



Dear readers and colleagues,

Let me start by wishing you a successful and healthy 2016 on behalf of the entire JDI team. This year too, the JDI will continue to support your implant activities with scientific and practical articles and provide you with the latest news and innovations from the German Implantology Association.

We will not only publish scientific articles, but also intentionally increase the number of practical articles relevant to everyday practice and use actual cases to demonstrate treatment options which enrich your portfolio.

All articles will also be available digitally in our Online Journal and we would like to encourage you to make more use of this in future. We are also pleased to announce that, in future, linking with the DGINET will be easier so that after entering the members' zone of the DGI network it will be easier to gain access to current as well as past JDI articles.

In order to promote holistic masticatory functional rehabilitation, future plans also include presenting more interdisciplinary implantological treatment concepts to elaborate on the significance of interfaces with neighboring specialist fields. Particularly with masticatory functional rehabilitation by means of a fixed or removable implant-borne prosthetic restoration interdisciplinary cooperation is the key to success. We hope you enjoy this issue which presents an interdisciplinary treatment concept for dealing with aplasia of the upper lateral incisors and their masticatory functional rehabilitation with implant-borne single restorations.

Modern implant placement concepts are aimed at patients with mostly unilateral free-end situations where conventional bridgework is not possible and, to avoid a removable 9dentogingivally-borne denture, a fixed, implant-borne restoration is to be fabricated. This group of patients will increase considerably in the coming years as statistics from oral health studies show that many patients will remain partially dentate up to a high age. This is the reason for which transverse and vertical bone augmentation in the posterior region, e.g. via inlay particulate grafting on the sinus floor, is especially important as is testing for long-term stability. This current issue also provides interesting information to help you counsel your patients and assure quality for lasting treatment results.

I hope you enjoy perusing this issue and wish you all the best from the entire editorial staff.

Sincerely,

Stefan Schultze-Mosgau