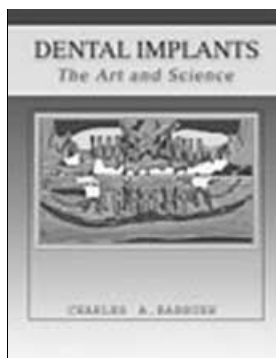


# Book Reviews

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## **Dental Implants: The Art and Science**

*Edited by Charles A. Babbush, DDS, MscD. W.B. Saunders Co., Philadelphia, PA, 2001: ISBN 0-7216-7747-9, 552 pages; 1112 mostly color illustrations; price \$205*

The editor of this book has attempted to communicate a large amount of information regarding treatment planning, surgical placement, prosthetic treatment, maintenance and hygiene, and a future vision of the “cyber office” regarding dental implants. The broad approach does not target a specific audience, however, and this tone might best be used as a supplemental atlas or reference for the general practitioner. Because the editor and principal author is an oral surgeon, the bulk of this text (11 of the 25 chapters) is devoted to surgical techniques. Dr. Babbush has previously written two well-known textbooks, *Surgical Atlas of Dental Implant Techniques*, and *Dental Implants: Principles and Practice*.

The text of 532 pages includes three forewords and a “Preface and Acknowledgements” by Dr. Babbush. The index is 25 pages, and each chapter has an extensive reference list. There are 33 authors, and the book is divided into 5 sections: “Case Selection and Evaluation” (5 chapters), “Surgical Techniques” (11 chapters), “Prosthetics” (3 chapters), “Maintenance and Hygiene” (3 chapters), and “The Cyber Office” (3 chapters).

Dr. Babbush states in the preface, “If the patient does not comprehend or cooperate in the

daily home care process and return for the professional visitation and evaluation, the long-range favorable prognoses of these cases are seriously compromised.” The first chapter, written by Dr. Babbush, continues with the premise of “poor oral hygiene” and its effect on treatment selection. For example, a figure is presented with the following text: “Patient is a poor potential candidate for implant reconstruction. Hopeless teeth should be removed, area is temporized, and patient is placed on a vigorously controlled program of oral hygiene.” Members of the Prosthodontics community reading this text may note that inappropriate descriptive terminology is often used, such as the reference to an “omnivac suck-down splint,” when perhaps a more correct use of accepted dental nomenclature such as a “diagnostic vacuform template” would be more pleasing to an audience of trained Specialists.

The “home care” concept again surfaces in Chapter 6B, “Implant Periabutment Tissue,” by Dr. Donald Callan. He merges literature on periodontal and implant concepts regarding attached tissue and his own experience with statements such as, “Rather, implants fail because of the patient’s inability to clean properly around the implants and because of possible development of perimucocitis.” In the opinion of this reviewer and many colleagues, there is presently no clear scientific evidence relating “patient home care” and the loss of dental implants. The author goes on to state, however, “Therefore it is logical to establish a region of attached keratinized gingival around the dental implant to create a more functional soft tissue barrier,” citing Drs. Garnick and Silverstein.<sup>1</sup> In the chapter summary, the author states, “Soft tissue maintenance is the primary line of defense in protecting against bacterial infection around teeth and, especially, dental implants.” The author promotes use of acellular dermal matrix to increase the width of attached keratinized tissue around implants. He cites several published non peer-reviewed papers and continues the home care

mantra of the previous chapters with statements such as "Bacterial plaque is a prime etiologic contributor to the loss of dental implants. Like gingivitis, peri-implant mucositis is reversible once the etiologic agent – bacterial plaque – is removed. If allowed to progress, peri-implantitis may ensue," and, "If the patient has a retrievable superstructure, it should be removed every 18–24 months and placed in an ultrasonic cleaning solution."<sup>2</sup>

Section III, "Prosthetics," begins with a brief survey by Dr. Peter S. Wöhrle entitled "Principles of Aesthetic Implant Dentistry." It is followed by "Efficient Implant Prosthodontic Therapy" by Dr. Kenneth W. M. Judy, in which the author stresses the importance of "unbroken models" and the use of cast verification jigs and cast corrective reduction copings to ensure efficient and rapid completion of implant prostheses, which invariably seem to be cement-retained. The final chapter, "Transitional Phase: Patient Management With Transitional Implants" by Dr. Paul S. Petrungaro, a periodontist, is comprised primarily of an emphasis upon the surgical aspects of this treatment modality.

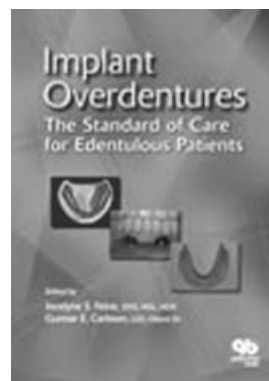
Certainly, Dr. Babbush has made an effort to transfer a large amount of knowledge regarding implantology in this text and has succeeded in this regard when the topic is mostly surgically oriented. I cannot recommend this book for Prosthodontists, however, as the information relating to dental restoration with implants is minimal.

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## References

1. Garnick J, Silverstein L: Periodontal probing: What does it mean?. *Clark's Clinical Dentistry* 1996; 3:1
2. Meffert R: Implantology and the dental hygienist's role. *J Pract Hyg* 1995;4:12



## Implant Overdentures: The Standard of Care for Edentulous Patients

*Editors: Jocelyne S. Feine, Gunnar E. Carlsson. Quintessence Publishing Co. Inc., Carol Stream, IL, 2003; ISBN 0-86715-430-6, 162 pp., 62 illustrations (many black/white tables/graphs/radiographs, many color images and illustrations); price \$58, soft cover*

This book is written to provide the evidence-based information to both the student and the experienced clinician for treating edentulous patients with anterior mandible two-implant overdentures. A symposium on the two-implant overdenture held at McGill University, Montreal, Quebec, Canada in May 2002 produced a consensus statement that the two-implant overdenture should become the first choice of treatment for the edentulous mandible.

The editors, Drs. Gunnar E. Carlsson and Jocelyne S. Feine, arranged the 14 chapters in a logical order to build support for the consensus statement. The first half of the book is devoted to providing evidence to support the use of two-implant retained overdentures. The latter half of the text addresses issues of two-implant overdenture treatment. Throughout the text, the editors do an excellent job of ensuring that the authors adhere to a recurring theme: adopting a patient-centered approach to treating edentulism.

The text begins with a succinct discussion by Dr. Philippe Mojon of past, current, and future trends in edentulism and the necessity of preparing for the continued treatment of the edentulous patient. At the patient level, consideration is given to the effects of age, gender, income, health, lifestyle, and socioeconomic and psychosocial factors on edentulism rates. The effects of a country's

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