



DR. LUCA LANDI

MAESTRO OF ITALIAN PERIODONTOLOGY

Dr. Rohit Shah

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attention in successfully completing this book.

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Last but certainly not the least, I would like to express my sincere and deepest gratitude to Dr.Luca Landi for granting me permission to write a book on him. I sincerely appreciate the promptness in sending all the information required, which made this book possible.His constant guidance and detailed feedback remained thoroughly invaluable in preparing every part of this book.

INTRODUCTION

Travelling across the globe has always been my dream. Right since childhood, I have added destinations to my bucket list and Italy remains a must travel destination for me. Italy is and has always been a tourists delight because of their it varied culture and cuisine.

Italy was the main centre of artistic development throughout the Renaissance and reaching a particular peak in High Renaissance of Leonardo da Vinci, Michelangelo and Raphael whose works inspired the later phase of Renaissance known as 'Mannerisms'. Italy is home to 53 world heritage sites, being the largest number for any country in the world. Italian art has long been the central focus of world history; a land where life itself is considered as an art form; Italy continues to contribute to diversity and enrichment thereby promoting its culture to the world. Italian culture is steeped in arts, architecture, music and food. Food for Italians is not just nourishment, it is a way of life. Its cuisine has influenced food culture around the world and is considered a form of art by many.

Artism/Artistry and Creativity in Italy is not just restricted to bags, shoes, clothes, accessories or paintings but it has equally made its

unique contribution in the fields of science, medicine and dentistry.

Dentistry is a field of medicine which is not just restricted to the restoration of diseased tooth but it also deeply encompasses the diverse fields of cosmetics and esthetics.

Cosmetic surgery not just enhances your facial features but also lights up your pearly whites and as Lucy Christopher says...

"You smiled and your whole face changed with it. It kind of lit up like there were sunbeams coming from inside you."

Periodontics is one such field of dentistry which predominantly deals with aesthetics and periodontists are often considered as the plastic surgeons of dentistry.

The history of Italy has witnessed legends in all fields including Plastic Surgery and Periodontics. Right from research work done in pathogenesis to their contribution to various new techniques in surgery, Italy has contributed a lot to the field of periodontology.

One such master of Italy whose contribution has taken Periodontology to the next level is Dr. Luca Landi.

This Biography describes the outstanding work and contribution of Dr. Luca to the field of Periodontology.

The Maestro- Dr Luca Landi



“What you do makes a difference, and you have to decide what kind of difference you want to make.”

**These words truly describe one of the legends of Periodontology,
Dr. Luca Landi.**

He might have been a professional football player, Instead, he chose dentistry. The profession, according to many of his admirers, is the

cream of the crop.

When it comes to the world of dentistry, probably one very well-known name in Italy would be that of Dr. Luca Landi. Dr Luca is known to be a brilliant dentist, an innovative surgeon, and a superb clinician all rolled into one. This biography will give people an idea of what he has accomplished in his career and of the things he has done for the entire world.

Dr. Luca Landi was born on May 13th, 1967; in Grosseto, a small city in Tuscany close to Siena and Firenze. He graduated in the year 1991 from the Catholic University of Sacred Heart of Roma (Italy).

When he finished his formal education, he pursued his career in dentistry and eventually decided to work as a Lieu-tenant Dentist in the Italian Army from 1992-93.

He worked as a full time assistant in the Department of Stomatology and Oral & Maxillofacial Surgery in the Military Hospital of Rome (Italy) from 1992-93. After he became an instructor at the Catholic University of Roma. He decided to pursue further education.

He got his master's degree from the famous Boston University, H.M. Goldman School, Boston (USA) in the year 1997.

Sometime in the ninties, he decided to take his career to a whole new level by establishing his own institution and eventually founded the Studio di Odontoiatria Ricostruttiva (Roma) in 1999. He became the founder and director of this institute and got together the best in the field to form his team.

He is also a Founder and Partner of Studio in 4 (Verona) since 2009.

Dr. Luca Landi is a towering personality in the field of Periodontology because of the combination of his extensive knowledge and exquisite skills. His expertise in this specialized work has earned him a name for himself in many places of the entire country. A lot of people in the world of dentistry look up to him as one of the best in their times.

Personal Information



Dr. Luca Landi DDS, CAGS

Born in Grosseto, Italy on May 13th, 1967,.

**Lives in Verona (Italy) with his wife Anna and their two children
Pietro and Bianca.**

**Works in a private practice in Roma and Verona and lectures in
several Universities and in Private Courses.**

Education



- Graduate in Dentistry (DDS) from the Catholic University of Sacred Heart of Roma (Italy) 1991
- Lieu-tenant Dentist in the Italian Army 1992-93
- Assistant Department of Stomatology and Oral & Maxillofacial Surgery at the Military Hospital of Rome (Italy) 1992-93
- Post Graduate certificate of Advance Graduate Studies (CAGS) in Periodontology from Boston University H.M. Goldman School , Boston (USA) 1994-1997 Directors: Prof. H. Smukler (94-95), Prof. T.E Van Dyke (96-97)

Professional Experiences

- **Founder and Partner of Studio di Odontoiatria Ricostruttiva (Roma)
since 1999**
- **Founder and Partner of Studio in4 (Verona) since 2009**

Scholarships and Awards

Dr. Luca Landi boasts of receiving numerous scholarships and awards:

- He initially received a prestigious scholarship from the Italian Student Association (AISO) in the year 1991.
- Further he was awarded with another scholarship for international study and research from the esteemed Università degli Studi di Firenze in the year 1995 and also in 1996.
- He was also conferred with the acclaimed “Excellence in Periodontology Award” at the renowned Boston University in the year 1997.

Professional Achievements

- He started as a Clinical Instructor in the Department of Periodontology for the Undergraduate Course in the prestigious Boston University in Boston (USA) in the year 1996-97 under the Directorship -of Dr. S.A. Polins
- He was a Visiting Professor in other universities not only for practicing periodontology but also in other fields of dentistry namely: University of Modena & Reggio Emilia (Italy) for the Post Graduate Course in Oral Surgery and Implantology 1999-2012 under the Director Prof. U. Consolo
- He also worked as a Visiting Professor in the University of Napoli “Federico II” (Italy) for the Post Graduate course in Implantology 2006-2015 under Director Prof. L Ramaglia
- He also became a Visiting Professor in the University of Siena Dental School(Italy) Master in Periodontology 2006-2008 following the guidance of Director. Prof Massimo DeSanctis
- He was given the post of Founder and Board Member in the prestigious Boston University Italian Alumni (Italy) 1999-2012
- The learning process never stopped for him and he became a

Diplomate from the American Board of Periodontology, Dallas (USA) 2003

- At the same time, he also became an Active Member in the Italian Society of Periodontology & Implantology (SIIdP) Bologna (Italy) 2004
- Dr Luca Landi is a perfect example of the phrase “The sky is boundless”. He was Elected as a Coordinator, Editorial Activity Commission for the Italian Society of Periodontology and Implantology 2009-2011
- He became the SIIdP Ambassador for Europerio 7 (Vienna) 2012
- Eventually he was Elected as the Secretary for the Italian Society of Periodontology and Implantology 2012-2013 President. Dr. A. Fonzar
- Not only in the field of periodontology and implantology, but also he showed great acumen in managing financial works. Hence he was given the post of Elected Treasurer in the Italian Society of Periodontology and Implantology 2014-2017 under President Prof. M. Tonetti (2014-15) and Dr. C. Gatti (2016-17)
- With his hard work and his passion towards his field, many milestones are attached to his career the peak being Elected as the President-

Elect of the Italian Society of Periodontology and Implantology 2018-2019 under President Prof. M. Aimetti

- **He also is the Group coordinator for Clinical Recommendations in Implantology for the Italian Ministry of Health 2013-2017.**





Luca Landi(Left) as president elect, together with immediate Sid P past president Dr. Claudio Gatti (Middle) and SidP President Prof. Mario Aimetti (Right).

Memberships and Affiliation

- Dr Luca Landi is an Active Member in the Italian Society of Periodontology and Implantology since 2004. Currently he holds the prestigious post of President Elect in the same society.
- He also holds a Diplomate from the American Board of Periodontology since 2003
- Dr Luca is a member of the European Federation of Periodontology since 2004
- He is also an active Member of the American Academy of Periodontology since 1994
- He remains an Active member of the Academy of Osseointegration since 1995 and he became a member of European Association for Osseo integration in 1999.
- He is also a member of Edu Perio Research Group since 2013.

Words and pages fall short to write about him and his larger than life achievements, And I am sure there are many more still adding to his name as I write this book...

THE TECHNOLOGIES HE USES



Surgical Microscope



The main goal of his studio is to ensure long-term quality. To obtain this, his specialists make use of the finest medical technology and of instruments and materials of high level.

They propose a personalized approach about *anaesthesia* techniques, which allow a complete control of pain and anxiety, making the therapy more relaxing. If the complexity of surgery needs general anaesthesia, Dr. Luca Landi can count on a long partnership with some of the best Roman medical clinics.

In every case in which magnification is necessary, his specialists make

use of the *operating microscope*. In this way they are able to work on cases on which it was impossible to work before.

The studio is equipped with an advanced system for Piezoelectric Surgery, which represents one of the newest evolutions in the field of surgical instrumentation and helps to reduce the intraoperative and postoperative discomfort, in cases of oral and implant surgery.

In some cases, doctors also make use of a 3D navigation system, that makes it possible to integrate an Osseo integrated implant without cutting the soft tissues and also allows to keep the surgical trauma to a minimum and to fabricate temporary restorations in advance that can now be immediately delivered on the newly inserted implants.

His medical records are completely digitalized.

Sterilization at his dental studio is centralized and controlled by qualified staff who make use of ultra-modern technologies to ensure sterile conditions.

He also is a partner in a STUDIO in 4(Verona).



Reception desk



Waiting area of Studio IN 4



Consulting room of Studio IN 4



Reception lobby

THE STUDIO

The team of the Studio di Odontoiatria Ricostruttiva, made by four specialists, ensures its patients expertise and dental treatment of high quality, thanks to specific knowledge and the use of ultra-modern technology.

The rehabilitation of aesthetic and functional cases is put in act following operating protocols, with visible results before starting therapies, due to the involvement of the most modern digital technology.

The management of the clinical cases is customized: it's made following the expectations of the patients and a detailed treatment plan is developed, after a careful examination necessary to ensure a correct diagnosis.

His specialists keep a high level of scientific engagement: they are known at national and international level as authors of articles of reputed scientific journals. They are also speakers at training courses and at scientific conferences.

Publications

Dr Luca Landi has innumerable publications to his credit.

1. D. Bossi, F.I. Wolf, G. Calviello, L. Masciocco, L. Landi, L. Lauro, A. Cittadini. Divalent cations homeostasis and cells energy metabolism. *Acta Medica Romana* 1991; 29: 108-118.
2. M. Giuliani, D. Piselli, M. Murolo, L. Landi. Ascessicerebrali. Descrizione e discussione di due casi di molto probabileorigineodontogena. *GiornaleItaliano di Stomatologia e Ortognatodonzia*. 1993; 12: 83-86.
3. M. Giuliani, L. Landi, M. Guidi, A. Boari. La biopsia “punch”: tecnica ed indicazioni. *MaterialiDentari*. 1996; 5: 83-86.
4. L. Landi, R.W. Pretel, K. Ross, S. Amar. Factors responsible for failures associated with guided tissue regeneration procedures. *Journal de Parodontologie et ImplantologieOrale*. 1996. 15: 129-151.
5. L. Landi, S. Amar, S.A. Polins, T.E. Van Dyke. Host mechanisms in the pathogenesis of periodontal disease. *Current Opinion in Periodontology*. 1997 4: 3-10.
6. L. Landi. Ridge augmentation using DFDBA in conjunction with barrier membrane and cortical columns. Clinical,

- histologic and histomorphometric report of a case. *Compendium of Continuing Education in Dentistry* 1998 19: 656-671
7. H. Smukler, L. Landi, R. Setayesh. Histomorphometric analysis of human extraction sockets treated with allograft and barrier membranes. *International Journal of Oral Maxillofacial Implants* 1999; 14: 407-416.
 8. F. Scutellà, G. Stellino, L. Landi, S.M. Morgano. Guided lengthening of clinical crown. A new technique. *Journal of Prosthetic Dentistry*. 1999;65:237-240.
 9. L. Landi, R.W. Pretel, N.M. Hakimi, R. Setayesh. Maxillary sinus floor elevation using a combination of DFDBA and bovine derived porous HA. A preliminary histologic and histomorphometric report. *International Journal of Periodontics and Restorative Dentistry*. 2000 20: 575-583.
 10. L. Landi, D. Sabatucci. Plastic surgery at time of implant uncovering and membrane removal. A surgical technique. *International Journal of Periodontics and Restorative Dentistry*. 2001 21: 281-287
 11. Z. Majzoub, L. Landi, M. G. Grusovin, G. Cordioli. Histology

- of a connective tissue graft. A human case report. *J Periodontol* 2001;72:1607-1615
12. G. Stellino, L. Landi. A 6-year unloaded hydroxyapatite coated dental implant placed into an extraction socket in conjunction with non resorbable hydroxyapatite grafting material. An histologic evaluation. *International Journal of Periodontics and Restorative Dentistry*. 2002;22:575-581
13. L. Landi, P. Manicone, S. Piccinelli, R. Raia, F. Marinotti and F. Scutellà. Determining Osseous Resection During Surgical Crown Lengthening in the Aesthetic Zone. The Use of a Radiographic and Surgical Template. *Quintessence & Dental Technology* 2004;7:155-164
14. L. Landi, P.F. Manicone, S. Piccinelli, R. Raia. Histologic analysis of a failing telescopic titanium implant in human. A case report. *International Journal of Periodontics and Restorative Dentistry*. 2005 (6:);543-548
15. H. Smukler, D. Capri, L. Landi. Ridge augmentation using autogenous bone graft and a resorbable barrier membrane. *Int. J Period. Rest Dent* 2008; 28: 411-419

16. L. Biscaro, A. Beccatelli, L. Landi. Posizionamento implantare contestuale al rialzo del senomascellare in una cresta estremamente atrofica senza impiego di biomateriali. Descrizione della tecnica e di un caso. *Rivista Italiana di Stomatologia* 2:2009
17. M. A. Allegri, L. Landi, G. Zucchelli. Il restauro conservativo dell'area cervicale: protocolli operativi e rapporti con il parodonto. *Dentista Moderno*. Nov 38-64 2009
18. L. Landi, P.F. Manicone, S. Piccinelli, A. Raia, R. Raia. Staged Removal of Horizontally Impacted Third Molars to Reduce Risk of Inferior Alveolar Nerve Injury. *J Oral Maxillofac Surgery* 2010;68:442-446
19. L. Landi, P.F. Manicone, S. Piccinelli, A. Raia, R. Raia. A novel surgical approach to impacted mandibular third molars to reduce the risk of paresthesia. A case series. *J Oral Maxillofac Surgery* 68: 969-974 2010
20. M.A. Allegri, L. Landi, G. Zucchelli. Non carious cervical lesions associated to multiple gingival recessions in the maxillary arch. A restorative-periodontal effort for esthetic success. A 12 months

case report. *European J Esth Dent* 5: 10-27 2010

21. L. Biscaro , A. Beccatelli, L. Landi. A Human histologic report of an implant placed with simultaneous sinus floor elevation without bone graft. *Int J Period Rest Dent* 2012 4: 393 (e-122-e130)
22. D. Capri, H.Smukler, L.Landi. A less invasive approach to mandibular horizontal ridge augmentation using autogenous bone: A human histological case series. *The Journal of implant and advanced clinical dentistry*. 2012 4 (5): 27-36
23. Silvestri M, Martegani P, Capri D, D'Avenia F, Farneti M, Paolantoni G, Landi L. One Stage Sinus lift Augmentation Procedure with Implant Placement: Histomorphometric study comparing two different heterologous grafting materials. A Multi-Centre, Double Blind, Prospective Randomized Controlled Clinical Trial. *Int J Oral Maxillofac Impl* 2013 28:543-549
24. Bignozzi I, Littarru C, Crea A, Vittorini Orgeas G, Landi L. Gingival recession with dental cervical lesion: selection of the appropriate grafting procedure. *J Esth Rest Dent* 2013 25:6: 371-382.
25. M. Del Fabbro, C. Bianchessi, R. Del Lupo, L. Landi. Centralizing Platform versus standard implants in partially

- edentulous patients using the Dental Tech Implant System: 3-year clinical and radiological results from a prospective multicenter study. *Clin Oral Invest* 2015 19: 2233-2244.
26. C. Gatti, M. Aimetti, G. Rasperini, L. Landi, F. Cairo Long-term efficacy of microbiology-driven periodontal laser-assisted therapy, by Martelli et al., *Eur J Clin Microbiol Infect Dis* 2016, 35(3): 423-431
27. L. Landi, S. Piccinelli, R. Raia, F. Marinotti, P.F. Manicone. Perioprosthesis and implant-supported rehabilitation of a complex cases: Clinical Management and Timing Strategy. *Case Reports in Dentistry* 2016
28. F. Cairo, L. Landi, C. Gatti, G. Rasperini, M. Aimetti Tooth Loss and Dental Implant Outcomes—Where is dentistry going? A Survey by SIdP, the Italian Society of Periodontology and Implantology. *Oral Diseases* 2018 DOI: 10.1111/odi.12898

- edentulous patients using the Dental Tech Implant System: 3-year clinical and radiological results from a prospective multicenter study. *Clin Oral Invest* 2015 19: 2233-2244.
26. C. Gatti, M. Aimetti, G. Rasperini, L. Landi, F. Cairo Long-term efficacy of microbiology-driven periodontal laser-assisted therapy, by Martelli et al., *Eur J Clin Microbiol Infect Dis* 2016, 35(3): 423-431
27. L. Landi, S. Piccinelli, R. Raia, F. Marinotti, P.F. Manicone. Perioprosthetic and implant-supported rehabilitation of a complex cases: Clinical Management and Timing Strategy. *Case Reports in Dentistry* 2016
28. F. Cairo, L. Landi, C. Gatti, G. Rasperini, M. Aimetti Tooth Loss and Dental Implant Outcomes—Where is dentistry going? A Survey by SIdP, the Italian Society of Periodontology and Implantology. *Oral Diseases* 2018 DOI: 10.1111/odi.12898

STUDIO DI ODONTOIATRIA RICOSTRUTTIVA



(Dr Luca's State of the Art Dental Studio)



(Waiting area of his studio)

His Speciality - Estetica
(ESTHETICS)



ABSTRACTS OF ARTICLES PUBLISHED

D. Bossi, F.I. Wolf, G. Calviello, L. Masciocco, L. Landi, L. Lauro, A. Cittadini.

Divalent cations homeostasis and cells energy metabolism. Acta Medica Romana 1991; 29: 108-118.

M. Giuliani, D. Piselli, M. Murolo, L. Landi. Ascessicerebrali. Descrizione e discussione di due casi di molto probabileorigineodontogena. GiornaleItaliano di Stomatologia e Ortognatodonzia. 1993; 12: 83-86.

M. Giuliani, L. Landi, M. Guidi, A. Boari. La biopsia "punch": tecnica ed indicazioni. MaterialiDentari. 1996; 5: 83-86

L. Landi, R.W. Pretel, K. Ross, S. Amar. Factors responsible for failures associated with guided tissue regeneration procedures. Journal de Parodontologie et ImplantologieOrale. 1996. 15: 129-151.

L. Landi, S. Amar, S.A. Polins, T.E. Van Dyke. Host mechanisms in the pathogenesis of periodontal disease. Current Opinion in Periodontology. 1997 4: 3-10.

Periodontal diseases present with a wide range of clinical variability and severity. Individual susceptibility seems to be of major importance in determining the manifestation and progression of the disease. A better understanding of the molecular mechanisms of action of the immune system is of paramount importance to our ability to prevent

and treat occurrence and recurrence of periodontal diseases. Recent advances in immunobiology are very promising for the identification of special categories of patients at risk for periodontal breakdown. This review discusses the most recent studies in this field and the possible clinical applications of recent advances.

L. Landi. Ridge augmentation using DFDBA in conjunction with barrier membrane and cortical columns. Clinical, histologic and histomorphometric report of a case. Compendium of Continuing Education in Dentistry 1998 19: 656-671

F. Scutellà, G. Stellino, L. Landi, S.M. Morgano. Guided lengthening of clinical crown. A new technique. Journal of Prosthetic Dentistry. 1999:65: 237-240

Surgical lengthening of clinical crowns represents one of the most commonly used procedures in con-temporary periodontics. Indications include: (1) lack of sufficient length of a clinical crown to ensure a tooth preparation for fixed prosthodontics with retentive and resistance form ; (2) preexisting dental caries or restorations in the vicinity of the free gingival margins that prevent preparation of finish lines for restorative margins coronal to the biologic width; (3) the need to develop a ferrule for pulpless teeth restored with posts; and (4) unesthetic gingival architecture as a result of altered passive eruption.

This clinical report describes a patient treatment with a surgical –guide template that has been developed to facilitate surgical planning and enhance communication between the periodontist and restorative dentist.

L. Landi, R.W. Pretel, N.M. Hakimi, R. Setayesh. Maxillary sinus floor elevation using a combination of DFDBA and bovine derived porous HA. A preliminary histologic and histomorphometric report. International Journal of Periodontics and Restorative Dentistry. 2000 20:575-583

The objective of the study was to determine the osteoconductive potential of bovine-derived porous hydroxyapatite (HA) in combination with demineralized freeze-dried bone allograft (DFDBA) as an alternative to autogenous grafting in the maxillary sinus. The study involved 5 patients treated with 2-stage sinus elevation procedures using a combination of DFDBA and Osteograft/N 300 and 700. The healing time before implant placement ranged from 6 to 13 months. At the time of reentry, a bone core was harvested from each patient and processed for histologic and histomorphometric analysis. Woven lamellar bone formation was evident in all specimens. Mean trabecular bone volume was 27.92%. The amount of newly formed bone

was positively correlated with healing time. The range of new bone formation was 5.36% (6 mo) to 43.68% (12 mo). Residual HA granules were evident in all specimens, and the amount was inversely correlated with time. HA granules were often surrounded by an intense inflammatory infiltrate. DFDBA particles, largely present in the 6-month biopsy, were not recognizable in the 10-, 12-, and 13-month specimens, suggesting complete replacement. The combination of Osteograft/N and DFDBA appears to be osteoconductive and may be considered a valid alternative to autogenous bone grafts in sinus lift procedures. Histomorphometric and histologic evaluation may also be used to monitor the status of the future implant site.

Z. Majzoub, L. Landi, M. G. Grusovin, G. Cordioli. Histology of a connective tissue graft. A human case report. J Periodontol 2001 72: 1607-1615

Few investigations can be found in the literature on the histological nature of the attachment of connective tissue grafts to root surfaces previously exposed by recession. In this case report, a 24-year-old patient was treated with a connective tissue graft combined with a partial-thickness coronally positioned flap for root coverage of Class I Miller recessions at the maxillary right and left canines and first

premolars. The treated sites exhibited 83% and 100% root coverage on the right and left sides, respectively. Twelve months later, the case required extraction of all 4 first premolars for orthodontic reasons. Two conservative block sections including the maxillary first premolars with the buccal soft tissues were obtained and processed histologically in a bucco-palatal plane. Histological analysis showed that healing occurred via a long junctional epithelium throughout the major portion of the previous recession site. Only minimal signs of new cementum-like tissue formation could be seen in the apical portion of the recession area coronal to the base of the instrumented root surface. No root resorption or ankylosis could be detected in any of the serial sections. The findings of this case report outline the possible variations in the histological outcome of connective tissue grafts. These variations can be attributed to differences in size and shape of the recession defects and flap positioning at the end of surgery.

Stellino G, Landi L. *A 6-year unloaded hydroxyapatite-coated dental implant placed into an extraction socket in conjunction with nonresorbable hydroxyapatite grafting material: histologic evaluation.* Int J Periodontics Restorative Dent. 2002 Dec;22(6):575-81.

A submerged hydroxyapatite (HA)-coated implant placed into a fresh

extraction socket in conjunction with a nonresorbable HA graft was harvested after 6 years of unloaded healing. The implant and surrounding bone were processed for histologic analysis. The HA coating appeared to be stable and homogenous. An excellent bone-to-implant contact could be found along the entire implant length. No signs of HA resorption or detachment were found. The HA graft was still recognizable histologically around the apical third of the implant. Light microscopy revealed a good osteoconductive ability of the HA particles, which did not show any signs of remodeling or resorption. These findings suggest that HA-coated implants may be able to maintain optimal osseointegration over time, even in the absence of loading.

L. Landi, P. Manicone, S. Piccinelli, R. Raia, F. Marinotti and F. Scutellà. Determining Osseous Resection During Surgical Crown Lengthening in the Aesthetic Zone. The Use of a Radiographic and Surgical Template. Quintessence & Dental Technology 2004 7 : 155-164

Surgical crown lengthening is defined as a procedure used to expose sound tooth structure with or without removal of alveolar bone for restorative purposes.¹ When-ever the crown extension includes removal

of supporting bone, the principles of osseous resective surgery should be applied. The objectives of osseous resective surgery include (1) elimination of alveolar bone alterations due to periodontal disease activity²; (2) establishment of a physio-logic supracrestal gingival tissue (SGT) in cases of violation of the biologic width³; and (3) correction of unesthetic soft and hard tissue aberrations.⁴ While alveolar bone deformities resulting from periodontal disease dictate the degree of osteoplasty and ostectomy needed to achieve a positive architecture,⁴ the same cannot be applied to surgical crown-lengthening procedures. In such instances, alveolar bone anatomy retains its physio-logic contour and the periodontist relies only on the proposed restoration finish line to determine adequate ostectomy to achieve a physiologic SGT. Recently, Scutellà et al⁵ introduced the use of a surgical template to guide the bone resection. Their device was primarily indicated in those cases where the amount of residual crown did not allow fabrication of a retentive provisional restoration, such as with severe tooth breakdown as a result of caries or extensive tooth abrasion subsequent to bruxism or bulimic disorders. Because of the invasive and irreversible nature of surgical crown lengthening, several factors .

Landi L, Manicone PF, Piccinelli S, Raia R. *Histologic analysis of a failing three-part dental implant: a human case report.* Int J Periodontics Restorative Dent. 2005 Dec;25(6):615-21

Two failing implants were removed for prosthetic reasons from the maxilla of a 60-year-old woman. The implants were clinically immobile but presented clear signs of peri-implant mucositis and bone destruction. One of the two implants was harvested together with the surrounding bone and analyzed histologically. The implant was threaded and consisted of three distinct components screwed together in a telescopic fashion. Histologically, bone loss reached the fourth thread, while apical to the fourth thread, osseointegration between the host bone and the implant surface was recognizable. The implant parts were not completely seated into each other, and the resulting gap was colonized by host bone. Newly formed alveolar bone penetrated deep into the implant body cavity and appeared similar in nature to the alveolar bone surrounding the implant. Histologic findings are discussed in reference to the ability of such an implant to withstand biomechanical loading over time.

Smukler H, Capri D, Landi L. *Harvesting bone in the recipient sites for ridge*

augmentation. Int J Periodontics Restorative Dent. 2008 Aug;28(4):411-9.

A modified ridge augmentation technique is introduced for augmenting deficient alveolar ridges in preparation for endosseous implant placement. The technique is based on the principles for guided bone regeneration, in which a created space is kept isolated from the surrounding soft tissues by a resorbable membrane with an excellent extended resorption profile, thus permitting the accrual of bone-formative elements into the graft site. The absorbable membrane is propped up by an autogenous mixture of native corticocancellous bone cores taken in the graft site and reduced to smaller particle sizes and osseous coagulum collected in bone traps and with a special bone scraper. The major advantage of this technique is that all the autogenous bone graft material is obtained from the actual graft site, avoiding second remote intra- or extraoral surgical sites and attendant morbidities. Ridges augmented with this technique permit optimal endosseous implant placement.

M A. Allegri , L. Landi, G. Zucbelli. Il restauro conservativo dell'area cervicale: protocolli operativi e rapporti con il parodonto. Dentista Moderno. Nov 38-64 2009

L. Biscaro, A. Beccatelli, L. Landi. Posizionamento implantare contestuale al rialzo del seno mascellare in una cresta estremamente atrofica senza impiego di biomateriali. Descrizione della tecnica e di un caso. Rivista Italiana di Stomatologia 2: 2009

This case report describes a technique of implant insertion contextual to the elevation of the maxillary sinus floor in a case of maxillary atrophy with a residual bone height of less than 3mm. The surgical technique provides a lateral approach to the sinus cavity and the simultaneous insertion of conical implants. The sinus cavity was filled using only sponges of Collagen. After 6 months the implants were discovered and loaded. Radiographically, signs of new bone formation were evident at peri-implant and at 12 months post-loading the implants had clinical and radiographic success. This technique reduces the number of the procedures with reduction of global morbidity and shorten treatment times.

Allegrì MA, Landi L, Zucchelli G. Non-carious cervical lesions associated with multiple gingival recessions in the maxillary arch. A restorative-periodontal effort for esthetic success. A 12-month case report. Eur J Esthet Dent. 2010 Spring;5(1):10-27

Restoration of non-carious cervical lesions (NCCLs) represents a major challenge for resin materials due to the different adhesive

properties of the tooth structure, the biomechanical aspects of the cervical area, and the difficulties in the access and isolation of the operative field. Furthermore, NCCLs should be approached with a complete understanding of the role played by the marginal periodontal tissue. Whenever a cervical lesion is associated with a gingival recession, the interplay between restorative dentistry and periodontology is decisive for full esthetic and long-term success. A case report is presented dealing with the treatment of NCCLs associated with multiple gingival recessions using a combined restorative and periodontal treatment with a 12-month follow-up.

Landi L, Manicone PF, Piccinelli S, Raia A, Raia R. *A novel surgical approach to impacted mandibular third molars to reduce the risk of paresthesia: a case series.* J Oral Maxillofac Surg. 2010 May;68(5):969-74.

Extraction of impacted mandibular third molars (M3s) may cause temporary or permanent neurosensory disturbances of the inferior alveolar nerve (IAN). Although the incidence of this complication is low, a great range of variability has been reported in the literature. Several methods to reduce or eliminate this complication have been proposed, such as orthodontic-assisted extraction, extraction of the

second molar, or intentional odontectomy. The purpose of this series of cases is to present a novel approach for a riskless extraction of impacted mandibular M3s in contact with the IAN. Nine consecutive patients (4 male and 5 female; mean age 24.9 years, range 18-43 years) required the extraction of 10 horizontally or mesioangular impacted mandibular M3s. In all cases the M3 was in contact with the IAN with a high risk of nerve injury. A staged approach was proposed and accepted by the patients. This approach consisted in the surgical removal of the mesial portion of the anatomic crown to create adequate space for mesial M3 migration. After the migration of the M3 had taken place, the extraction could then be accomplished in a second surgical session minimizing neurological risks. All M3s moved mesially within 6 months (mean 174.1 days, range 92-354 days) and could be successfully removed without any neurological consequences. This technique may be considered as an alternative approach to the extraction of horizontally or mesioangular impacted M3s in proximity to the IAN.

Landi L, Manicone PF, Piccinelli S, Raia A, Raia R. *Staged removal of horizontally impacted third molars to reduce risk of inferior alveolar nerve injury.* J Oral Maxillofac Surg. 2010 Feb;68(2):442-6.

Biscaro L, Beccatelli A, Landi L. *A human histologic report of an implant placed with simultaneous sinus floor elevation without bone graft.* Int J Periodontics Restorative Dent. 2012 Aug;32(4):e122-30.

A titanium implant with an acid-etched surface was placed simultaneously with sinus floor elevation in a severely resorbed ridge of a 52-year-old man. The height of the residual crest was less than 3 mm, and no bone substitute was used to graft the sinus cavity. Six months after placement, the implants were uncovered, and no signs of mobility were recorded. The implant at the second molar site and surrounding bone were removed for prosthetic convenience. The specimen was harvested and processed for undecalcified histologic analysis. Poor bone quality around the implant was evident, characterized by large marrow spaces and scarce trabeculation. Signs of osseointegration could be seen mainly toward the apical third of the implant. A cortical wall was present apical to the implant, suggesting the formation of a new sinus floor. The relationship between the histologic evidence and possible clinical implications are discussed.

D. Capri, H. Smukler, L. Landi. A less invasive approach to mandibular horizontal ridge augmentation using autogenous bone: A human histological case series.. The Journal of implant and advanced clinical dentistry. 2012 4 (5):27-36

Over the years several techniques have been designed to augment atrophic ridges. The approach presented here, using a series of cases for horizontal ridge augmentation, utilizes autogenous bone procured from the recipient site. The employed regenerative procedure, previously described by the authors, eliminates the need for a distant donor area reducing the potential morbidity. A biodegradable collagen barrier (Ossix) with a slow resorption profile has been successfully employed. Clinical, radiographic and histological results confirm the validity of the selected surgical technique.

Silvestri M, Martegani P, D'Avenia F, Farneti M, Capri D, Paolantoni G, Landi L. *Simultaneous sinus augmentation with implant placement: histomorphometric comparison of two different grafting materials. A multicenter double-blind prospective randomized controlled clinical trial.* Int J Oral Maxillofac Implants. 2013 Mar-Apr;28(2):543-9.

Sinus elevation via the lateral approach for implant rehabilitation of atrophic posterior maxillae is considered a safe and predictable therapy.

Several xenogenic biomaterials of different biologic origin have been used as valid and predictable alternatives to autogenous bone. This multicenter randomized controlled double-blind prospective clinical trial aimed to compare histomorphometrically two xenogenic grafting materials used for sinus elevation with simultaneous implant placement. Seven private practices in Italy were involved. Patients presenting at least one site with a residual bone crest height between 2 and 4 mm were treated. Control sites were grafted with 100% deproteinated particulated bovine bone (DPBB), while test sites were grafted with prehydrated corticocancellous porcine bone (PCPB). Root-form implants were placed simultaneously. Insertion torque and clinical stability were assessed and recorded. At 6 months, a biopsy specimen was harvested from each site, and histomorphometric analyses were performed. Thirty-seven patients received 42 sinus elevations (24 test and 18 control). Eighty-two implants with adequate primary stability were placed. Fifty-five implants were placed in residual bone crests greater than 2 mm but less than 4 mm (average 2.7 mm) and achieved an average insertion torque of 22.8 ± 11.3 N/cm. Nineteen implants were placed in ridges greater than 3 mm but less than 5 mm, and eight were placed in ridges with more than 5 mm

remaining. After 6 months, three implants had failed to integrate, leading to a survival rate of 96.34%. Forty-two specimens were analyzed histomorphometrically. No significant differences in total bone volume (PCPB 37.43%, DPBB 37.52%) or residual grafting material (PCPB 13.55%, DPBB 16.44%) were detected. In this study, PCPB compared well with DPBB as a grafting material for lateral sinus elevation.

Bignozzi I, Littarru C, Crea A, VittoriniOrgeas G, Landi L. *Surgical treatment options for grafting areas of gingival recession association with cervical lesions: a review.* J Esthet Restor Dent. 2013 Dec;25(6):371-82.

Gingival recession (GR) is a highly prevalent dental problem that may be associated with dentin hypersensitivity and aesthetic complaint. Furthermore, GR is often complicated by dental cervical wear of substance, such as erosion, abrasion, or abfraction lesions, as well as initial or more extensive carious involvement of the cervical area, which worsen the symptoms and make the treatment of this periodontal condition more challenging. To provide an overview of surgical treatment options presented in the literature for sites affected by GR with carious cervical lesions (CCLs) or non-carious cervical lesions (NCCLs). The Medline database was searched for items dealing with

GR and its treatment options, especially on GR associated with CCLs or NCCLs. Several periodontal surgical techniques have shown good potential for treating GR over the years. Specifically, considering GR associated with CCL or NCCL, an assessment of both hard (dental) and soft (gingival) tissue characteristics of the involved site is recommended in selecting the surgical procedure. For GR associated with CCL or NCCL, hard and soft tissue characteristics of the involved site have to be carefully evaluated in order to choose the most appropriate surgical procedure. A structured decision-making process, considering both hard and soft tissue characteristics of the involved site, is recommended in choosing the most appropriate surgical procedures to treat GR associated with CCL or NCCL defects. The restitutio ad integrum of the dento-periodontal unit is an essential condition to restore the tooth to its original function and esthetics.

Bignozzi I, Littarru C, Crea A, VittoriniOrgeas G, Landi L. *Surgical treatment options for grafting areas of gingival recession association with cervical lesions: a review.* J Esthet Restor Dent. 2013 Dec;25(6):371-82.

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Furthermore, GR is often complicated by dental cervical wear of substance, such as erosion, abrasion, or abfraction lesions, as well as initial or more extensive carious involvement of the cervical area, which worsen the symptoms and make the treatment of this periodontal condition more challenging. To provide an overview of surgical treatment options presented in the literature for sites affected by GR with carious cervical lesions (CCLs) or non-carious cervical lesions (NCCLs).The Medline database was searched for items dealing with GR and its treatment options, especially on GR associated with CCLs or NCCLs. Several periodontal surgical techniques have shown good potential for treating GR over the years. Specifically, considering GR associated with CCL or NCCL, an assessment of both hard (dental) and soft (gingival) tissue characteristics of the involved site is recommended in selecting the surgical procedure. For GR associated with CCL or NCCL, hard and soft tissue characteristics of the involved site have to be carefully evaluated in order to choose the most appropriate surgical procedure.A structured decision-making process, considering both hard and soft tissue characteristics of the involved site, is recommended in choosing the most appropriate surgical procedures to treat GR associated with CCL or NCCL defects. The

restitutio ad integrum of the dento-periodontal unit is an essential condition to restore the tooth to its original function and esthetics.

Del Fabbro M, Bianchessi C, Del Lupo R, Landi L, Taschieri S, Corbella S *Platform switching vs standard implants in partially edentulous patients using the Dental Tech Implant System: clinical and radiological results from a prospective multicenter study*. Clin Oral Investig. 2015 Dec;19(9):2233-44.

The main objective of this study was to evaluate clinical and radiographic outcomes of implant-supported fixed partial prostheses, comparing platform switching and standard platform concepts. Patients with single or multiple partial edentulism were included in this prospective multicenter study. Success rate, as well as crestal bone loss and occurrence of complications were evaluated over time, for a minimum of 3 years after prosthesis delivery. Radiographic and clinical examination served to evaluate implant and prosthesis conditions. A total of 51 patients with 117 implants (55 in the centralized platform group and 62 in the standard platform group) were considered in the analysis. After 3 years of loading, the cumulative implant survival in test group was 90.3 %, while in the control group, it was 96.5 % without any statistically significant difference. After 3 years of function, the bone

loss was 0.33 ± 0.19 mm in the test group and 0.48 ± 0.26 mm, revealing a significant difference. Platform switching concept may lead to a reduction of marginal bone loss over time if compared to standardized one. Such effect seemed not to be related to a reduction of overall success rate of the treatment. Platform switching could be a viable prosthetic option for implant treatment of partial edentulism.

C. Gatti, M. Aimetti, G. Rasperini, L. Landi, F. Cairo Long-term efficacy of microbiology-driven periodontal laser-assisted therapy, by Martelli et al., *Eur J Clin Microbiol Infect Dis* 2016, 35(3):423-431.

Landi L, Piccinelli S, Raia R, Marinotti F, Manicone PF. *Periosteal and Implant-Supported Rehabilitation of Complex Cases: Clinical Management and Timing Strategy*. *Case Rep Dent*. 2016;2016:2634093.

Treatment of complex periosteal cases is one of the clinical challenges of everyday practice. Only a complete and thorough diagnostic setup may allow the clinician to formulate a realistic prognosis to select the abutments to support prosthetic rehabilitation. Clinical, radiographic, or laboratory parameters used separately are useless to correctly assign a reliable prognosis to single teeth except in the case of a clearly hopeless tooth. Therefore, it is crucial to gather the

greatest quantity of data to determine the role that every single element can play in the prosthetic rehabilitation of the case. The following report deals with the management of a multidisciplinary periodontally compromised case in which a treatment strategy and chronology were designed to reach clinical predictability while reducing the duration of the therapy.

Cairo F, Landi L, Gatti C, Rasperini G, Aimetti M; SIdP, the Italian Society of Periodontology and Implantology.

Tooth Loss and Dental Implant Outcomes-Where is dentistry going? A Survey by SIdP, the Italian Society of Periodontology and Implantology.
Oral Dis. 2018 May 22. [Epub ahead of print]

Chapters in Books

Dr Luca has also written illustrious chapters in the following internationally reputed books.

1. **I rapporti endo-parodontali. R.Raia, L. Landi***In: Endodonzia contemporanea. F. Sommaedizioni. Masson Italia 2006*
2. **Osseous resective surgery. L. Landi***In: Advanced Treatment planning in Periodontal Surgery S. Dibart. Eds Willey-Blackwell Chicago USA 2009*
3. **Dental Implants and Periodontal Therapy: Selection Criteria and Treatment Strategies for their use in daily practice. L.Landi, G. Paolantoni, L. Biscaro. In: Atlas-Text of PERIODONTOLOGY and IMPLANT THERAPY: Cap 20:SI dP Eds, Quintessence Publishing 2017**
4. **Clinical and Radiological Evaluation . G. Paolantoni, L.Landi, A.Crea. In: Atlas-Text of PERIODONTOLOGY and IMPLANT THERAPY: Cap 21:SI dP Eds, Quintessence Publishing 2017**

MAIN SPEAKING ENGAGEMENTS

1. Academy of Osseointegration XIII Annual Meeting. Atlanta (USA) 5-7 March 1998. Evaluation of human sockets and deficient alveolar ridges treated with DFDBA and cell occlusive membrane. A histological and histomorphometric study.
2. Academy of Osseointegration XIV Annual Meeting. Palm Spring (USA) March-9-11 1999; Maxillary sinus floor elevation using a combination of DFDBA and bovine derived porous HA. A preliminary histologic and histomorphometric report.
3. Boston University Implant Symposium May 18, 2007 Boston (USA) Correction of Atrophic Edentulous Ridge for Implant Restoration: Knowing the limits.
4. AEEDC UAE International Dental Conference and Arab Dental Exhibition. Dubai (UAE) feb. 2001. Implants in the periodontally compromised patients.
5. Spanish Society of Periodontology 44^o national Meeting May 23, 2010 Girona (Spain) Esthetic treatment of mucogingival alterations.
6. Italian Academy of Prosthetic Dentistry 29th International Meeting November 19th , 2010 Bologna (Italy) Complicanze vs

fallimentineicasiprotesicisupilastrinaturali: aspettibiologicali e biomeccanici

7. Italian Society of Osseointegration (SIO) XV National Meeting. Rome (Italy) October 18 2011. Implants in the peridoontallycomprosmied patients: the peridoontist perspective.
8. Lebanese Society of Periodontology. April 21 2012 Beirut (Lebanon) Osseous resective surgery in the esthetic sensitive area.
9. Boston University, G.M. Kramer Symposium October 24, 2013 Boston (USA). Resective surgery in the esthetic areas.
10. Italian Society of Periodontology International XIIX National Meeting Rimini (Italy) 2014. Team approach in the treatment and maintenance of complex implant cases.
11. European Association for Osseointegration (EAO) September 27, 2014 Roma (Italy) Modern Perio-prosthetic approaches to the complex rehabilitation of the periodontally compromised patient
12. Italian Academy of Prosthetic Dentistry 34th International Meeting November 19th , 2015 Bologna (Italy) Osseous Resective Surgery for the Restorative dentsist
13. Italian Society of Periodontology International XIX National

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Appropriatezzadelleterapieriabilitativeimplantarinel Paziente parodontale

14. Italian Academy of Restorative Dentistry 18th National Meeting

May 7, 2016. Periodontal issues in restorative dentistry.

15. Italian Society of Periodontology International XX National

Meeting Rimini (Italy) 2018 Appropriatezza e prognosi in

Implantologia

RESPONSIBILITY HE TAKES



Being socially responsible means to put ethical and correct behaviors into act.

The Studio di OdontoiatriaRicostruttiva shares the [Code of Ethics](#) of Fnomceo (Federazione Nazionale degliOrdinidei Medici Chirurghi e degliOdontoiatri) and the [DentalHygieneCode of Ethics](#) of the UNID (Unione Nazionale IgienistiDentali).

Social, environmental and ethical commitments of his studio is directed not only to the creation of value in terms of benefits for his patients, but also for the society in which he works.

The Studio di OdontoiatriaRicostruttiva works in full respect of the rights of its collaborators and it warrants the workplace safety and health for its employees, as provided by the Italian laws 81/08 and 106/09.

With the purpose to create awareness and with the desire to do something good for the environment, the Studio di OdontoiatriaRicostruttiva has decided to take part in the project Zero Impact Web, to oppose the global heating reducing CO2 emissions generated from the use of Internet.



HIS TEAM



HIS TEAM

STUDIO DI ODONTOIATRIA

RICOSTRUTTIVA DENTISTS

PARTNERS

- Dr. Luca Landi
- Dr. Paolo Manicone
- Dr. Roberto Raia
- Dr. Stefano Piccinelli

CONSULTANTS

- Dr. Alessandro Raia

Dr. Paolo Manicone



Received his degree in dentistry at the Catholic University of Rome in 1991.

Admitted to the profession since 1991, dedicates his activities solely to clinical functional and aesthetic prosthetic restoration of natural teeth and implants.

He is an active member of the Italian Academy of Prosthetic Dentistry, aggregate professor and researcher at the Catholic University of Sacro Cuore in Rome.

Dr. Roberto Raia



Has a degree in dentistry from the Catholic University of Rome in 1991.

Admitted to the profession in 1991, he received a Certificate in Periodontology at the Royal Dental College, Aarhus (DK) in 1992.

He specialized in Endodontics at the University of Naples Federico II and is an active member of the Italian Society of Endodontics (SIE).

Devotes his clinical work to endodontics and periodontics.

Dr. Stefano Piccinelli



Has a degree in dentistry at the Catholic University of Rome in 1991.

Admitted to the profession in 1991, he is devoted to conservative and aesthetic dentistry in adults and children.

He is an active member of the Italian Academy of Conservation (AIC).

HIS TEAM (STUDIO IN 4)



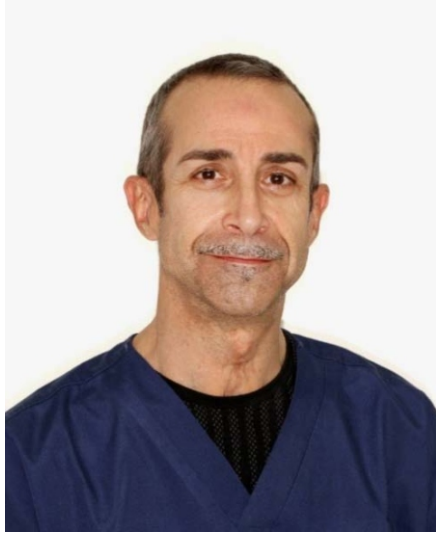
GIOVANNI MARZARI

He graduated in Dentistry and Dental Prosthetics at the University of Verona in 2001. In 2008 he was guest at the endodontic programs in endodontics of TUFTS University and Boston University of Boston (USA). In 2013 he completed the Master in Clinical and Surgical Microendodontics at the University of Turin. Since 2015 he is Active Member of the Italian Academy of Endodontics, since 2011 he is International Member of the American Association of Endodontists and since 2014 he is Certified Member of the European Society of Endodontology.



DR. MASSIMILIANO PIPPA

He graduated in Dentistry and Dental Prosthetics in 2005 at the University of Verona where he participated in the study group on Dental Traumatology directed by Prof. Cavalleri. He attended several annual courses of improvement: the course of endodontics held by dr.Vignoletti, the conservative course held by dr.Monari, the courses of periodontology and implantology held by dr.Landi, the prosthesis courses taught by dr.Paniz and the dott. Cleric, one held by dr.Massironi, the one held by dr.Fonzar and finally that held by dr.Pradella. He attended the All On Four and Immediate Loading course at the Malo Clinic in Lisbon



DR. ANDREA GHIROTTTO

Graduated in 1991 in Verona with top marks and honors, dr. Andrea Ghirotto has attended several annual courses of specialization including that of endodontics of dr. Vignoletti, that of periodontology of dr. De Sanctis and dr. Landi, that of conservative dentistry of dr. Monari and prosthesis of dr. Pradella.

He practices freelance in Verona dealing mainly with conservative dentistry, endodontics and prosthetics.

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AUTHOR



Dr. Rohit Shah is a Teacher, Consultant, Clinician, Surgeon by profession, specializing in Periodontal Surgeries and Dental Implants. He is a part of the Editorial Board in a few national journals, a medicolegal advisor and has numerous publications to his credit. Currently he is working as an Associate Professor in Periodontics at Terna Dental College and Hospital in Navi Mumbai.

MENTOR



Dr. Shishir Singh is a PhD from MUHS, Nashik and a graduate and a postgraduate in Endodontics from the prestigious Nair Hospital Dental College. He is a DCI inspector, Post Graduate Examiner and a Popular national and international speaker in Endodontics. He has numerous publications in reputed journals to his credit and is currently working as Dean, Professor and Head of Dept., Post Graduate Guide in Endodontics at Terna Dental College and Hospital, Navi Mumbai.

MENTOR



Dr. Dipika Mitra is a graduate and a postgraduate in Periodontics from the prestigious Nair Hospital Dental College. She also is a DCI inspector and a Post Graduate Examiner. She has numerous publications in reputed journals to her credit and is currently working as a Professor and Post Graduate Guide in Periodontics at Terna Dental College and Hospital, Navi Mumbai.