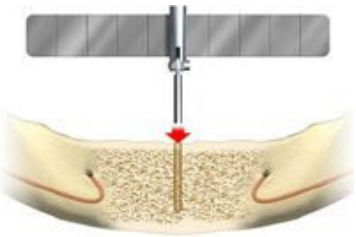
"All-On-4": A Concept in Economic Implant Restoration For the Totally Edentulous Patient

No one is more deserving of dental implants than a patient who complains of an unstable mandibular or maxillary full denture. Instability creates pain, embarrassment, an unhealthy diet and an imbalanced lifestyle for these suffering patients. There have been attempts to increase the stability of the prostheses by placing two or four fixtures and a bar to help maintain a full denture, however these procedures do not always grant the level of stability desired by the patient.

Patients now have another option. They can go from a removable to a fixed acrylic prosthesis on only 4 fixtures. Not only is this option less surgically involved, but actual costs are also greatly reduced, as the prosthesis is made out of acrylic By implementing a special surgical guide developed by Nobel Biocare, one can tip the distal implants posteriorly and increase the A-P spread anteriorly between four fixtures, thus distributing the load of an acrylic fixed prosthesis. The concept is one that can be easily adapted to suit any implant practice. If you are interested in learning more about this treatment option please do not hesitate to contact us.



GUIDE

45 DEGREES

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- **Upcoming Orthognathic Seminar:** On May 24th, 2006, NYCOMS will host its 3rd annual orthodontic seminar entitled "Advanced Orthodontics for Orthognathic Surgery: *Putting It All Together*." With a tuition fee of $200, the Course will be held at the Garden City Hotel of Garden City, **NY** and will offer 7 CE credits. All residents and fellows may attend ***free of charge*****,** however they **must** pre-register. To register for the course or for further information contact Joseph Robinson, BA via phone/email at (631) 376-1560 or **jrobinson@nycoms.com**
- **The "NY i-CAT Has Arrived:** NYCOMS is pleased to announce the arrival of its first Cone Beam 3-D Radiographic Digital Imaging System, dubbed the "NY i-CAT." The NY i-CAT will greatly facilitate dental implant placement, visualization of cleft palate defects and more… Once this system has been fully developed and the techniques are consistently reproducible, we plan to make these studies available to our colleagues in the profession.

THE NEW YORK CENTER OF ORAL AND MAXILLOFACIAL SURGERY
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NYCOMS NEWS

The New York Center for Orthognathic and Maxillofacial Surgery

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Old Friend, New Addition: Expanding the NYCOMS Family

The New York Center for Oral and Maxillofacial Surgery is truly pleased to extend a warm welcome to the newest addition to the **NYCOMS** team, Salvatore L. Ruggiero, DMD, MD. Dr. Ruggiero, formerly the Chief Oral Maxillofacial Surgeon at the Long Island Jewish Medical Center, brings to NYCOMS a well-developed field of expertise in the areas of nerve repair and pathological conditions of the jaw related to the use of Bisphosphanates. A native of Brooklyn, Dr. Ruggiero earned both his Doctor of Medicine and Doctor of Dentistry degrees at Harvard University and completed his residency at the Massachusetts General Hospital. He has authored numerous articles and textbooks and shares his wealth of knowledge by lecturing on both a domestic and international scale. In addition to having maintained the esteemed position of Board Examiner for the American Board of Oral and Maxillofacial Surgery for the past 6 years, Dr. Ruggiero has been nominated to the ABOMS Board of Directors and remains active on many committees of the American Association of Oral and Maxillofacial Surgery. He now resides in Huntington with his wife Diana and his two children, Bryan and Catherine Ruggiero. **NYCOMS** would like to wish Dr. Ruggiero all the best as he takes this next step in a rich and rewarding career.

"Getting on Your Nerves" by Dr. Salvatore Ruggiero

Injuries to the inferior alveolar nerve (IAN) and the lingual nerve are relatively uncommon events. However, there are certain routine surgical and non-surgical procedures that have the potential, albeit small, for injuring these neural structures. Surgical removal of impacted mandibular molars is by far the most commonly performed procedure that has a known risk of iatrogenic neural injury. Other procedures such as endodontic therapy, simple incision and drainage procedures, mandibular and mental foramen injections and mandibular osteotomies have also been associated with injury to the IAN or lingual nerve. More recently, there has been sharp increase in the number of patients with IAN injury as a result of mandibular endosseous implants violating the inferior alveolar canal. While most episodes of postoperative altered sensation resolve spontaneously, some patients will have more significant injuries that may require treatment in a timely fashion. The most challenging aspect of these types of cases is deciding which patients with altered sensation will benefit from surgical treatment. This can only be determined after serial neurosensory examinations over a course of several months. The degree of neurosensory improvement or lack thereof at monthly neurosensory examinations enables us to properly diagnose the type and severity of the nerve injury.

The duration of follow up for a patient with a suspected nerve injury is dependent upon what nerve is injured and the presenting symptoms. Intrabony injuries to the IAN can be followed longer before committing a patient to neurosurgery. This is directly attributable to the "guiding influence" of the mandibular canal. Therefore, it is not uncommon for patients with IAN anesthesia to be followed up to 6 months before considering surgery.

The management of an injured lingual nerve is quite different. Since this nerve is not housed and protected by a rigid bony canal, the likelihood that good adaptation of the damaged axons will occur is very low. In fact, injured regions of a lingual nerve are usually encased in fibrous scar tissue that impedes spontaneous healing. Therefore lingual nerve injuries are followed for 3-4 months and if no improvement is documented surgical therapy should be considered. The main goal of surgical treatment is to establish neural continuity. This can now be accomplished with the use of microsurgical instrumentation and techniques. It is important for us as oral health and disease management experts to be familiar with these type of injuries and their management so that the incidence of such may be reduced, and, when such injuries do occur, we will be able to properly evaluate, treat or refer on a timely basis.