

administrator**Posted:** Thursday, September 03, 2009 9:50:09 AM[Reply With Quote](#)Rank: Guest
Groups: GuestJoined:
5/23/2008
Posts: 171
Points: 525

Feel free to share your comments with the DentalXP community in regards to the following online educational video:

Title: Platform Switching: Myth or Reality**Description:** In this first in an ongoing series, Dr. Dennis Tarnow, Professor & Chairman, Dept. of Implant Dentistry New York University College of Dentistry, discusses the popular concept of platform switching as it relates to crestal bone stability, health, survival and color of the soft. In this section, the biology, research and relevance of where the biologic width exists on the implant and how it is affected by clinical circumstances related to macro and micro-geometries of various implant designs is discussed in detail. In addition, how this concept applies to adjacent implants is also outlined.Link: [Watch this educational video online now!](#)[Back to top](#)**Gerald Niznick118****Posted:** Thursday, December 24, 2009 11:59:50 PM[Reply With Quote](#)Rank: Newbie
Groups: MemberJoined:
3/12/2009
Posts: 2
Points: 6
Location: Las Vegas, NV

For those of us who experienced the hype with companies like Steri-Oss and 3i competing for which one offered the most number of emergence profiles to their abutments, healing collars and transfers, I have to be skeptical about the marketing story created by 3i and Dr. Tarnow, their consultant, to hype platform switching. The original Core-Vent Implant, with a cemented post, offered the first platform switching interface with a thicker soft tissue ring. I certainly never claimed that this would somehow preserve bone. There wasn't any micro-gap at the junction of the abutment and implant because the abutments were cemented. If the purpose of platform switching is to medialize the micro-gap, first you need to examine if this theory is based on the gap created by the unstable joint of the external hex connection. Binon in the early 1990's reported that the Screw-Vent lead-in bevel, internal hex connection had only 1.4degrees of rotational wobble compared to 6.7degrees with the Branemark implant. He later reported zero rotational movement with the Friction-fit connections from Core-Vent Corporation. If bone loss is all about the micro-gap, then why do we still see it with the Straumann tissue level implant or NobelDirect one-piece implant? The VA study, which Tarnow was on the review panel, proved that bone loss was directly related to how thick the labial plate was at time of implant placement, with 1-2mm of bone loss documented at time of uncovering if there was less than 1mm of labial plate. Yet, 3i, in creating its "theory" supporting platform switching, claims that there is no bone loss until the implant is exposed and the abutment attached. Originally 3i made wider platforms to reduce the instability with external hex connections but when dentists started using their 4mm abutments on the 5mm platforms because of inventory issues, 3i and Dr. Tarnow came up with a rational as to why this offered some advantage on preserving crestal bone. They did such

a good job that even Nobel had to introduce the NobelActive, and Straumann had to introduce its bone-level implant to offer platform switching. For those of you who remember the consistent bone loss down to the first thread with the Branemark implant, one of the suggested causes, besides the slopping connection, was the need to countersink to insert it and the higher stress concentration resulting from the neck being wider (4.1mm) than the body (3.7mm). So here are the buzz words of this decade in implant design - platform switching, micro-threads, nanosurfaces, hydrophilic surfaces and the best researchers that money can buy. I predict that the buzz words of the next decade will be prosthetic versatility, surgical simplicity and value. Funny, if you read my 1982 Core-Vent article, those were the same things I was saying 27 years ago.

None of the studies of any of the major companies compare the results of their products to those of their competitors. They just keep comparing the results in rabbits or mini-pigs to their old products, trying to prove an incremental increase in BIC or removal torque to justify price increases, ignoring the fact that many had already claimed 98% success with immediate loading with their old products.

Gerald A. Niznick DMD MSD

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Sam Busich

Posted: Friday, December 25, 2009 1:42:20 PM

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Rank: Member
Groups: Member

Joined:
4/29/2009
Posts: 24
Points: -25
Location:
Atlanta, GA

Thanks for the post. Long and partial but still intriguing. I still think it is a very credible concept and presentation by Dr. Tarnow. 3i was not "pushed" here and Ankylos is a major player in these concepts you point out. You did not mention Ankylos, Bicon or MIS in your post. Where are the presentations that contradict these concepts? Perhaps you could post a presentation on XP to show your points of view in a scientific style presentation? By the way, looked for your company and products on the product page and did not find it? Always nice to get some controversy in the blog section.
Sam Busich

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Jay Lutsky

Posted: Friday, December 25, 2009 8:22:08 PM

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Rank: Newbie
Groups: Member

Joined:
11/30/2009
Posts: 7
Points: 21
Location: South
Gate, CA

The previous comment dismissing the concept of platform switching and biologic width remodeling (Hermann et al. & Cochran et al.) by attributing bone loss around the neck of implants to one factor (Niznick: 'The VA study proved that bone loss was directly related to how thick the labial plate was at time of implant placement, with 1-2mm of bone loss documented at time of uncovering if there was less than 1mm of labial plate.' is extremely simplistic and unidimensional. While the thickness of the labial plate is very important for stabilizing peri-implant tissue, the process of biologic remodeling around the head of the implant is a circumferential process involving 360 degrees of the implant head and will not be addressed by just focusing on the thickness of the labial plate alone. The macro & micro geometry of the implants, the stability of the connection, as well as the thickness of the peri-implant soft tissue and management of occlusal load are all

contributing factors to this complex challenge of stabilizing peri-implant bone levels.

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Gerald Niznick **Posted:** Saturday, December 26, 2009 4:59:49 PM [Edit](#) [Delete](#) [Reply With Quote](#)

Rank: Newbie
Groups: Member
Joined: 12/26/2009
Posts: 9
Points: 27
Location: Las Vegas, NV

In response to Dr. Busich's comment about platform switching being a "credible concept", so is the concept of humanoid beings living on a planet like Avatar - both are concepts that can not be proven or disproven because bone loss relates to so many factors including the thickness of the labial plate of bone at the time of implant placement (proven by published research) and other factors such as "The macro & micro geometry of the implants, the stability of the connection, as well as the thickness of the peri-implant soft tissue and management of occlusal load." My objection is with companies that try to find a unique selling proposition like platform switching and claim that is the answer to bone loss and ultimately clinical success. Not only is it not justified, it is poor business because implant designs like Bicon, Ankylos and Astra that require the neck of the abutment to be narrower than the diameter of the implant (in order to claim their particular unique selling proposition of a friction or conical fit) now claim... Oh, we also have platform switching. When you get a chorus of companies jumping on the band wagon for the wrong reasons, you start to see companies like Nobel (NobelActive) and Straumann (bone level implant) designing new implants to capitalize on the platformania. Yes, Implant Direct offers implants with platform switching or shifting interfaces, but I did it because it opened up new opportunities for me to mix and match the various bodies and platforms that we offer. For example, in addition to the RePlant with a 3.5mmD body and a 3.5mmD tri-lobe platform, I can provide the 3.5mmD tri-lobe platform on a 3.7mmD body, adding to the strength of the implant and utilizing the tapered body shape of our Legacy and Spectra-System implants. OK... at the same time I can market that if you want platform switching, we also have it but you will never see me claim that it does anything to reduce bone loss. I will leave that to the imagination of the dentist - beauty is in the eyes of the beholder. As for not posting products on this website, anyone who wants to see implant direct's products can visit our website and if you check out our December Newsletter you will see some new implants with and without platform switching.

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Gerald Niznick

Posted: Saturday, December 26, 2009
11:07:19 PM

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Rank: Newbie
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Joined:
12/26/2009

Posts: 9
Points: 27
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Jay Lutsky wrote:

I came to this forum in the hope of sharing ideas, experiences and science with other clinicians not to hear sales pitches. We get more than enough of that everyday in different mediums.

First time I ever quoted someone, agreeing with their statements and they came back claiming my comments were not relevant because they were commercial. My point was that there is no way to do a controlled study to isolate one factor, such as platform switching, as the primary solution to reducing bone loss. Science is not dependent on how elaborate a story you create to support a hypothesis. With the VA study, they showed that at least one factor, thickness of the labial plate at time of implant placement, provided a direct correlation to subsequent bone loss. That was good science because the implants were submerged for 3 months and measurements were taken at time of placement and upon uncovering. Therefore, the study was controlled to that one factor because there was not abutment attached, no platform switched (or not), no micro-gap (or not) or no biological width theory involved. In fact, there was not even the variable of implant design or material because this study tested 3 different materials (CP, TiAlloy and HA) and four designs, all demonstrating the same type of bone loss directly related to thickness of the labial plate. The purpose of my posting was to differentiate marketing hype (platform switching), no matter how eloquently supported by stringing theories together, from real science. Commercialism is prevalent in the implant industry through paid opinion leaders who one time will tell you that you need deep threads near the crest to to avoid bone loss, and the next time will tell you that you need laser lines to preserve crestal bone. At least when I give my opinion, you know it is based on what I really believe as reflected in the products I develop. When you come to this forum, you first have to wade through a bunch of commercial links. That does not make the information provided on dentalxp.com any less valuable.

Here is what I quoted and agreed with from your prior posting:
"because bone loss relates to so many factors including the thickness of the labial plate of bone at the time of implant placement (proven by published research) and other factors such as "The macro & micro geometry of the implants, the stability of the connection, as well as the thickness of the peri-implant soft tissue and management of occlusal load."