



**Steven D. Sherry, DDS, MD     John D. Wallace, DDS, MD**

8315 Walnut Hill Lane | Suite 120 | Dallas, TX 75231 | 214.363.9946  
5824 West Plano Parkway | Suite 101 | Plano, TX 75093 | 972.733.0414

www.oralsurgerydfw.com

Fall 2013 ~ A Quarterly Update

Dear Colleague:

Each year we continue to see growth and development in our practice accompanied by an increase in treatment success. Through this quarterly newsletter, we wish to share with you some of the latest developments in oral surgery and implant dentistry, as well as open communication with your office.

If we can provide any additional information, or if you would like to see an article on a particular topic in our next issue, please do not hesitate to call. We appreciate the trust you place in us by allowing us to participate in the care of your patients.

Regards,

*Dr. Steven D. Sherry*  
*Dr. John D. Wallace*

distal of second molars (D2Ms) or anterior to the D2Ms, the number of PD4+s, and extent scores (percentage of PD4+s of all possible probing sites) were assessed at the patient and jaw levels. The association between patients' pre- and postsurgical periodontal status was assessed.

The median age of the 69 patients was 21.8 years. Forty-five percent were men, and 57% were Caucasian. Significantly more patients (88%) had at least 1 D2M PD4+ at enrollment compared with after surgery (46%). D2M extent scores decreased from 31.5 at enrollment to 11 after surgery. Significantly more patients (61%) had at least 1 PD4+ anterior to the D2M at enrollment compared with after surgery (29%). Extent scores anterior to the D2M decreased from 2.0 at enrollment to 0.6 after surgery. *The authors concluded from the results of this study that removal of third molars in patients with mild pericoronitis symptoms improved the periodontal status of the D2Ms and teeth more anterior in the mouth.*

## Removal of Symptomatic Third Molars May Improve Periodontal Status of Remaining Dentition

Dicus-Brookes C, Partrick M, et al.  
*J Oral Maxillofac Surg.* 2013 Jul 25

**T**he purpose of this study was to assess the impact of third molar removal on the periodontal status of adjacent second molars and teeth more anterior in the mouth in patients with mild symptoms of pericoronitis. Healthy patients with mild symptoms of pericoronitis affecting at least 1 mandibular third molar were recruited for a study approved by the institutional review board. The subset analyzed in this study had all 4 third molars removed. Data were collected at enrollment and at least 3 months after surgery. Full-mouth periodontal probing was conducted at 6 sites per tooth. A probing depth of at least 4 mm (PD4+) was considered an indicator for periodontal pathology. The presence of a PD4+ on the

## The Effectiveness of Barrier Membranes on Bone Regeneration in Localized Bony Defects

Khojasteh A, Soheilifar S, et al.  
*Int J Oral Maxillofac Implants.* 2013 Jul-Aug;28(4):1076-89

**T**he purpose of this study was to assess the effectiveness of barrier membranes in bone augmentation through a systematic review of the literature. Electronic data banks and hand searching were used to find relevant articles on the reconstruction of localized bone defects published up to May 2011. Controlled animal and human studies with more than 4 weeks of follow-up were included; studies of periodontal lesions, extraction sockets, and maxillary sinus grafts were excluded. Applications of recombinant growth factor or assessments of membranes' effects on implant osseointegration were also considered exclusion criteria. Defects filled with bone graft/bone substitute material and covered with a membrane were considered the test group, while uncovered defects were considered

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## Barrier Membranes ...continued

the control group. Thereafter, human and animal studies were evaluated separately by using appropriate statistical analysis.

Of the 3,986 articles found in the initial search, 34 studies met the inclusion criteria. Four animal studies concluded that the use of barrier membranes would increase the amount of vertical augmented bone (mean difference 0.32 mm). Qualitative results regarding horizontal bone augmentation were controversial. Membranes do not increase the risk of improper healing, according to both human studies (odds ratio 5.67) and animal studies (odds ratio 3.34). *The authors concluded that there is limited evidence to support the effectiveness of barrier membranes in the treatment of bone deficiencies. Membranes do not increase postoperative infection, wound dehiscence, or membrane/bone graft exposure in either human or animal models.*

## Long-Term Survival Rates Of Implants Supporting Overdentures

Balaguer J, Ata-Ali J, et al.  
*J Oral Implantol.* 2013 Jun 10

**T**he investigators in this study wanted to evaluate survival rates of dental implants in patients wearing maxillary and mandibular overdentures in relation to age, sex, smoking, implant splinting or non-splinting, the maxilla rehabilitated and number of implants per dental arch. This was a prospective study of patients who were completely edentulous in either mandible or maxilla or both, rehabilitated with implant-retained overdentures, with a follow-up of at least three years. Ninety-five patients with 107 overdentures supported by 360 implants were included in the study. Rehabilitations were monitored over an average of 95 months (range 36-159).

Implant survival in the maxilla was 91.9% and in the mandible 98.6%, representing a statistically significant difference. Age, sex and implant splinting did not influence survival rates significantly. Smokers presented a lower survival rate. Implant numbers in the maxilla had a significant influence on survival, 100% for six but 85.7% for four. Three mandibular implants achieved higher survival rates (100%) but with two (96.6%) or four (99%) survival was lower, although without significant difference. *Long-term results suggest that three-implant mandibular overdentures have an equivalent survival rate to four-implant. In the maxilla, results showed that six implants may be the best treatment strategy. For smokers with fewer implants retaining the overdentures, there were higher numbers of implant failures.*

## Quality of Life Outcomes After Third Molar Removal in Subjects with Minor Symptoms of Pericoronitis

Bradshaw S, Faulk J, et al.  
*J Oral Maxillofac Surg.* 2012 Nov;70(11):2494-500

**T**he purpose of this study was to assess the effect of third molar removal on the quality of life in subjects with symptoms of pericoronitis. Healthy subjects (American Society of Anesthesiologists Classes I and II), aged 18 to 35 years, with minor symptoms of pericoronitis affecting at least 1 mandibular third molar were recruited for an institutional review board-approved study. The exclusion criteria were major symptoms of pericoronitis, generalized periodontal disease, body mass index greater than 29 kg/m<sup>2</sup>, and antibiotic or tobacco use. The data from patients undergoing surgery to remove all third molars with a follow-up examination after surgery at least 3 months later were included in these analyses. The clinical, demographic, and quality of life data were collected at enrollment and after surgery. At entry, the debris was removed from symptomatic third molar sites; no attempt was made to mechanically remove nonshedtable biofilm. The patients scheduled surgery electively with a recall examination at least 3 months after surgery.

The median age of the 60 subjects was 21.9 years. The median postoperative follow-up was 7.7 months. The proportion of patients reporting the worst pain as severe decreased from enrollment to after surgery from 32% to 3%. Those responding "none" for the worst pain increased from 10% to 78%. Fifteen percent of subjects reported the pain intensity as "nothing," "faint," or "very weak" at enrollment. This increased to 96% after surgery. One third of patients reported the unpleasantness of pain as "neutral," "slightly unpleasant," or "slightly annoying" at enrollment, which increased to 97% after surgery. Also, 22% and 18% of the patients reported "quite a bit" or "lots of difficulty" with eating desired foods and chewing foods at enrollment, respectively; only 1 patient reported this degree of difficulty at the follow-up examination. In contrast, 42% and 37% of the patients reported no difficulty with eating and chewing at enrollment, which had increased to 95% and 93% at the follow-up examination, respectively. Removal of the third molars positively influenced the quality of life outcomes in those with minor symptoms of pericoronitis.



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