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DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

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Chip checks for oral cancer

Rice's nano-bio-chip effective in pilot study to detect premalignancies

By Mike Williams, Rice News Staff

The gentle touch of a brush on the tongue or cheek can help detect oral cancer with success rates comparable to more invasive techniques such as biopsies, according to preliminary studies by researchers at Rice University, the University of Texas Health Science Centers at Houston (UTHSC) and San Antonio and the University of Texas M.D. Anderson Cancer Center.

A new test that uses Rice's diagnostic nano-bio-chip was found to be 97 percent "sensitive" and 93 percent specific in detecting which patients had malignant or premalignant lesions, results that compared well with traditional tests.

The study is available online in the journal Cancer Prevention Research.

"One of the key discoveries in this paper is to show that the miniaturized, noninvasive approach produces about the same result as the pathologists do," said John McDevitt, the Brown-Wiess professor of chemistry and bioengineering at Rice.

His lab developed the novel nano-bio-chip technology at the university's Bio-Science Research Collaborative.

Oral cancer afflicts more than 300,000 people a year, including 35,000 in the United States alone. The five-year survival rate is 60

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Rice Professor John McDevitt holds the LabNow device to read nano-bio-chips that will look for signs of oral cancer and other diseases. (Photo/Jeff Fitlow)

LAB TRIBUNE
The World's Dental Lab Newspaper · U.S. Edition

Easy, quick modeling

CDT Joachim Mosch explains that dental sculpting wax "primopattern LC" was developed in order to eliminate all the inconvenient disadvantages of conventional modeling materials. primopattern LC is a light-curing, ready-to-use, one-component material that is available as a modeling gel or modeling paste.

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'This Is Your Mouth' video benefits NCOHF: America's Toothfairy

By Fred Michmershuizen, Online Editor

"This Is Your Mouth," a new video from Johnson & Johnson Healthcare Products that is narrated by actor Neil Patrick Harris, takes a closer look at the potential effects of rapidly multiplying bacteria in the mouth and illustrates how LISTERINE Antiseptic destroys the millions of germs that are left behind from brushing alone.

Each time the documentary is viewed, a $1 donation will go from Johnson & Johnson Healthcare Products to National Children's Oral Health Foundation: America's Toothfairy.

"I never realized how much goes on 'behind the scenes' in our mouths, and

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percent, but if oral cancer is detected early, that rate rises to 90 percent.

McDevitt and his team are working to create an inexpensive chip that can differentiate premalignancies from the 95 percent of lesions that will not become cancerous.

The minimally invasive technique would deliver results in 15 minutes instead of several days, as lab-based diagnostics do now. Instead of an invasive, painful biopsy, the new procedure requires just a light brush of the lesion on the cheek or tongue with an instrument that looks like a toothbrush.

"This area of diagnostics and testing has been terribly challenging for the scientific and clinical community," said McDevitt, who came to Rice from the University of Texas at Austin in 2009. "Part of the problem is that there are no good tools currently available that work in a reliable way."

He said patients with suspicious lesions, which are usually discovered by dentists or oral surgeons, end up getting scalpel or punch biopsies as often as every six months. "People trained in this area don't have any trouble finding lesions," McDevitt said.

"The issue is the next step — taking a chunk of someone's cheek. The heart of this paper is developing a more humane and less painful way to do that diagnosis, and our technique has shown remarkable success in early trials."

Nano-bio-chips are small, semiconductor-based devices that combine the ability to capture, stain and analyze biomarkers for a variety of health woes that also include cardiac disease, HIV and trauma injuries. Researchers hope the eventual deployment of nano-bio-chips will dramatically cut the cost of medical diagnostics and contribute significantly to the task of bringing quality health care to the world.

The new study compared results of traditional diagnostic tests to those obtained with nano-bio-chips on a small sample of 52 participants. All of the patients had visible oral lesions of leukoplakia or erythroplakia and had been referred to specialists for surgical biopsies or removal of the lesions.

The chips should also be able to see when an abnormality turns precancerous. "You want to catch it early on, as it's transforming from pre-cancer to the earliest stages of cancer, and get it in stage one. Then the five-year survival rate is very high," he said.

"Currently, most of the time, it's captured in stage three, when the survivability is very low."

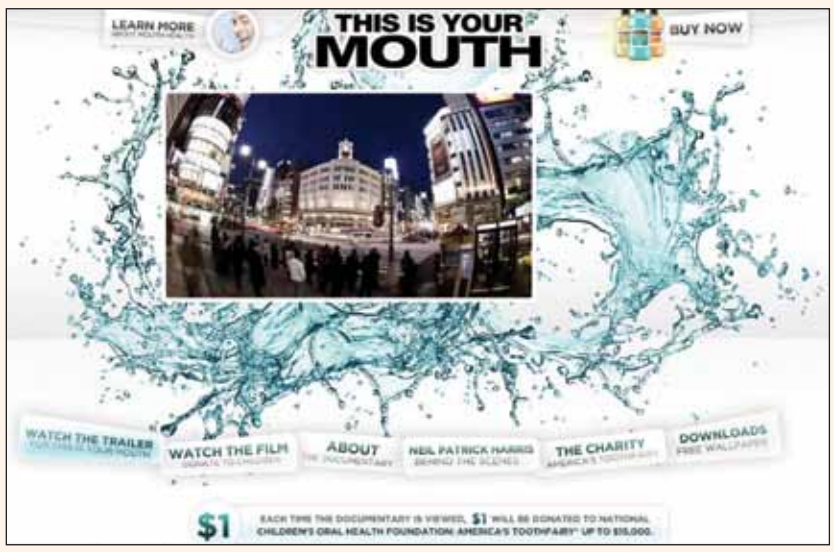
The device is on the verge of entering a more extensive trial that will involve 500 patients in Houston, San Antonio and England. That could lead to an application for FDA approval in two to four years.

Eventually, McDevitt said, dentists may be the first line of defense against oral cancers, with the ability to catch early signs of the disease right there in the chair.

McDevitt's co-authors include Rice senior research scientist Pierre Floriano, Rice postdoctoral associate Shannon Weigum and Spencer Redding, a professor and chair of the Department of Dental Diagnostic Science at theUTHSC at San Antonio.

Also contributing were: UTHSC San Antonio's Chih-Ko Yeh, Stephen Westbrook and Alan Lin, all of the Department of Dental Diagnostic Science; H. Stan McGuff of the Department of Pathology; and Frank Miller, Fred Villarreal and Stephanie Rowan, all of the Department of Otolaryngology, Head and Neck Surgery; UTHSC Houston's Nadarajah Vigneswaran of the Department of Diagnostic Science; and Michelle Williams of the Department of Pathology at the University of Texas M.D. Anderson Cancer Center.

The researchers received a Grand Opportunity Grant from the National Institute for Dental and Craniofacial Research Division of the National Institutes of Health for the work. DT



(Photo/www.listerine.com/yourmouth)

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that brushing and flossing alone isn't enough to keep germs at bay," said Harris, in a press release announcing the new video.

"I'm excited that by viewing this documentary on the website, donations will be made to the National Children's Oral Health Foundation, a very worthwhile organization. Children across the country need to spend more time on the playground and less time with a toothache."

In the video, which blends pop culture with science and a good dose of humor, dental professionals and scientists explain how bacteria multiply and collect in the mouth to form a thick layer called plaque biofilm, which is more harmful than free-flowing bacteria and may increase the potential for bad breath and gingivitis. The video also depicts when LISTERINE Antiseptic was first formulated in 1879 and offers rare glimpses of retro advertisements.

"Plaque is not a simple matter, and there is more to be concerned about than meets the eye," said Marcelo Araujo, DDS, PhD, associate director, scientific & professional affairs, Johnson & Johnson Consumer & Personal Products Worldwide, division of Johnson & Johnson Consumer Companies.

"We all need to understand the effects of the plaque biofilm. This 'documercial' will educate viewers on the important role that rinsing plays in fighting the plaque biofilm.

"We are very grateful that the makers of LISTERINE share our commitment to children's oral health and chose to direct proceeds from the production of 'This Is Your Mouth' to NCOHF smile-saving programs," said Fern Ingber, NCOHF president and CEO.

"This generous donation will enable NCOHF affiliates to continue providing quality treatment and critical preventive services to children from vulnerable populations to effectively break the cycle of preventable pediatric dental disease." The video may be viewed at *www.listerine.com/yourmouth.* DT

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at *feedback@dental-tribune.com.* If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at *database@dental-tribune.com* and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

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This 90-minute tele-Seminar is a $97 value, but… I've convinced Kevin to offer it for FREE on Tuesday, August 10, 2010 at 8 pm (EST).

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- **Even with the recession… Kevin is having his best year ever!**

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1) Kevin will show you how to determine your "personal area of expertise" that people will pay money for.
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4) The system will respond to visitors automatically via a built-in auto responder. The system also processes, takes and ships the orders and deposits the money in your bank account.
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Museum showcases the latest technology for dental practices

By Fred Michmershuizen, Online Editor

The 'Tomorrow's Dental Office … Today' exhibit is on display at the National Museum of Dentistry in Baltimore. (Photo/National Museum of Dentistry)

There's no doubt that any dentist who has been to a dental meeting recently knows a lot about new technology. Now, thanks to a new exhibit at the National Museum of Dentistry, members of the general public will get to see much of this new technology as well.

The new exhibit showcases some of the most technologically advanced dental treatment systems available for dental offices — from digital X-ray systems that expose patients to less radiation to foot-operated computers that improve the quality of procedures, reduce patients' time in the office and improve oral health.

"The 'Tomorrow's Dental Office … Today' exhibit gives us an opportunity to feature some of the latest advances in dental care, showing how far the techniques of modern dentistry have come and their positive impact on the public," said National Museum of Dentistry Executive Director Jonathan Landers, in a press release announcing the new exhibit.

The exhibit is made possible through the support of Benco Dental, a privately owned, full-service distributor of dental supplies, dental equipment, dental consulting and equipment services.

"We were honored to be selected to put together the 'Tomorrow's Dental Office … Today' exhibit for the National Museum of Dentistry," said Benco Dental President Charles Cohen. "It's an exciting venture, bringing dental technology to the general public."

The "Tomorrow's Dental Office … Today" exhibit includes the following:

• Dental operatory equipment from A-dec that was developed to optimize patient ease and comfort in the treatment room while enabling dentists to perform more efficient dentistry.

• The A-dec 500 dental chair, featuring a slim headrest and backrest to give the dentist more legroom under the chair. For the patient, the anatomically formed backrest and seat cushion reduce pressure points.

• The A-dec 5580 treatment console and storage unit, made of water-resistant materials to allow for the efficient storage and delivery of supplies while providing a flat-panel monitor, pivoting work surface and assistant's instrumentation.

• The PaX-Duo3D Cone Beam CT unit from Vatech, featuring switching technology for digital panoramic radiographs or CT scans. The unit has dedicated sensors for each system and an imbedded camera for proper patient positioning.

• The LAVA Chairside Oral Scanner from 3M ESPE, a digital impression system that allows the dentist to both capture and view continuous 3-D images, as well as create precise digital impressions. The benefits of digital impressions include increased patient comfort and decreased seating times.

• The SP Newtron LED advanced piezoelectric device from Acteon, which uses ultrasonic vibrations and an array of tips for tooth cleaning, root canal procedures, periodontal surgeries and cavity preparation. The LED lights provide illumination for procedures in the back of the mouth.

• The SoproLIFE (light induced fluorescence evaluator), an intraoral camera and cavity detection device in one. Switching to blue LEDs allows the dentist to see variations in the health of a tooth's dentin, which can aid in decay detection and decay removal during treatment.

• The MiniLED Autofocus 2 dental material curing light from Acteon that automates the curing process through a complex telemetry system.

• The Cleankeys keyboard, featuring a flat surface, which can be wiped down and easily disinfected.

• The Snapshot X-ray sensor from Instrumentarium Dental, providing the latest in digital intraoral radiology technology. It captures X-rays via a digital sensor rather than on film, providing patients with less radiation and dentists with enhanced diagnostic tools.

• The SIROLaser Advance from Sirona, providing preset therapy programs for laser applications in the fields of periodontics, endodontics, surgery and pain relief.

• The SWERV3 Magnetostrictive Ultrasonic Scaler from Hu-Friedy, delivering a full range of power for efficiently removing calculus on the teeth while still providing patient comfort.

• The SmartLite PS by DENTSPLY, used by the dental team to cure a variety of dental products ranging from cements and adhesives to composites.

• The NOMAD Pro handheld X-ray unit by Aribex, the first for intraoral use. The unit's light weight and rechargeability allow for its use on humanitarian missions in remote areas and for dental forensic identification following mass disasters. The internal shielding and external backscatter shield protect the operator, making it extremely safe to use

• The Dental R.A.T., a foot-operated computer mouse and keyboard for hands-free computer use. Developed by a frustrated hygienist to allow for single-person periodontal charting, the unit has become even handier as more patient information is recorded and stored digitally.

At the museum, visitors can also see for themselves how dentistry has changed dramatically over time. Galleries include some of the hand-forged iron tools of the early American dentist on horseback, to the 19th-century office of G.V. Black, known as the "Father of Dentistry," to the cutting-edge dental equipment available today.

In short, the museum shows how dental care has evolved and oral health has improved through the ages. DT

Musings from CDA Anaheim meeting

By David L Hoexter, DMD, FACD, FICD, Editor in Chief

The California Dental Association (CDA) had its annual southern meeting in Anaheim, Calif. on May 14-16. The very successful meeting was facilitated by the spacious and plentiful facilities of the convention center.

The CDA presented a multitude of educational courses, including practical "hands-on" lectures, which were all very well attended.

The commercial booths were a delight, both from the participants' and the exhibitors' points of view.

Course times were staggered, allowing for a constant flow of participants on the commercial floors, and avoiding mad rushes and bunched-up crowds of participants. Also adding to the comfort and enjoyment was the presence of wide aisles in the commercial areas.

The highlight of the meeting for me was the appearance of "The Greatest," Wayne Gretsky. He was at the Glove Club booth, meeting and speaking with the attendees. Gretsky is truly one of the great athletes, the finest hockey player of all time, was much taller than I had thought, and humble to boot. He even signed pucks for all who requested it.

He regaled me with conversations about his career and his personal relationship with dentistry. Interestingly, it appears that most hockey players eventually seem to need dentistry, especially when their playing careers are over. Gretsky truly sets an example, both in leadership and class.

The CDA has dedicated an area called "The SPOT," and equipped it with comfortable couches, chairs, conversational areas and work cubicles and tables with electrical outlets for computers and cell phones.

The CDA also cleverly arranged for educational presentations and hands-on courses around The Spot. As described by Dr. Rick Rounsavelle, an experienced member of the CDA Board of Managers, it is "a work in progress." Dr Craig S. Yarborough, also a dedicated member of the board of managers of the CDA, believes The Spot will grow and adapt to the participants' needs and desires.

It is a wonderful concept, already being copied by other meetings. The Spot is a well thought-out concept, enabling both a networking and a welcome working area, with room and ideas to grow.

This meeting is the representation of the southern portion of California. The northern section will be represented this fall in San Francisco, which I have reported on in previous years.

Although the CDA has two separate meetings each year, the personnel working on these meetings, including the CDA executives, the CDA Board of Managers and the staff all work as one unit with two excellent results.

This CDA meeting was a well-organized meeting and presented up-to-date knowledge of possibilities and availabilities in dentistry today. DT

Editor in Chief Dr. David L. Hoexter with hockey star Wayne Gretsky at the CDA Anaheim meeting in May. (Photo/Provided by Dr. Hoexter)

About the author

Dr. David L. Hoexter lectures throughout the world and has published nationally and internationally.

He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard.

Hoexter maintains a practice in New York City limited to periodontics, implantology and esthetic surgery.

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Employee embezzlement: Don't let it happen to you

By Stuart Oberman, Esq.

The day-to-day pressure in running a dental practice is enormous, especially in today's economy when every dollar counts.

Unfortunately, dentists spend most of their day practicing dentistry instead of supervising the staff members who manage their dental practice. In this type of atmosphere, embezzlement can thrive.

According to industry statistics, approximately 40 percent of dental offices have been or will become the victim of employee embezzlement.

Recent studies indicate that employee embezzlement in a dental office has become so rampant that it accounts for the majority of ordinary business losses suffered by dentists.

The average amount of employee embezzlement from a dental office is approximately $105,000 per incident, which is a staggering amount.

Listed below are signs employee embezzlement may be taking place:

- You fail to receive financial information in a timely manner.
- Employees are resistant to any type of change in the present accounting system.
- You have large numbers of unexplained accounting adjustments.
- Your collections have slowed.
- Your cash deposits have declined.
- An employee refuses to take a vacation.
- A staff member resents your income or lifestyle.
- An employee always works late and/or takes work home.
- You have employees who always seem to have cash on hand, and/or appear to live above their means.
- An employee treats office procedures as an annoyance.

Perform an embezzlement audit of your practice

If you suspect that an employee is embezzling funds, there are three ways to initiate a practice audit.

1) Request that your accountant performs a practice audit or hires a forensic accountant that specializes in employee embezzlement;
2) Ask your accountant to design a brief self-audit process for you to follow; or
3) Perform an immediate, cursory, on-the-spot random audit by pulling approximately 15 to 20 patient charts from the past week's schedule in order to confirm that the treatment performed has actually been posted to each patient's account.

If you suspect embezzlement in your practice

Anytime you suspect that you are the victim of embezzlement, you should seek legal advice immediately. Your attorney should prepare an investigation strategy that should include working closely with your practice CPA or an outside forensic accountant.

When the owner of a dental practice is first confronted with the prospect of employee embezzlement, there are four primary objectives, which are:

1) to determine whether employee embezzlement has actually taken place,
2) to determine the total amount and method(s) of the theft,
3) to remove the dishonest employee from the workplace (and take remedial actions to prevent employee embezzlement in the future), and
4) to recover the money or property lost.

Conducting the investigation

It is extremely rare that an employee is actually caught embezzling funds by direct observation. Most embezzlement cases are detected based upon initial circumstantial evidence, such as an inconsistent practice financial report or through a random audit.

If you suspect that employee embezzlement has taken place, one of the first things you should do is conduct an investigation with an attorney and CPA in private, and proceed with extreme confidentiality.

The reason for this is two-fold: to avoid exposure to defamation claims and to avoid premature disclosure of information to the wrong party.

The next step is to identify employees at every level of the practice that had access to financial information and the opportunity to commit the theft. In addition, it is important that you identify employees that may have known that embezzlement was taking place, but failed to disclose it.

All employees with access to financial information and the opportunity to commit the theft should be included in the investigation regardless of their employment record, length of employment or position within the practice.

No one should be exempt from investigation, including a partner in the practice, if you have one.

If you suspect that the loss is potentially large, or the theft appears to be complex, you should always seek the advice of legal counsel, a CPA, a computer-data-retrieval specialist and other required experts to assist in the investigation.

It may be appropriate for such experts to be hired by outside legal counsel in order to maintain privileged communication with the experts and to avoid any appearance of a conflict of interest.

At the early stages of an employee embezzlement claim, and depending on the extent of the theft, you may wish to contact your insurance agent in order to determine whether you have employee dishonesty coverage. Most insurance policies have strict time requirements for reporting an employee dishonesty claim.

For substantial losses, an attorney should assist the owner of a dental practice in determining whether insurance coverage may exist, and how much coverage may be available.

Depending on the type of employee embezzlement, you may wish to interview employees.

However, you must ensure that the interview is conducted with appropriate regard for confidentiality and without undue coercion or duress in order to avoid a false imprisonment claim and other state law tort claims.

The owner of a dental practice or the office manager should never interview any employee without seeking the advice of legal counsel.

Appropriate disciplinary action

Once the investigation has been thoroughly completed, and if you have determined that employee embezzlement has actually occurred, you must decide what action you should take, including termination of the suspected employee.

In certain ways, investigating suspected embezzlement is similar to investigating other employ-

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ee misconduct.

The scope and manner of the investigation will depend in part on the size and complexity of the theft.

Of course, as with any investigation, the employer's rights and abilities to investigate the facts and circumstances surrounding the incident are intertwined with the myriad of rights and protections conferred upon employees by federal and state law.

An often-discussed issue is whether a dishonest employee's pension or profit-sharing plan may be seized in order to repay the amount of money that was embezzled.

The Employee Retirement Income Security Act (ERISA), as construed by the courts, may very well prohibit any type of garnishment, attachment or constructive trust regarding an employee's pension or profit-sharing plan, even if an employee is terminated for embezzlement.

However, an employee may voluntarily request distribution of his or her plan in order to repay the amount that was stolen. Extreme care must be used in order to avoid any type of undue coercion or duress should this path be undertaken.

Recovering the losses

Depending on whether the loss is covered by your insurance policy, and if so, the amount of the deductible, the owner of a dental practice may wish to file a civil action against the dishonest employee in order to recover any type of loss.

However, the prospects of recovery (depending on the wrongdoer's assets) may not justify the costs of litigation.

Another avenue to consider is criminal prosecution, which can be a very slow process. It is important to note that civil lawsuits and criminal prosecution are matters of public record, and as a result, you must weigh the consequences of any adverse publicity.

Summary

In today's marketplace, employee embezzlement is rampant. However, with a little precaution, the financial hardship of employee embezzlement can be avoided.

In addition, with proper employee screening, proper control and oversight, as well as prudent financial control, a devastating financial loss can be avoided. DT

The average amount of employee embezzlement from a dental office is approximately $105,000 per incident.

About the author

Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning and other business transactions that a dentist will face during his or her career.

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Redding–3 Ops, 2200 sq ft, GR $1M #14293
CONTACT: Dr. Thomas Wagner @ 916-812-3255

Laguna Beach–GR $898K 2008, 4 Ops, 2000 sq ft. #14314
Laguna Hills–GR $868K 2008, 6 Ops, Remodeled Office 2004 #14317
Los Angeles–6 Ops, Laser, Intra Oral Camera, Pan & Ceph, GR $709K, #14319
San Diego–GR $185K 2009, 3 Ops, PPO and Fee for Service #14315
CONTACT: Thinh Tran @ 949-533-8308

North Hollywood–GR $642K, Adj Net Income $251K, 3 Ops #14328
CONTACT: Mario Molina @ 323-974-4592

CONNECTICUT

Fairfield Area–General practice doing $800K #16106
CONTACT: Dr. Peter Goldberg @ 617-680-2930

New Britain–4 Ops, Great Exposure, GR $180-$200K /month #16114
CONTACT: Alex Litvak @ 617-240-2582

Fairfield County–3 ops in 1150 s/f, GR $408K #163601
CONTACT: Donna Costa @ 800-988-5674 x-151

DELAWARE

New Castle–4 ops, 1600 s/f, GR $535K #172701
CONTACT: Donna Costa @ 800-988-5674 x-151

FLORIDA

Orange–6 ops plus in 1825 s/f, GR $806K #183801
CONTACT: Donna Costa @ 800-988-5674 x-151

GEORGIA

Atlanta Suburb–3 Ops, 2 Hygiene Rms, GR $863K #19125
Atlanta Suburb–2 Ops, 2 Hygiene Rms, GR $633K #19128
Atlanta Suburb–3 Ops, 1270 sq ft, GR $439K #19131
Atlanta Suburb–Pediatric Office, 1 Op, GR $426K #19134
Dublin–GR $1M+, Asking $825K #19107
Macon–5 Ops, 1625K sq ft, state-of-the-art equipment #19103
North Atlanta–3 Ops, 3 Hygiene, GR $678K+ #19132
North Georgia–GR $700+K, 3 Ops, High End Practice #19137
Northern Georgia–4 Ops, 1 Hygiene, Est. for 43 years #19110
South Georgia–2 Ops, 3 Hygiene Rms, GR $722K+ #19133
CONTACT: Dr. Jim Cole @ 404-513-1573

ILLINOIS

Chicago–4 Ops, GR $709K, Sale Price $461K #22126
Chicago–Multi specialty practice, 14 ops, tremendous growth #22121
1 Hr SW of Chicago–5 Ops, 2007 GR $440K, 28 years old #22123
Chicago–3 Ops, GR $600K, 3-day work week #22119
Galena–GR $180K, located in Historic Bed & Breakfast Community #22129
Western Suburbs–5 Ops, 2-2000 sq. ft., GR Approx $1.5M #22120
CONTACT: Al Brown @ 630-781-2176

INDIANA

Southern–Dentist seeking practice purchase opportunity #29102
CONTACT: Joe Paul @ 856-297-0198

MAINE

Waterville–High End Practice, GR $900K - Bldg also for sale #28112
CONTACT: Peter Goldberg @ 617-680-2930

MASSACHUSETTS

Boston–2 Ops, GR $252K, Sale $197K #30122
Western MA–5 Ops, GR $1M, Sale $514K #30116
CONTACT: Dr. Peter Goldberg @ 617-680-2930

Boston–2 Ops, 1 Hygiene, GR $302K #30125
Cambridge–GR 1.1M, 4 Ops, Modern Equip. #30138
Jamaica Plain–5 Ops, 1800 Sq. Ft., Modern Equip, $30139
Malden– GR $950K, 5 Ops, 2500 Sq. Ft., New Equip. #30140
Middlesex County–7 Ops, GR Mid $500K #30120
New Bedford Area–8 Ops, $628K #30119
Springfield –5 Ops, 2050 Sq. Ft., Modern Equip., #30137
CONTACT: Alex Litvak @ 617-240-2582

MICHIGAN

Suburban Detroit–2 Ops, 1 Hygiene, GR $213K #31105
Ann Arbor Area–Low Overhead, Well Run Practice, GR $600K - #31108
CONTACT: Dr. Jim David @ 586-530-0800

MINNESOTA

Crow Wing County–4 Ops, Sale Price $412K #32104
Twin Cities–Move in & practice immediately, GR $800K #32110
CONTACT: Mike Minor @ 612-961-2132

MISSISSIPPI

Eastern Central–10 Ops, 4685 sq ft, GR $1.9M #33101
CONTACT: Deanna Wright @ 800-730-8883

NEBRASKA

Box Butte County–Associateship opportunity. 7 ops #35101
CONTACT: Eric Nuss @ 563-271-6895

NEVADA

Reno–Free Standing Bldg.,1500 Sq. Ft./4 Ops, GR $763K #37106
CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW HAMPSHIRE

Lakes Region–Nice fee-for-service practice plus real estate, GR $700K #38104
CONTACT: Peter Goldberg @ 617-680-2930

NEW JERSEY

Gloucester County–4 Ops, Extremely Busy Office, GR $1M #39114
Marlboro–Associate positions available #39102
Mercer Cty–3 Ops, good location, turn key, GR $191K #39112
CONTACT: Sharon Mascetti @ 484-788-4071

Burlington–4+1 ops in 1900 s/f, GR $800K #392132
Camden–Beautiful corner location-1300 s/f, GR $327K #392133
Salem County–Well established, 3 ops, real estate avail, GR $600K #392134
CONTACT: Donna Costa @ 800-988-5674 x-151

NEW YORK

Dutchess–1300 s/f-4 ops, completely automated, GR $800K #412320
Erie–6 ops in two story bldg, GR $333K #412332
Cattaraugus–4000 s/f, bldg avail, GR $550K #412331
CONTACT: Donna Costa @ 800-988-5674 x-151

Woodstock–2 Ops, Building also available for sale, GR $600K #41112
CONTACT: Dr. Don Cohen @ 845-460-3034

Syracuse–4 Ops, 1800 sq ft, GR over $700K #41107
CONTACT: Marty Hare @ 315-263-1313

New York City–Specialty practice, 3 Ops, GR $502K #41109
CONTACT: Richard Zalkin @ 631-851-6924

Suburb of Syracuse–Great practice, growing community, GR $462K #41117
CONTACT: Donna Bambrick @ 315-430-0643

NORTH CAROLINA

New Hanover County–A practice on the coast, growing area #42145
North of Durham–5 ops. Stand-alone bldg also available #42164
Lake Norman Area–Highly productive practice, desireable location #42162
Pittsboro–Small Community Practice, stand-alone bldg downtown, 3 ops #42158
Raleigh, Cary, Durham–Doctor looking to purchase #42127
South of Greensboro–6 ops, great location. #42155
CONTACT: Barbara Hardee Parker @ 919-848-1555

Mecklenburg–Great Endo practice w/large referral base. GR $413K #423102
CONTACT: Donna Costa @ 800-988-5674 Ext. 151

OHIO

Medina–Associate to buy 1/3, rest of practice in future #44150
North Central–GR $619K, 4 Ops, well established #44159
North Central–GR $700K, 5 Ops, well established #44157
CONTACT: Dr. Don Moorhead @ 440-823-8037

PENNSYLVANIA

Adams County–6 ops in stand-alone bldg (also for sale), GR $628K #472080
Cumberland–Younger 4 op practice in stand-alone bldg GR $527K #472069
Delaware County–2700 s/f with 7 ops, GR $964K #472083
Franklin County–4 ops in 2200 s/f, GR $616K #472084
Montgomery–6+1 ops in 1600 s/f, fast growing area! GR $617K #472079
North Hampton–4 newly renovated ops, fully automated, GR $1.2M #472082
Northwestern PA/College Town–5 ops, GR $542K #472076
CONTACT: Donna Costa @ 800-988-5674 Ext. 151

Chester County–High End Office, 4 ops, Digital, FFS + a few PPOs #47141
Lancaster County–Very established practice, newly redecorated #47145
CONTACT: Sharon Mascetti @ 484-788-4071

SOUTH CAROLINA

HHI–Dentist seeking to purchase a practice, producing $500K a year #49103
CONTACT: Scott Carringer @ 704-814-4796

Columbia–7 Ops, 2200 sq ft, GR $678K #49102
CONTACT: Jim Cole @ 404-513-1573

TENNESSEE

Elizabethon–GR $385K #51107
Memphis–Large profitable practice GR $2M+ #51112
Suburban Memphis–Leading practice in area, GR $946K #51113
CONTACT: George Lane @ 865-414-1527

TEXAS

Houston Area - GR $1.1M w/adj net income over $500K #52103
CONTACT: Deanna Wright @ 800-730-8883

VERMONT

Wilder, VT (near Hanover, NH)-GR $600K, w/Condo #54104
CONTACT: Peter Goldberg @ 617-680-2930

VIRGINIA

Greater Roanoke Valley–2500 sq. ft., GR $942K updated equip. #55111
Tappahannock–Very nice practice, GR $428K, 1500 sq. ft. #55110
CONTACT: Bob Anderson @ 804-640-2373

WISCONSIN

Milwaukee County–3100 Sq. Ft., 3 Ops, Digital X-ray, Laser #58119
CONTACT: Deanna Wright @ 800-730-8883

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883

Implant fracture: A look at the physical mechanisms for failure

By Dov M. Almog, DMD, Odalys Hector, DMD, Samuel Melcer, DMD and Kenneth Cheng, DDS

The etiology and physical mechanism of fractured dental implants phenomenon have been reviewed and studied at length in recent years.[1–8] For the most part, the studies concluded that the crown-to-root ratio guidelines associated with natural teeth should not be applied to a crown-to-implant restorations ratio.

According to these studies, the crown-to-implant ratios of those implants that were considered successful at the time the reviews took place were similar to those implants that failed.

Apparently, according to some of these studies, the guidelines that are used by some clinicians to establish the future prognosis of implant-supported restorations are usually empirical and lack scientific validation as far as the possible causes for implant fractures.

However, as oral implantology has been the fastest growing segment in dentistry, the gaining of insight into these failure processes, including the accurate understanding of critical anatomical, restorative and mechanical information, might stimulate the clinicians' implementation of preventive action that may avoid the future fractures outcome with dental implants.

Case report

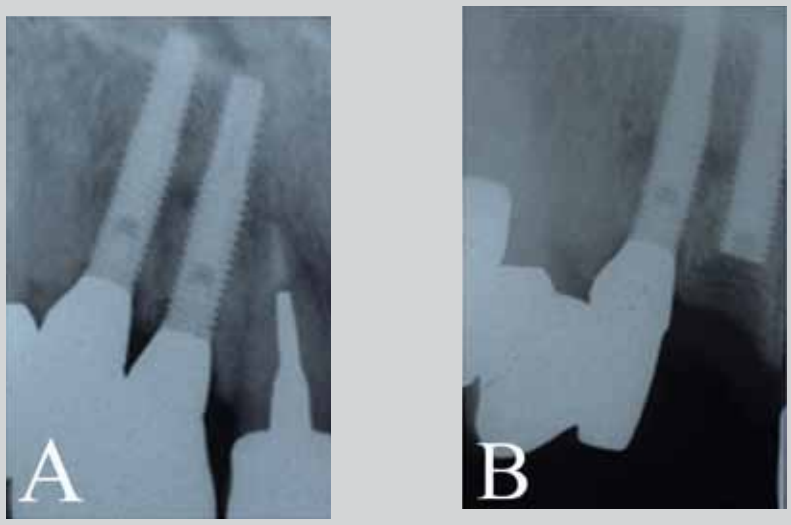
A 72-year-old Caucasian male recently presented to our clinic. Consistent with the patient's chief complaint, a comprehensive oral and maxillofacial examination, including full-mouth X-rays, revealed, among other things, two fractured endosseous implants #6 and #7 (Fig. 1).

These 3.3 mm x 15 mm implants (Lifecore Biomedical, Chaska, Minn.) were placed and restored in 2003. The implants were placed as per protocol, utilizing a surgical template consisting of two guiding sleeves (DePlaque, Victor, N.Y.).

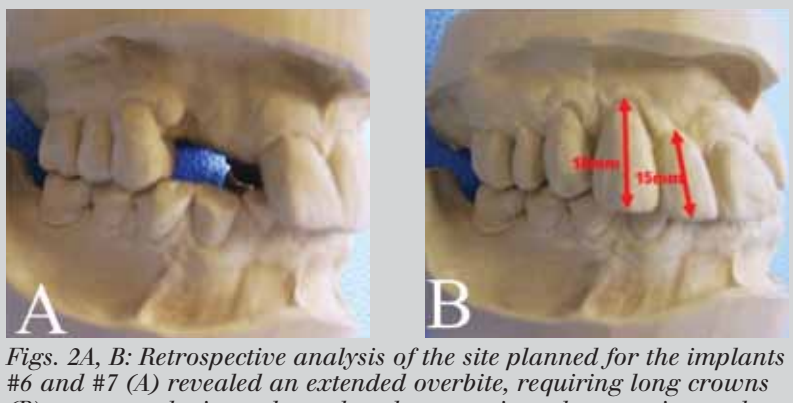
The implants were allowed to integrate for six months. No surgical complications were noted during this time. At the conclusion of the six-month waiting period, the implants were uncovered in the normal manner and healing abutments placed.

The implants were subsequently restored with implant-supported crowns that were functional for approximately six years until the implants fractured.

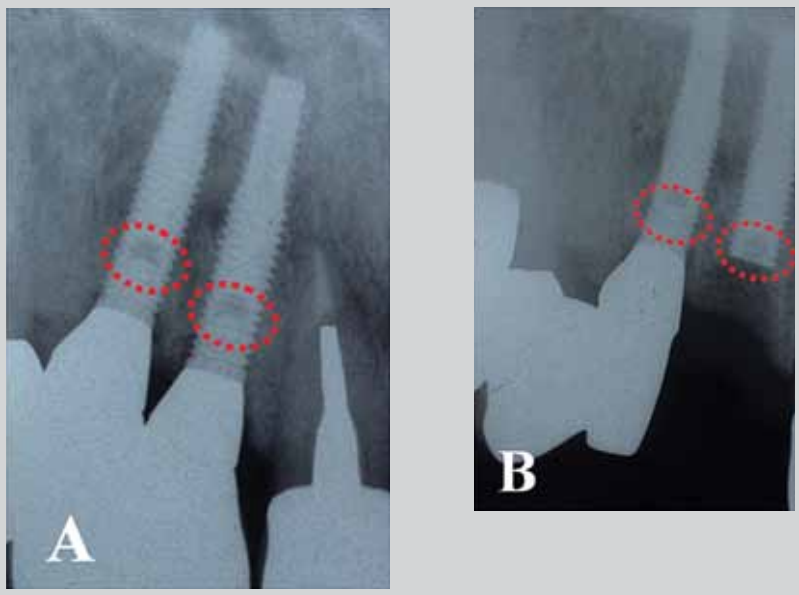
While this treatment option was developed with an appreciation of the patient's occlusal and mechanical circumstances and habits, following the implants' fracture, a retrospective analysis of the site planned for the implants revealed extended inter-occlusal space on the articulated models and widespread occlusal wear of the opposing dentition (Fig. 2).



Figs. 1A, B: Implants #6 and #7 (Lifecore Biomedical, 3.3 mm x 15 mm) before (A) and after the fracture (B).



Figs. 2A, B: Retrospective analysis of the site planned for the implants #6 and #7 (A) revealed an extended overbite, requiring long crowns (B) to meet esthetic needs, and at the same time, the opposing occlusion presented extensive occlusal wear.



Figs. 3A, B: By default, based on physical principles, once an implant has integrated in the bone, the weakest point is the fulcrum where the internal screw engages the implant (A). Note the fracture level in implant #7 and fracture line in implant #6 (B).

When the patient presented recently to our clinic, the only portion of the restoration that was still present in his mouth was abutment #6, which was still connected to one of the fractured implants, and was removed with a hex driver (Fig. 3).

Proceeding with careful assessment of all the available retrospective diagnostic information and upon further discussion with the patient, several diagnostic assumptions and one follow-up treatment option were established that included replacement of the implant-supported crowns by a removable cast partial denture.

Considering the need for the removal of fractured implants must be balanced against the risk of increasing damage, a decision was made to remove the remaining abutment and the fractured piece of implant #6 allowing for primary closure of the soft tissue over the remaining implant bodies #6 and #7, i.e., "put them to sleep" (Fig. 4). This was followed by insertion of an immediate acrylic removable partial denture, and subsequently, a cast partial denture will be fabricated.

This report attempts to provide an argument in favor of the consideration of physical mechanisms as potential contributors to implant fractures.

While controversy continues to exist as to whether crown-to-root ratio can serve as an independent aid in predicting the prognosis of teeth,[9] the same certainly applies to crown-to-implant ratio, unless multiple other clinical indices such as opposing occlusion, presence of parafunctional habits and material electrochemical problems, just to name a few, are considered.

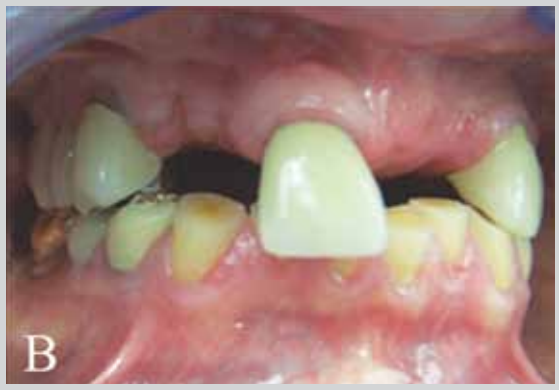
Implant fractures are considered one potential problem with dental implants, especially delayed fracture of titanium dental implants due to chemical corrosion and metal fatigue.[2]

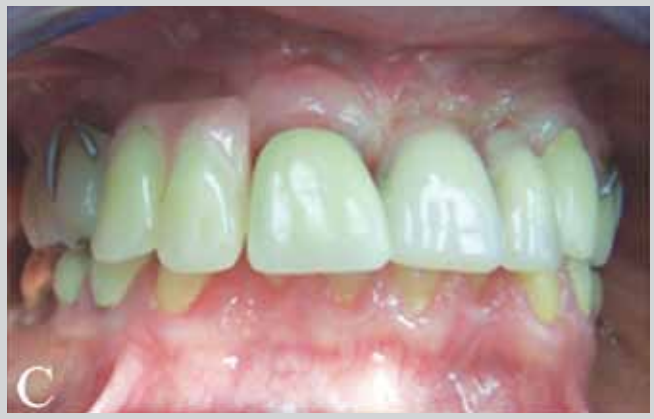
Following careful review of the referenced articles, which are very enlightening, we realized that to a great extent they support our theory that there are multiple factors involved in implant fractures.

These factors include magnitude, location, frequency, direction and duration of compressive, tensile and shear stresses; gender; implant location in the jaw; type of bone surrounding the implant; pivot/fulcrum point in relation to abutment connection; implant design; internal structure of the implant; length of time in the oral environment as it relates to metallurgic changes induced in titanium over time; gingival health and crown-to-implant-ratio.

Considering the multiple factors involved in implant fractures, both physical and biological, we can only assume that it can happen especially if the forces of the opposing occlusion and/or parafunctional habits are greater than the strength of the implant, especially over time.

Therefore, it is imperative that the clinician be knowledgeable about the diversity of factors before recommending dental implants. Errors in diagnosing potential con-





Figs. 4A, B, C: The remaining abutment and the fractured piece of implant #6 were removed, allowing for primary closure of the soft tissue over the remaining implant bodies #6 and #7 (A, B), followed by an insertion of an immediate acrylic removable partial denture (C). (Photos/Provided by Dr. Dov M. Almog)

tributors to implant fractures are the most common reason that dental implants fail.

Conclusion

Although, according to the literature, the use of the crown-to-implant ratio in addition to other clinical indices does not offer the best clinical predictors, and even though no definitive recommendations could be ascertained, considering that dental implants are becoming increasingly popular, an increase in the number of failures, especially due to late fractures, is to be expected.[8]

This report attempted to provide an argument in favor of consideration of physical mechanisms as potential predictors to implant fractures.

Therefore, it is essential for us to familiarize ourselves with the understanding, and diagnostic competence of the multiple factors involved in implant fractures. Once observed, this predictor would certainly lead to better diagnosis and treatment planning. DT

A complete list of references is available from the publisher.

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Two is better than one

The Greater New York Dental Meeting announces two Live Dentistry Arenas with no tuition and no pre-registration fee

As the leading dental convention and event in the United States, the Greater New York Dental Meeting (GNYDM) continues to grow and reach for new innovative programs in hopes of attracting the most renowned clinicians and dental professionals from around the world.

In 2009, the GNYDM registered 59,166 attendees from all 50 states and 124 countries, a remarkable increase from the previous year. The GNYDM organizers feel that the event must contain programs to inspire the entire dental team to excel in their profession.

Thus, the 2010 meeting has expanded to include two Live Dentistry Arenas in order to incorporate more cutting-edge oral health-care programs.

In 2009, the GNYDM not only filled the arena's seating for 300 attendees during the entire four days, but also had an additional 100 attendees watching from outside the arena.

With attendance such as this, it is no wonder the GNYDM is expanding to include another eight sessions as a part of its live dentistry program. The meeting will now offer 16 three-hour live sessions that will occur in two separate arenas during all four days of the meeting.

Dr. John Halikias, general chairman of the GNYDM, stated, "The Live Dentistry Arena is a place where the most prominent and respected clinicians can share breakthrough technology and techniques, allowing dental professionals the chance to learn the most about innovative dental products, technology and procedures."

This year, the GNYDM is offering an innovative live hygiene session where, for the very first time, dental hygienists and assistants will learn and see the latest materials and equipment available on the market to advance their skills and knowledge.

In these two modern high-tech arenas, attendees will watch procedures on numerous 60-inch high-definition LED screens that will project up-close views of live procedures right on the exhibit floor. By using the most modern equipment to view real-time dental procedures, the GNYDM continues to set educational standards that other dental meetings seek to emulate.

Due to its immense popularity, the arenas fill up quickly so be sure to pre-register and arrive early to obtain a seat at one or all of the tuition-free sessions.

Check out the schedules (see tables) and visit the GNYDM's website at *www.gnydm.com* for additional information and updates on this year's Live Dentistry Arenas as well as other workshops, seminars and essays scheduled for the 86th annual session.

During the holiday season, New York is indeed a magical place to be, with the city dressed up in all its holiday finery; the festive spirit is evident citywide. New York City has something for everyone during this spectacular time.

Meeting attendees can enjoy world-renowned museums, Broadway theaters, restaurants, historical sites and stores lavishly decorated for the season. A must-see event includes the annual lighting of the Christmas tree at Rockefeller Center, which takes place on Wednesday during the Greater New York Dental Meeting.

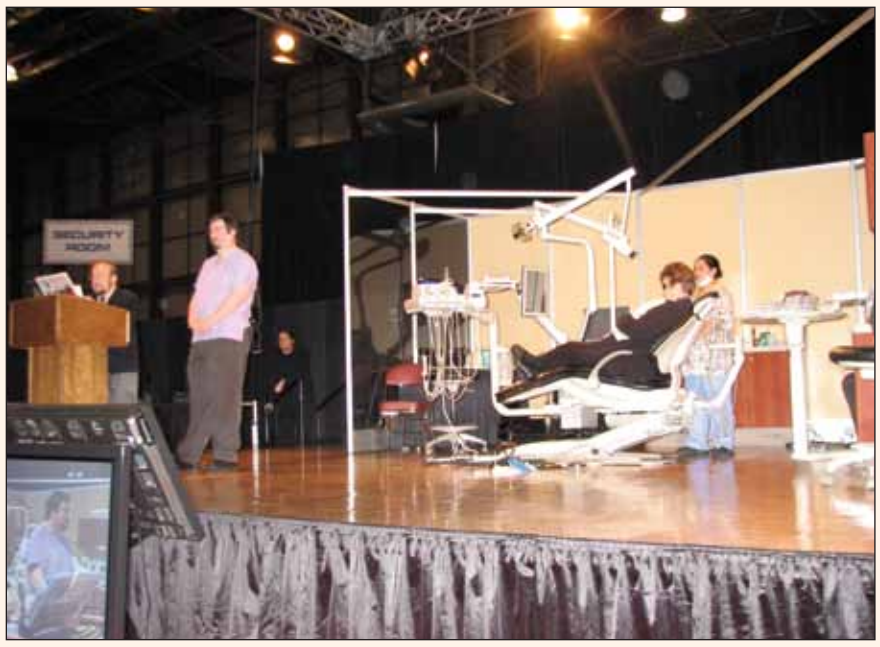
"No pre-registration fee for dentists, their staff and their families is only found at the Greater New York Dental Meeting. We want the entire dental team not only to enter the meeting at no cost, but to have the opportunity to attend at least eight hours of free continuing education programs every day," said GNYDM Executive Director Dr. Robert Edwab.

Come be a part of the GNYDM and experience New York City during one of the most marvelous times of the year starting on Friday, Nov. 26 and continuing through Wednesday, Dec.1.

For additional information, please contact the Greater New York Dental Meeting at 570 Seventh Ave., Suite 800, New York, N.Y., 10018-1608; telephone (212) 398-6922; fax (212) 398-6934; *info@gnydm.com.* DT

It was a full house (below) with the tardy attendees taking any space they could find outside the seating area (above) for all four days of the GNYDM's 2009 Live Dentistry Arena. (Photo above/Provided by the GNYDM)

(Photo/Robin Goodman, Dental Tribune)



(Photo/Robin Goodman, Dental Tribune)

(at right) Dr. Bruce Lish of New York City prepares for his talk on 'Mini Dental Implants to Retain Lower Dentures' in the Live Dentistry Arena on Tuesday, Dec. 1, 2009.

Live Dentistry Arena No. 1	a.m. session		p.m. session
Nov. 28	Nov. 29	Nov. 30	Dec. 1
VOCO America	VOCO America	Discus Dental	Nobel Biocare
Ultradent Products	Ultradent Products	Kodak Dental Systems	OrthoTAD and implants

Live Dentistry Arena No. 2	a.m. session		p.m. session
Nov. 28	Nov. 29	Nov. 30	Dec. 1
DENTSPLY	Discus Dental	Luncheon for Learning	AMD LASERS
3M ESPE	Biolase Technology, GC America and Kuraray America	Hygiene program	Implants

Henry Schein announces sponsorship of NYU College of Dentistry Henry Schein Cares Global Student Outreach Program

Five-year commitment supports sustainable international and U.S. oral-health programs to educate and treat underserved populations

Henry Schein, Inc., the largest distributor of health-care products and services to office-based practitioners, and the New York University (NYU) College of Dentistry have announced a five-year sponsorship of the dental school's national and international outreach programs — the NYU College of Dentistry Henry Schein Cares Global Student Outreach Program.

Through the sponsorship, Henry Schein will provide dental supplies to be used for each individual program throughout the year.

In 2010, the six geographic areas targeted for outreach include the tri-island nation of Grenada; Hudson, N.Y.; Chiquilistagua, Nicaragua; Santo Domingo, Dominican Republic; Fort Yukon, Alaska; with a program to be initiated in Machias, Maine in the fall. The program's model is designed to be both clinically and financially sustainable.

The focus for clinical sustainability is in pediatric care, which is obtained through education, prevention and comprehensive care. In addition to oral health-care education, the program provides emergency dental services for adults and complete, comprehensive care for the pediatric population, including oral health screenings, fluoride varnish applications, sealants, restorative treatments, root canal therapy and extractions.

In many cases, there is also an opportunity to identify and train local members of the community to help extend oral health education and prevention on an ongoing basis.

"We are privileged to build on our two-decade strategic relationship with NYU College of Dentistry through this valuable oral health initiative that makes an important impact in underserved and at-risk communities around the world, while enriching the professional experience of students and faculty," said Stanley M. Bergman, chairman and chief executive officer for Henry Schein.

"This aligns well with our mission of 'helping health happen' through Henry Schein Cares, our global social responsibility program, by underscoring the importance of good oral health prevention programs on a long-term sustainable basis, and improvement in the quality of care for patients who will benefit from these outreach efforts."

The first mission for 2010 took place in Grenada. A 43-member team of dental providers and public health specialists from the NYU College of Dentistry Henry Schein Cares Global Student Outreach Program spent two weeks in January performing a national oral health survey of the children and providing free oral health care to Grenadians. Henry Schein efficiently facilitated the international shipment of 1,500 pounds of requisite supplies and helped ensure that the team's clinical operations ran smoothly.

During the mission, NYU dental team participants conducted a comprehensive nationwide oral public health assessment, which included the examination of 1,075 children at 22 schools throughout the country.

The findings of this assessment, as well as recommendations for the establishment of a sustainable oral health model for the country, were presented to the Grenadian Ministry of Health in June 2010. NYU dental team participants also provided free general and emergency dental care for hundreds of children and adults — including root canals, fillings and extractions — at the Tivoli Medical Clinic in St. Andrew's Parish.

In addition, NYU dental team participants provided education for parents on the importance of preventive oral health care and provided free continuing professional education in both the specialties of pediatric dentistry and endodontics for dentists throughout Grenada. The NYU College of Dentistry Henry Schein Cares Global Student Outreach Program plans to return annually to Grenada to maintain the care provided to the children of Tivoli in St. Andrew's Parish.

The second mission for 2010 took place in Chiquilistagua, Nicaragua. A dental team from the NYU College of Dentistry Henry Schein Cares Global Student Outreach Program travelled to Chiquilistagua and provided free emergency dental care for adult patients. The team also conducted oral health assessments and provided free fluoride varnish treatments and sealants for schoolchildren as part of the program's sustainability and preventive oral health care model. More than 1,000 adults and children were treated throughout the duration of the program.

Subsequent missions for 2010 included NYU College of Dentistry Henry Schein Cares Global Student Outreach Program participants conducting various dental outreach programs in Hudson, N.Y. as well as a two-week trip north of the Arctic Circle in Alaska to Fort Yukon, Arctic Village, Circle and Venetie.

"Henry Schein shares NYU's commitment to advancing global oral health, to providing and sharing working models for education and treatment, and to establishing sustainable community-based programs in areas of great need," said Dr. Charles N. Bertolami, dean of the NYU College of Dentistry.

"Over the past 16 years, the NYU College of Dentistry has developed a dental outreach program designed to reduce disparities in access to dental care resulting from geographic, physical, developmental, financial and cultural barriers. This has evolved to become a unique, sustainable model, with teams of dental faculty, students, post-graduate residents and staff annually participating in a series of week-long visits to underserved communities.

"Our relationship with Henry Schein will help us further extend the scope and impact of this important initiative."

The NYU College of Dentistry provides an extensive array of student outreach opportunities. Students have the opportunity to participate in local outreach programs for schoolchildren, the elderly, people with disabilities, the homeless and other underserved populations.

In 1993, the NYU College of Dentistry introduced an international outreach program, which started in the Dominican Republic and expanded to Jamaica, Honduras, Nicaragua, India and Tanzania. Early models included a venture with Miracle Corners of the World in Tanzania, providing education and clinical services to the communities of Arusha and Songea.

The clinical services also have expanded from an initial focus on emergency care to a more comprehensive approach that includes restorative care, endodontics, pediatric care and clinical sustainability. DT

NYU College of Dentistry Henry Schein Cares Global Student Outreach Program volunteer, Robert Block (above), a 2010 graduate performs oral surgery at the Tivoli Medical Clinic in St. Andrew's Parish, Grenada. NYU College of Dentistry Henry Schein Cares Global Student Outreach Program team participants (left) provide dental examinations for school children in Grenada. (Photos/Provided by Henry Schein)

Why dentists need a secondary income

By Kevin Thompson

Though they may not admit it openly, many dentists are extremely frustrated with their practice. How can I be so sure? Simple. I've spent time talking with many of them, and have been amazed by how open and candid they've been with me. Maybe it's because I'm not associated with the profession, and they know their secrets are safe with me?

I was recently in Louisville, Ky., speaking with a group of dentists, and that evening I had the opportunity to speak privately with one dentist in particular who told me how frustrated he was with everything that was happening to him.

His practice was completely controlling his life, and he felt trapped. He found himself adding and adding to the list of things he had to do in order to grow his practice — and now he was becoming increasingly frustrated with the whole process.

In November of last year, I was in Las Vegas, speaking for another group of dentists, and the same thing happened. When the Vegas event concluded, several dentists stayed afterward so they could speak with me privately. Surprisingly, I heard much of the same story that I'd heard in Louisville months earlier.

I'll never forget the conversation I had with one of those dentists. He was almost in tears as he told me about his situation. Though he had a thriving practice that provided him with a great lifestyle, his personal life was a mess. His wife was preparing to file for divorce. His daughter wanted nothing to do with him. Basically, his entire personal life was "caving" in on top of him, and he was desperately searching for answers.

At this point, you're probably wondering, who in the heck I am and why are so many dentists coming to me for advice? My name is Kevin Thompson (and though you and I come from different worlds), we have more in common than you might imagine.

In 1996, I started my first business with huge dreams and aspirations. By 1999, I had a business that was massively successful by most people's standards, but I was completely miserable. And as I began to look at what I'd created, I thought to myself, "This is not what I had in mind when I originally started going down this path."

To make a long story short, I took swift action to remedy the situation.

Now, I have a business that compensates me more than I could possibly imagine, for doing what I love doing, and this business fits in perfectly with the lifestyle that I've chosen to live. Since figuring out how to have a "lifestyle-business" of my own, I've now been on a mission to help as many other people as I can by sharing my discovery.

So, let me ask you a question: If you woke up excited every morning knowing that you'd be spending your day doing what you loved, and that you got compensated extremely well for doing it, what's the thing you'd most want to be doing? Because the fact is, life is too short to spend all your time doing stuff that you don't even enjoy.

What if I were to tell you that you could have a lifestyle-business that compensated you better than you ever imagined, was more fun than you ever imagined, and you wouldn't have to sacrifice your integrity, family or health in order to make it happen? In my business I collect $100,000-plus per month with less than 15 percent overhead, have no stress and have zero employees. To find out if this is a right fit for you, go to page 3A of this publication. DT

P.S. If you currently enjoy your dental practice, what would happen to your income stream (lifestyle) if you become disabled?

Velopex's air abrasion unit has many uses

The Aquacut Quattro and stand. (Photo/Provided by Velopex)

There are many uses forå the Velopex Aquacut Quattro Fluid Air Abrasion Unit.

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- composite repair
- cavity preparation
- white spot removal
- pre-bonding conditioning of enamel

Stain removal
- fissure cleaning and sealing
- stain removal
- caries removal

Cleaning and polishing
- fissure cleaning and sealing
- stain removal
- caries removal

Etching
- etching
- porcelain repair
- metal bonding
- treating lab work
- pre-bonding conditioning of enamel
- wash and dry

The Aquacut Quattro will give you greater control and flexibility than any other piece of equipment you own. Some of its other benefits include:
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- no chipping or stress fracturing,
- minimal loss of sound tooth material.

Bone expander kit

Bone expander drills are an alternative to osteotomes for the expansion and condensing of the atrophic mandible and maxilla in preparation for dental implant insertions. Expanders are also an alternative to the maxillary sinus elevation technique.

Many patients do not tolerate the trauma of the osteotome technique. Additionally, there have been documented reports of a variety of complications resulting from the technique.

Expanders are driven into the bone with a ratchet wrench or low-speed hand piece. This decreases the surgical trauma of osteotomes. Bone expanders improve the clinical success by improving stability, maintaining bone density and increasing fixation.

The Bone Expander Kit from ITL Dental includes five bone expanders, a ratchet wrench, a pilot drill, a ratchet wrench connector, a handpiece connector and a thumb knob for finger usage. The kit is autoclavable. The cost of the kit is less than $500, making it one of the most economical expander kits.

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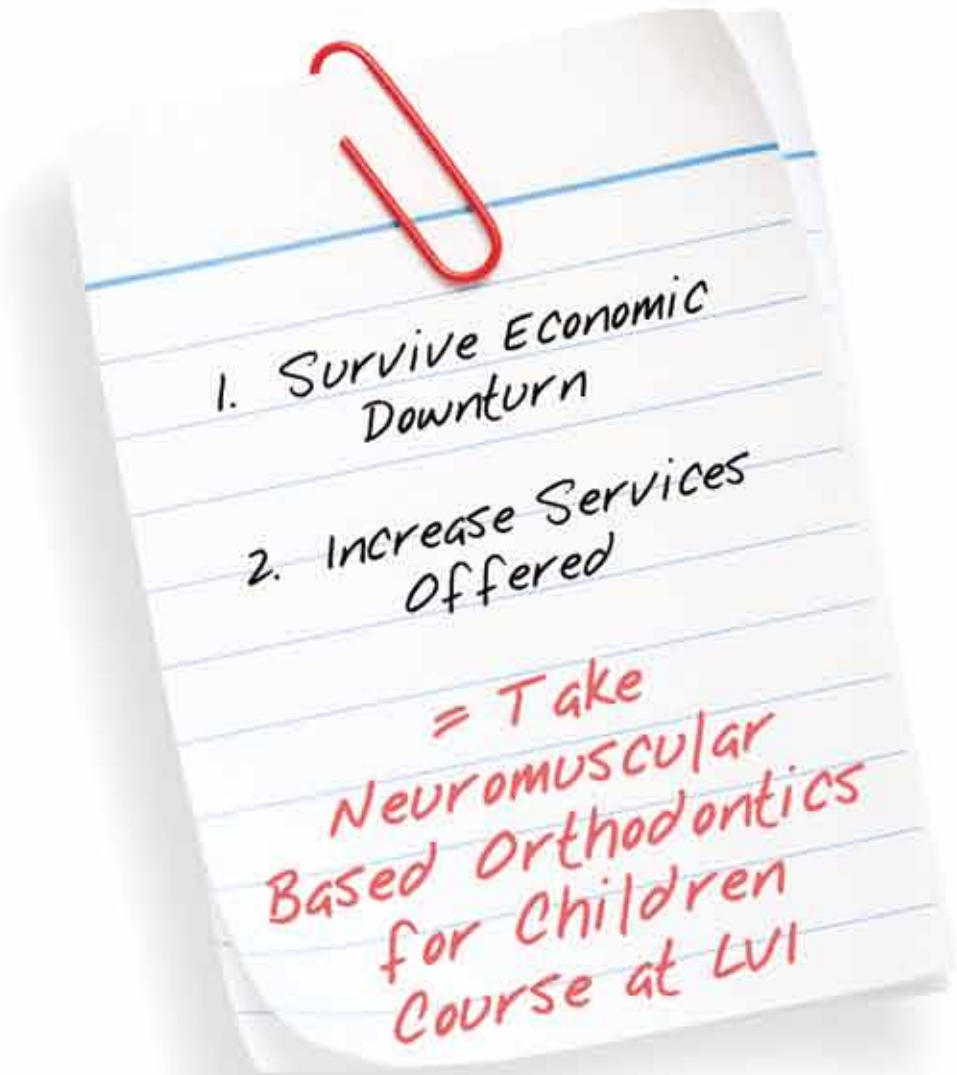

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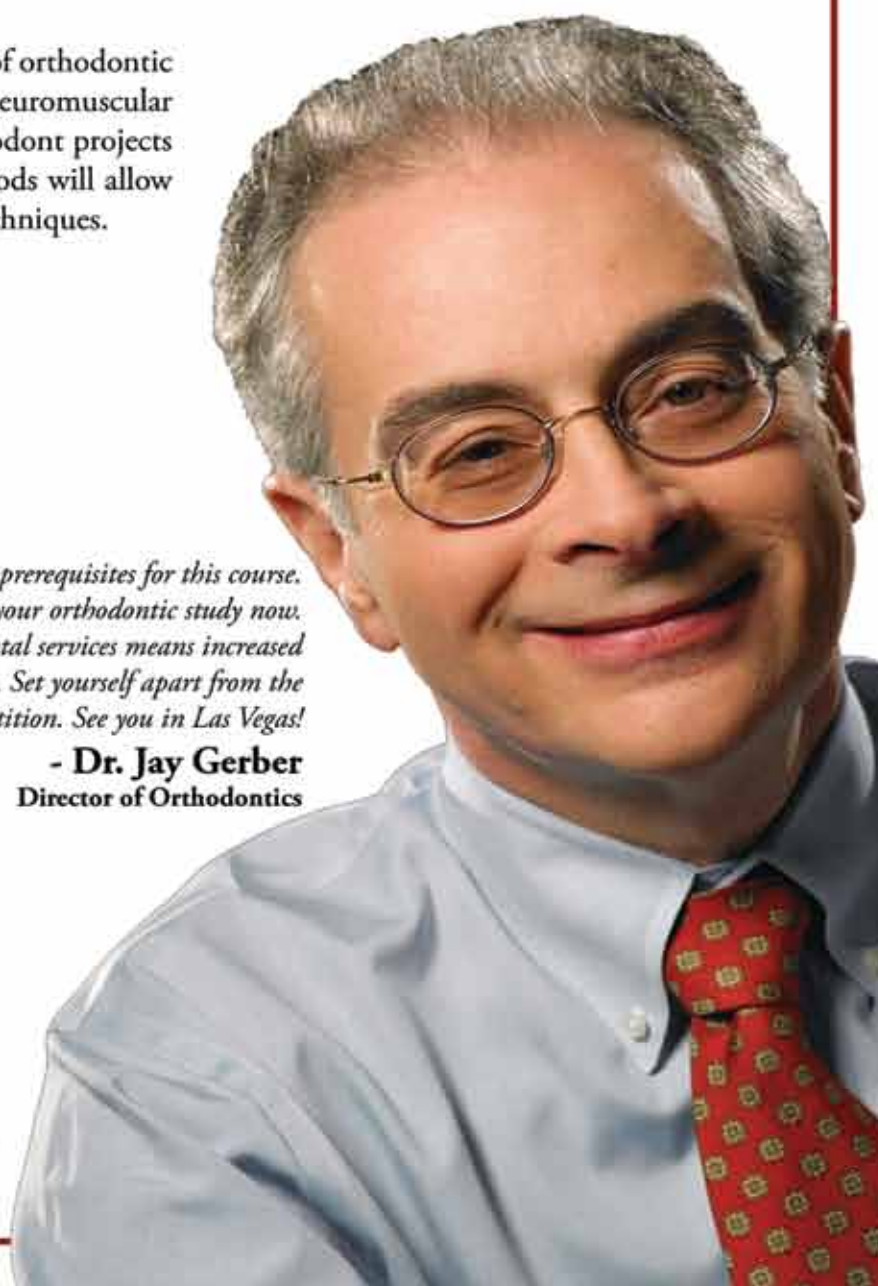

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- Dr. Jay Gerber
Director of Orthodontics

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Cosmetic Tribune

The World's Cosmetic Dentistry Newspaper · U.S. Edition

July 2010 www.dental-tribune.com Vol. 3, No. 7

A banker's bond: When less is more

By Sarah Kong, DDS

This banking executive was an existing patient who wanted to improve his smile. It all started with the patient wanting to find a way to make his upper canines less prominent and pointy (Figs. 1A, 2).

We recommended he try orthodontics and whitening first, and then possibly something cosmetic afterward, depending on the desired result.

The patient was adamant about not having orthodontics again, so we did a mockup on his canines to see if he liked the way it would look if we bonded his teeth sans ortho treatment. He loved them and was immediately motivated to whiten his teeth and get his teeth bonded.

His teeth were deep bleached and the mesial surfaces of the canines were bonded to diminish the pointiness of his canines. He loved how the bonding created a more natural and less aggressive look (Fig. 3). That was about three years ago.

More recently, he came in for his routine prophylaxis appointment and again wanted to improve his smile a little more. This time, he wanted to see how we could make his teeth look more aligned, and again, without the aid of orthodontics. He asked about porcelain veneers for all his teeth, wondering if this was a feasible option.

Fig. 1A: Before, pre-op, full face.

Fig. 1B: After, happy patient.

Closer clinical examination revealed several cosmetic issues including, but not limited to:

1) palatally inclined lateral incisors,
2) prominent and mesially rotated canines,
3) #9 slightly more retroclined than #8,
4) an uneven gumline due mainly to a large cervical divot on #8 with associated gingival overgrowth,
5) anterior crowding and
6) retruded premolars that made the smile end at the canines in a narrow arch form (Fig. 3).

We discussed all these factors with the patient and then, as before, we did a mockup of teeth #7 through #10 to show the patient what he would look like with four resin veneers (Fig. 5).

The patient did not understand the need for the gumlift on #8, so we added bonding to the gumline to give the illusion of a more uniform gumline that the patient could see and understand.

At this stage, we pointed out how his premolars seemed to drop off his smile and get lost in the buccal corridor. The premolars on one side were mocked up as resin veneers so he could see the difference the extra teeth would make in comparison to the other side if left undone.

→ CT page 2D

Georgia cosmetic dentist treats beauty pageant contestants

By Fred Michmershuizen, Online Editor

Talk about having it made. Dr. Darrell Morton was recently chosen as the official cosmetic dentist for the Georgia and South Carolina United States Pageant contestants.

Morton said he is excited to help contribute to the grace and beauty of the event by making every smile as beautiful as it can be.

The United States Beauty Pageant provides a great opportunity for women from all over the country to showcase their talent and beauty on a national stage. The competition brings together representatives from every state to compete in a wide range of areas.

These young women strive to be the best they can be in all aspects of their lives, always reaching for excellence in education, community service and peer leadership. Recently, Copelyn Jue of Georgia was named 2009 Miss Junior Teen United States.

A great deal of preparation goes into competing for such a title, with the greatest attention paid to every possible detail. The flowing evening gown must be hemmed just right, special talents practiced over and over again, and of course nothing less than the best must be ensured for the trademark of any beauty queen: her smile.

Dr. Darrell Morton is pictured with two beauty pageant winners. (Photo/ Provided by Mint 32 Dentistry)

Morton, a dentist based in the Atlanta area who has a practice called Mint 32, was chosen from a wide range of dental professionals for the position.

He will work with contestants of the following pageants: Mrs. South Carolina United States, Miss Georgia United States, Miss South Carolina United States, Miss Teen Georgia United States, Miss Teen South Carolina United States, Miss Junior Teen Georgia United States and Miss Junior Teen South Carolina United States.

Morton and the entire Mint 32 team have been providing professional dental treatment and personal care to residents of the greater Atlanta area for years.

Yet patients do not have to be beauty pageant contestants. Mint 32 provides professional care and personal service to every patient.

"Any smile can be effectively treated with the wide range of cosmetic procedures offered," Morton said.

"Bonding can quickly repair damaged or misaligned teeth, porcelain veneers can cover unsightly gaps or stains, and professional whitening procedures can brighten any smile." CT

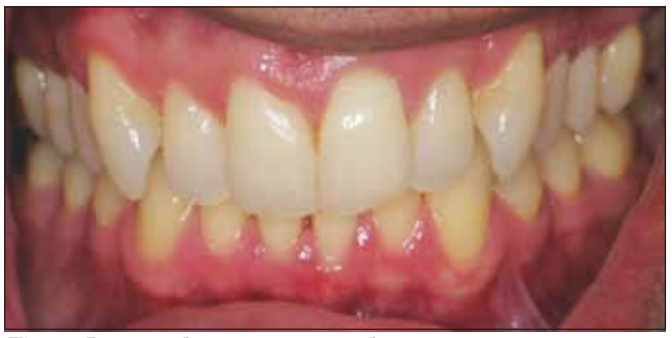

Fig. 2: Pre-op, close-up, retracted.

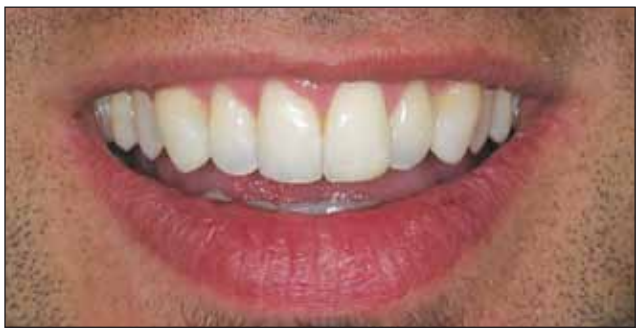

Fig. 3: Pre-op, close-up, after canines were bonded.

Fig. 4: Full-face with mockup of #7 and #10.

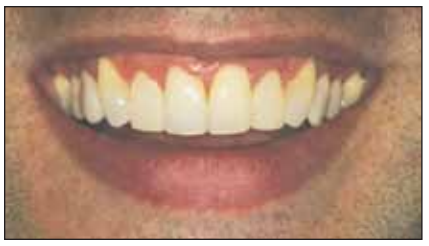

Fig. 5: Mockup, close-up of veneers #7, #8, #9 and #10.

Fig. 7: Gumline after Bident and CCL.

Fig. 6: Bident on #6.

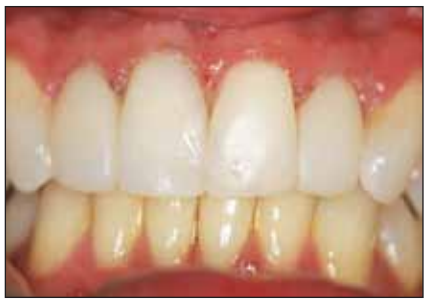

Fig. 8: Immediate post-op of resin veneers and gumlift on #7 through #10.

← CT page 1D

Multiple images were taken of the various mockup options and e-mailed to the patient, along with multiple treatment plan options After careful consideration, the patient opted to do the resin veneers on teeth #7 through #10 as well as the gumlift.

It was because of the mockup and photographs that the patient realized the value of the gumlift in creating a more ideal smile. He wanted to think about the resin veneers for the premolars and possibly have them done in the future.

The procedure

The patient presented for the bonding appointment with his teeth whitened and ready to go. We began by placing topical anesthetic before anesthetizing teeth #7 through #10 with The Wand.

Subsequent injections of Lidocaine were placed around the gumline of teeth #7 through #10 before electrosurgery of the gums.

Using Bident, a bipolar electrosurgery unit, the gingiva around #8 was contoured to ideal proportions (Fig. 7). Once the gingiva was removed, it was discovered that the underlying bone had grown into the cervical divot of #8, right on top to the enamel.

It was then decided that crown lengthening would be indicated, so a small, round diamond bur was used to contour the bone to match the ideal gumline.

We proceeded to contour the gin-

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Fig. 9: Two-weeks post-op, close-up, retracted.

Fig. 10: Two weeks post-op, close-up.

Fig. 11: Happy patient.

giva on the mesials of #7 and #10 and to create symmetry of #9 with that of tooth #8 (Fig. 8).

The Bident unit allowed for gentle, clean coagulation in a wet field. There was no grounding needed, and because the unit is meant to be used with water, there was no tissue charring or shrinkage.

A more effective, more precise and safer result was achieved with essentially no post-op bleeding — a perfect scenario for bonding teeth immediately with no worries of a contaminated field.

The teeth were now ready to be bonded. They were carefully cleaned with pumice to remove any surface debris and stains. Metal strips were placed interproximally to isolate each tooth.

Then they were microetched with aluminum oxide to allow for better mechanical retention. Thirty-seven percent phosphoric etch was placed and rinsed before the application of a bonding agent, such as OptiBond Solo Plus Unidose.

Tooth #8 was bonded first using various layers of composite, starting with a microhybrid (Premise) and ending with a microfilled composite (Renamel). This tooth was contoured and polished with a series of polishing discs (Shofu) before proceeding so the next tooth (#9) could be matched to this tooth without being bonded to it.

Teeth #7, #9 and #10 were bonded in a similar fashion with various shades to create a more natural, graded appearance.

As before, each tooth was polished before bonding the next one. Final contouring and polishing were achieved and a high shine was gained with a Twist-2-It and polishing paste.

In about two hours, the patient had a new smile! Even the gumline looked amazing immediately post-op with no bleeding (Fig. 9).

Gentle Gel, an aloe vera and herbal-based gel, was placed along the gumline and given to the patient to apply at home to help soothe the gums and provide for quicker healing.

The patient was amazed and in love with his new smile, even immediately post-op.

When he returned for his two-week follow-up visit, the gums were ideally contoured and the resin veneers looked wonderful, and the patient said they felt wonderful, too (Fig. 10).

No polishing was needed, so we just did another high shine polish to make them sparkle. Post-op photographs were taken and the patient loved the results (Fig. 11).

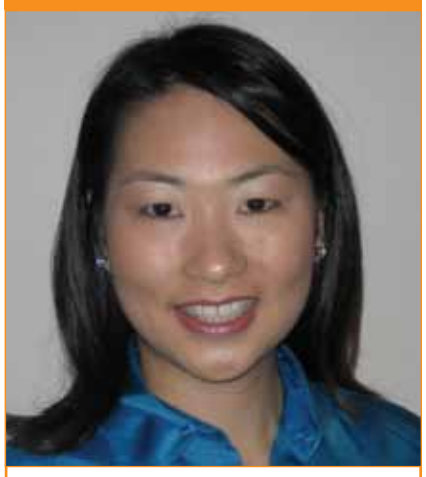
He also mentioned that he had no post-op pain originally and the gums looked and felt better in just a couple days after the bonding appointment.

Overall, the patient was ecstatic about the dramatic improvement, especially how contouring the gumline contributed immensely to the final cosmetic result.

He also loved the fact that orthodontics was avoided and a beautiful smile was achieved in a single bonding appointment with a minimally invasive approach — less is more.

Now he is already thinking about and looking forward to his next dental venture — resin veneers for his premolars. CT

About the author



Sarah Kong, DDS, graduated from Baylor College of Dentistry, where she served as a professor in restorative dentistry. She focuses on preventive and restorative dentistry, transitionals, anesthesia and periodontal care.

Kong is an active member of numerous professional organizations, including the American Dental Association, the Academy of General Dentistry, the American Academy of Cosmetic Dentistry, the Texas Dental Association and the Dallas County Dental Society.

You may contact her at *drkong@dallasdentalspa.com*.

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