



# American Academy of Implant Prosthodontics, Linkow Implant Institute



## AN EDITORIAL -- THE DILEMA OF IGNORANCE -- LEONARD I. LINKOW

To my colleagues around the world:

For a long time I have kept my feelings silent regarding the progress of implant dentistry. In 1991 Dean Edward Kaufman of New York University created the first and only endowed chair in implant dentistry in perpetuity, which he named the Leonard I. Linkow Professorship of Implant Dentistry, with me as the recipient. It was to be the very first time that all implant modalities and devices would be investigated, used, and evaluated clinically and in the laboratory. Did this ever happen? Unfortunately not!!!

Academia around the world is "screw" happy. That's all they know and teach. The multimillion dollar root form implant companies generously compensate many dental schools throughout the world. Why should these colleges and universities not promote the manufacturers of endosseous root form implants? Unfortunately, students and practicing dentists today are only taught about root form implants.

I just returned from lecturing at an implant maxicourse in Portland Oregon. I lectured for two days, 7 hours continuously on the first day. The participants were amazed, surprised, and frustrated that they never before heard a lecture on blade/plate form and subperiosteal implants. What a crime! What a disgrace to implant dentistry education! What a disaster that academia continues to ignore these incredibly magnificent implants and their long time success histories. Why has this been an ongoing secret? Because very few dental implant educators know anything else but root form implants.

The multimillion dollar root form implant companies, from the very beginning, have been providing universities and other educational institutions with much of their armamentarium as well as financial support. It is highly unlikely that universities would cut off a source of research and educational funding, so they continue to report positively on the benefits of endosseous root form implants.

Since there were very few blade/plate form implant companies large enough to donate surgical kits and implants to the universities, along with research support, these implants were ignored or looked upon negatively. It was easier and more cost effective to present a week-end course on screws, and then sell a large number of root form implants for edentulous jaw placement at an excellent profit, then to teach how to place blade implants and then only sell three or four blades for an edentulous jaw at a lower price per implant. Unfortunately, dentists would rather place ten to twelve screws rather than three or four blades, which would accomplish the same results, but be less profitable using blades.

What about subperiosteal implants? These are some of the most magnificent and successful implants ever used, especially the tripodal mandibular subperiosteal implant that I introduced to the profession in 1984. But why would subperiosteal implants be promoted by root form implant companies if they cannot make any money selling them? Subperiosteal implants have to be designed by dentists and then cast in Vitallium or Ticonium alloy or titanium by experienced laboratory technicians.

In the late 1960s dental universities would not invite me to lecture on implants. The Institute for Graduate Dentists, which was located on West 67<sup>th</sup> Street and Broadway in New York City, thankfully gave me a chance to present my material. I presented three to five courses each year for about five years. Each course was oversubscribed, as the Institute could only accommodate 65 dentists at a time.

Strangely, no oral surgeons ever attended any of the courses at the Institute for Graduate Dentists. General practitioners attended these courses and placed many implants, which eventually gave them the experience and courage to do apicoectomies, third molars extractions, and many other surgical procedures that they would previously refer to oral surgeons. As a result many oral surgeons suffered financially for many years.

Then came the savior! P-I Branemark and NobelPharma realized that the oral surgeons were not doing as well financially as they could be. NobelPharma downplayed all screw, blade and subperiosteal implants, claiming they were unsatisfactory, and then presented their "osseointegrated" root form implants initially only to oral surgeons. NobelPharma root form implants were placed into bony recesses for three to six months, which were created with slow speed rotary instrumentation. NobelPharma was extremely successful, allowing a number of "starving" oral surgeons to jump on the bandwagon and use their implants. Today Nobel Biocare is advocating immediate loaded implants, which was my procedure from the very beginning.

It is unprofessional for a clinician not to offer blade/plate form or subperiosteal implants to his/her patients, when they can be utilized. It can be considered malpractice. Dentists who teach implant dentistry in universities, or lecture to study groups and at professional meetings, who continually ignore the benefits of implants other than root form implants, are not only short changing themselves, but also even more important, deceiving their patients.

To continually treatment plan for bone augmentation, solely to create an arena for the placement of root form implants, rather than place a properly designed implant type to fit unusual or abnormal bone situations, is way out of line.

I was always hoping that my tremendous amount of pioneering work in implant dentistry would someday fall on fertile ground. Fortunately it is still not too late.