

QUARTERLY

Oral Implantology Scientific News and Reviews

Issue 2007 | 12

Can we have a word with you?

An interview with Professor R. Sader, Member of the Scientific Board of the camlog foundation

Thank you, Prof. Sader, for granting us this interview. We know that your business card lists two places of work, Frankfurt and Basel. Could you tell us how that came about?



Following my studies in human medicine in Dusseldorf and Vienna and dentistry in Bonn, I began training in 1991

as an oral and maxillofacial surgeon in the «Klinikum rechts der Isar» hospital of the Technical University Munich. In 2002, my academic teacher Hans-Florian Zeilhofer accepted a chair at the University of Basel, and I followed him as senior physician and his personal deputy. In Basel, I was soon able to carry out innovative research projects in conjunction with industrial partners from the region, such as the laser ablation of bones. In the summer of 2004, Professor Zeilhofer set up the High-Tech Research Centre at the University Hospital Basel; I was appointed deputy director and still hold that position now (www.medhfz.uni-bas.ch). When I accepted a chair at the Johann-Wolfgang-Goethe University Frankfurt in 2004, it would have been normal practice for me to finish with my research projects in Basel. However, that would have been foolish in view of the great success that we have achieved in laser osteotomy. For that reason, I regularly return to Basel, enjoy both people and landscape, and I have still got my flat.

In recent years, you have repeatedly – and not just as a tourist – travelled to South America, accompanied by numerous colleagues and helpers. Could you tell us what your Swiss-German delegation is doing there?

When I came to Basel, the treatment centre for children with cleft lip and palate was directed by Associate Professor Dr. Klaus Honigmann. Unfortunately, Klaus Honigmann became seriously ill soon after and sadly died 2 years ago. As his youngest student in cleft surgery, I was not only honoured to be allowed to continue with his work, but I gladly also took on his mission of travelling to Nicaragua once a year. A German-Swiss interdisciplinary team organized from Basel provides treatment free of charge for needy children with facial deformities. And treatment in our view does not just mean surgery: we also carry out nutritional and prophylactic programmes, and hope to achieve lasting results with our aid (www.nicaplast.ch). By the way, every doctor in Brazil gives up some of his/her time in order to provide medical help for the needy. It is unfortunate that in Europe a similar sense of social responsibility has largely been lost.

Thank you. But let us return to the start of your career as a practicing physician, research scientist and teacher. Why did you go for such a wide range of qualifications as reflected in your three doctorates?

Editorial

Research support of the camlog foundation targeted – customer friendly – efficient

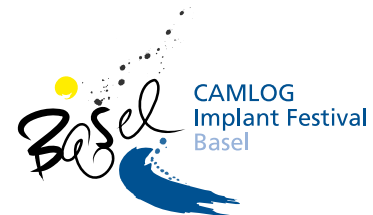
In line with its mission to promote research in implantology and related areas, the camlog foundation can support concrete research projects in hospitals and laboratories. To this end, it may also extend its support to individual research scientists. Support is given by way of accepting some or all of the costs of a correctly submitted research project that has been approved by the Scientific Board of the camlog foundation. As a rule, these projects deal with topics within such research areas as periodically defined by the camlog foundation. Any support for research projects presupposes the strictest adherence to the guidelines regarding registration, correct completion of the registration form and timely submission of intermediary reports as agreed. In addition, it is expected that successful applicants are willing to report publicly or internally on the sponsored project if requested by the camlog foundation.

Research support by the camlog foundation represents an important aspect within its range of responsibilities. The jury of the Scientific Board accepts applications on two dates in each calendar year and strives to process them as speedily as possible. The jury has the right to recommend projects to the Foundation Board for acceptance or rejection. In the case of rejection, the jury is under no obligation to provide reasons to the applicants. More information will soon be available at www.camlogfoundation.org in the secure area reserved for specially registered members.

For the planning period 2008, the Foundation Board is looking forward to interesting project proposals from the following areas:

- » Conceptual approaches to sustainable results in oral implantology
- » Concepts for perfect pink-white esthetics
- » Convincing long-term results

Prof. Dr. J. Becker, President of the Scientific Board



May 9–10, 2008

Please reserve the date

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In the course of my studies, I quickly realized that I wanted to train in surgery and particularly in very fine surgery requiring above all exact procedures. The notion of reconstructive surgery was particularly fascinating to me, i.e. the reconstruction of a part of the body or its function after it had been destroyed through disease or accident. Conservative medical (internal) treatment often requires patients to take medication for the rest of their lives, while surgery may well resolve their problems in a single action. Imagine that you had to take three tablets every single day for the rest of your life in order to enable you to chew. A single implant surgery surely is a much better solution.

Furthermore, it was important to me from early on to treat patients holistically and to consider their psyche in any therapy decision. At school, my favourite subject was philosophy; for that reason I started to read philosophy at university alongside my medical studies. And this is how I came to oral and maxillofacial surgery as a very demanding and aesthetic surgical discipline, where it is at the same time also important to take a patient's emotional state into account and consideration. The face is the mirror of the soul, and whatever the surgical change I produce inevitably has a positive (e.g. on patients after accidental injuries) or a negative impact (for cancer patients) on the patient's psyche and his/her emotional wellbeing. In this respect, I agree with the views of my mentor and friend Hans-Florian Zeilhofer, and in many ways he is also my model.

You have offered your services to the camlog foundation as a member of the Scientific Board. You have been actively involved in drawing up the programme for the next CAMLOG Congress (Basel 2008) – and you have accepted the joint presidency with

Prof. Becker from Dusseldorf. Why do you get involved that much – what is in it for you who is already a recognized opinion leader?

The **camlog foundation** has fascinated me from its very beginning: with incredible dynamism, its founders have succeeded within a very short period of time to link scientific research with industry and patients – without ever in the process losing sight of the essential humanity. This is not only obvious in the atmosphere in our team and in our targets. It is also evident in the composition of our Scientific Board: it is not only an inspiring mix of different disciplines, but also of many different levels in age and expertise. Thus I find myself as a young «carefree» surgeon along with one of the founding fathers of dental implantology, Dr. Axel Kirsch; Prof. Ewers from Vienna is a worthy representative of state-of-the-art oral and maxillofacial surgery, as is Prof. Becker from Dusseldorf for modern oral surgery. Together, we want to promote trend-setting strategies and concepts, united by passion, scientific curiosity and the love of innovation. Our team spirit which joins us together is like that of a family and imbued with the desire to support the young who will, after all, be responsible for our future. And to summarize my answer to your questions in a single concise sentence: it simply is a lot of fun to be involved in this and to play an active part in shaping the future.

Which direction would you like to see the camlog foundation take in its future development?

Naturally, the support of scientific research and the training of young people is the main aim of the **camlog foundation**. However, for me, the foundation as a family stands for much more: it should be both network and safety net. As a comprehensive neutral platform,

it brings together friends from all over the world and thus has already carved its firm niche in the initial and continuous training in implantology. In addition, I have set myself a particular target: to promote humanitarian medical aid in a world where many needy people have hardly a chance of finding adequate medical care in their own country. This is a basic principle which is also at the root of all of the world's major religions, but unfortunately not of those of our modern economic system. For that reason, it is up to us to find ways and means in order to reintroduce humanity and consideration to our world and work environment. This is another purpose of networks such as that created by the **camlog foundation**.

What do you do on the occasions when you don't work?

That is very simple: my favourite is to combine flying, my hobby, with time spent relaxing in nature. After all, piloting an aircraft and performing surgery have much in common. For example, there is the need for team work – in the theatre as in the cockpit. Relaxation for me is not lounging about, but spending time on activities in the open air, such as hiking or sailing. Enjoying unobstructed views to distant horizons in the mountains or at sea gives me a sense of unlimited freedom, but at the same time also a feeling of security and of being one with nature. That not only helps me to relax and to recharge my batteries, but also to keep my feet on the ground (even when flying!) and to remain respectful, self-critical and somewhat modest.

Prof. Sader, thank you very much for this interesting conversation. We wish you continued success and enjoyment in your varied and challenging activities.

Interview Dr. Walter Gehrig

EAO 16th Annual Scientific Meeting, Barcelona, October 25 – 27, 2007

Prof András Fazekas, Member of the Scientific Board of the **camlog foundation**

The EAO Scientific Meeting 2007 was held in Barcelona with approximately 3000 participants. The aim was to present state-of-the-art information on all aspects of dental implant biointegration. From a total of 363 congress abstracts, more than 340 were presented in short oral communications, clinical and basic research competitions, or as posters.

Main topics were:

1. Success/failure factors of an implant-based rehabilitation
2. Immediate loading five years after the Barcelona Consensus Conference: Where do we stand today?
3. Implant-supported prostheses: new challenges
4. Aspects influencing results in the esthetic zone
5. Adjuvant surgical techniques
6. Implants in multi-disciplinary oral rehabilitations: Ask the experts.

In this article, summaries of lectures of special interest are given.

In the **first plenary session** entitled «**Factors determining the success/failure of an implant-based rehabilitation**», chaired by **T. Albrektsson, Sweden, and J. J. Echeverria, Spain**, the following lectures were presented:

1. **Davies, J. (Canada): Host-related factors: bone healing.**

The base of the initial stage of bone healing is the proper function of cellular mechanisms, which are controlled by both osteogenic and osteoclastic activities. Class A bioactive glass-ceramics were the first material shown to endorse these properties and, depending on the rate of resorption and release of ions, to create chemical gradients with specific biological influence on cells and tissues. Optimi-

zation of the regenerative capacity of bioactive glass-ceramics raises great hope for producing biomaterials that can stimulate growth, repair, and regeneration of human tissue.

[\[Summary by Dr Danica Matusovits\]](#)

2. **Berglundh, T. (Sweden): Pathogenesis of periimplantitis. Influence of susceptibility to periodontitis and implant surface roughness.**

Periimplantitis is associated with the presence of submarginal plaque, soft-tissue inflammation and advanced breakdown of the supporting bone. The progression of periimplantitis can depend on the roughness of the implant surfaces. In animal models, various possible factors that can influence the development of periimplantitis were examined as follows:

- » Looking into continuing plaque accumulation correlated with different surface roughnesses – sand-blasted, acid-etched (SLA) and polished (P) surfaces – yielded the following results: In radiographic examinations, similar amounts of bone loss were found at SLA and P sites during the active breakdown period, whereas the progression of bone loss was larger at SLA than at polished sites following ligature removal. The area of plaque was also larger at implants with an SLA surface than at implants with a polished surface.
- » To improve soft-tissue healing, titanium implants were coated with type 1 collagen. The vertical dimensions of the epithelial and connective tissue components as well as the composition of the connective tissue portion facing the implant were similar at collagen-coated and uncoated implants after four and eight weeks of healing.

» Fluoride surface-modified implants were used to study early stages of implant osseointegration. Such implants were shown to promote osseointegration in the early healing phase.

» In a further study, bone tissue reactions at implants with and without micro-thread configuration in the neck region were analyzed. Both implant types had similar dimensions and surface roughnesses, the test implants were designed with a micro-thread configuration in the marginal part. It was suggested that the micro-thread configuration offered improved conditions for maintaining the crestal bone level at its original height, in the long term.

[\[Summary by Dr Danica Matusovits\]](#)

3. **Eckert, S. (USA): Implant-related factors: surface and design.**

If surgical preparation is adequate to bone density, rough-surfaced implants are employed, and operators' surgical skills are well developed, then the survival rates for short and wide-diameter implants have been found to be comparable to those obtained with longer implants and those of standard diameters.

[\[Summary by Dr Danica Matusovits\]](#)

In the first **clinical advances session** entitled «**Immediate loading five years after the Barcelona Consensus Conference: Where do we stand today?**», chaired by **G. Watzek, Austria and I. Naert, Belgium**, some of the given presentations were the following:

1. **Schwartz-Arad, D. (Israel): Immediate loading on implants placed in post-extraction sockets: Single and multiple tooth gaps, procedures and predictability.**

One critical goal in implant placement is the achievement of optimal soft and hard tissue integration. The main rationale and one of the most important reasons for immediate implantation is the prevention of loss of alveolar bone dimensions. Moreover, when bone shape and quality are compromised, immediate implantation may become a critical success factor.

The following decisive issues can be emphasized:

- » Gap filling: remaining defect created surgically, small enough to be clinically neglected, irrespective of gap size within 2 mm, does not need any kind of regenerating procedures. In other cases, autogenous bone regeneration technique is proposed.
- » Surface area of the bone/implant contact (interface): earlier studies suggest that the sufficient extent of surface area (larger than 230 mm²) significantly improves success rates.
- » Cervical bone loss: cervical bone loss is considerably higher in cases of immediate implantation than in delayed implantation.
- » Inter-implant bone height: in the vertical dimension, markedly more bone loss can be observed after immediate implantation than in delayed implantation cases.

(Summary by Dr István Pelsöczi)

2. Del Fabbro, M. (Italy): Implants in the esthetic zone: Does immediate loading allow for optimal outcomes regarding function and esthetics?

Many different factors can effect the outcome of immediate loading procedures, e.g., bone quality and quantity,

insertion torque value, implant characteristics. The adoption of esthetic scores and of questionnaires based on VAS (Visual Analogue Scale) could help clinicians evaluate esthetic criteria more objectively. Operationally, a VAS is usually a horizontal line, anchored by word descriptors at each end. The patients mark that point on the line which they feel represents best their perception of their current state.

(Summary by Dr István Pelsöczi)

3. Chiapasco, M. (Italy): Treatment and tissue management benefits resulting from immediate loading.

Immediate loading has become common practice in the last decade. However, this procedure should be carefully weighed and only applied in situations with well-defined protocols.

Removable prosthesis for totally edentulous mandible:

- » overdenture, attached by bars and supported by 4 implants
- » good bone quality and primary stability are essential.

Fixed prosthesis for totally edentulous mandible:

- » fixed implant-borne bridge; at least 4 implants
- » 35 Ncm primary stability, measured by torque test
- » good bone quality is essential.

Removable prosthesis for totally edentulous maxilla:

- » overdenture, retained by 4 implants placed in the inter-sinus area.

Fixed prosthesis for totally edentulous maxilla:

- » a greater number of implants is re-

quired than in the mandible

- » fixed bridge anchored on a minimum of 8 implants in regions 11, 13, 14, 15 and 21, 23, 24, 25
- » primary stability (35 Ncm) and good bone quality are decisive factors.

Maxilla or mandible with extreme atrophy:

- » reconstruction of edentulous jaws by autografting (i.e., calvarian bone, chin bone) is recommended.

Free vascularized flaps:

- » there is not enough information about free flaps (i.e., fibula free flap).

(Summary by Dr István Pelsöczi)

In the next issue of «Quarterly», we plan to continue reporting on the EAO 16th Annual Scientific Meeting, Barcelona, October 25–27, 2007.

Impressum:

This publication is sent by e-mail to all the friends of the camlog foundation; it also can be downloaded from the web page www.camlogfoundation.org.

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