Who’s who
Jaime Jiménez Garcia interviews some figures from the world of implant dentistry

Professor Dennis Tarnow. The main focus of my clinical research now is to try to minimise the changes with immediate extraction sockets. By doing minimally invasive surgery and proper restorative treatment at the time of extraction we are finding that we can prevent the ridge from going through the classic resorption that everyone has seen. Most of the resorption that researchers documented in the past was due to opening flaps for extractions that disrupted the blood supply to the buccal or facial plate of bone. On the basic science research side, my research is now on cementogenesis on implants and/or abutments. With our excellent team at Columbia University, we are working on putting cementum on an implant so that if placed properly, it could potentially be used in growing teenagers who are congenitally missing teeth and are still going through their growth and development. It would therefore not be ankylosed and be able to grow with the child. We can also use this same process on abutments so that we may be able to keep tissue truly attached to abutments after placement. This would help with keeping mid-facial recession from occurring, and most importantly may be able to be used to solve the black triangle problem due to loss of the inter-implant papilla. It would be able to give us back supra-crestal biologic width that adjacent natural teeth have.

Professor Istvan Urban. My primary focus over the last 15 years has been to reach a predictable level in the regeneration of ridge defects and to achieve good long-term treatment outcomes. We have also focused on minimising the morbidity of the procedures and the discomfort experienced by patients. Complication rates for vertical ridge augmentation have reduced to around 3% (they were 4–5 times higher 15 years ago). I think this is a big achievement. At the same time, I strongly believe that developing easier procedures is important in reducing risks. This was the idea behind our recent work on horizontal ridge defects, which led to the development of the so-called ‘sausage’ technique, which utilises immobilised collagen membranes. We are not using 100% autogenous bone in our grafts anymore, but particulated composite grafts, minimising the morbidity. Lastly, we are placing a strong emphasis on minimally invasive soft tissue reconstructive procedures related to ridge augmentations. We are finishing an exciting study looking at vestibular extension and keratinised tissue gain using a combination of autogenous ‘mini’ grafts in combination with soft tissue matrixes. We are also investigating the role of the periosteum in growth factor induced bone formation. My primary goal is to be part of a team of colleagues focusing on the ‘perfect’ bone graft.

Dr Pablo Ramirez. As a young dentist, my main objective is to combine a comprehensive education in both implants and prosthetic dentistry: I believe both specialties have to walk hand in hand. We all know that dentistry is moving fast and we need to know about many factors including materials, techniques and technology to give our patients the best treatment. I finished my degree in dentistry at the Universidad Europea de Madrid (UEM) in 2003. I work at our family practice, which has been based in the Canary Islands since 1932 (three generations). I consider myself to be very lucky since I was able to absorb a lot of dentistry and knowledge from my very first steps. This really gave me the energy to become a better dentist, and also to develop a strong empathy with my patients. Right after my graduation, I started my postgraduate in implants and oral rehabilitation at UEM. At the time our family practice was mainly focused on orthodontics, so adding implants and prosthodontics gave us an extra punch to improve our cases and finish them in a more complete multidisciplinary approach. After this first year I was fortunate enough to be able to complete my academic training at NYU. I spent three years focused in prosthetics, perio and implant dentistry. Dentistry is my passion, my life. I believe that learning never stops, and this is particularly true in dentistry.

New wiki-implants column: tell us about your implant failures!

The next issue of Inspyred will introduce a new regular feature where readers can share photographs and descriptions of their implant failures (you have the choice of being anonymous, if you prefer). Called ‘wiki-implants’, the column will enable you to learn from the problems your colleagues have experienced, but which they may have been unwilling to share previously. A ‘wiki’ is a website or database developed collaboratively by a community of users. Inspyred aims to create a space where clinicians can talk honestly about the problems they have experienced, so that others can learn how to avoid similar problems and complications in the future. If you would like to contribute to this column, please email details to inspyred@eao.org.

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