Subj: **Posting on Dan Buser's ITI Homepage Wall**
Date: 9/4/2011 11:22:27 P.M. Pacific Daylight Time

Dan,
Here is my response to your post on my ITI Wall, objecting to my blog postings on the ITI website:
"Hi gerry I realize that a few ITI Members including you are misusing the ITInet to post links to commercial homepages. The ITI Board will meet and discuss this issue. Can I kindly ask you to stop misusing the ITI Homepage for commercial activities. Best regards Danny "

The ITI will never rise above just being a front marketing organization for Straumann, your "Special Partner" if you stifle information that will educate members to the fact that other companies offer solutions not available from Straumann. Straumann is not the thought leader in this industry. In the early 1980's, their basket implant with a narrow post that left a gap at the crest, encouraged bone loss and was replaced with It's Bone-Fit implant of the late 1980's. This implant was found in a US court, to infringe my Core-Vent patent. Only after Straumann was enjoined from selling that implant in the US for 6 months. did it finally take a license and pay me significant royalties for years in order to continue selling this implant. Eventually it was replaced with the current bullet design with a lead-in bevel. It took Straumann years to realize that an internal wrench-engaging surface was needed to allow accurate transfers, and, in 1998, they put an octagon inside the conical connection of that implant. That infringed my internal connection patent first introduced in 1986 with the Screw-Vent, so Straumann took another license from me. It took Straumann well over a decade after that to realize that esthetics was compromised by only using a tissue-level implant, and crestal bone was compromised if one pushed the machined neck sub-cortical in order to lower the margin of the restoration sub-gingival. Thus they "discovered" bone-level implants with internal connections over 20 years after I first introduced the Screw-Vent still being sold by Zimmer. While the octagon solved the transfer problem, it was too close to being round, compared to a hex or a tri-lobe, to allow its use for insertion of the implant, necessitating the current packaging that requires counter-torque while unscrewing the fixture-mount. I have now solved that problem while maintaining a prosthetically compatible octagon connection by putting a square in the flats of the octagon (pat. pend.) of the Swish-system of Straumann compatible implants.

Now you can delete this from your board, like you have been deleting my postings. No problem... this was just an exercise to see if there was any basis for believing that ITI really wanted to move out of Straumann's commercial influence. I guess that will only happen when Straumann stops paying the ITI leaders for lectures and "research." I put "research" in quotes because the SLActive (Buser J. Dent. Res 2004) and Roxolid studies have more to do with creating sound-bites for Straumann to justify price increases than with any clinically significant benefits for the patients. SLActive studies showing a slightly higher torque removal between the 3-4 week after implantation ignore the fact that the use of a self-tapping, tapered implant designed with progressively deeper threads is more able to optimize initial stability during insertion, allowing for immediate load. If 35Ncm of initial torque is not achieved, then the dentist would wait until 10-12 week post insertion before loading. What is happening in the 3rd or 4th week is irrelevant since SLA and SLActive reach the same attachment strength by 7-8 weeks as shown in the Straumann study. As for Straumann's "discovery" of Roxolid Zirconia/Titanium alloys, when Straumann finally decided to make a 3.3mmD bone level implant with an internal connection, rather than use Ti6Al/4V alloy with a 30 year history of clinical success, it created a "brand" alloy and inaccurately cited to studies by Steineman and Wong to support its marketing claims of superior biocompatibility.

Good luck.

Jerry Niznick DMD, MSD
President and CEO
Implant Direct Sybron
www.implantdirect.com

ITI ONLINE FORUM postings discussing use of Straumann's 4.8mmD implant with either its 4.8mmD or 6.5mmD Platform, referred to as the "recommended solution". Dr. Niznick posted a case showing the use of a 7mmD Implant Direct Legacy implant demonstrating applications for wider implants and was blocked, not only from making further postings, but also from reading any of the postings. Straumann is listed as ITI's "Special Partner."

Global Forum

Thread	Last Post
RE: Placing **wide** neck implant molar Dear Cheewan, I agree with most of comments. Try to consider and also discuss this with your patient the possibility to install the implant in a place planned together with the Ortodontist. After this, use the implant as an ancorage to do the...	2011-09-30 01:28:05 By: Ney Diegues Pacheco
RE: Placing **wide** neck implant molar I would agree with Dr Kurt with regard to placing a RN implant with a nice amount of unaugmented bone with a cantilever. If you could place the implant in the distal position and have the cantilever mesially, I think you would end up with a nice...	2011-09-29 13:27:49 By: Kurt Jonathon Dean
RE: lower incisor - implant+ graft (what kind !)or no implant Hi Allstair, Many thanks for nice words about presented case. As far as the blood supply is concerned it is the same as for any other bone graft. The cancelous part of both grafts are facing the recipient site which will be one source, actually the...	2011-09-26 09:52:22 By: Zoran Z Stajcic
RE: Placing **wide** neck implant molar Dear Cheewan kindly consulte an orthodontist if it is possible to close space by 3 mm and then insert 1 WN implant replacing 46 and if not possible replace using 2 NN BL implants for bone conservation and give chance for proper oral hygien measures....	2011-09-09 13:26:43 By: Nagy Mustafa Elsayed

Gerald Niznick
United States Los Angeles
Rank: Forum Newbie
Posts: 1
Join Date: 09-Jun-2011

Recent Posts

RE: Placing wide neck implant molar
03-Sep-2011 17:16 as a reply to Arthur Sidelnikov.

Reply | Reply with Quote

Arthur Sidelnikov:

> Dear Dr Cheewan Upra,
>
> I hope the official reccomendations will help (the attached picture).
>
> With my best regards,
>
> Arthur Sidelnikov

Using a single wider implant may be a better solution for molar replacement sites. The xrays attached show a 7mm Legacy2 implant from Implant Direct, and the SwishPlus System from Implant Direct includes a 5.7mmD implant with a 6.5mmD Straumann compatible platform. Why use both bone level and tissue level implants when one design with the textured surface running part way up the machined neck, can serve for bone-level, tissue level or anywhere in between.