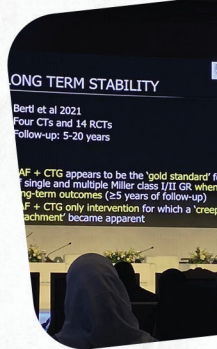
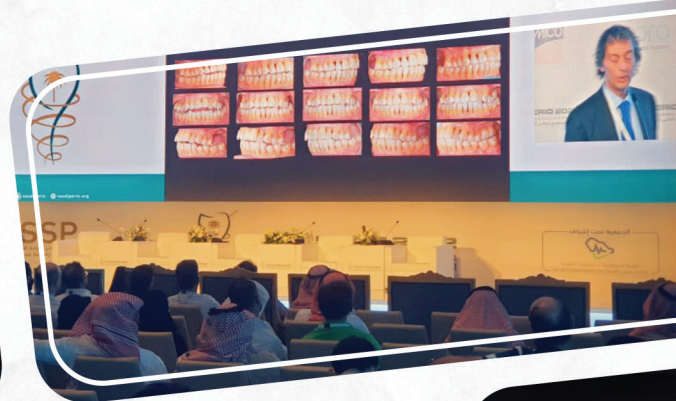




SSP

الجمعية السعودية لأمراض وجراحة اللثة
Saudi Society of Periodontology

Issue No. 9, December 2022



الجمعية تحت إشراف



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties



Dear colleagues,

Here we are meeting again at the 9th issue of our newsletter which is now in your hand hoping that it will convey you as before, interesting as well as useful information.

In this issue, we included special summaries from the recent Saudi international conference in periodontology. I would like to acknowledge all my colleagues who contributed to this effort in preparation, writing, editing or providing the essential information.

Along with the rest of the other sections, we hope that the material we present you today will bring us more and more closer together.

Dr. Adnan Almaghlouth
Editor in Chief

EDITORIAL TEAM



Dr. Adnan Almaghlouth



Prof. Fatin Awartani



Dr. Baher Felemban



Dr. Dalia Nourah



Dr. Maram F. Zamakhchari



Dr. Reham Al Jasser



Dr. Wejdan AlOtaibi

TABLE OF CONTENTS

Case Report: Implant Rehabilitation Of A Long-standing Edentulous Cancer Patient	3
Saudi International Periodontics Conference 2022: Sessions Summary Responses	14
SSP Events for January to March 2023	22
SSP Community Scientific Output	23
SSP New Periodontists	24
Newly Released to the Saudi Market: Geistlich Bio-Gide® Shape	27
Newly Released to the Saudi Market: Hu-Friedy Corn Suture Pliers #20	29
Newly Released to the Saudi Market: Geistlich Bio-Oss Pen	30

CASE REPORT

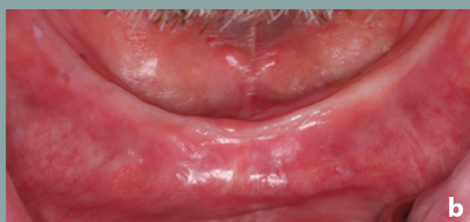
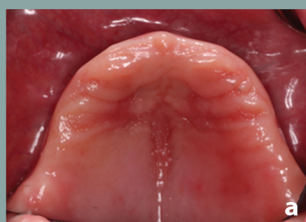
Implant Rehabilitation Of A Long-standing Edentulous Cancer Patient

Anass Koleilat DDS,MS. Bandar Almaghrabi BDS,MS., UB SUNY School of Dental Medicine
Email: anasskol@buffalo.edu , baa8@buffalo.edu

INTRODUCTION

Edentulism is an irreversible and debilitating public health condition especially among the elderly (1). Tooth loss leads to bone loss which can be an ongoing process when dentures are being used. This affects the mandible four times more than the maxilla (2). This process can be further complicated by radiation therapy due to oral cancer. Oral surgical procedure is an important risk factor for developing Osteoradionecrosis (ORN). ORN is defined as exposed irradiated bone that fails to heal over a period of 3 months without evidence of persisting or recurrent tumor (3). The exact mechanism of action of the disease is still not well understood. The hypocellular, hypovascular and hypoxic (3 H's) environment creates a challenge to bone regeneration procedures and dental implant healing (4). Not only the hard tissues are compromised, but also the atrophied, erythematous and fibrotic mucosa limits the success of removable prosthesis. ORN is a serious complication that can lead to complete resection of the mandible in case of advanced stage of the disease therefore prevention of such complication and proper knowledge of its risk factors is essential (4).

Post-Op



a. Pre-operative maxillary occlusal view. Note the red color of the mucosa and the inflamed palatal salivary gland indicative of dry mouth due to radiation therapy.

b. Pre-operative mandibular occlusal view. Note the knife edge appearance of the ridge with lack of adequate keratinized gingivae.

c. Panoramic x-ray pre-treatment

Implant Rehabilitation Of A Long-standing Edentulous Cancer Patient

Figure 1

- Radiation Prescription and clearance was obtained from the patient's oncologist in order to determine eligibility for dental implant surgery.
- Dose mapping of the mandible. Note that the anterior mandible received 2,000 to 4,000 cGy.
- Dose mapping of the maxilla. Note that most of the maxilla is spared from radiation with limited posterior areas received less than 2,000 cGy

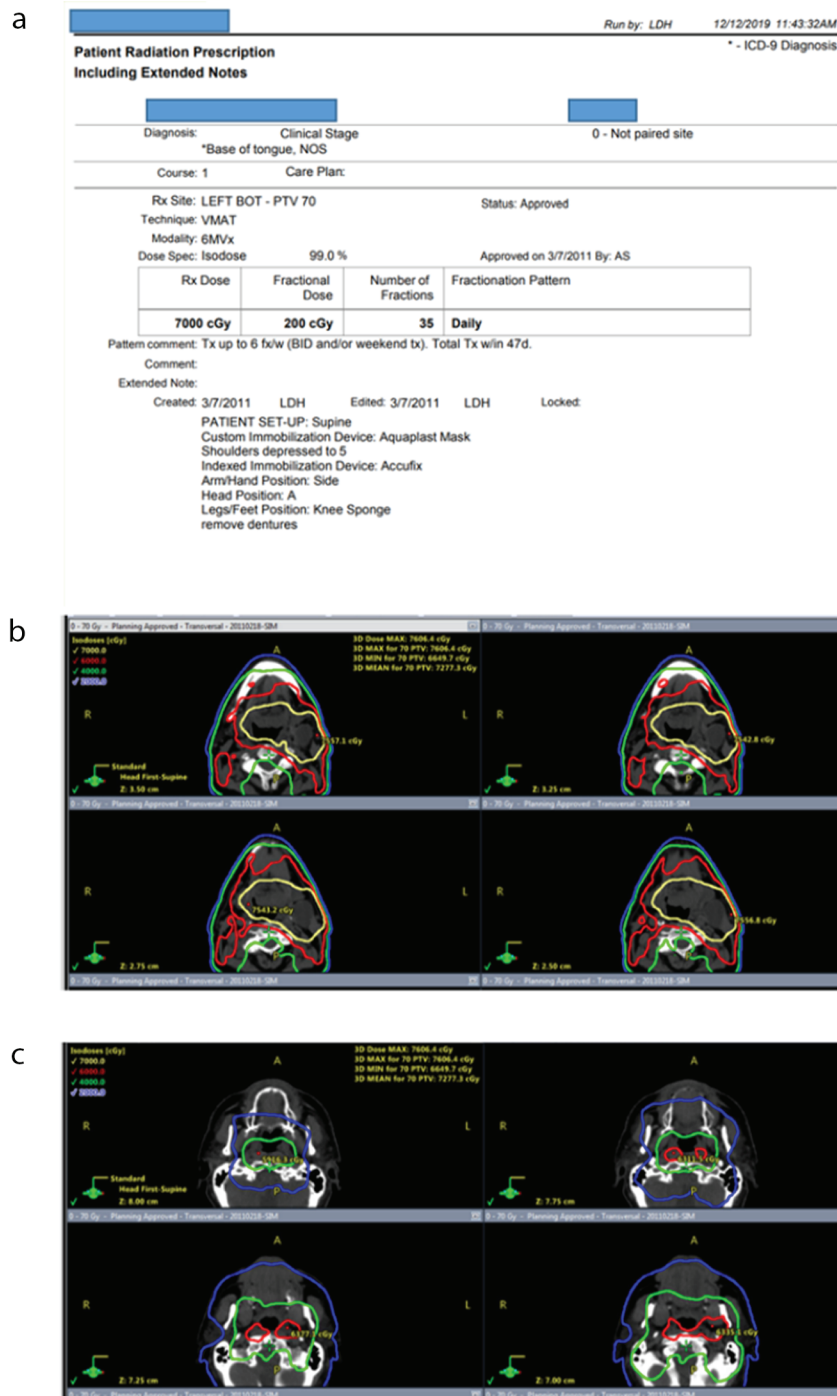
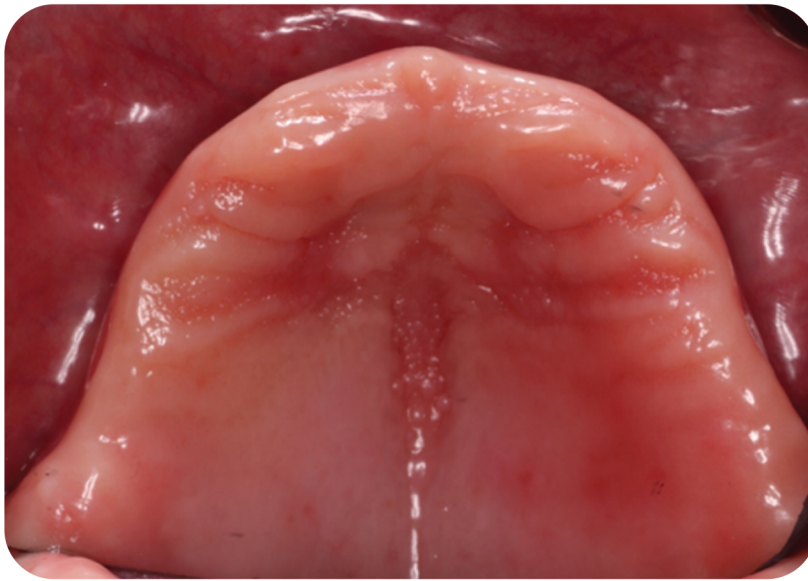
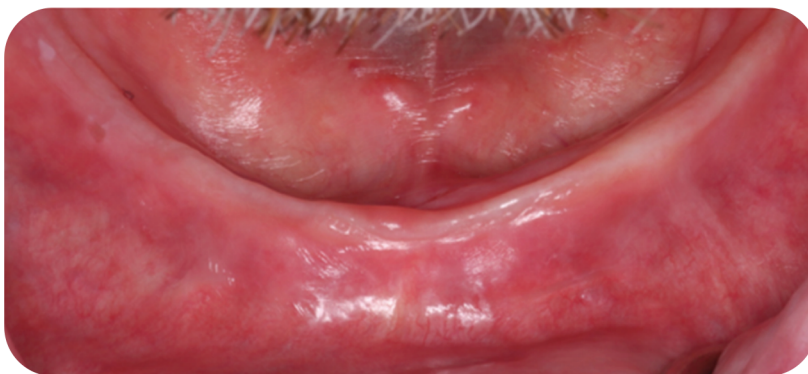


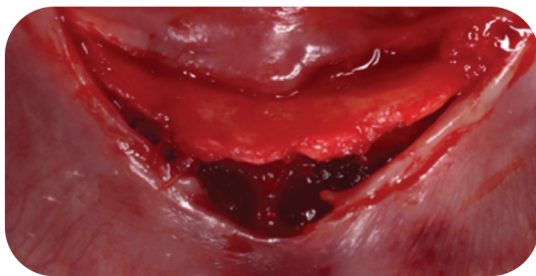
Figure 2

- a. Pre-operative maxillary occlusal view. Note the red color of the mucosa and the inflamed palatal salivary gland indicative of dry mouth due to radiation therapy.
- b. Pre-operative mandibular occlusal view. Note the knife edge appearance of the ridge with lack of adequate keratinized gingivae.

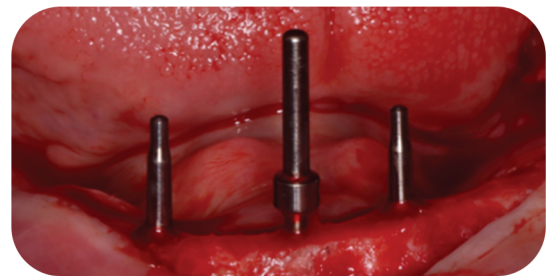
**a****b**

Implant Rehabilitation Of A Long-standing Edentulous Cancer Patient**Figure 3**

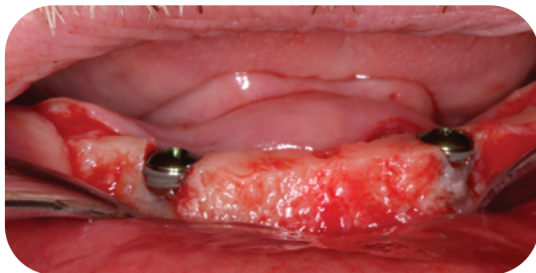
- a. knife edge ridge after flap reflection and poor bone quality.
- b. After alveoloplasty, 2 implant osteotomies were prepared 8mm from the midline pin with maximum parallelism.
- c. 2 implants placed 2mm sub-crestal with cover screws.
- d. 50-50 cortico-cancellous bone allograft was mixed with PRP and placed as a veneer buccal graft on the dehiscence covered by PRF membranes.
- e. 6 weeks post-op uneventful healing.
- f. second stage implants uncovering after 4 months



a



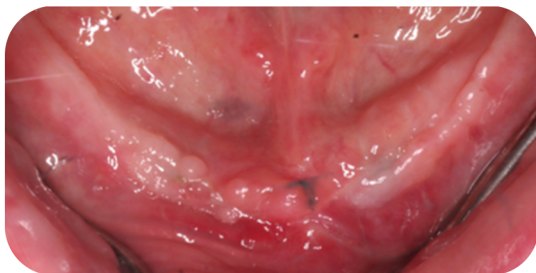
b



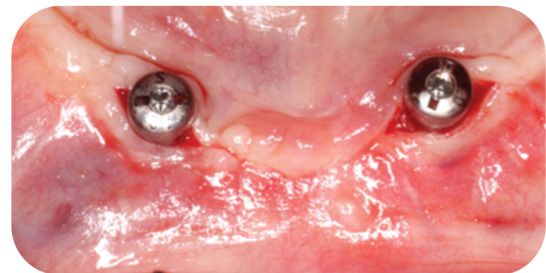
c



d



e



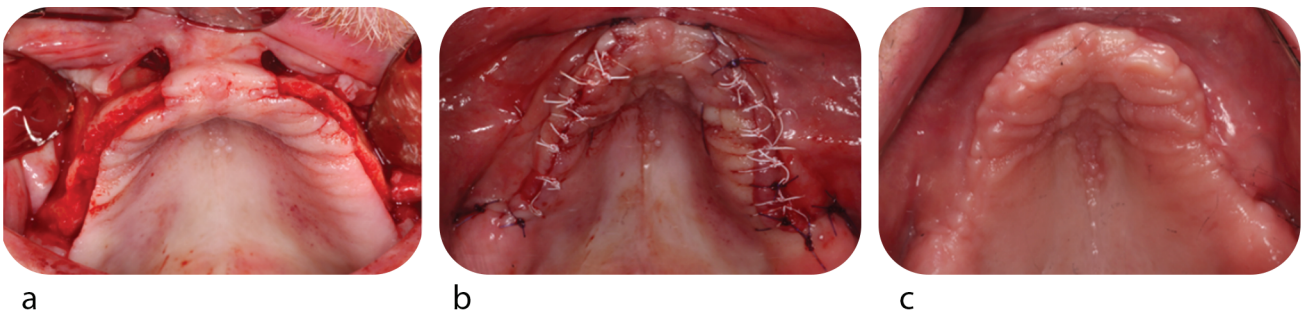
f

Figure 4

a. Flap design of maxillary GBR. Note the midline labial frenum is preserved to prevent wound dehiscence since no augmentation is desired at this location.

b. primary closure of the site using Glycolon and PTFE sutures. Note tension free closure with stable wound edges after lip retraction.

c. 6 weeks-op uneventful healing. No pressure from the denture was allowed for the first 8 weeks, the buccal flange was cut and the patient was advised to use adhesive instead.

**CASE REPORT**

A 60-year-old male with a history of 20 pack year of smoking, edentulism since he was 18 years old and a history of squamous cell carcinoma at the base of the tongue in 2011. He is current under remission and had quit smoking more than 20 years ago. Otherwise, the patient is not taking any medications daily. His chief complaint was "My dentures are not stable and I would like to get some implants to stabilize them so I can chew better."

Surgical consent was obtained. The surgery was done under local anesthesia.

Flap design is as seen in the figure for the mandibular implant overdenture. After full thickness flap reflection and removal of all granulation tissue, bone reduction was performed correlated with the CBCT. Osteotomy preparation was performed using dense bone protocol with countersink. 4.2 x 10 mm (Superline implants Dentium) were placed in a submerged healing covered by PRF membranes taken from the patient's blood prior to surgery. Buccal bone graft was performed to cover the exposed implant threads.

Flap design is as seen in the figure for the maxillary GBR prior to implant placement. After full thickness flap reflection and removal of all granulation tissue, bone deficiency correlated with the CBCT. Paper thin ridge is noted, so decortication was performed and a mixture of Xenograft (0.75g of Bio-Oss cancellous granules 1.00-0.25mm Geistlich) mixed with 3 cc of Allograft (AlloOss ACE surgical Supply cortico-cancellous 1,000-250 UM). The bone graft mixture was hydrated with 2 vials of rh-PDGF (0.5 cc syringe of 0.3mg/ml rh-PDGF Gem 21s) for about 10 minutes. Collagen Membrane (30 x 40 mm Bio-Guide Geistlich). The membrane was tacked on the Palatal side then rolled on the buccal side and stabilize with 2 tacks on both mesial and distal sites of the membrane. Periosteal releasing incision was made at the base of the buccal flap in order to obtain primary closure over the augmented site. Suturing was performed in 2 layers with a deep horizontal mattress and single interrupted sutures using PTFE and Glycolon sutures.

Figure 5

a & b. B-L ridge dimensions about 3-2mm with thin cortical plates fusing together and no cancellous bone in between.

c & d. Decortication of the surgical site depending in order to augment at the site of the future implants.

e & f. Bone graft : mixture of allograft, xenograft and biologics PDGF. Over-augmentation on the palatal side and on the buccal side to 10mm B-L and 10mm A-C.

g & h. Collagen membrane covering the augmented site stabilized with 2 tacks on the buccal side: one mesial and one distal. The membrane is tucked underneath the palatal flap.

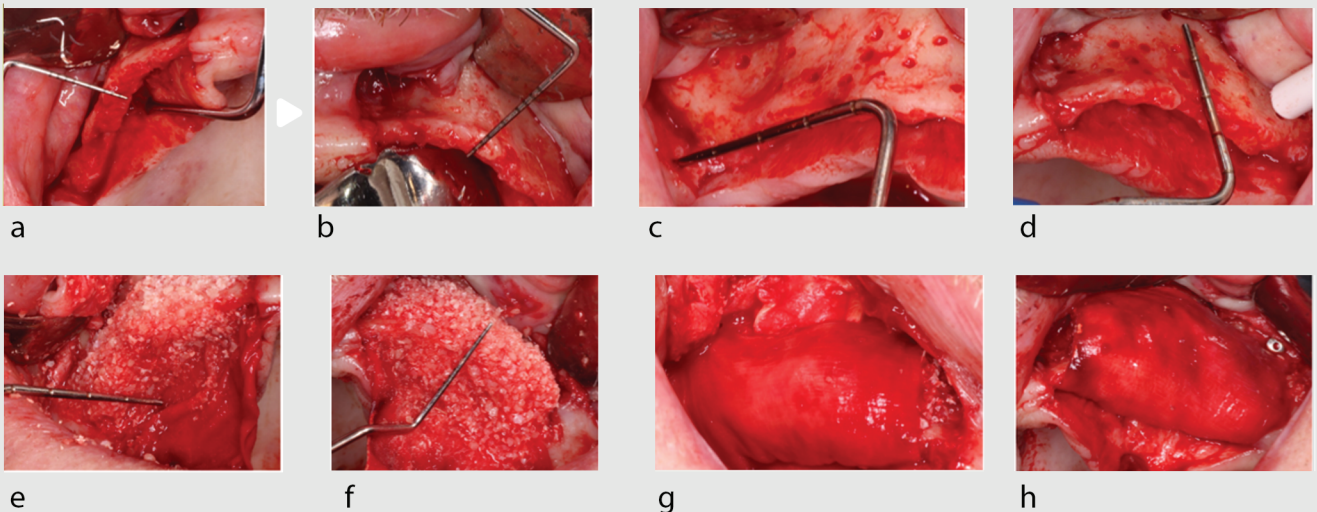
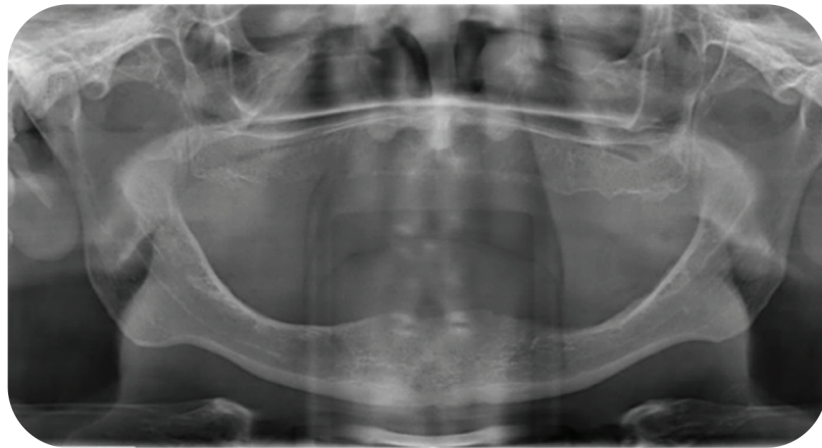


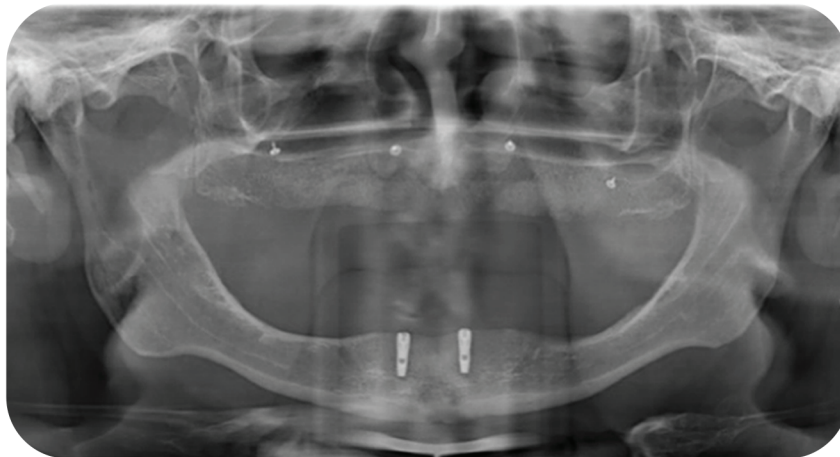
Figure 6

a. Panoramic x-ray pre-treatment

b. Panoramic x-ray post maxillary GBR with 4 tacks and 2 mandibular implants overdenture.



a



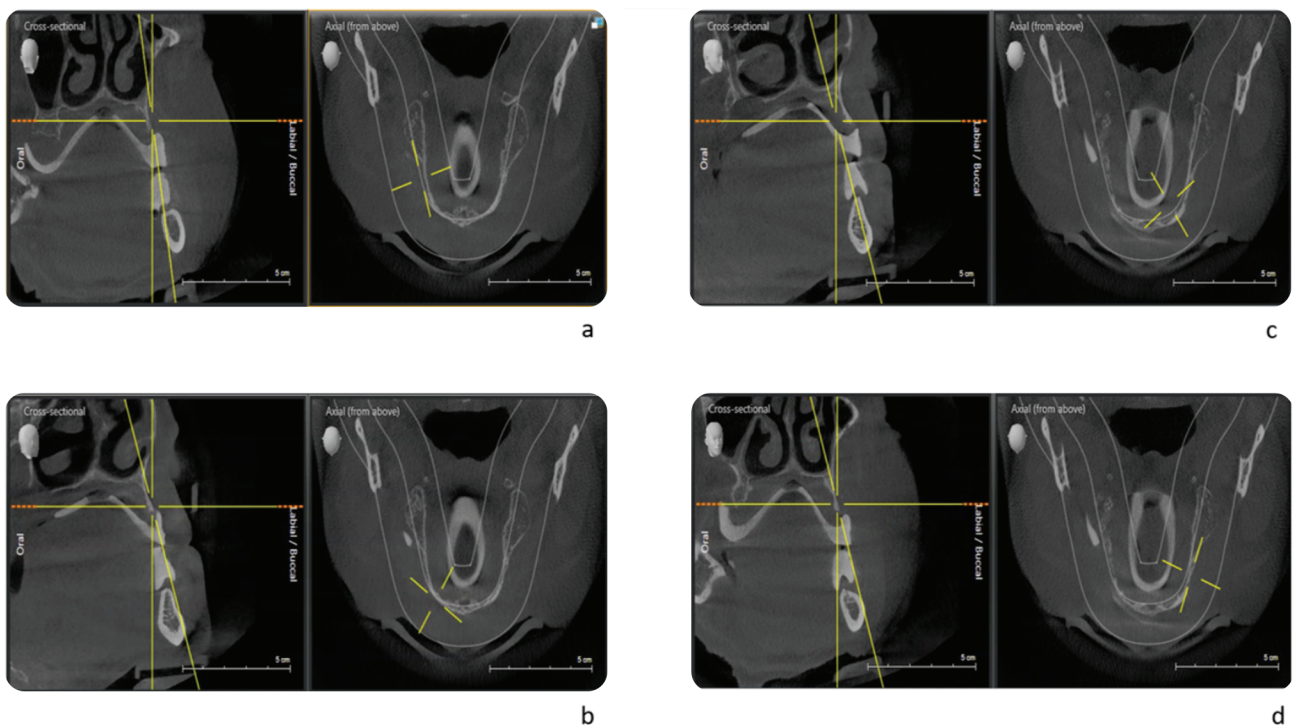
b

Implant Rehabilitation Of A Long-standing Edentulous Cancer Patient

Figure 7

Pre-surgical CBCT on 2020-10-02 taken with a radiographic stent.

- Cross sectional and Axial view of site #3 and 4 reveal paper thin basal bone with the Palatal cortical plate fused to the Buccal cortical plate and no trabecular bone present.
- Cross sectional and Axial view of site #5 and 6
- Cross sectional and Axial view of site #11 and 12
- Cross sectional and Axial view of site #13 and 14

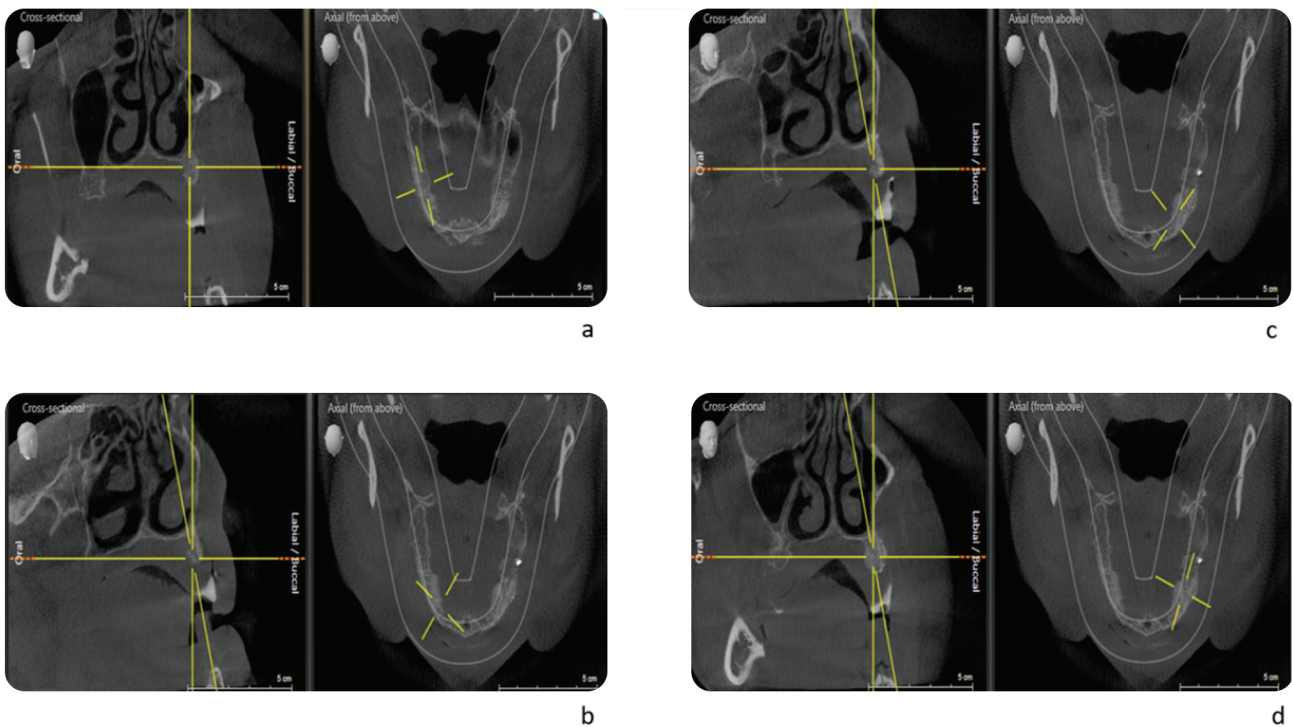


Implant Rehabilitation Of A Long-standing Edentulous Cancer Patient

Figure 8

Post-surgical CBCT on 2021-15-10 taken with a radiographic stent.

- Cross sectional and Axial view of site #3 and 4 reveal better bone density and improved B-P bone dimensions. Note the augmented site is both Buccal and Palatal.
- Cross sectional and Axial view of site #5 and 6
- Cross sectional and Axial view of site #11 and 12
- Cross sectional and Axial view of site #13 and 14



Implant Rehabilitation Of A Long-standing Edentulous Cancer Patient**Pharmacological management:**

1. Pentoxifylline 500mg BID 30 days prior to surgery and then 60 days after surgery
2. Vitamin E 1,000 UI QD 30 days prior to surgery and then 60 days after surgery
3. Amoxicillin 500mg TID for 10 days
4. Dexamethasone 0.5mg TID for 6 days
5. Ibuprofen 800mg as needed

The patient was seen after 2 weeks for a post-op check and removal of sutures then after 6 weeks to make sure gingival healing is within normal limits then he was seen after 6 months for a CBCT.

TREATMENT RESULTS

Healing was uneventful with no flap dehiscence and no infection. Post-surgical radiographs were taken.

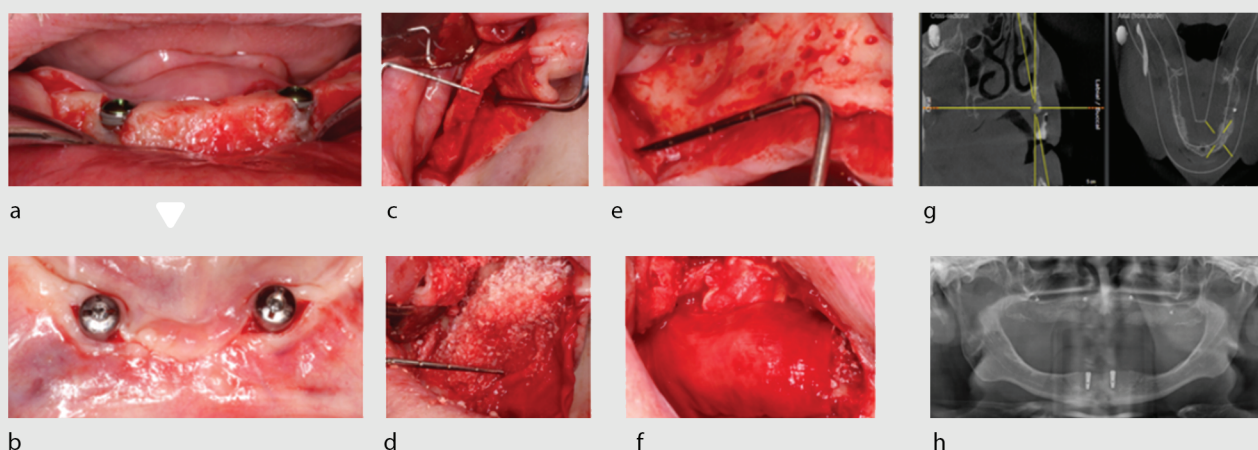
Second stage implant uncover was performed on implants #22 and 27 and the patient got 2 locators in preparation for a mandibular overdenture. A new interim complete upper denture was fabricated. At this point, the patient was happy and satisfied with his mandibular overdenture and with the retention of his maxillary denture as his ridge was reconstructed. Therefore, the patient decided not to continue with the original plan for a maxillary overdenture retrained by 4 implants.

Implant Rehabilitation Of A Long-standing Edentulous Cancer Patient

DISCUSSION

Edentulism can lead to impaired mastication, oral mucosal changes, general health, dietary intake, psychosocial and quality of life impairment (5). Therefore, improving his current removable dentures with some form of implant surgery was performed. High radiation dose, poor periodontal status and alcohol use are associated with ORN (6). The onset of ORN ranges from 8 to 19 months as reported in several studies with a median time of 10.9 months (7). Hence, a longer time span between irradiation and dental implant surgery provides less risk and better bone forming capacity. In our case, implants were placed 10 years after radiation therapy and the patient is in complete remission. No failures of implants were observed with a radiation dose less than 50-45 Gy (8). Achieving good bone regeneration in such medically compromised patient and in such defect morphology is challenging. Therefore, the use of growth factors namely rhPDGF to promote angiogenesis and new bone formation was considered (9). PDGF mixed with a combination of xenograft and/or allograft is considered an off label use but consistent with good clinical practice (10).

Post-Op



- Overdenture retained by 2 implants performed in a staged approach.
- Implants at the time of 2nd stage
- Thin maxillary ridge deficient for implant placement. (identical situation present on the left side).
- Bone graft mixture placed on the B and P.
- Space measurement noted and decortication of the paper-thin bone to help with blood supply.
- Native collagen membrane tucked on the P side and fixed on the B side by 2 tacks in order to maintain the bone graft.
- CBCT reconstruction after 6 months revealing good bone width after GBR
- Post-op Panoramic x-ray revealing 2 endosteal implants and total of 4 tacks used for the maxillary GBR



SAUDI PERIO 2022

Saudi International Periodontics Conference 2022
المؤتمر السعودي للعالمى لأمراض وجراحة اللثة 2022

"What Patients Want.. What Patients Need"

November 11 to 12, 2022 Crown Plaza Hotel, Riyadh, KSA

SESSION SUMMARY RESPONSES

Day 1

Session 1: "Aesthetic Periodontal/Peri-Implant Procedures AND Patient Wishes"

PROF. ANTON SCULEAN

PROF. ABDELSALAM EL ASKARY

- The session was mainly focusing on achieving the highest possible esthetic outcome to meet patient's wishes.
- Two treatment goals were emphasized during implants placement, which are highly important to achieve by the end of the treatment, manifested as hard tissue and soft tissue stability.
- Etiologies of soft tissue recessions at implants were discussed and each etiology was supplemented with case scenario and proper case management.
- New predictable techniques (Modified coronally advanced tunnel) and (laterally closed tunnel) were introduced as treatment modalities for recession to overcome current treatment disadvantages.
- The novel vestibular socket therapy technique was introduced to overcome challenges in placing immediate implant.
- Atraumatic extraction technique was discussed using the vestibular socket therapy technique.
- The session was mainly focusing on achieving the highest possible esthetic outcome to meet patient's wishes.
- Two treatment goals were emphasized during implants placement, which are highly important to achieve by the end of the treatment, manifested as hard tissue and soft tissue stability.
- Etiologies of soft tissue recessions at implants were discussed and each etiology was supplemented with case scenario and proper case management.
- New predictable techniques (Modified coronally advanced tunnel) and (laterally closed tunnel) were introduced as treatment modalities for recession to overcome current treatment disadvantages.
- The novel vestibular socket therapy technique was introduced to overcome challenges in placing immediate implant.
- Atraumatic extraction technique was discussed using the vestibular socket therapy technique.



SAUDI PERIO 2022

Saudi International Periodontics Conference 2022
المؤتمر السعودي العالمي لأمراض وجراحة اللثة 2022

"What Patients Want.. What Patients Need"

November 11 to 12, 2022 Crown Plaza Hotel, Riyadh, KSA

SESSION SUMMARY RESPONSES

Day 1

Meet the Experts Session: "Dental Implants in Periodontitis Patient"

PROF. ALI AL GHAMDI

DR. AMAL AL SILMI

PROF. KHALID AL HAMDAN

- The speakers focused this session on periodontitis. The importance of routine periodontal examination and the frequency of periodontitis among implant patients was highlighted. The speakers agree that the most difficult part in controlling periodontitis in implant patients is smoking cessation followed by oral hygiene. Peri-implantitis and periodontitis share similar pathogenicity and microbiota composition as well as similar risk factors (oral hygiene, diabetes, and smoking). Lastly, with regards to antibiotics for implant patients, depending on the risk factors and procedure related factors, the clinicians have to make a decision in a case-by-case bases.
- Placement of implant in patient with active and/ or advance periodontitis?
- Patient risk assessment is crucial.
- Patient compliance should be determined.
- Patient education and motivation is key element for successful treatment.
- No complex treatment (prosthodontic/ rehab) before stabilizing periodontal condition.
- Placement of implant in smokers?
- Not absolute contraindication.
- Patient must be aware that he/she at a doubled risk of having implant failure, especially if he/she did not consider smoking cessation, improving oral hygiene and compliance with recall maintenance visits.
- Premedicate or no?
- Depends on the medical condition of the patient, type of procedure and the patient risk.



SAUDI PERIO 2022

Saudi International Periodontics Conference 2022
المؤتمر السعودي للعالمى لأمراض وجراحة اللثة 2022

"What Patients Want.. What Patients Need"

November 11 to 12, 2022 Crown Plaza Hotel, Riyadh, KSA

SESSION SUMMARY RESPONSES

Day 1

Session 3: "Reconstructive Periodontal/Peri-Implant Therapy: Patient Perception"

DR. OLIVIER CARCUAC

- The speaker introduces an alternative treatment option when treating isolated mid-buccal recession in lower anteriors (mainly RT1 recessions) which is the modified FFG technique (Mod FGG). Mod FGG helps to achieve improved blood supply from the recipient site to the graft and subsequently provides better predictable outcomes compared to conventional FGG (in terms of percentage of root coverage, amount of KT, patient related outcomes, post-surgical shrinkage (4% in Mod FGG vs. 40% in Conventional FGG), post-surgical morbidity after 12 months). However, longer follow ups are needed.

PROF. DENIS BOURGEOIS

- The speaker talks about multiple considerations for disease prevention; dentist's duty to educate the patients about oral hygiene and to give proper individualized recommendations based on patients' needs. He discusses about the profile of toothbrushes. He emphasizes on how regular toothbrushes are unable to access the ecological niches which harbor a huge number of different types of bacteria present in the interdental spaces. Those interdental spaces represent 40% of all dental surfaces which highlights the importance of incorporating interdental brushes (with selecting the appropriate sizes based on patients' needs) in phase I therapy.

PROF. BRUNO NEGRI

- The speaker discusses implant considerations and new trends that should be kept in mind specially in regards to implants in the esthetic zone with the aid of virtual treatment planning for a better accuracy of implant placement. He presents different cases that show the workflow of digital guided surgery: photos, CBCT, intraoral scanning, data processing, and finally execution.

DR. ALESSANDRO CREA

- The speaker mainly discusses the multiple factors in relation to clinicians and patients' expectations for better a periodontal regeneration with less invasiveness.



SAUDI PERIO 2022

Saudi International Periodontics Conference 2022
المؤتمر السعودي العالمي لأمراض وجراحة اللثة 2022

"What Patients Want.. What Patients Need"

November 11 to 12, 2022 Crown Plaza Hotel, Riyadh, KSA

SESSION SUMMARY RESPONSES

Day 2

Session 4 (Special SEPA Session): "Complications Surrounding Dental Implants: Patient Awareness"

PROF. NEREA SANCHEZ

DR. GONZALO BLASI

PROF. FERNANDO LUENGO

• In this secession, the prevention of some of the main risk factors and indicators for biological and aesthetic complications around dental implants were highlighted. Prof. Sanchez emphasized on the implant malposition. She showed the importance of placing the dental implant in an ideal 3D position with the help of surgical guide. Then Dr. Blasi resumed the second part focusing on three main soft tissue factors. Which are: insufficient keratinized mucosa (<2mm), shallow vestibule (<4mm), and thin phenotype (<2mm). He presented different approaches for managing these factors.

Finally, Dr. Fernando brought the attention on the prosthetic features. He discussed the effect of the emergence profile, impression accuracy, cemented vs screw retained crowns, characteristics of the abutment, and oral hygiene accessibility on the success of dental implants.



SAUDI PERIO 2022

Saudi International Periodontics Conference 2022
المؤتمر السعودي العالمي لأمراض وجراحة اللثة 2022

"What Patients Want.. What Patients Need"

November 11 to 12, 2022 Crown Plaza Hotel, Riyadh, KSA

SESSION SUMMARY RESPONSES

Day 2

Session 5: "Beautiful Smiles with Teeth and Implants ... The Patient's Opinion"

DR. ARMANDO LOPES

PROF. DIMISTRIS N. TATAKIS

- Oral rehabilitation using All-on-4 protocol technique was discussed.
- Current options to treat fully edentulous patient were introduced.
- Long-term outcome of recession and treatment options were explained and supported with clinical cases and their proper management.
- The effect of smoking in the outcome of root coverage is highly significant with 17.5% less predictability.
- Aesthetic crown lengthening prerequisite elements.
- Excessive gingival display etiologies and proper management.
- The All-on-4 Concept: Surgical Considerations and Long-Term Follow-Up.

The speaker started by explaining the Need for a simple full-mouth rehabilitation method and Reviewing the history of all on 4 concepts. The All on 4 concept eliminate the need for complex treatment like bone graft and offer immediate loading. Artificial gingiva is always used in prosthetic parts for better esthetic. The surgical protocol includes 4 implants in the maxilla with 35 to 45 tilting of the posterior implant aligned with the median sinus wall in the maxilla and 6 to 4 in the mandible.

- Gingival Recession and Root Coverage in the 4th Dimension

The speaker started by defining and explaining the classification of gingival recession, also the epidemiology and the progression of recession. recession can increase over time but it does not affect tooth survival. Only 11 % of patient request treatment for recession. A smoker patient has 17.5% less coverage than a non-smoker. Long-time remodeling of tissue improves the esthetic outcome. CTG has the best long-term outcome and stability. CTG "gold stander" will have better results over the time in Root Coverage procedure.



SAUDI PERIO 2022

Saudi International Periodontics Conference 2022
المؤتمر السعودي العالمي لأمراض وجراحة اللثة 2022

"What Patients Want.. What Patients Need"

November 11 to 12, 2022 Crown Plaza Hotel, Riyadh, KSA

SESSION SUMMARY RESPONSES

- Aesthetic Crown Lengthening

The speaker started by explaining the smile essentials (lips, teeth, and gingiva). female has more high smile than male. The gingival consider most attractive when 0 mm is displayed. the altered passive eruption affects 50% of the patient with gummy smiles, and 75% of patients them has type B where the bone level is at CEJ. Proper assessment of the etiology, gingiva and bone position is important to select the best treatment option for the patient. ECL is effective, predictable, long lasting procedure with high patient satisfaction.



SAUDI PERIO 2022

Saudi International Periodontics Conference 2022
المؤتمر السعودي العالمي لأمراض وجراحة اللثة 2022

"What Patients Want.. What Patients Need"

November 11 to 12, 2022 Crown Plaza Hotel, Riyadh, KSA

SESSION SUMMARY RESPONSES

Day 2

Session 6: "Implants Vs. Natural Teeth ... What Does the Patient Want/Need?"

DR. ALVARO BLASI

DR. GONZALO BLASI

DR. ALFONSO RAO

- (The approach of treatment of non-restorable teeth, part 1 and 2)

The speaker started by discussing the importance of the Multi Interdisciplinary approach using organized Diagnosis, prognosis factors, and treatment plan. Several therapeutic approaches for maintainable teeth were discussed. On the other hand, for non-maintainable teeth, auto transplantation, pre-extraction, and implant therapeutic options were explained. The speakers concluded that Not all hopeless tooth is useless we can use it to modify tissue. And patient treatment should be a teamwork approach, oriented around patients, highlighting the importance of ortho-perio-prostho communication.

- (To save or to extract)

The speaker started by explaining the importance of performing patients esthetic risk assessment before the treatment.

Then he presented multiple cases and proposed different treatment approaches.

The speaker concluded that it's essential to evaluate all the different options before deciding to remove the patient's teeth. There are many factors to consider such as prognosis, aesthetic, maintenance, and cost. Lastly, each patient is unique and one solution does not fit all.



SAUDI PERIO 2022

Saudi International Periodontics Conference 2022
المؤتمر السعودي العالمي لأمراض وجراحة اللثة 2022

"What Patients Want.. What Patients Need"

November 11 to 12, 2022 Crown Plaza Hotel, Riyadh, KSA

SESSION SUMMARY RESPONSES

Day 2

Session 7: "High-Tech Periodontal/Peri-Implant Treatment Options for Different Patients"

PROF. RODRIGO NEIVA

DR. RAWAD SAMRANI

DR. HAITHAM FAGEEH

- Immediate function: current standards in implant osteotomy preparation.

In his lecture, Dr. Rodrigo Nieva discussed the Superior clinical outcomes of immediate implant placement with the use of osseodensification technique, in which it maximizes the amount of osteoconductive bone surrounding the implant for stability and optimize functional loading time.

- 3D ridge augmentation: is autogenous bone absolutely needed?

In his lecture, Dr. Rawad Samarani Reviewed a wide variety of biomaterials and techniques that can be used for 3D bone reconstruction for the 3 dimensional bony defects. He advocated the use of non-autogenous bone grafts (a combination of allograft material - mixture of FDBA with DFDBA - and anorganic bone materials) for vertical and horizontal ridge augmentation , as it yielded a relatively good and stable clinical results without the need of second site surgery.

SSP Events For January to March 2023

INTERNATIONAL EVENTS

Name	Institution	Publication title	Date
AEEDC		AEEDC	Feb 2023 ,09-07
Link to the journal	https://aeedc.com/conference-program-day-1/		
Digital Dentistry Society		Digital Dentistry Society Switzerland Congress 2023	Feb 2023 ,11
Link to the journal	https://digital-dentistry.org/activity/dds-switzerland-national-congress-2023/		
European Federation of Periodontology		(EFP) Perio Master Clinic 2023	March 04-03, 2023
Link to the journal	https://www.emedeevents.com/c/medical-conferences-2023/european-federation-of-periodontology-efp-perio-master-clinic-2023		

DOMESTIC EVENTS

Name	Institution	Publication title	Date
SIDC 2023		34th Saudi International Dental Conference	Jan 2023 ,21-19
Link to the journal	https://sidc.org.sa/		

SSP Scientific Community Output

Name	Institution	Publication title
Dr. Yasser Alrayyes Dr. Saleh AlOraini Dr. Ahmed Alkhalaf Dr. Reham AlJasser	King Saud University	Soft-Tissue Healing Assessment after Extraction and Socket Preservation Using Platelet-Rich Fibrin (PRF) in Smokers: A Single-Blinded, Randomized, Controlled Clinical Trial
Link to the journal	https://aeedc.com/conference-program-day-1/	



THE SAUDI SOCIETY OF PERIODONTOLOGY IS PLEASED TO WELCOME OUR NEW PERIODONTISTS AND WISH THEM ALL THE BEST



Dr. Nouf Zaid AlMeshari

- Prince Sultan Military Medical City Saudi Board of Periodontics
- Bachelor Degree in Dental Surgery Riyadh Elm University



Dr. Shahad Mohammed Halawani

- Postgraduate Degree
- Saudi Board of Periodontics
- Bachelor Degree in Dental Surgery 2017
- Al-Farabi College of Dentistry & Nursing "Vision" Riyadh, KSA



Dr. Ashraf Saleh Mahmmoud Baboor

- Ministry of Health - Taif Region
- Saudi Board of Periodontics Graduate
- Bachelor of Dental Medicine and Surgery
- Taibah University Madinah Al-Munuarrah



Dr. Abdulmajeed Mohammed AlMuaddi

- Current Working Place: King Khalid University
- Postgraduate Training Center: King Abdulaziz Medical City (King Saud Bin Abdulaziz University for Health Sciences)
- Bachelor's Degree: King Khalid University, KSA



THE SAUDI SOCIETY OF PERIODONTOLOGY IS PLEASED TO WELCOME OUR NEW PERIODONTISTS AND WISH THEM ALL THE BEST



Dr. Mohammed Saleh Alammash

- Current working place: Security Forces Hospital-Riyadh
- Postgraduate Degree: Saudi Board in Periodontics
- Training Center: Riyadh Elm University
- Bachelor's Degree: King Saud University



Dr. Khadeeja Maleh Hussain Alqahtani

- Current working Place: MOH
- Postgraduate Degree: Saudi Board Certified Periodontist
- Bachelor's Degree: King Khalid University



Dr. Abdulelah Ali S AlSubaie

- Current workplace: Ministry of Health
- Postgraduate Degree: Saudi Board in Periodontics
- Bachelor's Degree: BDS Imam Abdulrahman Bin Faisal



Dr. Lujain Shaikh

- Current working place: Qassim Regional Dental Center
- Postgraduate Degree: King Saud University and King Faisal Speciality Hospital and Research Center
- Bachelor's Degree: Riyadh Elm University



THE SAUDI SOCIETY OF PERIODONTOLOGY IS PLEASED TO WELCOME OUR NEW PERIODONTISTS AND WISH THEM ALL THE BEST



Dr. Sharifa Abdulwahab Alamer Alqahtani

- Current working place: Ministry of Health - Abha
- Postgraduate Degree: Saudi Board in Periodontics
- Training Center: Riyadh Elm University
- Bachelor's Degree: King Khaled University



Dr. Zainah Mohammed Sambawa

- Prince Sultan Military Medical City, Riyadh
- Saudi Board of Periodontics in National Guard Health Affairs
- Bachelor's Degree in Dental and Oral Surgery: Riyadh Elm University in 2012



Dr. Nuha Abdullah AlShammari

- Postgraduate Degree: Saudi Board of Periodontics
- King Abdulaziz Medical City (MNGHA)
- Bachelor Degree: Dental Science King Saud University (KSU)



Newly Released to the Saudi Market

1. Company: Geistlich

Product: Bio-Gide® Shape Geistlich Bio-Gide® Shape is specially designed for use in non-intact extraction sockets. The modified structure, makes it firmer when dry to enhance handling and application. Geistlich Bio-Gide® Shape when combined with Geistlich Bio-Oss Collagen® is the optimal solution for extraction socket management.

Shaped to Place

Geistlich Bio-Gide® Shape is specially designed for use in non-intact extraction sockets. The modified structure, makes it firmer when dry to enhance handling and application.

Geistlich Bio-Gide® Shape when combined with Geistlich Bio-Oss Collagen® is the optimal solution for extraction socket management.



**Our Proven Membrane
Fits Your Vision EXACTLY**

For More Information Visit
bio-gide.geistlich-na.com

For more information on contraindications, precautions, and directions for use, please refer to the Geistlich Bio-Gide® Shape Instructions for Use at: dental.geistlich-na.com/ifu



EXACTLY
like no other.



Newly Released to the Saudi Market

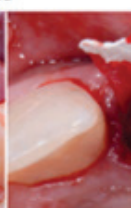
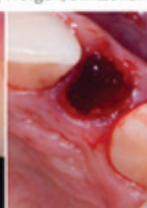
Making the Case for Shape

► Treatment of a Non-Intact Extraction Socket with Geistlich Bio-Gide® Shape

Dr. Marco Zeltner | Horgen, Switzerland



Atraumatic extraction of tooth #10 with the Benex® Extraction Kit. Inspection of the extraction socket with a periodontal probe shows a buccal bony defect.



Geistlich Bio-Gide® Shape is placed buccally on the inner alveolar wall, slightly protruding the crestal bone.



Geistlich Bio-Oss Collagen® fills the socket up to the soft-tissue level. It might be advantageous to cut up the Geistlich Bio-Oss Collagen® and to insert it hydrated piece-by-piece.



The socket is closed with Geistlich Bio-Gide® Shape. The augmented site is stabilized tension-free by cross suturing.



Clinical situation 3 months after tooth extraction.



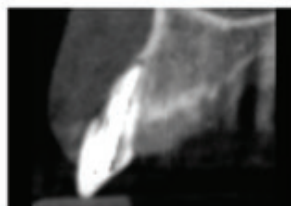
Restoration with a resin-bonded fixed dental prosthesis 3 months after tooth extraction.

► Ridge Augmentation and Delayed Implant Placement on an Upper Lateral Incisor

Dr. Daniele Cardaropoli | Torino, Italy



"Geistlich Bio-Gide® Shape is a user-friendly product that can easily be used in the management of post-extraction sites for ridge preservation."



The cone beam image shows the missing bony buccal plate.



Geistlich Bio-Gide® Shape is inserted into the socket, with the long wing in contact with the buccal surface in order to recreate the cortical bone.



The socket is carefully grafted with Geistlich Bio-Oss Collagen®.



The three remaining wings of Geistlich Bio-Gide® Shape are folded over the bone graft and gently secured inside the gingival sulcus. The membrane is then sutured to the surrounding soft-tissue with six single-interrupted sutures.



After flap elevation at 4 months, the new buccal bone plate can be detected, together with a completely filled alveolus. An implant can now be easily inserted into a fully healed ridge.



Clinical image of the final ceramic crown 1 year post-surgery. An esthetic improvement can be noted when compared with the baseline image. The free gingival margin has been shifted in a coronal direction.



Newly Released to the Saudi Market

2. Company: Hu-Friedy

Product: Corn Suture Pliers #20 Corn Suture pliers are ideal for use with guided tissue regeneration procedures. And to stabilize various types of suture material in area of interest.



20 Corn Suture
Pliers

| SP20

15 cm (6")



Newly Released to the Saudi Market

3. Company: Geistlich

Product: Bio-Oss, Pen

Within a convenient delivery system, Geistlich Bio-Oss Pen® contains our sterile, biocompatible porous bone mineral substitute. Due to its structure Geistlich Bio-Oss® is physically and chemically comparable to the mineralized matrix of human bone. It is available in spongiosa (cancellous) granules and blocks.



Geistlich Bio-Oss Pen®

Geistlich Bio-Oss Pen® contains Geistlich Bio-Oss®, the leading bone substitute for guided bone regeneration^{1,2}, in a convenient, easy-to-use applicator. It enables precise placement of the granules into the defect and provides excellent handling properties.

For additional information on the benefits of Geistlich Bio-Oss Pen®, please review the Downloads section on the right hand side of this page.

Leading clinicians rely on Geistlich Bio-Oss Pen® because

- Geistlich Bio-Oss® augmented bone leads to high implant survival rates, comparable with implants placed in native bone^{4,5}.
- Geistlich Bio-Oss® is validated by 25 years of successful use and testing
- Geistlich Bio-Oss Pen® is convenient and easy to use.
- Superior consistency ensures easy handling and optimal bonding to the defect wall.
- Curved applicator tip makes posterior regions of the mouth more accessible.
- Geistlich Bio-Oss Pen® reduces spillage and residual waste of granules.

Geistlich Bio-Oss Pen® reduces procedure time

The pre-filled syringe is ready to use after moistening and provides clean and hygienic handling.



Newly Released to the Saudi Market

Geistlich Bio-Oss Pen®



Geistlich Bio-Oss Pen® - an innovative applicator for the proven Geistlich Bio-Oss® granules.

References:

1. iData Research Inc., US Dental Bone Graft Substitutes and other Biomaterials Market, 2015.
2. iData Inc., European Dental Bone Graft Substitutes and other Biomaterials Market, 2015.

