To be honest, we had assumed that, given the overall economic climate, there will be fewer implant manufacturers supplying the market in the future – not more. So faced with a new implant system, the question we have is: Do we actually need another system?

My analysis of the existing implant systems has shown me that there definitely is a potential for maximizing performance based on our current knowledge in oral implantology. This is how the TRI Performance Concept came about, which with its three special features – TRI-Friction, TRI-BoneAdapt and TRI-Grip – exposes optimum properties for sustainable hard-tissue and soft-tissue management. In addition, not only the number of different systems has increased, but so has their internal complexity. What I like about TRI is its rigorous approach while reducing the number of components to a minimum. For example, only a single restorative platform (3.5 mm) is offered for all diameters (3.7, 4.1, 4.7 mm) of the TRI Vent implant.

Can you explain the TRI Performance Concept concept to us? What is so innovative and unique about it?

For me, the TRI Performance Concept includes three implant design features that are essential for long-term success.

1. TRI-Friction: The frictional implant-abutment connection ensures maximum abutment stability while at the same time eliminating potential microgaps and micromovement within the framework of a platform-switching approach. This connection has considerable influence on the stability of the hard tissues in the critical crestal area of the bone. The associated restorative concept uses only a single platform (3.5 mm) for three different implant diameters (3.7, 4.1, 4.7 mm), which underscores the viability and performance of this concept aimed at preserving a stable bone structure – ultimately laying the foundation for a consistent and sustainable soft-tissue management effort. The soft-tissue management itself is supported by an emergence profile that covers all components, from impression post and healing cap to the final abutment (TRI Soft-Tissue Concept).

2. TRI-BoneAdapt: The TRI implant body was designed to provide maximum bone adaptation across the different bone regions along the implant. The macro design of the cervical area, for example, minimizes stress and cortical load, while the vent design ensures optimal bone compression in cancellous bone. Our studies have clearly shown that the design consistently supports maximum primary stability.

3. TRI-Grip: In the apical region of the implant, a special innovation is a more pointed implant thread that provides more cutting force and, hence, more initial primary stability. Especially for indications in severely compromised tissues, or when implants are placed in fresh extraction sockets, this gives the implant incomparable stability. The implant apex is still round, however, so that in the event of maxillary sinus lift, the implant can be inserted carefully without jeopardizing the integrity of the Schneiderian membrane.

Interview with Dr Marius Steigmann on the TRI Performance Concept

Three factors for success

At IDS Cologne 2011, TRI Dental Implants presented its innovative TRI Performance Concept, developed in cooperation with leading clinicians including Dr Marius Steigmann.

Marianne Steinbeck, EDI Journal project manager, had the opportunity to discuss the new concept with Dr Steigmann.
In your opinion, what are currently the greatest challenges in clinical oral implantology, and what solutions do you have to offer?

As more and more dentists perform implant treatments today, the original challenge of providing osseointegration has been complemented by many other challenges – in terms of aesthetics, minimally invasive procedures, shorter treatment times and, not least, less costly treatment. It is difficult to address all these challenges by resorting to standard procedures. In the future we will have to work even harder to train dentists in the practical application of oral implantology to master the complex interplay between treatment planning, surgical procedures, bone augmentation, and restorative and aesthetic requirements. We have long focused on aesthetic soft-tissue management and on gingival reconstruction. Especially the treatment of aesthetically demanding patients will have to be based on an ideal gingival architecture, which is why our industry will have to focus more strongly on this topic.

Thank you very much for this interview.

STE

The focus of the workshop was on different conditions related to weak bone quality, for example, due to deficient bone volume or type III or IV bone quality. The presenter, Dr Ueli Grunerder (Switzerland), conducted the event masterfully and also hosted the concluding panel discussion.

Dr Michaela Kneissel of Novartis Pharma AG opened the workshop. Her remarks were centred on the biological basis of bone regeneration in oral and maxillofacial surgery and the underlying mechanism of various bone types. A number of clinical aspects of diseases affecting bone regeneration as well as co-medication were also addressed. In a second presentation, she outlined the results of a complex animal study in the osteoporotic rat model, for which a variety of approaches were investigated.

Professor Markus Hürzeler (Germany) presented current approaches to socket preservation in the aesthetic zone and some new techniques for maintaining the buccal wall, such as the socket-shield technique. Finally, Dr Konrad Meyenberg (Switzerland) addressed the impact of the implant surface in poor-quality bone in his presentation.

Thommen Medical’s successful performance at the 2011 Osteology Symposium in Cannes was persuasive. The best evidence for this was the number of interested participants. The auditorium was filled to capacity for the workshop, and numerous visitors stayed for the exhibition that followed at the Thommen Medical booth.