

Dear Colleague:

Central Park Periodontics is pleased to announce the installation of a 3D cone beam CT imaging scanner for better outcomes, improved diagnoses, and reduced risk to patients. Why CT scans? In an article published by Winter et al, "Dental Radiological Lab Usage and Findings: Part V Dental Incidentalomas," *JIACD*, 2:3, 87-93, 2010, the following incidental findings were noted in 451 out of 500 patients sent to a dental radiological lab for implant scans: 229 periapical radiolucencies, 27 impacted teeth, 24 retained root tips, 8 cysts, 2 supernumerary teeth, and 168/279 patients with maxillary sinus pathology. Some "incidental" findings required intervention, others needed only to be observed. The point being: we not only have the responsibility and need to determine bone height, width, density, and location of the nerve or sinus, but to discover and render appropriate care for other pathologies.



i-CAT



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Regards,

*Alan, Sam, Navid, and Julia*

intravenous (IV) BPs. It was suggested that all patients undergoing BP therapy who are expected to receive dental implants should be informed of the possible risks of development of ONJ. The purpose of this literature review is to assess the osseointegration of dental implants in patients undergoing BP therapy. The MEDLINE-PubMed databases of The National Library of Medicine, National Institutes of Health, Bethesda, Maryland, were searched for articles addressing the focused question: Can dental implants osseointegrate and remain functionally stable in patients undergoing oral and IV BP therapy? Databases were searched from 1995 up to and including February 2010 using the following terms in different combinations: bisphosphonate, dental implant, immediate-loading, implant survival rate, intravenous, oral, osseointegration, and osteonecrosis.

The initial search yielded 89 articles. Scrutiny of the titles and abstracts reduced the number of articles to 12 (seven case reports and five retrospective studies). In 10 studies, the patients were using oral BPs, and in two studies, patients were using IV BPs. Six case reports showed that the placement of implants in patients using BPs could yield a successful osseointegration and function. Four retrospective studies demonstrated that BPs did not have a negative influence on implant success. Two studies showed a negative impact of BPs on implant success. *The authors concluded from the results of this study that dental implants can osseointegrate and remain functionally stable in patients using BPs.*

## Smokeless Tobacco Use and Periodontal Health in a Rural Male Population

Chu YH, Tatakis DN, et al.  
*J Periodontol.* 2010 Jun;81(6):848-54.

**D**espite the reported effects of smokeless tobacco (ST) on the periodontium and high prevalence of ST use in rural populations and in men, studies on this specific topic are limited. The purpose of this cross-sectional investigation is to evaluate the periodontal health status of male ST users from a rural population. Adult male residents of two rural Appalachian Ohio counties and daily ST users, with a unilateral mandibular oral ST keratosis lesion, were recruited. Subjects completed a questionnaire and received oral examination. Teeth present, ST keratosis lesion, plaque and gingival index, probing depth (PD), recession depth (RD), and attachment level were recorded. Statistical analysis compared ST-site mandibular teeth

## Osseointegration of Dental Implants in Patients Undergoing Bisphosphonate Treatment

Javed F, Almas K.  
*J Periodontol.* 2010 Apr;81(4):479-84.

**B**isphosphonates (BPs) are an important group of drugs used for the treatment of metabolic and oncologic pathologies involving the skeletal system. Osteonecrosis of the jaw (ONJ) is a complication observed in patients using oral or

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## Smokeless Tobacco...continued

(teeth adjacent to the subject's unilateral ST keratosis lesion) to NST-site teeth (contralateral corresponding teeth).

This study includes 73 ST users. Recession prevalence is much greater in ST-site quadrants (36%) compared to NST-site quadrants (18%). Twice as many teeth had recession on ST-site (approximately 20%) than NST-site (approximately 10%). Average buccal RD on ST-site teeth did not differ from that on the NST-site teeth. Although average buccal attachment loss is greater on ST-site teeth, the mean difference is <0.5 mm. When stratified by years of ST use, subjects using ST for 10 to 18 years exhibit the most differences between ST and NST sites, whereas subjects using ST for <10 years show no differences. *The authors conclude that the results indicate that greater gingival recession prevalence and extent are associated with ST placement site in rural male ST users.*

## Number of Teeth as a Predictor of Cardiovascular Mortality in a Cohort of 7,674 Subjects Followed for 12 years

Holmlund A, Holm G, Lind L  
*J Periodontol.* 2010 Jun;81(6):870-6.

**T**hat oral health is related to the development of different cardiovascular disorders is reported in a number of studies. This study investigates if different parameters of oral health are associated with future mortality in different cardiovascular disorders in a dose-dependent manner. A total of 7,674 subjects (3,300 males and 4,374 females; age range 20 to 89 years) received a dental examination by specialists in periodontology between the years 1976 and 2002. Number of remaining teeth, severity of periodontal disease, number of deepened periodontal pockets, and bleeding on probing were evaluated in relation to cause of death.

During a median follow-up period of 12 years, 629 of the subjects died. For 299 subjects the cause of mortality was cardiovascular disease (CVD); 167 of these subjects died from coronary heart disease (CHD); 83 died from stroke; and 49 died from aortic aneurysm or congestive heart failure. The causes of death for the remaining 330 subjects were other than CVD. After adjustment for age, gender, and smoking, number of remaining teeth predicted in a dose-dependent manner all-cause mortality and mortality in CVD and in CHD, but not mortality from stroke. Appropriate statistical

analysis revealed a seven-fold increased risk for mortality from CHD in subjects with <10 teeth compared to those with >25 teeth. Severity of periodontal disease, number of deepened periodontal pockets, and bleeding on probing were not related to mortality in a dose-dependent manner after adjustment for confounders. *This fairly large, prospective study with a long follow-up period presents for the first time a dose-dependent relationship between number of teeth and both all-cause and CVD mortality, indicating a link between oral health and CVD, and that the number of teeth is a proper indicator for oral health in this respect.*

## Socket Grafting in the Posterior Maxilla Reduces the Need for Sinus Augmentation

Rasperini G, Canullo L, et al.  
*Int J Periodontics Restorative Dent.* 2010 Jun;30(3):265-73.

**T**his study compared the dimensional alterations, the need for sinus floor elevation, and the histologic wound healing of augmented and nonaugmented alveolar sockets. Sixteen human extraction sockets were either grafted or left untreated. At baseline and 3 and 6 months postextraction, alveolar ridge alterations were evaluated; at 3, 6, and 9 months, histologic analyses were conducted. Implant placement with or without sinus floor augmentation was decided at 6 months. Three of eight patients in the control group underwent sinus floor augmentation compared to one of six in the experimental group. *The alveolar ridge augmentation procedure presented here increases the possibility of inserting implants without the need for a sinus augmentation procedure.*

**Clinical Dentistry Advisor**  
Richard L. Wynn, PhD

**Special Alert:**  
Sudden aspirin withdrawal may elevate the risk of myocardial infarction.



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