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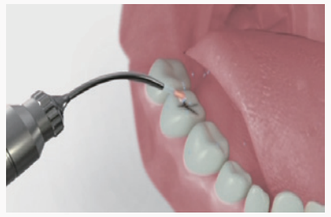
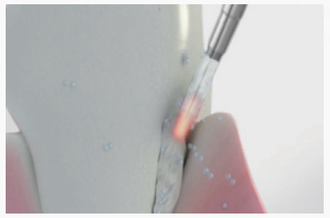


Caries removal

Gingival incision and excision



Removal of subgingival calculi

Sales Name: Erwin Adverl Generic Name: Er:YAG laser Medical Device Classification: Specially Controlled Medical Devices (Class III)
Medical Device Requiring Special Maintenance Management Medical Device Approval Number: 21500BZZ00720000
Sales Name: Lasertip Generic Name: Contact Tip for Laser Medical Device Classification: Specially Controlled Medical Devices (Class III) Medical Device Approval Number: 21500BZZ00721000

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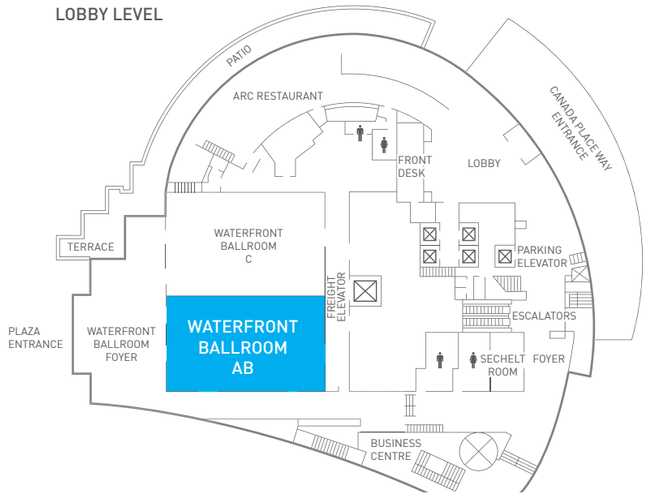
The 6th
Pan Pacific Session
2018

DATE Oct.27th

PLACE Fairmont Waterfront Hotel

Fairmont Waterfront Hotel,
Lobby Level, Waterfront Ballroom AB



The 6th Pan Pacific Session 2018

Seminar Description

The Pan Pacific Session is a session organized by the Japanese Academy of Clinical Periodontology and the Taiwan Academy of Periodontology. The main theme of the 6th Pan Pacific Session will focus on "Tissue Management". The session will feature a broad range of leading speakers representing the AAP and the Periodontal Academies of Japan, Taiwan, and Korea. Lectures will be clinical presentations and reflect recent developments for hard and soft tissue management around dental implants and natural teeth.

Time schedule

8:00	Opening Remarks (President of JACP: Satoru Urano)
	Moderator: Masahiko Nikaido
8:05-8:30	Speaker 1 JACP: Kei Amemiya
8:30-8:55	Speaker 2 JACP: Yasuhiro Takai
8:55-9:20	Speaker 3 KSP: Yoon Euy Hong
9:20-9:40	Break
	Moderator: Yueh-Chao Yang
9:40-10:05	Speaker 4 JSP: Kitetsu Shin
10:05-10:30	Speaker 5 TAP: Tony Shing-Zeng Dung
10:30-10:55	Speaker 6 TAP: Li-Ching Chang
10:55-11:15	Break
11:15-11:50	Speaker 7 AAP: Terrence Griffin
11:50	Closing Remarks (President of TAP: Tony Shing-Zeng Dung)

SPEAKER 1

Kei Amemiya

- Fujisawa Dental Perio Implant Center
- Certified Periodontist, Japanese Academy of Clinical Periodontology
- Board-Certified Periodontist, Japanese Society of Periodontology

A novel crestal approach technique for less invasive sinus elevation procedure

In our technique of sinus floor augmentation, the crestal approach using Piezo Surgery is applied through the osteotomy for implant placement. This technique is not only to see the elevating sinus membrane directly, which makes the absolute performance of sinus floor elevation, but also less invasive procedure such as Osteotome Technique. I want to share my case which was good indication for this crestal approach.

SPEAKER 2

Yasuhiro Takai

- Takai Dental Office
- Certified Periodontist, Vice-president of Japanese Academy of Clinical Periodontology
- Board-Certified Periodontist, Japanese Society of Periodontology

A novel concept of immediate implant placement to preserve buccal bone for successful long-term outcomes

Dental implant to the anterior region requires a long lasting aesthetic gingival outcome along with the functional restoration. Therefore, the immediate implant placement at this region is especially challenging due to the difficulty in maintaining sufficient thickness of buccal alveolar bone that supports the gingival tissue. A novel immediate implant technique that maintains sufficient buccal bone thickness long-term will be presented, followed by the decision tree for the cases of indication.

SPEAKER 3

Yoon Euy Hong

- Diplomate of the American Board of Periodontology
- Private Practice in New York, United States of America and, Incheon, Korea

Periodontal plastic surgery to enhance function and esthetics

Mild to advanced soft and hard tissue deformations are inevitable after the treatment of periodontal diseases or iatrogenic origins. The deformation includes gingival recessions, alveolar bone resorptions, or absence or inadequate amount in keratinized tissues resulting in decreased level in oral hygiene, altered function, compromised esthetics or tooth mortality. These types of problems can take place around teeth, prosthetics, dental implants or during orthodontic tooth movement. How can these issues be corrected? Periodontal plastic surgery can be the option.

Periodontal plastic surgery uses different periodontal flap techniques. The techniques are likely to combine autogenous connective tissue grafts or tissue substitutes into various flap procedures for greater success and long-term maintenance.

During the presentation, the following subtopics will be discussed:
1. Indication of different periodontal flap techniques
2. Harvesting autogenous connective tissue grafts
3. Indication and application of tissue substitutes
4. Double layer techniques combining connective tissue grafts and substitutes
5. Handling and preparation of tension-free primary closure
6. Clinical application: teeth, prosthetics, dental implants
7. Supportive periodontal therapy

SPEAKER 4

Kitetsu Shin

- Professor, Division of periodontology, Department of Oral Biology and Tissue Engineering, Meikai university School of dentistry
- Board-Certified Periodontist, Japanese Society of Periodontology

Application of Enamel Matrix Derivative to Subepithelial Connective Tissue Graft for Improve Gingival Recession

Enamel matrix derivative(EMD) is applied not only to periodontal regeneration but also to exposed root coverage, and improve wound healing, promote periodontal tissue regeneration on the root surface, improvement of excessive gingival recession, etc. have been reported.
This presentation will review clinical cases using EMD applied to root coverage by CTG, and consider the possibility of EMD application to root coverage.

SPEAKER 5

Tony Shing-Zeng Dung

- President, Taiwan Academy of Periodontology
- Associate Professor, Tzu-Chi University and National Yang-Ming University, Taiwan
- Diplomate, American Board of Periodontology

Immediate Implant Placement at Molar Extraction Sites: Taiwan Aspects

Immediate implant placement at multi-rooted molar sites involves a series of site-specific and anatomical challenges. Asian population has a higher prevalence of short roots, fused molar roots, and three-rooted mandibular molars. These anatomical factors may contribute to compromised periodontal prognosis. Consequently, tooth extraction and implant therapy at these sites are more likely to happen. On the other hand, thin tissue biotype is also prevalent in this population. It often results in narrow ridge after tooth extraction and increases difficulty in implant therapy. It is noted that second molars with fused roots are commonly found, whereas wide diameter implants are usually considered at molar regions. In such circumstances, with reduced septa and limited remaining bone, it is difficult to obtain enough primary stability of immediate implants. When carrying out immediate implant placement in an extraction socket of three-rooted mandibular molar, special considerations are taken into account for the distances between the implant and its surrounding bone and soft tissue. Frequently, hard and/or soft tissue augmentation is required. Therefore, this presentation is to draw attention to the anatomical variations and special considerations in immediate implant placement at molar extraction sites in Taiwanese population. Various surgical approaches and guidelines of implant bed preparation and augmentation will be discussed.

SPEAKER 6

Li-Ching Chang

- Associate Professor, Department of Dentistry, Chang Gung Memorial Hospital, Chiayi
- Adjunct Assistant Professor, Department of Nursing, Chang Gung University of Science and Technology, Chiayi

Flapless Ridge Preservation for Dental Implant Site Development

Dental implantation is a common dental therapy for the reconstruction of a missing tooth or teeth. The implant fixture needs to be placed in an alveolar ridge with appropriate quantity and good quality. Thus, to maintain or to re-contour the alveolar ridge is an important issue when carrying out dental implantation.
Ridge preservation technique is an effective way of minimizing post-extraction alveolar ridge resorption. There are mainly two ridge preservation techniques: flapped and flapless procedures. No histological or histomorphometric differences have been observed between these two techniques. In addition, soft tissue graft or primary closure has not been demonstrated to provide a beneficial effect in terms of the preservation of alveolar bone. A flapless ridge preservation procedure includes bone graft filling in socket after atraumatic extraction, coronal sealing of the socket using collagen plug and suturing. It is less invasive, results in more keratinized tissue than the flapped method, and is friendlier to patient and surgeons.
To date, there are some questions remain to be answered. This report presents some clinical cases of flapless ridge preservation therapy and their preliminary results, in an attempt to answer the questions. In conclusion, with careful case selection, the flapless ridge preservation technique is predictable for dental implant site development.

SPEAKER 7

Terrence Griffin

- Immediate Past President of the American Academy of Periodontology
- Diplomate of the American Board of Periodontology
- Private practice in Boston, MA

Changing the Patient's Biotype

Due to some of the evolutionary changes in man, the lower facial bones are getting smaller in comparison to the rest of the skull. This is causing problems in man that are now seen by the modern dentists including crowded teeth needing orthodontics, impacted third molars and thin biotypes in the maxilla and mandible. Dr. Griffin will demonstrate how to recognize thin biotypes and the problems they can cause as well as methods for treating some of the problems they cause in the natural dentition and in implants.