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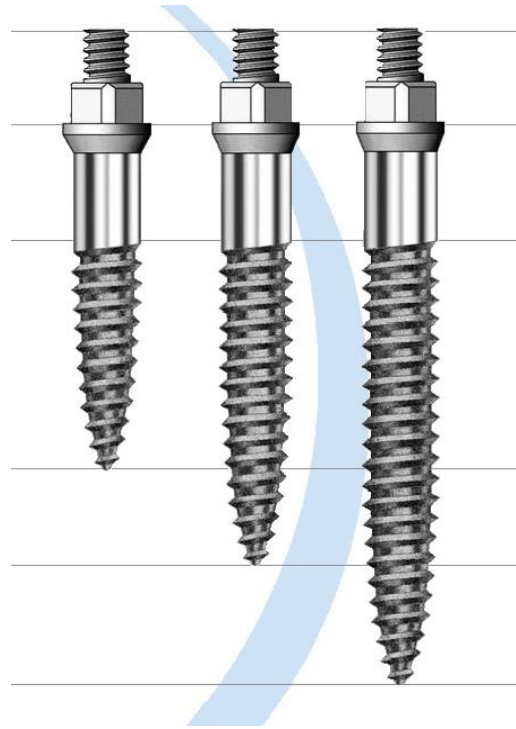
At-a-Glance

- Technique & Clinical Cases



ANew[®]

Dentatus Implant systems



Diameters: 1.8, 2.2, 2.4 and 2.8

	<u>Thread Length (mm)</u>	<u>Total Length (mm)</u>
Short	7.0	14.3
Medium	10.0	17.3
Long	14.0	21.3

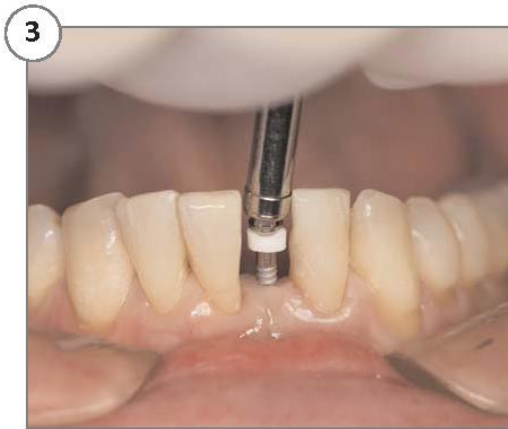
Placing The Implants



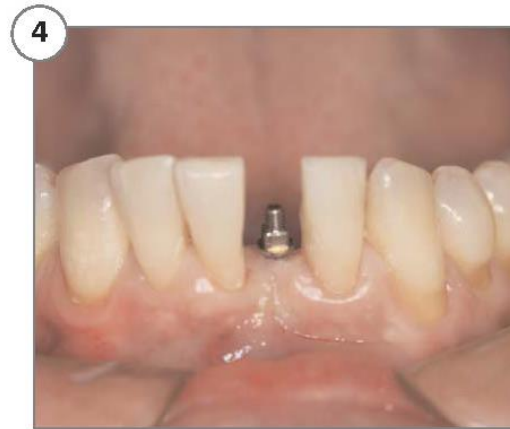
Drill Osteotomy



Initial Placement



Drive Implant



Fully Seat Anew Implant

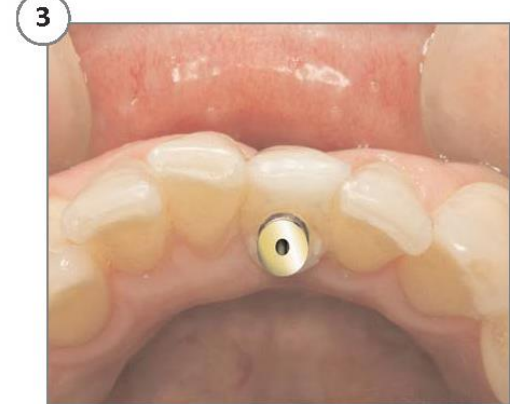
Assembling the Temporary



Assemble Platform & Black Screwcap



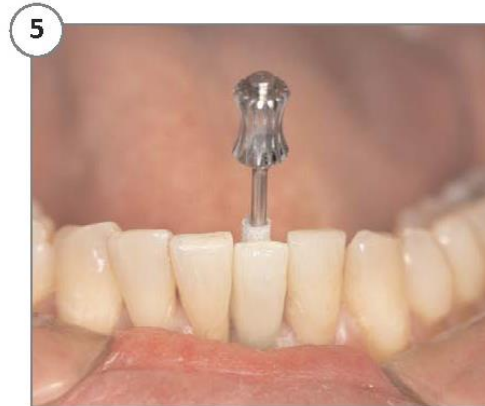
Place the Temporary Crown



Fill with Composite



Light Cure

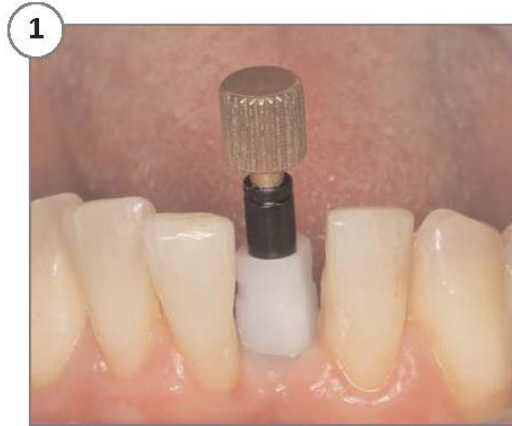


Finish & Secure with White Screwcap

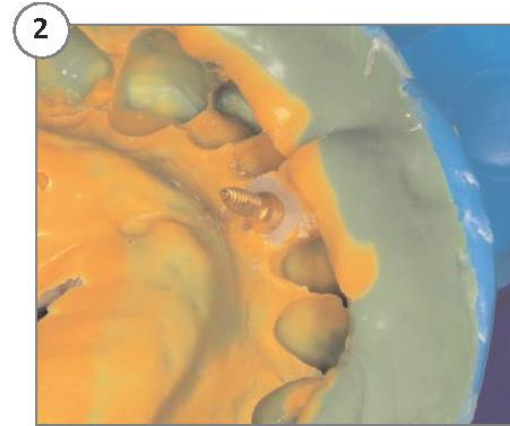


Cut Down Screwcap & Plug with Composite

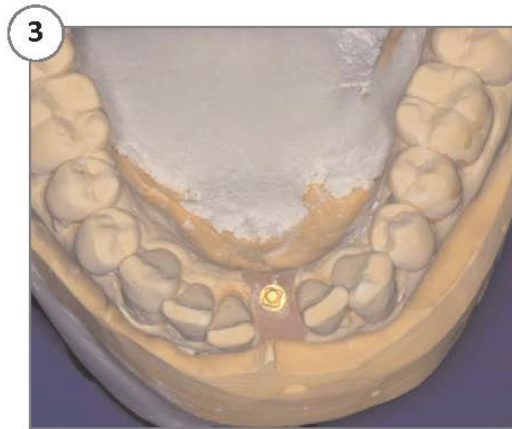
Impression



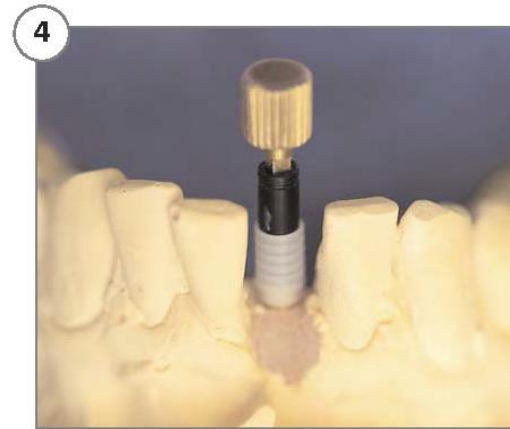
Assemble Impression Coping & Black Screwcap



Closed Tray Impression

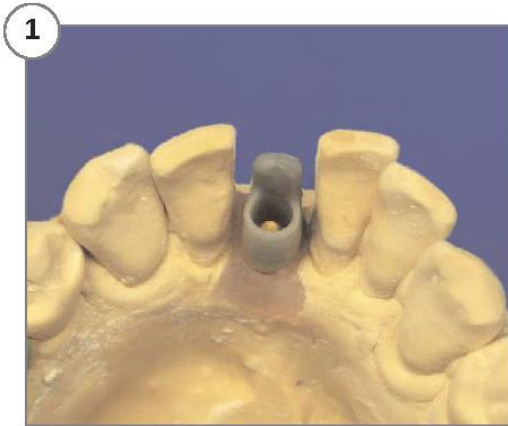


Stone Model with Analog

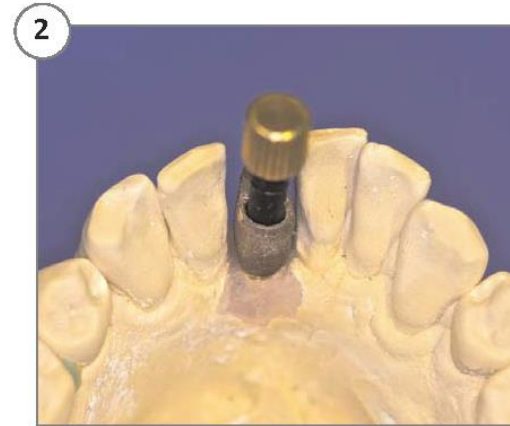


Assemble Castable Platform & Black Screwcap

Final Restoration



Wax Pattern



Cast Gold Platform



Secure with White Screwcap

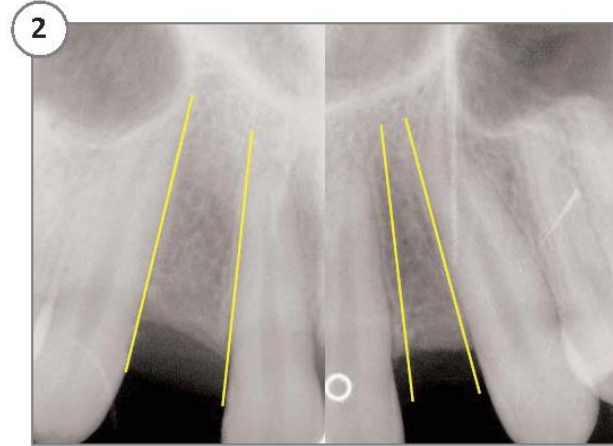


Cut Down Screwcap & Plug with Composite

Clinical Case - Missing Laterals



Pre - Op



X-Ray of Tapering Roots

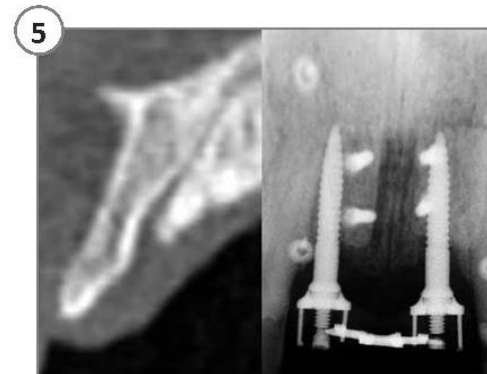
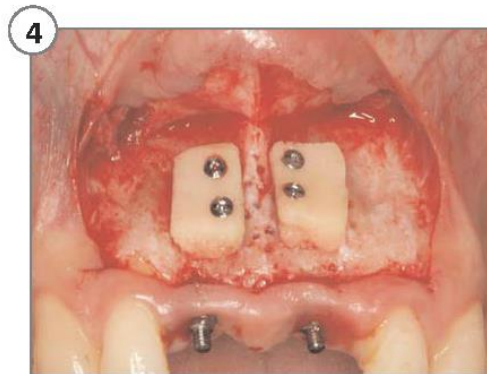


Anew Implants



Provisional Restoration

Clinical Case - Maxillary Bridge



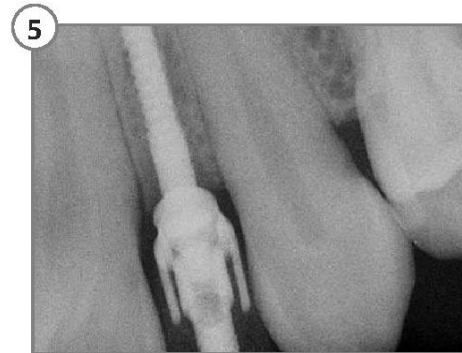
Photos courtesy of Dr. W.B. Kim & Dr. S. Shetty

Clinical Case - Missing Centrals



Photos courtesy of Dr. Sang Choon Cho

Clinical Case - Pegged Lateral



Photos courtesy of Dr. Stuart Froum

Clinical Case

- Emergency Repair of Failing Bridge



Photos courtesy of Dr. Ziv Mazor

ANEW Kits & Components

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Narrow-Diameter Implants: A Restorative Option for Limited Interdental Space



Stuart J. Froum, DDS¹
Sang-Choon Cho, DDS²
Young Sung Cho, DDS³
Nicolas Elian, DDS⁴
Dennis Tarnow, DDS⁵

The present study reports on the results of the use of a screw-retained narrow-diameter implant (NDI) system as an option for implant placement in areas of limited bone volume. This retrospective report followed 48 NDIs in 27 patients for 1 to 5 years postloading. No implant failures were reported, yielding a 100% survival rate. The screw-retained attribute of this system allows retrievability of the restorations, which may require replacement because of porcelain fracture, chipping, or a desire to change color. The three diameters available—1.8 mm, 2.2 mm, and 2.4 mm—allow flexibility for a variety of narrow edentulous spaces. These NDIs present a cost-effective alternative for restoring limited spaces with implant restorations, without the bone augmentation or orthodontic procedures required for conventional fixed restorations. The NDI system is approved by the U.S. Food and Drug Administration for long-term use. (Int J Periodontics Restorative Dent 2007;27:449-455.)

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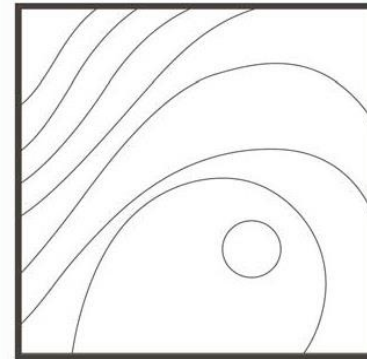
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Histologic Evaluation of Bone-Implant Contact of Immediately Loaded Transitional Implants After 6 to 27 Months

Stuart J. Froum, DDS/Harel Simon, DMD/Sang-Choon Cho, DDS³/
Nicholas Elian, DDS⁴/Michael D. Rohrer, DDS, MS/Dennis P. Tarnow, DDS⁶

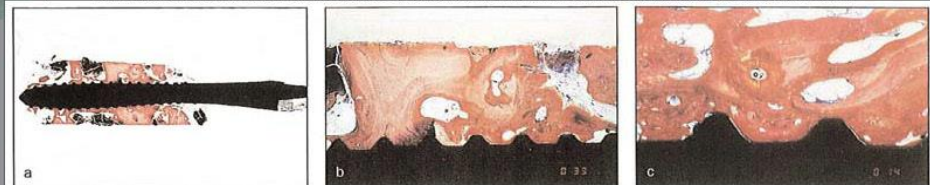
OFFICIAL JOURNAL OF THE ACADEMY OF ORAL AND MAXILLOFACIAL SURGERY

Histologic Evaluation of Bone-Implant Contact of Immediately Loaded Transitional Implants After 6 to 27 months

Stuart J. Froum, DDS¹/Harel Simon, DMD²/Sang-Choon Cho, DDS³/
Nicholas Elian, DDS⁴/Michael D. Rohrer, DDS, MS⁵/Dennis P. Tarnow, DDS⁶

Purpose: Transitional implants (TIs) were developed as a method of providing fixed provisional restorations for the implant patient who wishes to avoid removable temporary restorations during implant healing. Success of TIs depends on achieving sufficient osseointegrated bone-to-implant contact (BIC) during the provisional prosthesis phase. To date, little data are available on the degree of BIC of these implants in function. The purpose of this study was to histologically evaluate the BIC of TIs following various periods of loading. **Materials and Methods:** Histologic analysis of 33 immediately loaded implants from 21 patients was performed. All TIs had turned machined surfaces and were made of commercially pure titanium (grade 1). These transitional implants were in function for an average of 10.8 months (range: 6 to 27 months). Before the definitive restoration was provided, all of the TIs were removed with trephine drills and sent for hard tissue histomorphometric analysis. **Results:** The average percentage of BIC was $52.9\% \pm 13.81\%$ (range 25.1% to 83%). **Discussion:** Although TIs are traditionally removed when the definitive implants are restored, the BIC and clinical integration of the TIs in the present study may suggest a change in TI protocol. Studies are indicated to examine long-term use of TIs as sole support or in conjunction with definitive implants in definitive implant-supported restorations. **Conclusion:** The percentage of BIC achieved with TIs was similar to that documented in the literature for conventional turned, machine-surfaced implants. INT J ORAL MAXILLOFAC IMPLANTS 2005;20:54-60

Key words: bone-to-implant contact, immediate loading, implant surfaces, transitional implants



Figs 3a to 3c Photomicrograph of the TI and surrounding bone (Stevenel's blue and Van Gieson's picric fuchsin; original magnification $\times 2$). The TI functioned for 8.5 months in the mandibular right second molar area of the patient in Fig 1 (Stevenel's blue and Van Gieson's picric fuchsin; original magnification $\times 2$ for b and $\times 4$ for c).