

FROM THE EDITOR'S DESK

A Flash Back



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Looking back at past issues of the *Nugget* — are the articles still relevant?

During our recent Editorial Committee meeting discussion of topics for the upcoming year, Dr. Malick brought up the fact that SDDS has published numerous articles over time and it may be a good idea to revisit some of them. I have personally seen some ground-breaking articles or some rare classic articles being re-published a few decades later. This is probably because of their relevance in today's dental practice.

I jumped at the opportunity, as I felt it would be exciting to go through some of our old issues and see what's relevant today. I spent a few hours over a couple of days at the SDDS office, where there is a mini library containing every article of the *Nugget* and, most importantly, some hand written minutes of meetings dating back to 1905. It was a great feeling for me to see small diaries to big notebooks with personal hand-written writings from 1905 to typed up minutes in 1955 and printed publications of the *Nugget* stacked up in the order of decades. I could also see how the *Nugget* has evolved to where it is over time and I felt a sense of pride in

being a member of such a great society with so much documented history.

I started looking at articles and writing down some interesting ones that I felt might be worth being published again. There were quite a few of them and all of them were of a different topic. I decided to pick a topic under a certain aspect of dentistry that was very interesting to me and something that will be noteworthy to read. I ended up in one of my favorite areas: "implant dentistry." As I selected these articles, I tried to get one or two per decade, beginning in the 70s and leading up to 2010.

The first article (below) will state the dental implant research done here in UC Davis and how blade implants will be the future. Following that will be an article in the 80s, predicting hollow cylinders with threads as implants of the future, which ended up being the case. The next article by Dr. Leo Angel will talk about implant maintenance. We can agree that not much has changed about that over the last two decades and it is still

a valuable piece of dental implant success. The article by Dr. Gillis in the 90's clearly sets up the stage for a methodical approach in treatment planning implant cases and even talks about the use of a radiographic guide for a tomogram, which I felt was visionary. As we have more and more offices with Cone Beam CT scans, a lot of surgeons are starting to use radiographic guides and surgical guides generated from these scans. The article by Dr. Orsi speaks about the importance of occlusion and that is critical even today. The last article, published just a couple of years ago, illustrates where implant dentistry is currently heading, with technology making great results more predictable and achievable.

This attempt is a novel approach for us at the Editorial Committee and it is my hope that we do this once a year, or at least once in two years. During my time spent at the SDDS library I came across so many articles which are of great interest currently and we don't have to look further than just our own publication to get meaningful answers to a lot of our questions. ■

HOME TEAM SCORES AGAIN

Originally published in the February 1972 issue of *The Nugget*.

Implants were the story of the evening at the membership meeting January 17 when Drs. Lee Wight, Donald Hagy, Richard Brown and Lionel Richards, all of SDDS, presented the scientific portion of the program. Drs. Wight and Richards are two of the five members of the American Academy of Implant Dentistry in Northern California.

Dr. Wight felt that the rational level of use of implants was now coming to the forefront, and failures in the early history of the use of implants were not to be found now because of increased knowledge. Two types of implants are currently being used — subperiosteal implants for cortical bone and endosteal for cancellous bone. It was found that the subperiosteal implant must fit the bone just as an inlay, while the present use of the blade endosteal implant is successful.

After an explanation of the technique for the impression of the bone for the subperiosteal implant, Dr. Richards discussed his research at UC Davis with endosteal blade implants. These blades were implanted with no occlusal stress in dogs and were removed with bone every three months for histological examination. The results shown in radiographs and histological slides gave these conclusions: (1) No inflammation; (2) No down growth of epithelium alongside the implants; (3) Few osteoclasts present in slides; (4) Dense connective tissue

near the surface of the bone; (5) Bone in contact with the blade deeper in the cancellous portion. From this research with two dogs and, from his clinical experience, Dr. Richards has concluded that the clinical use of endosteal blade implants is favorable.

Dr. Donald Hagy explained the physical evaluation of the patient and the laboratory studies required to select properly the patient who will withstand the surgery and heal properly. A movie showing the placing of maxillary and mandibular endosteal blade implants was presented by Dr. Richard Brown. A crucial point made was that the implant should fit the bony incision as accurately as possible.

During the summation and question period several points were made. Dr. Wight said that blade implants could also be used as abutments for fixed bridges. There is the possibility that blade implants could be used for the traumatic loss of anterior teeth in children. Dr. Richards said that there are contraindications such as diabetes, controlled or uncontrolled, bruxism, and alcoholism. Dr. Wight explained that endosteal implants could be used for removable as well as fixed appliances. It was stressed that periodontal disease could occur around implants so that the removal of plaque was of the utmost importance. ■