will go quickly. Please refer to our Meetings page for more information and remember to book now!



ICOI

Winter Symposium

February 10 - 12, 2011

Bellagio Hotel Las Vegas, Nevada



Young- Ku Heo, DDS, CAGS, MSD, PhD

Adjunct Assistant Clinical Professor, Center for Implantology, Boston University Goldman School of Dental Medicine.

Practice Limited to Prosthodontics and Implantology, Seoul Korea

- 12/2/2010 Pre-congress Room: 1B Supported by Neobiotec

Lecture Title: Clinical tips for Immediate Placement, non-submerged GBR and Immediate Loading

Immediate placement of implants in the extraction socket is one of the most exciting surgical procedures in the implant dentistry. There are many things to consider to do this procedure. Getting a sufficient initial stability is the most important factor for the success of immediate placement, especially for non-submerged approach or immediate loading.

Due to difficulty of soft tissue covering on the implant in the extraction socket, one stage approach, in which healing abutments are connected on submerged fixtures, is recommended for simple management of soft tissue. In the majority of immediate placements, bone graft and/or GBR technique is necessary for regenerating the resolved alveolar bone. Submerged GBR technique is, however, an even more difficult procedure in the immediate placement for general practitioners.

In this lecture, various techniques will be shown for how to get ideal initial stability and how to do non-submerged GBR procedures in the immediate placement with successful and predictable ways. And also various cases and clinical tips will be discussed about immediate loading of implants with provisional or definitive restoration right after being placed even in the extraction socket. How to obtain ideal initial stability in various bone density and how to fabricate a prosthesis on the immediately loaded implants will be also discussed.

Young- Ku Heo, DDS, CAGS, MSD, PhD

波士顿大学 Goldman 牙科学院临床助理副教授

韩国首尔修复与种植牙科专家

Dr. Young-Ku Heo 于 1997 年在波士顿大学牙科学院获得修复学硕士学位。在韩国首尔天主教大学牙科部任全职教授并与 2004 年在该校取得牙科博士学位。于韩国国内及国际上进行过多次授课演讲。在韩国首尔设立了一间修复与种植牙科诊所。还是 Neobiotec 公司的 CEO。

演讲题目：即刻种植、即刻负重以及非埋入式引导骨再生术的临床秘诀

摘要

在拔牙窝中即刻植入植体是种植牙科中最有趣的手术方式之一。而此手术有许多方面需要考虑。获得良好的初始稳定性是即刻种植中最重要的因素，在非埋入式引导骨再生和即刻负重中尤为重要。

由于在拔牙窝中即刻植入植体后不容易将软组织完全覆盖植体，因此建议不妨在一期植入后直接放置愈合基台，亦可更好的塑形软组织。大多数的即刻种植病例都需要利用植骨术和/或引导性骨再生促进拔牙创的骨再生。而对全科牙医来说，在即刻种植术中使用埋入式引导骨再生是更加困难的一个步骤。

本演讲将展示如何获得理想的初始稳定性的各种技术以及成功的完成非埋入式引导骨再生术方法。同时也会以病例展示的方式讲解如何设计拔牙后即刻种植的临时修复体。还会探讨如何在不同的骨密度下获得理想的初始稳定性以及使用合适的修复体进行即刻负重//

◇ Do you know? 你知道吗? 당신은 알고 있나요? あなたは知っていますか?

Implant Dentistry Research & Education Foundation

IDREF was established in 1993 in order to substantially advance the science and quality of practice of implant dentistry and to foster high standards of research and education for all dental professionals. **Through IDREF the ICOI raises needed funds to support these goals.**



We welcome your donation!
www.icoi.org/idref.php



Prof. ABE Shinichi

Lecture Translator: Dr. LEE Chris 翻译李佳欣 医生

Professor of Anatomy Department, Tokyo Dental College, ICOI, NYU, Temple University School of Dentistry International Program Lecturer.

12/03/2010 Main Podium Room 1D

“7 Anatomical Check Point for Implant Surgery”

The number of patients with marked alveolar bone resorption has recently increased. In performing prosthetic treatment in these difficult cases, anatomical knowledge of the jaw bone and the surrounding tissue is more necessary. Therefore, in this lecture, I will explain about it, focusing on the following 2 points (including 7 topics):

- 1) Morphological changes in the internal structure of the jaw bone after tooth loss
Among the bones comprising the human skeleton, maxillo-mandibular jaw bones are under a particular condition, in that teeth are placed in the jaw bone, and occlusal force is directly applied to the inside of the jaw bone via the teeth. Therefore, the structure of the jaw bone is greatly influenced by the placement condition of the teeth. I will explain what types of changes occur in a specific area in the jaw bone after tooth loss.
- 2) Problematic points of implantation, to prevent implantation errors, I will explain the course of the nerves and blood vessels around the jaw bones.

课程摘要 “种植相关的七个解剖课题”

近年来,越来越多的患者存在着缺牙区大量骨吸收的情况。想要在这些区域进行种植修复,就必须对颌骨及其周围组织的解剖结构的相当了解。因此本课程将围绕以下两点(共七个课题)展开讨论:

- 1) 牙缺失后颌骨内部的形态学变化。在人类骨骼构成中,上下颌骨的情况十分特别,咬牙合力会通过位于颌骨内的牙齿直接传到颌骨。因此,牙齿的情况会极大地影响颌骨的结构。我会详细阐述 牙齿缺失后,颌骨一些特定区域会发生什么类型的变化。
- 2) 种植手术可能出现的问题详细描述颌骨周围的神经及血管走向,减少种植手术中可能出现的错误。//



HAYASHI Yoshiharu, DDS

Translator: Dr. CHEN Kan, Dr. LEE Chris, 翻译陳康医生和李佳欣医生

Visiting professor at the Nihon University, Matsudo School of Dentistry, Vice President and instructor of the Academy of Clinical Dentistry, Diplomate and Ambassador of ICOI (International Congress of Oral Implantologists), Instructor for Zimmer Dental advanced course, Dr. Hayashi has authored more than 20 publications, including the followings:

1. Immediate Implantology (2007)
2. Maxilla-oriented Implantology (2010)

12/03/2010 Main Podium Room 1D

Predictable Immediate Implant Placement in the Esthetic Zone

Favorable implant success rate, peri-implant tissue responses, and esthetic outcomes can be predictably achieved with immediately placed and provisionalized dental implants. Recent preliminary studies have reported high success rates following the provisional restoration of single endosseous implants.

The purpose of this presentation is to describe the technique, including patient selection, surgical protocol and keys to successful outcomes in immediate implant placement and provisionalization in a single tooth, partially and completely edentulous situations.

林陽春教授：日本大学松戸牙科学院臨床教授,* 颌面及牙合学学会副主席及讲师, * 国际种植牙医师学会 (ICOI) 院士, * 国际种植牙医师学会 (ICOI) 大使, * Zimmer 高级培训课程讲师, . 林陽春教授著有二十多篇文献, 包括: 即刻种植 (2007) 上颌导向种植 (2010)

在美学区域进行可预测的即刻种植

使用临时种植修复进行即刻种植可获得良好的种植成功率、植体周组织反应以及美学效果。

近年来的研究表明单颗植体的临时修复可以获得极高的成功率。

本演讲的目的是阐述患者选择, 手术过程以及在单牙、局部及全口牙缺失情况下获得成功
即刻种植和临时修复的关键及技巧。 //



GANZ Scott, DMD

Lecture Translator: Dr. LEE Chris 翻译李佳欣 医生

ICOI Diplomate, Board of Director

Dr. Scott D. Ganz graduated from the University of Medicine and Dentistry - New Jersey Dental School. He completed a three-year specialty program in **Maxillofacial Prosthetics** at M.D. Anderson Cancer Center in Houston, Texas. During this time Dr. Ganz was exposed to many different aspects of head and neck reconstruction, fabricating both intra-oral and extra-oral prostheses such as eyes, ears, noses, etc. This was followed by 25 years clinical experience (*both surgical and restorative phases*) with most major implant systems available today.

12/03/2010 Main Podium Room 1D

“New Prosthodontic Paradigms to Achieve Optimized Esthetics through Innovations in Digital Technology “

It has been stated that the “goal of implant dentistry is not the implant, it is the tooth that we replace...” Achieving successful implant reconstruction is therefore dependent on many factors. The most desirable implant receptor site should always correlate with the ultimate restorative goal, and under ideal conditions should be known in advance of the surgical intervention. This can best be achieved through proper diagnosis and treatment planning.

New surgical and prosthodontic paradigms have now been established which utilize advances in CT/CBCT imaging technology which allow clinicians an unprecedented appreciation of the patient’s anatomy for pre-surgical assessment of dental implant receptor sites, bone grafting or other procedures. Currently available interactive planning software can interface with the 3-D CT/CBCT data with a varied degree of virtual tools and interactive treatment planning capabilities. The appropriate implant type, length, and width can be chosen in advance to fit with the implant receptor site, defined as the “Triangle of Bone.” Thread design, and implant design,

straight versus tapered can also be visualized. Additionally, we can make decisions regarding screw-retained or cemented prosthetics and determine the abutment that should be utilized. The new tools if used properly can help clinicians achieve *true restoratively driven implant dentistry*. Therefore, technology can play an important role in maximizing both functional and esthetic results.

This presentation will demonstrate how new paradigms in presurgical planning can aid in the assessment of the soft tissue housing necessary for proper emergence profiles, determination of interproximal height of bone understand abutment considerations, assessing embrasures, occlusal considerations, choice of abutments, temporization, and how they affect the ultimate esthetic result through various case illustrations.

ICOI院士 理事会委员

Dr. Scott D. Ganz 毕业于新泽西大学牙科学院。然后完成了在德克萨斯州，休斯顿M.D. Anderson肿瘤中心**颌面赈复科**的三年专业课程。在此期间，**Dr. Ganz** 接触了大量的头颈部重建病例，包括了口内、口外的各种赈复体如眼睛、耳朵、鼻子等等。有着**25年**的临床经验（包括手术和修复），其中相当多的种植系统在今天仍被广泛使用。

课程简介

数码技术的革新为实现最大化美学修复带来新方法

有这么一句话：“种植牙科不是为了种植，而是为了替换牙齿”因此成功的种植重建取决于许多因素。所谓的最理想的种植区应该是和修复紧密相关的，在手术前就应该明白最佳的条件应该是怎样的。而这是可以通过恰当的诊断和治疗计划实现的。

当今手术和修复过程运用 **CT** 成像技术让临床医生在进行种植手术、植骨手术或其它相关手术前更加清晰地了解患者术区的解剖结构。如今的手术设计软件可以和 **CT** 三维重建的影像互动，使用各种虚拟工具设计手术，还可以选择最合适的种植体的形态，长度和直径。螺纹设计、植体设计，柱状或锥度植体都可以一目了然。另外，我们还可以事先决定使用何种基台，是使用螺丝固位还是粘结固位。临床医生如果可以正确的使用这些新工具，就可以实现**真正意义上的修复引导种植牙科**。因此，科技的发展对种植牙科功能和美学效果的实现有着举足轻重的作用。本演讲将展示新技术如何在术前计划制定中对软硬组织进行正确评估、选择植体和基台、咬合力的考虑、临时修复的设计以及它们对最终效果的影响和相关病例展示。//



Dr. Palti Ady

Lecture Translator: Dr. LEE Chris 翻译李佳欣 医生

Ady Palti, DMD is the former president of the German Society of Oral Implantology (DGOI) and former President & Member of the Board of Directors of the International Congress of Oral Implantologists (ICOI)

Dr. Palti is visiting Clinical Professor of Implantology, Boston University, Goldman School of Dental Medicine; Visiting Professor at the University of New York, Center for Implantology; Honorary Professor at the University of Bucharest and past president of the European Academy of Oral Implantology. He is involved in experimental and clinical research in the field of implant dentistry and 3D digital guided implantology. His main research fields are immediate implant placement and immediate loading on implants, implant design, bone quantity and density, as well as bone augmentation materials and membranes.

12/03/2010 Main Podium Room 1D

4 D Planning for Perfect Esthetics: New Technologies in Oral Implantology

The expectations of our patients concerning perfect aesthetics, functionality and phonetics demand a high standard of implant skills. Today's patients are also expecting to have an immediate restoration after losing their teeth.

Although the success rate of 90-95 is impressive, we should try to avoid the 5 to 10 percent failures and complications. The new technique of 3D planning and navigation could bring us closer to this goal. By using a CT which is fed into the computer in digital form the dentist is able to carry out perfect implant planning. Both, the position of the implants in the vicinity of anatomical structures and the future prostheses can be planned exactly. To optimize this technique in the daily practice, we transfer the 3D data to the dental lab with a special Lab Technology (GPIS) the lab technician is preparing a surgical guide, temporary or final abutments and a provisional restoration for the patient. This method saves time and has a very high acceptance for our patients. Immediate placement and loading cases will be presented as well as a step by step clinical approach for the daily

practice. The participants will be able after the course to treat patients with high esthetic expectations based on a CT scan and a CT prostheses to create a perfect esthetic restoration on implants. Augmentation complications:

The expectations of our patients concerning perfect aesthetics, functionality and phonetics demand a high standard of implant skills. Today's patients are also expecting to have an immediate restoration after losing their teeth. In cases of late implant placement, a bone augmentation is needed in some of the cases we can see complications related to the augmentation procedure. This complications will present and separately shown. We can notice 3 groups of complications: In the surgical stage, during the healing period and after loading the implants. The workshop will demonstrate the complications and their treatment possibilities concerning augmentation materials membranes and techniques. Clinical cases and step by step processes will be shown.

12/04/2010 Main Podium Room 1B

Lateral and Vertical Bone Augmentation Techniques for Perfect Implant Position

To optimize this technique in the daily practice, we use different augmentation techniques to achieve bone volume for the perfect IMPLANT POSITION.

Lateral ridge augmentation with particulate materials and membranes Bone Splitting and Autogenous bone blocks. Bone spreading techniques to improve bone density and for CLOSE SINUS ELEVATION. Different locations for bone harvesting procedures. All the above mentioned techniques will be demonstrated STEP BY STEP. The instrument needed will be presented as well as clinical cases with long term success (over 18 Years) will be presented.

Dr. Palti 是德国口腔种植学会 (DGOI) 的前会长以及国际种植牙医师学会 (ICOI) 前会长及理事会委员。 Dr. Palti 于 1984 年在德国克莱希塔尔创立牙科团队执业, 并于 2006 年在德国巴登-巴登建立了 Videnti 美容与种植牙科中心。

Dr. Palti 还是波士顿大学 Goldman 牙科学院临床客座教授; 纽约大学种植中心临床客座教授; 布加勒斯特大学荣誉教授以及欧洲口腔种植学会前任会长。他多年从事于牙科种植及三维引导种植领域的实验及临床研究。主要的研究领域为即刻种植和即刻负重相关的骨质骨量与种植体设计以及骨增量材料和骨膜的特性。

带来完美修复的 4D 技术: 口腔种植的新科技

为了满足我们的患者对种植修复在美观、功能以及发音方面的高要求, 我们必须有很高的手术技巧。如今, 患者还希望能够在缺牙后尽快的完成修复。尽管种植的成功率高达 90%~95%, 我们还是要尽可能避免那 5%~10% 的失败和并发症。三维成像及手术导航技

术的出现让我们可以更接近目标。通过使用三维螺旋 CT 及电脑的三维重建，牙医可以在制定治疗计划时就趋于完美。而且，无论是在重要的解剖结构附近放置种植体，还是种植后的修复都可以事先精确设计。我们将三维数据发至技工室，技师会使用特殊的软件与技术（GPIS）制作手术导板、临时或最终基台和一副临时修复体。这种方法可以节省时间，在患者中有很高的认可度。还会向大家逐步展示即刻种植和即刻负重的临床病例。与会者可以学会使用 CT 设计完美的种植修复，满足美观要求高的患者。

植骨的并发症：

为了满足我们的患者对种植修复在美观、功能以及发音方面的高要求，我们必须有很高的手术技巧。如今，患者还希望能够在缺牙后尽快的完成修复。在一些延期种植的病例中，我们可能需要进行骨增量手术，这些手术会带来一些并发症。我会向大家阐述各种并发症。一般我们根据并发症的出现时间将其分为 3 组：手术阶段、愈合阶段和负重后。本次研讨还会针对不同的植骨材料、骨膜及手术技术引起的并发症进行阐述，并展示临床病例和解决方法。

为完美的植体植入位置进行侧方及垂直向骨增量

为了使我们的日常工作更加完美，我们会使用不同的骨增量技术让植体可以放在最理想的位置上。使用特殊的材料及骨膜进行侧向骨增量；自体骨块与骨劈开技术的运用；使用骨挤压术增加骨密度以及进行上颌窦提升；不同部位的取骨技术。

以上提到的技术都会循序渐进的展示给大家。此外还会向大家展示手术必须的器械以及超过 18 年的临床病例。//

Do You Know about ADIA?

The ADIA is an 18 year-old non-profit society. We are a component of ICOI. The ADIA is educating dental team members vis a vis dental implants and associated procedures.

Dental Assistants, Dental Hygienists, Nurses and Implant Coordinators

By providing high quality, cost effective education and motivating staff members to work as a team to provide the absolute best care for implant patients and make implant practices increasingly successful.

Three certification programs: 1. Coordinators, 2. Assistants, 3. Hygienists





Prof. KIM, Su-Gwan

Dean of the Chosun University, School of Dentistry (September 2009 – present).
Chairman of the Department of Oral and Maxillofacial Surgery, Chosun Dental Hospital (September 1999 – present). Director of Oral and Maxillofacial Surgery, Chosun University, School of Dentistry (September 1999 – present). Published over 550 publications in scientific journals and books. These titles include: "Osteogenic activity of the mixture of chitosan and particulate dentin" which was published in J Biomed Mater Res A (2008). Editor-in-Chief in Oral Biology Research (April 2010 - present) Editor-in-Chief in Implantology (May 2010 - present)

12/04/2010 Main Podium Room 1B

Indications for The Use of Graft Materials Using Autogenous Teeth in Dentistry

Since 1993, many authors have studied graft materials using teeth in dentistry and developed biocompatible materials using human teeth and obtained international and domestic patents. Since 1999, clinical and experimental research utilizing tooth ash powder as a bone graft material has been reported in several international journals. This material has also been referred to as tooth ash or particulate dentin. In a clinical study, a combination of particulate dentin and plaster of Paris was used to fill the defects that remained following cyst extraction in 10 patients who were followed up for 52.2 months.

The grafting of familial teeth was developed for the first time worldwide by professor Su-Gwan Kim at the Chosun University Dental College together with the research team of professor Young-Kyun Kim at Bundang Seoul National University Hospital. The procedure was commercialized in 2008. Since then, it has been performed in approximately 10,000 cases in Korea alone, and the safety and superiority of this technique have been recognized. In addition, for generalization and specialization of the teeth of family members, professor Su-Gwan Kim at Chosun University established and managed a bank for the teeth of family

members. Consequently, the tooth bone graft materials of family members could be managed safely and effectively.

The experimental assessment of autogenous tooth bone graft material (AutoBT) has been reviewed. Many studies investigating autogenous tooth bone graft material have confirmed that AutoBT undergoes resorption over time and that new high-quality bone is formed.

We developed a novel bone grafting material that incorporates autogenous teeth (AutoBT) and provide the basis for its clinical application. AutoBT contains organic and inorganic mineral components and is prepared from autogenous grafting material, which eliminates the risk of an immune reaction that may lead to rejection. AutoBT was used at the time of implant placement together with osteoinduction surgery, and excellent bone healing was confirmed with the use of osteoinduction and osteoconduction.

In the present presentation, we reported the use of a method to process the teeth that are extracted from patients using up-to-date medical engineering techniques, to prepare the teeth for use as autogenous graft materials, and to use the teeth for bone grafting in donor patients. The genetic composition of the extracted teeth of patient himself is identical, and thus, potential genetic and infectious risks are avoided. In addition, the advantage of the autogenous tooth bone graft materials is superior to that of other graft materials. We performed diverse procedures using autogenous tooth graft materials (maxillary sinus bone graft, guided bone regeneration procedure, etc.) and the teeth obtained from family members, and effective bone healing was observed on the follow-up radiographs and computed tomography. Thus, the usefulness of autogenous tooth bone graft materials for clinical cases will be presented in this presentation. This research was supported by the National Research Foundation of Korea (NRF) funded by the Ministry of Education, Science and Technology (No.R13-2008-010-00000-0)

Prof. Su-Gwan Kim, **韩国朝鲜大学**,

韩国朝鲜大学牙科学院院长 (2009年9月至今).

美国德克萨斯大学生物医学工程系访问教授 (2008年1月-2009年1月).

韩国朝鲜牙科医院颌面外科系主席

韩国朝鲜大学牙科学院口腔颌面外科主任(1999年9月至今).

韩国朝鲜大学牙科医院牙科检查与治疗负责人 (2007 年 5 月–2007 年 12 月).

韩国朝鲜大学牙科医院教育负责人 (2001 年 1 月–2004 年 6 月).

在各种期刊与书刊上发表超过 550 篇文献。包括在 *J Biomed Mater Res A* (2008) 发表的：“使用聚氨基葡萄糖和颗粒状牙本质混合物的骨再生反应”

《口腔生物学研究》主编 (2010 年 4 月至今)

《种植牙科》主编 (2010 年 5 月至今)

课题:

牙科治疗中使用自体牙做移植材料的适应症

自 1993 年起，许多文献的作者开始研究在牙科治疗中使用天然牙做移植材料，并开发出相应的具有生物相容性的材料及获得了相应的国内和国际认证。从 1999 年起，在数篇国际刊物上报道了使用天然牙粉做骨移植材料的实验和临床研究报告。该材料使用到了天然牙粉和颗粒状牙本质。在一例临床研究中，报告了 10 例使用颗粒状牙本质与氢氧化钙混合物充填囊肿刮除后骨缺损的病例，平均随访时间达 52.2 个月。

韩国朝鲜大学牙科学院的 **Su-Gwan Kim** 教授与韩国首尔盆唐国立大学医院的 **Young-Kyun Kim** 研究团队是全球首位使用近亲天然牙研发制作骨移植材料的研究人员。该技术在 2008 年正式上市。从那以后，仅在韩国就有超过 10,000 例病例使用该技术，其安全性及优点亦被充分证实。另外，为了将每个家族成员的牙齿分类和保存，**Su-Gwan Kim** 教授在韩国朝鲜大学为各家族设立了牙齿银行。因此，牙齿骨移植材料可以被安全有效地使用。

自体牙骨移植材料(AutoBT)已经过大量实验审查验证。许多研究 AutoBT 的实验表明 AutoBT 会随时间推移而逐渐吸收，最终被高质量的自体骨所替代。

我们为临床操作提供了一种全新的骨移植材料。AutoBT 中包含的有机和无机矿化成分都来自于自体材料，这就降低了免疫排斥反应的风险。AutoBT 可在植体植入时同期放入起骨诱导和骨引导作用，从而产生高质量的新骨。

本演讲报告了如何使用最新医学工程技术处理离体牙，将其变为自体移植材料，并用于植骨区。由于拔除后的天然牙与患者自身的基因一致，所以可以避免基因排斥和感染风险。另外，自体牙骨移植材料的优点亦是明显优于其它移植材料。我们在不同的手术中（如上颌窦提升，引导性骨再生等等）使用 AutoBT，牙齿来源于患者自身或其近亲，在之后的 CT 和 X 光片的随访中发现都能快速有效地实现骨愈合。本演讲将介绍使用自体牙骨移植材料的临床病例。本研究由韩国教育部、科技部所属的国家研究基金会（NRF）赞助支持。 (No.R13-2008-010-00000-0) //



KATSUYAMA Hideaki, D.D.S., D.M.D., Ph.D.

Since 2009~recent: Vice Director, ICOI Japan ACC Board, 2007-: Invited lecturer at Tokyo Medical and Dental University, 2007-: Affiliate professor at Kanagawa Dental College, since 2007: Member of ITI Board of Directors, since 1996: ITI education Delegate, ITI section Japan 1996-: Part-time professor at Tsurumi University School of Dental Medicine, Since 1994: Member of the Japanese Society of Oral Implantology, 1991-1993: Research fellow at Beth Israel Hospital, Cardiovascular Division, Department of Medicine, Harvard Medical School, Boston, MA of loading. (*in Japanese*)“ Tokyo, Japan.

12/04/2010 Main Podium Room 1B

Achievements and limitations in implant surgery

To obtain predictable long-term implant esthetics, risk assessment with pre-surgical minute analysis is mandatory. Recent development of diagnostic tools enable us to diagnose existing situations, however selection surgical procedures, timing of implant placement with evidence-based approach is the prime key to optimize predictable long-term success. In this lecture, long-term results of site development will be shown to discuss the transition of treatment concept. Furthermore, recent achievements and limitation to overcome compromised situations will be shown to discuss our next goal for future.

2009 至今: ICOI 日本分会专科医师认证委员会副主席, 2007-: 东京医科齿科大学特约讲师
2007-: 神奈川齿科大学副教授, 自 2007: ITI 理事会委员, 自 1996: ITI 日本部教育代表
1996-: 鹤见大学牙科学院兼职教授, 自 1994: 日本口腔种植学会成员
1991-1993: 美国波士顿哈佛医学院医学部心血管科 Beth Israel 医院研究员

种植手术的成果和局限

为了获得可预测的远期种植修复, 术前的风险评估是必不可少的。尽管当今的诊断工具的发展让我们可以诊断出存在的问题, 但是遵循循证医学选择合适的手术方式和种植体植入的时机仍是最大化的取得可预测远期效果的关键。本演讲会展示如何通过改善种植区状况获得良好的远期效果。另外, 也会讨论各种方法能达到的效果及其局限, 探讨改进方法。及种植牙科的发展。//



LEMLER R. Jeffery, DDS

Lecture Translator: Dr. LEE Chris 翻译李佳欣 医生

Clinical Associate Professor-New York University College of Dentistry,
Diplomate of International Congress of Oral Implantologists (ICOI) author and
speaker. Private Practice-Manhattan, NY, Diplomate of American Board of
Periodontology,

12/04/2010 Main Podium Room 1B

**Maximizing Implant Success, Mastering the Management of Extraction Socket
Therapy Predictability:**

Implant Dentistry has reached the point where the placement and maintenance of implants has predictably achieved long term success. In the past number of years, one area that attention has shifted to has been the management of extraction sockets especially in the esthetic zone. There has a multitude of articles and presentations to discuss options of site preparation. The topics include forced eruption, immediate implant placement, when to graft and with what materials and techniques. If you graft the socket, when should the implant to be placed? Why is there an increasing incidence of post-loading recession facial to implant restorations? Does the implant surface and design affect outcomes? The conflicting information can lead to much confusion and error. It is therefore necessary for the clinician to return to the basics of biology to be able to assess and decipher this information. Once one develops a philosophy of therapy that makes biologic sense, then you can review your options on a case-by case basis and chose the approach that maximized long term predictability.

Dr. Lemler, 纽约大学牙科学院临床副教授, 在纽约市曼哈顿開業, 美国牙周病专家, 国际口腔种植医师学会 ICOI 院士、講師及作者、在世界各地講演。

课程内容简介

掌握拔牙窝处理技术以提升种植成功率。成功的种植的关键之一就是处理好植体植入区的拔牙窝。本课程将讨论如何决定牙槽嵴保存术的时机、技巧、材料和植入植体的时机。还会涉及并发症的处理。//



Dr. HSIEH David S.T.

Diplomate of ICOI International Congress of Oral Implantologists
Ambassador of ICOI International Congress of Oral Implantologists
President of ABC Dental Group
Clinical Associate Professor of Kaohsiung Medical University,
Diplomate of Association of Implantology(Taiwan),
Chief Director & Academic Commissioner of Taiwan Dental Association

12/04/2010 Main Podium Room 1B

“Augmentation of Maxillary Sinus”

How much time do you need for a sinus-lifting surgery? More than 15 minutes? This lecture shows you how to safely and quickly perform the sinus-lifting surgery within 10 minutes.

When dealing with implants in the maxillary posterior region, it is not uncommon to confront problems such as insufficient vertical bone height. Therefore, it is an important lesson to learn how to quickly and easily solve this insufficiency caused by low sinus floor. For this reason, there are a variety of approaches developed to lift up the sinus floor. Each approach has its own advantages, limitations, as well as side effects.

Clinically, the use of piezoelectric device shortens the operation time of lateral window approach for about 5-10 minutes; and lowers membrane perforation rate from 25-30% to 5%. The use of sinus crestal approach prevents benign paroxysmal positional vertigo (BPPV) as a result of traditional osteotome technique. This lecture shows you how to appropriately deal with BPPV if the patient experiences it. I am also going to show you how to analyze the 3D images of computed tomography

(CT) to find out the right angle and to avoid “blind spot” brought to you by panoramic images which can cause misjudgment. How to choose the right approach at the right timing for each patient becomes utterly important for today’s lesson.

谢尚廷医师

国际种植牙医师学会（ICOI）院士，国际种植牙医师学会（ICOI）大使，ABC 牙科联盟董事长，高雄医科大学临床副教授，台湾种植协会院士，台湾牙科协会委员长及学术委员
“上颌窦提升术”

您上颌窦手术需多少时间呢？超过 15 分钟吗，本演讲告诉您如何在 10 分钟内，安全且快速做完上颌窦开窗手术。

垂直骨量的缺损是非常上颌后牙区种植常见的。因此，学会如何迅捷处理这些由于上颌窦底过低引起的骨量不足是十分重要的。而提升上颌窦底的方式也有许多种，每一种方法都有其优点和局限，也可能出现并发症。临床上，骨刀的使用使 open window 的时间缩短为 5~10 分钟，而 membrane 的 prefer 比率也由 25~30%降为 5%，SCA 的使用更是使 osteotom 的 sinus lift 大为快速并避免 Hamer 敲击产生的不适更至是晕眩症，而万一产生了晕眩症（BPPV），如何适当的处置，如何在电脑断层（C.T）的协助下，妥善的运用 3D 断面，找出正确的角度，也避免了全景 X 光（pano）的盲点产生的误判。如何针对不同的患者在适当的时机选择正确的方法在当代种植牙科中就变得尤为重要了。//

ICOI News & Events

ICOI Journal Receives Coveted Impact Factor

IMPLANT DENTISTRY, our flagship journal, has just received its IMPACT FACTOR. Besides being listed in PubMed, and available on line through OVID, we now have an IMPACT FACTOR OF 1.5. Implant Dentistry is ranked 28th out of 64 Dentistry, Oral Surgery and Medicine category. This is critical for academicians and those doctors seeking advanced degrees, tenure and/or promotion in the dental field.

ICOI’s IMPACT FACTOR speaks to the quality of the manuscripts we publish and to the excellent job our Editor-in-Chief, Dr. Morton Perel is doing. Congratulations Mort.



Prof. SU Henry C.Y.

Professor & Head of Biomedical Research Unit, Department of Dentistry, National Yang-Ming University, Taipei, Taiwan, Director of Formose Blood Research Center, Taipei, Taiwan, Member of the Board of Directors, World Federation of Preventive and Regenerative Medicine (WFPRM), Member of Scientific Committee of International Symposium of Materials on Regenerative Medicine (ISMRM), 2010 Member of Board of Directors of 4th Formosa Association of Regenerative Medicine (FARM), President of International Society of Blood Biomaterials (ISBB) 2011

12/04/2010 Main Podium Room 1B

"What are blood biomaterials for implant dentistry? "

There is growing clinical interest in implant dentistry in the use of biomaterials made from autologous human blood because these products do not induce tissue reaction, are biodegradable, virally-safe and exhibits valuable physiological functions [1].

The first generation of blood-derived biomaterials, called fibrin glue or fibrin sealant, became available for routine clinical use in the 1980's [2-4]. They are obtained by combining a fibrinogen-rich plasma with thrombin, resulting in the formation of an elastic fibrin clot that exhibits hemostatic and sealing properties. Both industrial and single-donor fibrin glue are currently available for use in many fields such as plastic, oral, and implant surgeries. A second group of blood-derived biomaterials, introduced more recently, are called platelet gels(PLT gels). Those are single-donor (autologous or allogeneic) products obtained by combining a platelet-rich plasma (PRP) with thrombin. The mixing of both fractions results (a) in the conversion of fibrinogen into fibrin, (b) the activation of platelets and (c) the release of the growth factors (GF) stored in the α -granules. Therefore, the releasate from platelet gels contains substantial amount of GF [5]. PLT gels are used in regenerative medicine in particular for the healing of soft and hard tissues.

Quantitative assessment of the kinetics of the release of the major growth factors from PLT gels over the 300-minutes period of time has been published in

Transfusion journal in 2008. [6] Attempts are continuously made to develop easier-to-prepare, point-of-care, platelet-derived biomaterials that can be used as a useful adjunct in clinical applications. Among those approaches, platelet-rich fibrin (PRF) is made from a small volume of autologous whole blood collected without anticoagulant and immediately centrifuged. The coagulation cascade is activated during centrifugation, resulting in the formation of a fibrin clot and in the activation of the platelets. Three fractions are generated during centrifugation: a coagulated red cell layer (bottom layer), a platelet-leucocyte rich fibrin clot (PRF; intermediate layer), and a liquid fibrinogen-depleted supernatant serum (SS; top layer).

We have recently published data in Triple-O journal suggesting the potential improvements in the practices of PRF therapy, where the PRFR and the SS, instead of being discarded, could rather be isolated and mixed with bone grafts or small pieces of the PRF membrane, thereby preventing the loss of valuable GF that might be considerably beneficial to the clinical outcome, and optimizing the use of patients' blood [7]. In this presentation, a proposal to optimize clinical application of either PRP or PRF will be demonstrated, with a special review on the ability of PRFR and PRP releasates to promote the growth of osteoblastic, fibroblastic and epithelial origin cell lines .Key words : PRP, PRF, releasate, fibrinogen, thrombin, autologous, allogeneic.

血液生物材料在牙科植体医疗可以有甚么作用?

利用离心技术将自体的血液分离后,应用回自己身上的生物医学材料称为自体血液生物材料(**autologous blood biomaterials**) , 因为生物兼容好、可降解, 安全, 不引起组织反应, 且会加速组织修复的特性, 故在牙科植体医疗和美容医学界引起广泛的瞩目。

1980 年代, 将凝血酶和含有纤维蛋白原的血浆混合形成”纤维蛋白凝胶” (**fibrin glue**), 常使用于手术帮助止血, 并促进术后伤口的愈合, 这是第一代血液生医材, 目前这种由单一捐者之血浆或工业量产的纤维蛋白凝胶, 已在许多领域, 如手术止血或牙科植牙手术中应用。第二代血液生医材, 称为血小板凝胶 (**PLT gels**) 是由单一捐者 (自体或异体) 的血小板浓厚血浆(**PRP**)和凝血酶混合而得的, 这两种成分混合之后, 会产生下列几种结果:
(a) 血浆内的纤维蛋白原会转变为纤维蛋白 (b)血小板被活化 (c) 储存于 α -颗粒内的生长

因子(GF)会释出。因此，血小板凝胶的释出液(releasate)包含了大量不同种类的生长因子 [5]，再生医疗界常使用这种血小板凝胶来加速软、硬组织的修复。

我们的研究团队长久以来致力于血小板生长因子的释放研究，结果显示血小板凝胶在 300 分钟内会释出大部分的生长因子(GF)，此一研究成果已发表于 2008 年国际输血 (TRANSFUSION) 期刊[1]。

近年来，临床医学界仍不断的尝试，希望能研发出在现场很容易制作的血液生医材，”血小板浓厚凝胶(PRF)”就是将不含有抗凝剂的病人小量全血，于抽取后立即离心，在离心的过程中，凝血机制被启动而导致纤维蛋白凝块的形成以及血小板的活化。经由这样的离心方式可分出三层：凝结红血球层(底层)，含丰富的血小板和白血球的纤维蛋白凝块层(PRF; 中间层)，缺乏纤维蛋白原呈液态的血清层(ss;顶层)。

我们的团队去年(2009)于 OOOOE 期刊发表一系列的证据[2]显示，目前血小板浓厚凝胶制作方法有必要进一步的改良以达到更好的临床效果，在此论文中我们明确地指出 PRFR(由血小板浓厚凝胶释出之液体)和 ss(呈液态的血清层)不应被丢弃，应该和骨粉或小片的 PRF 膜混合使用于临床，一来可防止宝贵的生长因子被废弃，二来这些生长因子可帮助伤口愈合和加速软、硬组织的修复，使病人的血液得到最妥善的利用。此次专题演讲，将详细介绍在临床上应如何使用 PRP 和 PRF 以达到最佳临床效果，并比较 PRFR 和 PRP 的释出液促进成骨细胞、纤维母细胞和上皮细胞株的生长情形。

Key words : 血小板浓厚血浆(PRP), 血小板浓厚凝胶(PRF), 释出液(releasate), 纤维蛋白原(fibrinogen), 凝血酶(thrombin), 自体的 (autologous), 异体的(allogeneic)

[1] Quantitative assessment of the kinetics of growth factors release from platelet gel. Chen Y. Su, Ya P. Kuo, Hneg-Lu Nieh, YU. H. Tseng, and Thierry Burnouf TRANSFUSION 2008;48:2414-2420

[2] In vitro release of growth factors from platelet-rich fibrin (PRF): a proposal to optimize the clinical applications of PRF Chen Yao Su, Ya Po Kuo, Yu Hong Tseng, Ching- Hua Su, Thierry Burnouf. Oral Surg Oral Med Oral Pathol Oral Radio Endod 2009; 108:56-61 //



JOE Gyeong An, DMD, MSD, PhD

Member of "Natural Esthetic Group" in Korea, Course Director of "Functional and Esthetic Dentistry" course in Korea, Invited Speaker of the 6th World Dental Meeting in Japan 2010, Vice - Chairman of ICOI Korea

12/04/2010 Main Podium Room 1B

“Guideline for Implant Position and Transmucosal Design for Esthetic Result “

The dental treatment spectrum has been changed and improved dramatically since implantology has been introduced in dentistry last few decades. There is no doubt about osseointegration between implant fixture and alveolar bones. Even with the help of GBR and other wonderful procedures, patients with compromised dental conditions can be treated with implant treatments. However, patients' expectations on dental treatments are rising higher. Patients are more interested in not only functions but also aesthetic and comforts.

In order to achieve aesthetic results it is necessary to analyze tooth morphology and gingival morphotype to establish natural looking gingival line. Every patient has different conditions to start with and there exist some requirements to be applied to each patient. For esthetic implant treatment result, three dimensional positions of fixture placement and super structure form from the fixture should be well understood and evaluated.

In this context, the lecture describes some necessary conditions for constructing aesthetic and physiologic super-structures, abutment and final prosthesis, in implant treatments. Decision making criteria on fixture placement based on vertical position, mesio-distal and bucco-lingual angle will be covered as well as proper subgingival contouring management when constructing supra structure of implant prosthesis based on tooth morphology and gingival morphotype. Aesthetic

implant treatment results following patients' own gingival line can be achieved when those conditions are satisfied.

JOE Gyeong An, DMD, MSD, PhD

韩国"自然美协会"成员

韩国"功能与美容牙科" 课程总监

2010年日本第六届世界牙科会议的受邀讲师

ICOI 韩国分会副主席

课题：种植体植入位置与穿龈设计对美学的影响-

在种植牙科出现后的过去的数十年间，牙科治疗出现了巨大的改变。植体表面和牙槽骨之间是否会骨整合也已有定论。在引导骨再生（GBR）和其它一些很棒的技术的帮助下，条件不太好的患者也可以接受种植治疗。然而，患者对于牙科的要求也越来越高。他们不仅要求功能，还需要美观和舒适。

为了实现美观的修复效果，我们必须分析牙齿与牙龈的形态，从而建立自然的龈线。每个患者就诊时的情况都不尽相同，而同时他们又有各自不同的需求。因此我们必须非常了解和详细评估植体的放置位置及上部修复体的设计，才能实现美观效果。

本讲座将阐述为了实现美观天然的效果，种植上部结构、基台和最终修复体必须具备的一些条件。种植体植入位置的标准取决于垂直位置、近远中和唇舌向角度，在穿龈时的牙龈塑形处理以及天然牙和牙龈的形态。如果这些条件都能满足，那么种植的美学修复可以更加自然、美观。//



DR. LEE Dong-Hyun

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Postgraduate training in Prosthodontics at the Kyunghee University Dental Hospital, Ph.D., School of Dentistry, Kyunghee University, Clinical professor, Department of Prosthodontics, School of Dentistry, Kyunghee University

12/04/2010 Main Podium Room 1B

Topic: Esthetic implant restoration and Pink esthetics

The main esthetic objectives of implant therapy are the achievement of a harmonious gingival line without abrupt changes in tissue height and maintaining intact papillae, and obtaining or preserving a convex contour of the alveolar crest.

In cases of severe tissue loss or excess alveolar bone conversely, a combination of favorable factors are required to maintain continuous gingival margin height and the uninterrupted scalloping effect that is necessary for an ideal esthetic result. In this presentation, I would like to introduce several concepts that necessary to make esthetic, functional and also hygienic implant prosthesis.

1) Determining proper Apicocoronal position of implant in relation to the occlusal plane

In implant cases with multiple missing teeth and abnormal bone height, the diagnostic wax up on study cast indicating the final gingival margin position of the proposed restoration is mandatory. The key of this concept is determining proper bone height and apicocoronal position of implant shoulder in relation to occlusal plane. The best way to obtain these positions is the use of an appropriate surgical template enable to guide correct implant positioning in the apicocoronal direction.

2) Bone graft method to make osseous scallop for papillary height

In natural dentition, gingival scallop follows contour of underlying osseous scallop. One of the important ways to reconstruct papillae esthetically is creating Interdental / Interimplant osseous scallop. Therefore, it is recommendable to do bone graft so as to creating interimplant osseous scallop for papillary height.

3) Creating best crown emergence profiles with provisional restorations

Uninterrupted scalloping effect can also be made with temporary abutment and provisional restoration by guiding and shaping surrounding soft tissue. Therefore it is advisable to increase not only hard tissue thickness but also soft tissue thickness.

‘Lee Dong Hyun 牙科诊所’董事，毕业于韩国庆熙大学牙科学院，于庆熙大学附属口腔医院进修修复学，韩国庆熙大学牙科学院博士，韩国庆熙大学牙科学院修复科临床教授

课题：种植美学修复与“红学”

种植修复的美学内容中很重要的一项就是保存牙槽嵴形态，维持牙龈的和谐连续，以及保持牙间龈乳头的高度。在严重组织缺损或是反之牙槽嵴过度增生的病例中，需要使用一系列合适的方法维持牙龈高度和边缘形态的连续性以实现美观效果。我会在本讲中介绍几种具备美观、功能和良好自洁的种植修复概念。

1) 根据牙合平面确定种植体合适的冠根向位置

在异常骨高度的种植病例中，使用诊断蜡型分析和预测最终修复时的牙龈边缘位置时是必不可缺的。这里的关键就是要根据牙合平面确定需要的骨高度和植体肩部在冠根向所处的位置。获取理想位置的最佳方式就是使用手术导板放置植体。

2) 使用植骨的方式对骨进行塑形以维持龈乳头高度

在天然牙列中，牙龈形态随着下方的骨的形态而成形。重建牙龈乳头的很重要的方法就是对牙间或植体间的骨进行塑形。因此，建议使用植骨的方式对骨进行塑形以维持龈乳头高度。

3) 使用临时冠创造最佳的牙冠外形

使用临时基台和临时修复体对周围软组织塑形同样可以获得连续的牙龈外形。因此不仅仅需要增加硬组织厚度，还需要增加软组织厚度。//

➤ Congress Lecture & Program Translators

翻译老师履歷



CHEN Kan, DDS, PhD

Dr. Chen received his PhD in Osaka University, School of Dentistry Japan. International Programs Translator of ICOI, New York University College of Dentistry and Temple University, School of Dentistry, Dr. Chen is a full time practicing implantologist and implant surgeon in Shanghai, China.

日本大阪大学齒科博士、国际种植牙医师学会（ICOI），纽约大学牙科学院及天普大学牙科学院国际种植牙專任翻译、在上海開業以种植牙為主



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Second Podium

会員発表会

ICOI Members' Case Presentation 2010/12/04 Saturday **Room 1C**

Morning Session Moderator: Dr. SUZUKI Senichi

- Member presentation may use their local languages instead of English

09:30 ~ 09:40 Dr. YOSHIMI Tetsuro (English)

Graft less concept with fewer burdens on patients

09:40 ~ 09:50 Dr. OKAZAKI Kousuke (Japanese)

高齢者にサージカルテンプレートをを用い、インプラント埋入を行った症例

09:50 ~ 10:00 Dr. HOJO Yasushi (Japanese)

インプラント周囲炎に対しての外科的アプローチ

10:00 ~ 10:10 Dr. TSUKIOKA Tsuneyuki (Japanese)

Immediate loading in a full edentulous maxilla with the tissue supported surgical
guide

10:10 ~ 10:20 Dr. TSUBOI Kenichiro (Japanese)

Basic study on guided bone regeneration using rat periosteal cells

10:20 ~ 10:30 Dr. KIKEGAWA Hirohito (Japanese)

The fiberscope removal of a Fixture which went into the maxillary sinus

10 minutes break

11:00 ~ 11:10 Dr. YANAGISAWA Hideaki (Japanese)

Evaluation of Original Surgical Guides made by the 3D-CT navigation system

10:50 ~ 11:00 Dr. TANNO Tsutomu (Japanese)

科学的根拠に基づいた予知性の高い上顎洞底挙上術の一例

11:00 ~ 11:10 Dr. KAWAGUCHI Kazuko (Japanese)

Accuracy of computer-aided surgical guide to place implant

11:10 ~ 11:20 Dr. KAMOGAWA Kazuko (Japanese)

The clinical application of the new developed drill guide system

11:20 ~ 11:30 Dr. SHIRAISHI Kazunori (Japanese)

下顎左側臼歯部において、インプラント修復を行い咬合の再構築を行ったケース

10 minutes break

11:40~ 11:50 Dr. SATO Yuki (Japanese)

右下⑦ 6 ⑤Br 部、右下 5 の縦破折による、右下 5 6 中間欠損をインプラント補綴で修復した 1 例

11:50 ~ 12:00 Dr. KATAYAMA Shoichi (Japanese)

下顎両側臼歯部において、インプラント修復を行い咬合の再構築を行ったケース

12:00 ~ 12:10 Dr. IIDA Kota (Japanese)

上顎前歯部欠損に対してインプラントを行い、咬合の再構築を行ったケース

12:10 ~ 12:20 Dr. TAKEICHI Kanpei (Japanese)

左下臼歯部をインプラントにより咬合再建を行った一例

Afternoon Session Moderator: Dr. Hsieh David, S.T. 谢尚廷医师

13:30 ~ 13:40 Dr. PARK IN SOOK (Korean)

Maxillary Sinus Elevation using Concentrated Growth Factor

13:40 ~ 13:50 Dr. LIU Guisuo (Chinese)

下颌后磨牙区骨量不足非增量法种植

13:50 ~ 14:00 Dr. TU Shiu Tien (Chinese)

下颌神经管解剖与跨越种植

14:00 ~ 14:10 Dr. WANG Po-Hung (Chinese)

Sinus Lift with Osteotome

14:10 ~ 14:20 Dr. LEE Shing Nan (Chinese)

Immediate loading implantation with surgical template for fully edentulous jaws

14:20 ~ 14:30 Dr. TAI Yueh-Shen (English)

Implant Full Mouth Rehabilitation and Esthetics

14:30 ~ 14:40 Dr. CHENG Wen-Sheng (Chinese)

水壓鼻竇增高術在人工植牙的應用

14:40 ~ 14:50 Dr. XU Qinglong (Chinese)

40 Guided Surgery Clinical Cases Summary

About ICOI

国际种植牙专科医师学会(International Congress of Oral Implantologists 简称 ICOI) ,1972 年在巴黎创立,具有 38 年的历史, 是世界公认的最大的国际性种植牙专科医师学术机构,也是全球推出种植牙课程最多的非盈利性牙科专业组织。ICOI 通过传授最先进的种植牙实践与科学知识,使全球牙医能更好地为患者服务。ICOI 与欧美多所大学联合举办的教育课程及学术讲演大会,每年都会吸引全球大量的牙医参加。目前,ICOI 拥有 25000 名以上的会员,来自全球 65 个国家,会员数正在直线增加。在美国、欧洲及亚洲,牙医以取得 ICOI 的专科医师认证为荣。此认证在种植牙领域得到了全球牙医及患者的广泛肯定。每年都会有来自世界各地的牙医参加 ICOI 年会,以取得 ICOI 专科医师认证。

◇ ICOI 出版的种植牙学杂志 IMPLANT DENTISTRY:

一年 6 期、会员免费、会员投稿率高出一般的牙科杂志

Impact Factor 1.5 分、在全世界的英文学术的牙科与医学杂志中 2010 年排名第 28、各大学教授进异的论文必修的高分数

◇ ICOI 的种植牙教育 :

ICOI 种植牙教育包括公开学术讲座、种植牙初级培训课程、种植牙临床培训课程、种植牙复杂病例培训课程等。培训内容包括种植牙、种植牙修复、种植牙术前牙周病治疗的基础理论以及最新最先进的技术知识。

ICOI 定期举办的大型学术会议及活动 :

ICOI 每年都会举办世界年会、亚洲太平洋年会、欧洲年会、冬季学会以及有名的“不流血的种植牙年会”(专门给种植修复的牙医和技工的年会),全球顶尖的种植牙专家共同交流种植牙及修复技术。ICOI 会员都有参加的权利,并享受优惠价格,

◇ ICOI 植牙/修复专科医师认证 :

ICOI 设有植牙、修复、技工、牙科助手等部门。为会员提供种植牙专科医师国际资格认证,包括 ICOI 植牙院士、IPS 修复专业硕士、ICOI 研究员、ADIA 认证、ADIA 高级认证或 ADIA 初级认证(ADIA 是 ICOI 下属的组织,专门培育牙科卫生士、助手、牙科管理者,并对牙科卫生士进行资格认证)。除了做种植牙的口腔外科医生以外,只做种植牙上部修复的修复医师也可以申请,申请人会员资格一定要一年以上,并参加过种植牙初级培训课程或提出同等修业证明。

About ICOI

The International Congress of Oral Implantologists (ICOI) was founded in 1972. Devoted to providing implant education to the entire dental team to better serve its patients, the ICOI is not only the world's largest dental implant organization, but it is also the world's largest provider of continuing dental implant education.

The ICOI is an association of general dentists, oral and maxillofacial surgeons, periodontists, prosthodontists, endodontists, orthodontists, laboratory technicians, auxiliaries, industry representatives, researchers, faculty members, pre and post doctoral graduate dental students as well as the general public.

Our Mission

To serve the needs of all of our members, including each segment of the dental implant team, and to provide them with high quality education to better serve their patients.

Our Vision

The ICOI's vision is to substantially advance the science and quality of the practice of implant dentistry. To guarantee our mission and vision, the ICOI strives:

To support clinical and basic research and report the findings to our membership

To recognize the achievements of our members

To interface with related health care and manufacturing entities worldwide

To promote high standards of personal and professional ethics

To encourage international fraternity

To provide accurate and substantive information for existing and potential patients.

The ICOI is an Affiliate of the FDI World Dental Federation.

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Thank you for your participate!

See you soon in Las Vegas 2011 Winter Symposium!

感谢您的参与!

2011 年拉斯维加斯冬季研讨会见面!