



The Case for **Interprofessional Education**

THE NEW YORK STATE DENTAL JOURNAL

NYS DJ

Volume 89 **Number 6**
November **2023**

Can Digital Technology Play a Role in Prosthetic Rehabilitation of Cocaine-induced Defects?

Inside: Is Banning Covenants Not to Compete a Good Idea?

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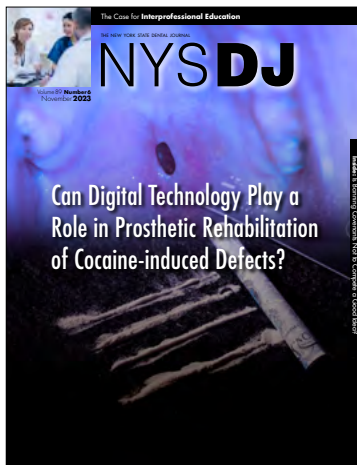
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Don't Throw out the Employee Dentist Covenant-not-to-Compete Baby with the Exploitive Employer Bathwater

In our legal system's attempts to curb overreaching employer conduct, it must legislate strict controls, rather than overbroadly ban reasonable covenants not to compete that protect the dentist-patient relationship and incentivize dental practices to nurture one of society's most valuable assets: patient goodwill.

Proposed federal and state legislative bans on employee covenants not to compete are intended to protect all employees from overreaching restrictions on their future job potential and economic opportunities. The timing of these proposed bans may reflect, in dentistry, the current rise in the commercialization of oral health-care delivery and inappropriate covenant-not-to-compete applications. Barring covenants not to compete in dentist employment, however, robs most private practice owners, who focus upon building trust in dentist-patient relationships, the right to protect the owner's investment of time, money and ethical decision making to earn their patients' goodwill.

Narrowly tailored covenants can protect and promote patient goodwill without harming the economic interests of dentist employees or access to care for patients. Dental practice owners must reaffirm our commitment to prioritize patients' best interests above profit and commercialized care, eliminate the use of overreaching covenants not to compete, and lobby lawmakers to codify stricter requirements in covenant enforcement rather than ban all covenants not to compete.

Covenants Not to Compete and Proposed Bans
Covenants not to compete (also known as, "Re-

strictive Covenants" or "Non-Compete Agreements") describe terms within an Employment Agreement or in a separate agreement between an employer and employee that limits the employee's right to perform similar duties for another employer or independently during, and for a reasonable time after termination of the current employment, and within a reasonable geographic area surrounding that employer's location. Historically, these agreements evolved to protect an employer's legitimate business interests from unfair competition, primarily from client or patient-based professionals, corporate executives, or persons with knowledge of confidential information or relationships that the terminating employee could leverage to unfairly compete against or entice patients or clients to leave the former employer.

Most states, approximately 40 as of 2022, to varying degrees support and enforce reasonable restrictive covenants.^[1] In these states, courts typically apply a balancing test to determine the legal enforceability of a specific covenant. The restriction must protect a legitimate business interest. In dentistry, the covenant protects patient goodwill, i.e., the individual dentist owner's characteristics, attributes, expertise, skills, knowledge, reputation, dentist-patient and other professional relationships,

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PRINTER

Fort Orange Press, Albany



NYSJD (ISSN 0028-7571) appears three times a year in print: January, March and June/July. The April, August/September and November issues are available online only at www.nysdental.org. The Journal is a publication of the New York State Dental Association, 20 Corporate Woods Boulevard, Suite 602, Albany, NY 12211. In February, May, October and December, members have online access to the NYSDA News. Subscription rates \$25 per year to the members of the New York State Dental Association; rates for nonmembers: \$75 per year or \$12 per issue, U.S. and Canada; \$135 per year foreign or \$22 per issue. Editorial and advertising offices are at Suite 602, 20 Corporate Woods Boulevard, Albany, NY 12211. Telephone (518) 465-0044. Fax (518) 465-3219. Email info@nysdental.org. Website www.nysdental.org. Microform and article copies are available through National Archive Publishing Co., 300 N. Zeebe Rd., Ann Arbor, MI 48106-1346.

any other intangible factors that may motivate patients to select or remain with the practice, and any clinical or administrative proprietary information integral to its operation. The restriction must, in addition, extend only to a reasonable geographic scope and duration so as not to impair a terminating employee from earning a living or the public from accessing preferred care.

Currently, no federal ban on non-compete agreements exists. In 2021, President Biden issued an Executive Order encouraging the Federal Trade Commission (FTC) to ban or limit the use of noncompetes.^[2] The FTC has responded with proposed federal regulations that would ban all covenants not to compete and effectively preempt states' authority to legally enforce such agreements.^[3] As the country awaits a federal decision, New York State, a long-time staunch supporter of covenants not to compete, this year passed a bill, currently awaiting the governor's signature, banning all restrictive covenants.^[4]

Codified Restrictions

The purposes of law include, among others, to identify and promote societal values and to protect against potential abuses. Employee covenants not to compete reasonably drafted and suitable under the circumstances do not unreasonably harm employees' job potential and economic opportunities. Rather, any harm stems from the inappropriate and overreaching use of noncompetes against low-wage, hourly employees who do not enter into fiduciary relationships with the employer's clients, customers or patients, or possess confidential information sufficient to unfairly compete against their former employers. Hence, to reduce covenant abuses and, in the case of dentistry, still protect patient goodwill from the unfair competition of patient-based professionals, such as dentist employees, legislatures should propose codified covenant parameters, not bans. In dentist employment, the codified restrictions ideally would follow a typical state's three-part balancing test for covenant enforcement.

First, acknowledge patient goodwill as a legitimate business interest, entitled to protection. Society wants dentists to develop skill, knowledge and expertise; nurture ethical patient relationships; invest time and money in establishing safe and efficient practice operation; hire and train competent auxiliaries; then share these attributes with new dentist employees who can preserve the assets going forward and preserve it as a societal value. As evidenced in the sale of dental practices, patient goodwill, as an intangible asset, typically represents approximately 80% of a practice's economic value. Most importantly, the future of quality oral healthcare depends on the cultivation and protection of this asset.

However, employer dentists will have less incentive to continue to establish these desirable resources if, because of

a legislative ban on restrictive covenants, they risk losing the goodwill they established to the unfair direct competition of former dentist employees. Without a legal remedy to protect a dentist owner's business investment, practice owners will invest less in dentist-patient relationships and hire and mentor fewer dentist employees, which will, ultimately, depress the dentist employee job market.

In addition, covenant bans would accelerate the commercialization of oral healthcare. Commercialization reduces ongoing dentist-patient relationships to isolated transactions and transforms oral healthcare services into a commodity that, by design, inhibits the development and nurturing of patient goodwill. Hence, bans on noncompetes that directly fuel unfair competition would synergistically, along with the existing commercialization of oral healthcare delivery, further disincentivize and reduce the development of patient goodwill.

Second and third, protect the future economic and job opportunities of the terminating employee and the rights of patients to preferred care. Legislation must limit covenant use to only dentist employees and not other supporting staff and the geographic area and duration of the covenant to extend

only minimally to protect employer goodwill. The restrictions must require employers to utilize creative geographic borders narrowly tailored to reflect the practice patient base, possibly with carve-out areas the employee may wish to target as future practice sites, that do not threaten the employer's goodwill. In cases where one corporate employer operates multiple practice locations in a region, the legislative restrictions must limit covenant use only to the primary location where the dentist employee maintained regular and significant patient contact. In addition, restrictions should prohibit covenants against dentists that terminate either too soon to gain significant confidential information or develop patient relationships, terminate for good cause or are terminated without cause.

Reasonably drafted covenants still allow patients to maintain access to preferred care. Dentist employees can always professionally announce their new location without violating covenant restrictions, and patients can legally authorize release of their records to the terminating employee's new office, as desired, to continue their relationship with the terminating dentist.

Finally, outlawing employee covenants not to compete will, in general, damage our economy. The Public Policy

As a Practice Owner, You Should be Able to Answer the Following Questions:

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2. How long do you plan on being a practice owner? If your health allows, would you like to continue practicing after that point?
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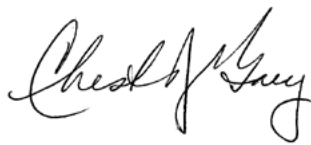
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Institute of New York State, Inc., a nonprofit, nonpartisan organization that promotes public policies that will restore New York State economic competencies, recently initiated statewide communications to inform New York residents that the pending noncompete ban “poses a serious risk to innovation and job growth.”^[5]

Lobby to Protect Patient Goodwill

Strong dentist-patient relationships and the goodwill they create represent the basis of quality oral healthcare. Practicing dentists must continue to nurture these relationships and invest in their practice goodwill. Lawmakers must recognize this goodwill as a societal value worthy of legal protection. The current proposed federal and state covenant-not-to-compete bans overbroadly and unnecessarily remove this protection in an attempt to control covenant misuse. Organized dentistry must alert lawmakers to the value of properly drafted and applied noncompetes and lobby to withdraw the proposed covenant bans and, instead, codify the necessary restrictions in covenant enforcement that adequately protect practice goodwill concurrently with employee and patient rights.



D.D.S., J.D.

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Acknowledgement

The New York State Dental Journal Editorial Board recognizes and thanks the dentists listed here for their contributions as adjunct peer reviewers. Experts in specific areas of dentistry, these individuals have responded positively and exceptionally to requests for assistance in reviewing manuscripts submitted to *The Journal*. They are: Ronald Boyd, D.D.S.; Robert Buhite II, D.D.S.; David Croglia, D.D.S.; Glen Donnarumma, D.D.S.; Joseph Rumfola, D.D.S.; Peter Starkey, D.D.S.; and John Tibbetts, D.D.S.



Editorial Excellence—NYSJD Editor Dr. Chester J. Gary was honored in October by American Association of Dental Editors and Journalists and American Dental Education Association ADEAGies Foundation for excellence in editorial writing in dentistry. Here, Dr. Gary receives Geis Award from Dr. Karen West, president and CEO of ADEA. Dr. Gary received second-place honor for his editorial “Beyond Diversity, Unity and Innovation,” which appeared in the January 2022 Journal, during AADEJ’s Annual Meeting in Orlando, FL.

Council Appeals for Member Input

NYSDA's Council on Ethics is engaged in a review of the Association's Code of Ethics. It's a process it wants members to participate in.

Lance Plunkett, J.D., LL.M.

The NYSDA Council on Ethics has begun a review of all sections of “The Principles of Ethics and Code of Professional Conduct of the New York State Dental Association.” This official title is often shortened to “NYSDA Code of Ethics.” This is the document that regulates conduct between member dentists and their patients. Note that it only applies to NYSDA members. Dentists receive the document when they first join NYSDA, and all members are encouraged to review it and provide feedback and recommendations to the Council on Ethics as the review process continues throughout this year and into 2024.

All constituent and component dental associations of the American Dental Association (ADA) are bound by the ADA “Principles of Ethics and Code of Professional Conduct.” Constituents and components cannot have ethical codes that are in conflict with or less stringent than the ADA ethical code, except where state or local laws might require otherwise. Components cannot have ethical codes that are in conflict with or less stringent than the NYSDA Code of Ethics, except where local law might require otherwise.

One might wonder why New York or any of its components would need or want to use anything other than the ADA ethics code. That is a good question. The answer is that the NYSDA Code of Ethics references particular aspects of New York State law that the ADA code does not cover. Another reason is that the ADA code is in the model of a comprehensive, complex philosophical document, whereas the NYSDA Code of Ethics is simple and direct. The ADA code is a great read on the framework and nuances of the various pillars of ethics, whereas the NYSDA Code of Ethics is just a streamlined, handy, practical reference tool.

Dealing with Inconsistencies

One example of where the NYSDA and ADA codes differed for many years was the subject of what was ethical for dental specialists to do. The ADA code maintained a rule that specialists should limit their dental practices to their specialty. The NYSDA code eliminated that rule because it was inconsistent with New York laws on dental licensing and scope of practice and in conflict with New York's antitrust law (known as the Donnelly Act). New York has always followed the rule

that any dentist licensed in New York can practice any dental service. Specialists can perform general dentistry and general dentists can perform specialty services (with the obvious requirement that all must be competent to do what they are doing).

Similarly, New York antitrust law forbids a practice known as “division of markets,” whereby specific services and/or products would be allocated to an exclusive group to provide, thereby preventing competition from any other group. The net effect of a division of markets is to drive up costs to consumers because they lack the ability to obtain the services and/or products from someone outside of the exclusive group. Notably, the ADA code eventually dropped its specialty rule too, concluding that it was inconsistent with federal antitrust laws. Interestingly, this might have been different if New York licensed dentists by specialty, but New York does not license either dentists or physicians by specialty. It is a concept that New York has repeatedly rejected, likely because the New York State Education Department would be overwhelmed by the workload.

Another example is the recognition of dental specialties. In New York, recognition of dental specialties is controlled by the New York State Board of Regents. While the Board of Regents has generally aligned with the specialties recognized by the ADA (now done by the National Commission on Recognition of Dental Specialties and Certifying Boards—NCRDSCB), it has not always done so. It took quite some time for the Board of Regents to agree to recognize the specialty of dental anesthesiology. And ethical conduct on claiming specialty status is superseded by the Rules of the Board of Regents on what constitutes unprofessional conduct subject to professional disciplinary action (Part 29 of Title 8 of the Official Compilation of Codes, Rules and Regulations of the State of New York). Thus, dental anesthesiologists were for a time caught between a rock and a hard place in New York. Now that is happily resolved and all NCRDSCB specialties are also recognized by the Board of Regents. But until that happened, it would not have been possible for NYSDA to follow the ADA code in this instance without misleading members and putting them at risk of action by the Education Department’s Office of Professional Discipline (OPD).

The foregoing is why NYSDA must periodically review its Code of Ethics. First, to make sure it remains consistent with New York’s unique legal requirements. Second, to make sure it is not unnecessarily out of alignment with the ADA Code. And third, to make certain that

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the specific guidance for New York is still relevant and worthwhile for members. In 2007 (effective Jan. 1, 2008), New York enacted a one-time requirement for licensure that dentists take a minimum three-hour continuing education course in ethics and jurisprudence approved by the Education Department. In 2010, the law was amended to allow dental residents to take the ethics and jurisprudence course during their dental residency, before they are initially licensed in New York. Therefore, members should definitely take an interest in contributing ideas to the NYSDA Council on Ethics review of the NYSDA Code of Ethics.

Where You Come In

What provisions of the NYSDA Code of Ethics might be most useful for members to comment on? The code is divided into six sections: 1) Service to the Public and Quality of Care; 2) Education; 3) Governance of a Profession; 4) Research and Development; Patents and Copyrights; 5) Professional Announcement; and 6) Judicial Procedure. There is also an Introduction, Preamble and Addendum—but those are more like statements of purpose and process than actual ethical rules or advisory opinions on the ethical rules.



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The major part of the NYSDA Code of Ethics is the section on Service to the Public and Quality of Care, dealing with the bulk of common professional ethics issues that dentists encounter with their patients. The next most extensive section is Professional Announcement, which primarily deals with advertising issues. Member input on these two subject areas would make the most difference in any intelligent review. For example, advertising has changed so much in both form and function over the years that current rules may simply be obsolete. When the NYSDA Code of Ethics was first written, there was no Internet.

All the other sections are relatively short and member input into what to do with those sections would be welcome. They can all be read in under one minute. Should they be more in-depth or are they superfluous? For example, NYSDA has never had an ethical case involving patents or copyrights—but does that make the ethical rule on it irrelevant? Members should weigh in.

NYSDA is one of the few states in the country that conducts an active ethics program, hearing a significant number of cases every year. This process is intensive and time-consuming, most often requiring obtaining records from OPD through formal Freedom of Information Law (FOIL) applications. The ADA once tried to survey and assess constituent ethics enforcement programs and received responses like the state that boldly claimed it had a robust ethics program—there had not been a single case in 20 years.

Except for outright dismissals of cases, which remain confidential, all the hearing results in NYSDA ethics cases are published in *The New York State Dental Journal*. The NYSDA Bylaws require such publication. And the Association shares the results with the ADA, also required by the NYSDA Bylaws.

For all the foregoing reasons as to how and why ethics are integrated into the fabric of the dental profession, especially at NYSDA, members should participate in helping to review and edit the Code of Ethics. Don't sit back and just let things happen; help the Ethics Council in its mission to review the NYSDA Code of Ethics by making your voice heard.

Ethics is an organic process, and the NYSDA Code of Ethics is a dynamic, evolving document. You cannot be part of that process if you do not contribute what you really think. Not every idea, whether coming from the Council on Ethics or from a member, will necessarily be adopted, but offering zero ideas is ineffective, which is why the council conducts a periodic review of the language, sense and coverage of the code. It cannot fulfill its duties by offering no ideas. //

The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.

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The going was rough at the beginning, but organized dentistry provided me with the support I needed to succeed.

Ioanna Mentzelopoulou, D.D.S.

I have been fortunate in my career and in my life. I immigrated to the United States from Greece to study as an international student. After obtaining my bachelor's degree, I continued my studies at NYU College of Dentistry. Being an international dental student was not easy. I had to manage a vigorous curriculum while away from family and lacking any support.

At NYU, I stood out as a female and because of my accent. At the time, there were only two international students in the regular program, and the teachers would confuse me thinking I was already a dentist in my country and that I should know how to prepare a tooth for a crown or do an amalgam filling. I had to explain every time that I had no clue.

My accent made things even more difficult. Sometimes, people had a hard time understanding what I was saying or, in general, I could not understand the jokes or the references due to cultural differences. However, I had the drive to succeed, and I was able to graduate and obtain my dental degree.

What I was not expecting was learning that my degree was not enough to obtain a dental license so I could practice. I was surprised by how complicated the process was to get a dental license due to immigration restrictions by state or lack of credential portability within the United States.

I was disappointed at the time, because I had gone through the same program in dental school as everyone else, yet I could not be as successful as everyone else in my chosen profession. That was when I turned to organized dentistry for answers, and I have been grateful for the support of my colleagues ever since. Because of efforts by the Dental Association, a pathway was created to enable students like me to get a license and practice dentistry in New York State.



Dr. Mentzelopoulou

I believe that efforts at the local, state and national levels can make the beginning of the dental career of a young graduate easier by helping them obtain a license faster and move within the country easier. Currently, there are more discussions taking place about the need for a unified license exam and ease of portability in the country for currently licensed dentists and international students and colleagues. I applaud the ADA for listening to student members and making serious efforts to create an easier beginning to their dental career journey.

As for me, I am lucky to be working as a dentist for all these years in a city that I love. I am grateful to organized dentistry, which helped to make my American dream come true. ✍️

Editor's Note: After receiving a D.D.S. degree from NYU, Dr. Mentzelopoulou went on to complete a general practice residency at Woodhull Medical Center, Brooklyn, and received a certificate in pediatric dentistry from Interfaith Medical Center, Brooklyn. She is engaged in private practice at Pediatric Dental Associates of Manhattan. She is past president of the New York County Dental Society and currently serves on the NYCDS Board and on the Give Kids A Smile Steering Committee. She is chair of the NYSDA Diversity, Equity & Inclusion Task Force and a member of the ADA Strategic Forecasting Committee. Dr. Mentzelopoulou has further extended herself by volunteering to provide free dental work to homeless children in New York City and participating in Operation Backpack, organizing bags full of essentials to be sent to refugee children arriving on the Greek island of Lesbos.

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Steffens Scleroderma Foundation Interprofessional Education Event

David Leader, D.M.D., M.P.H.; Daniela Bittar, D.D.S.; Evamarie Cole

ABSTRACT

Interprofessional education (IPE) improves knowledge, skills and attitudes for collaborative care for participating health professions students.^[1] Scleroderma is an autoimmune disease that affects all organ systems, which makes it an ideal subject for IPE. In April 2023, 196 students from 9 health professions programs at 4 schools attended the Steffens Scleroderma Foundation IPE program. In this patient-led program, students learned with and from each other how different professions help patients live with scleroderma. Increased self-efficacy of professional students results in more comprehensive care and improved access to care for patients living with scleroderma.^[1,2]

The World Health Organization defines interprofessional education (IPE) as “When students and/or professionals from two or more professions learn about, from and with each other to enable effective collaboration to improve health outcomes.”^[3] We anticipate that students who participate in IPE programs will enter the healthcare workplace ready to participate with other professions to treat patients more efficiently and effectively. The wide range of effects of the autoimmune disease scleroderma on multiple organ systems, activities of daily living and quality of life make the disease an ideal subject for IPE experiences.

The Steffens Scleroderma Foundation of Albany, NY, promotes awareness, research, education and collaboration for scleroderma, Degos disease and related disorders. Steffens hosts an annual IPE experience, in which breakout groups of students of different professions, led by individuals who have scleroderma, learn about the disease and the patient’s experience. During the program, students also learn about the perspectives and capabilities of the other professions represented. Research demonstrates that knowledge of scleroderma improves access to care by raising the self-efficacy of providers, specifically, dentists.^[4] The 2023 program included students from nine different health professions, including nutrition, occupational therapy, physical therapy, counseling, and either nursing/nurse practitioner, medicine, public health, pharmacy and dentistry.

IPE is a requirement of the accreditation standards of all healthcare professions. For example, the Council on Dental School Accreditation, CODA, Accreditation Standards for Dental Education Programs includes standard 2-20, “Graduates must be competent in communicating and collaborating with other members of the healthcare team to facilitate the provision of health care.”^[5]

Scleroderma and Oral Health

Scleroderma is an autoimmune disease that causes inflammation, fibrosis and vasculopathy. There are two main types: localized and systemic. Localized scleroderma does not develop into systemic, but patients may have both. This is a rare disease that affects about 1 in 10,000 people worldwide.^[6]

The hallmark of scleroderma is thickened, hardened skin. The disease may affect internal organs, including cardiovascular, pulmonary, genitourinary and gastrointestinal. The effects of scleroderma on the lungs and kidneys may be severe.

Dentists will note that scleroderma commonly affects oral health in the following ways. Most people with scleroderma have severe gastroesophageal reflux disease, which often results in dental erosion. Scleroderma, as in many autoimmune diseases and conditions, is associated with xerostomia. The effect on connective tissue often results in a pathognomonic finding on dental radiography—widening of the periodontal ligament space,^[7] which may be associated with the severity of the course of the disease.^[8] Sclerodactyly and microstomia interfere with home care; patients with scleroderma need special instruction to aid with oral hygiene.

There are two effects of the disease that dentists are likely to see radiographically: external resorption of tooth roots and resorption of areas of the maxillary and mandibular alveoli, the condyles and angles of the mandible. Resorption of the alveolus and tooth roots may result in the loss of one or more teeth. In rare cases, the condyle and the fossa of the temporomandibular joint suffer resorption. The treatment of resorption of teeth is replacement of the teeth. The treatment of resorption of the condyles and fossae of the TMJ is a complex surgical intervention, resulting in replacement of the resorbed condyles and fossae with artificial parts.^[9,19]

Steffens Foundation IPE Program

The Steffens Scleroderma Foundation initiated this annual IPE program in 2018. The program expands and builds on its success over time. This year, participating students included 14 from psychology programs, 27 occupational therapy, 30 physical therapy, 18 nutrition, 29 public health, 29 pharmacy, 27 MD, 21 nursing and 4 DMD, for a total of 196 student participants. Steffens included the dental profession by inviting students from the Tufts University School of Dental Medicine (TUSDM) to add their knowledge and perspective. The program opened with introductory remarks by Alicia Harlow, chair of the Psychology Department and Graduate Program Director, at Russell Sage College, Troy,

NY, and Jeffrey Brewer, pharmacist and associate professor of family medicine at Albany College of Pharmacy and Health Sciences, Albany, NY. They introduced the concept of interprofessional education and the plan for the event.

The primary aim of this program is to improve access to care for patients with scleroderma. In 2010, Phillis and Leader surveyed people with scleroderma and found correlations between having symptoms of scleroderma and having an urgent need for dental care, having symptoms of scleroderma that limit home care and their dentist's ability to perform adequate treatment, and having symptoms of scleroderma that limit home care and make it difficult to find a dentist who will treat them.^[11] In 2014, Leader, Papas and Finkelman found a correlation between dentists' knowledge of scleroderma and their self-efficacy to treat patients with scleroderma.^[12]

“Sharing my experience made me feel heard and offered a therapeutic feeling. I enjoyed telling students experiences that were missed in my diagnosis and the need for communication with a patient to listen to their concerns because not everything is textbook.”

Patient/Advocate Perspective

Evamarie Cole participated in this IPE as a patient advocate. She attended an hour-long training session presented by the program coordinators on the art of advocacy. She learned what to expect in the IPE sessions. She prepared a five-minute narrative that included a brief history of how she was diagnosed and how scleroderma affects her.

During the IPE session, Ms. Cole shared her experience living with scleroderma and took questions from medical students in various fields. She found that saying less prompted more questions and inquisitive group thinking. She noted that the students worked collaboratively. “Sharing my experience made me feel heard and offered a therapeutic feeling. I enjoyed telling students experiences that were missed in my diagnosis and the need for communication with a patient to listen to their concerns because not everything is textbook.”

A question from a student of social work that Ms. Cole thought was important was whether she suffered from medical discrimination. Ms. Cole responded that she has, in that she must fight for insurance coverage for the treatments she needs.

In a related discussion, students asked why Ms. Cole stopped occupational therapy and mental health treatment. Ms. Cole's response that insurance would not pay for additional visits opened a group conversation between the students and Ms. Cole about how terrible it is to fight for additional treatment when needed.

Dental Student Perspective

Before this program, students received a list of links to videos on aspects of scleroderma presented by experts from various professions, including dentistry, physical therapy, occupational, rheumatology, pharmacology and psychology. Entering the program, Daniela Bittar, a dental student at Tufts University in Boston, knew more than most students about scleroderma. She recalls that she knew that scleroderma was an autoimmune disease characterized by overproduction of collagen and inflammation of the skin and connective tissue. She knew that this disease affects hands and feet, and that there is a relationship to Raynaud's syndrome. Dr. Bittar was aware that many scleroderma patients have xerostomia, microstomia, root resorption and widening of the radiographic periodontal ligament space, with resulting mobility of the teeth.

She reports that in her group, the patient prepared an opening narrative and had been trained to promote discussion. Students appreciated the details of the patient's medical history with respect to scleroderma, including aspects of its progression, psychological aspects,

physical impact and pharmacotherapy. The patient/advocate presented a first-person narrative inviting questions from students throughout. Students demonstrated empathy as they asked about manifestations and the consequences of living with scleroderma. Students and patients cooperated to create a sensitive and ethical learning environment.

Students' questions demonstrated their professions' perspectives. Dr. Bittar asked about changes in facial appearance due to SSC, which piqued the interest of students of other professions and the patient. The patient/advocate described how diastemas opened between her teeth as the disease progressed. Her front teeth projected buccally and became loose. The patient commented, "My mouth wasn't like this before," and "I used to be prettier."

Students asked, "Didn't your dentist talk about [possible mouth and appearance changes] with you?" Students asked if there were preventive techniques or treatments available with early diagnosis.

The patient said she was not told by her dentist or other professionals about the possible effects of SSC on oral health.

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Oral health professionals promoted prevention, including regular dental prophylaxis, prescription and professional fluoride applications and oral hygiene instruction.

The following questions demonstrate the interactions of students of different professions understanding scleroderma together in ways that are more difficult to grasp when treatment occurs in a siloed environment.

Dentistry and Nutrition: “With the teeth loose and in this new position, is it hard to eat? What food is hard to eat?”

Dentistry and Pharmacology: “What medicine did you try for xerostomia? Did your dentist talk to your physician about your xerostomia, and did they work together on side effects of medications?”

Dentistry and Physiotherapy: “Did you ever try physiotherapy of the TMJ? Did anyone ever tell you about this possibility?”

Dr. Bittar asked about insurance coverage for prevention. There was demonstrable interest from students of other professions. “Did your insurance cover short-term preventive visits to all those professionals?” “Do [health-care providers] need to write a special letter to ensure insurance coverage?” “Is there a special program that offers this coverage through Medicaid?” “Can you apply for disability [Supplemental Security Income or SSI]?”

This patient-led program affected students in a visceral way. Speaking with the patient introduced students to the challenges of life with this chronic disease. Patients with scleroderma often have extreme changes to their appearance. They may have difficulty speaking and eating. Dr. Bittar, an advanced standing dental student from Brazil who is also an orthodontist, began to consider prevention techniques that might lessen the impact of the course of scleroderma on appearance and occlusion. Finally, she reported she learned how interdisciplinary opinions and consultation may benefit the patient.

Dr. Bittar’s takeaways from this experience include that it is important for periodontists to follow patients who have scleroderma. The disease causes extreme changes in appearance, which affect quality of life. Xerostomia may be a result of the disease and may be worsened due to the side effects of many medications. Microstomia is due to skin tightness and the effect of the disease on the temporomandibular joint. It is important for health professionals to work in concert to provide the best care. Finally, she learned that medical and dental insurance may cover the cost of preventive oral care more than twice a year.

Conclusion

The benefit of providing a deeper understanding of a less common ailment to a large group of professionals is that

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these professionals will recognize the disease when they encounter individuals with it and will disseminate their newly acquired knowledge to others. Scleroderma is a multisystem disease that challenges all professions in different ways. Learning about scleroderma from patients/advocates provides an opportunity for students of multiple professions to appreciate unmet needs and the importance of interprofessional care and communication.

As a coauthor of this paper and a dental student, Dr. Bittar notes, “It is not enough to know a little bit of [a medical condition] here or there, restricted to your profession ... limiting yourself to treat the minimum of each patient need.” Even though she knows more about scleroderma than most of her colleagues, Dr. Bittar says she would like to learn more about this disease and its systemic effects to provide a comprehensive treatment approach.

Interprofessional experience is an important requirement of all professional education, including dentistry and dental hygiene. We must work past the siloed nature of healthcare to improve efficacy, efficiency and lower costs. IPE programs like the Steffens Scleroderma Program are examples of scalable events. Steffens Scleroderma provides an e-book and advice to schools and programs that would like to create similar events. *✍*

Queries about this article can be sent to Dr. Leader at David.Leader@tufts.edu.

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Dr. Leader

Dr. Bittar

Ms. Cole

David Leader, D.M.D., M.P.H., is an associate professor of comprehensive care at the Tufts University School of Dental Medicine, Boston, MA. He has a secondary appointment at the Tufts University School of Medicine. Dr Leader is a member of the medical and scientific advisory board of the National Scleroderma Foundation (<http://scleroderma.org>), the medical advisory board of the Steffens Scleroderma Foundation (<https://www.steffens-scleroderma.org/>), and the medical advisory board of the Scleroderma Foundation of California (<https://myscleroderma.org/>). He is a collaborating investigator with the Scleroderma Patient Intervention Network (<http://spinsclero.com>).

Daniela Bittar, D.D.S., is an advanced standing student Class of 2024, Tufts University School of Dental Medicine, Boston, MA. Dr Bittar graduated from the Federal University of Goias Dental School in Brazil in 1997 and completed a residency in orthodontics and facial orthopedics at the University of Sao Paulo / Hospital of Facial Malformations in 2003. She was a private practice owner for 24 years and was on staff at Brazilian Government Reference Center in Goiania. Also, she was a professor in the pediatric dentistry specialization and member of the Boards of Directors of the Brazilian Association of Orthodontics until 2018.

Evamarie Cole is a patient advocate diagnosed with Scleroderma in 2008. She is a support group leader and serves on the Tri-State Chapter of the National Scleroderma Foundation's Advisory Committee as advocacy and awareness chair and on the National Scleroderma Foundation's Patient's Advisory Board as co-chair and BIPOC (Black Indigenous People of Color) Virtual Support Group facilitator. She was National Scleroderma Foundation's 2022 Advocate of the Year, 2023 Volunteer of the Year and the first recipient of the Jacob Davila Memorial Scholarship Award.



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Association *Activities*

CALL FOR NOMINATIONS

The NYSDA Council on Nominations will meet on Tuesday, March 5, 2024, at 1:00 p.m. to make its selections for President-Elect, Vice President and Secretary-Treasurer of the Association in 2024.

Nominees for President-Elect must be members of the New York County Dental Society. Nominees for Vice President must be members of the Bronx County Dental Association. Nominees for Secretary-Treasurer may be members of any NYSDA component.

Members wishing to submit nominations for any of these positions must do so no later than March 2, 2024. Nominations should be sent to Dr. James E. Galati, Chair, Council on Nominations, NYSDA, 20 Corporate Woods Blvd., Suite 602, Albany, NY 12211.



Priority Item

An indication of how seriously organized dentistry views the mental health and wellness of dental professionals is a summit called by ADA Council on Dental Practice, which took place in September at ADA headquarters in Chicago. Invitees included state and local societies, physician health programs and dental specialty groups. Among those in attendance were, from left: Dr. Robert Herzog, peer assistance coordinator, NYSDA Committee on Substance Abuse and Well-Being; Jacqueline Donnelly, NYSDA staff; Dr. Bhagwati Mistry, Substance Abuse Committee and ADA Dental Team Wellness Advisory Committee member; Dr. Parul Makkar, ADA Wellness Ambassador representing New York State.



Hail Fellow

NYSDA Executive Director Greg Hill is all smiles following his induction as an Honorary Fellow into the American College of Dentists. Induction ceremonies took place in October at ACD Annual Meeting, held in conjunction with ADASmileCon in Orlando, FL. Last year, Mr. Hill was welcomed as an Honorary Fellow into the International College of Dentists USA Section.



Dental Editor Recognized

Stuart Segelnick, D.D.S., M.S., editor, Second District Bulletin, accepts journalism award presented by International College of Dentists USA Section during annual meeting of American Association of Dental Editors and Journalists in October in Orlando, FL. Dr. Segelnick received honorable mention for article about check banking fraud that appeared in SDDS Bulletin. Presenter is Dr. Leighton Wier, chairman, ICD Journalism Awards Committee.

Association *Activities*

ADA Honors former Third District ED

Kathleen Moore, former executive director of the Third District Dental Society, was one of four people honored in September with honorary membership in the American Dental Association. Ms. Moore was the top staff person at the Third District for more than 25 years. She retired earlier this year.

Ms. Moore is credited with modernizing the district, developing email-based communication and adding other

technological improvements. She organized the annual Greater Capital District Dental Symposium, which grew from one lecture to four simultaneous presentations and from 16 exhibitors to a high of 68. She also developed continuing education for members during the COVID-19 pandemic, including many no-charge programs that helped members with employment and practice issues during the pandemic.

It's an Honor



Nassau County Dental Society member Dr. Peter Mychajliw, right, is welcomed into American College of Dentists during convocation ceremonies in October in Orlando, FL. Dr. Mychajliw is associate director, NYU-Lutheran AEGD Program.



This year's inductees into Pierre Fauchard Academy included Dr. Katyoon Noroozi-Liebowitz of Glen Cove, Nassau County. Dr. Noroozi-Liebowitz, fourth from left, is welcomed into academy by its officers. She is co-chair, NCDS Membership and Communications Committee, and chair of society's Substance Abuse and Well-Being Committee.



Dr. Noroozi-Liebowitz was joined on stage by colleague Dr. Douglas Schildhaus, at right, for induction into International College of Dentists. Here they are welcomed by ICD President Dr. Daniel Fridh during ceremonies in October in Orlando, FL. Dr. Schildhaus is Nassau County Dental Society President-Elect.

In Memoriam

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Ralph Vona

University at Buffalo '53
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Painted Post, NY 14870
August 23, 2023

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June 27, 2023

Verruciform Xanthoma

Case Report and Literature Review

Khanh Trinh, D.M.D.; Daniel Nassimi, D.D.S.; Daria Vasilyeva, D.D.S.; Scott M. Peters, D.D.S.

ABSTRACT

Verruciform xanthoma (VX) is a benign mucosal or cutaneous proliferation typically found on the masticatory mucosa. VX usually affects patients in their fifth to sixth decade of life. VX is treated with simple excision and has a low chance of recurrence after surgery.

Verruciform xanthoma is an uncommon benign mucosal or cutaneous proliferation seen most frequently in adults in the fifth to sixth decade of life. It has a slight male predilection in patients under 50 years old and a slight female predilection in patients over 50 years old. It most often occurs on the masticatory mucosa, where it presents as a sessile or pedunculated lesion with a granular or pebbled surface. VX is treated with simple excision and has a low rate of recurrence. Herein, we present a case of a VX occurring in a 41-year-old female.

Case Report

A 41-year-old female was referred to an oral surgeon at Woodhull Medical Center for evaluation of a painless pink lesion on the facial gingiva of the anterior mandible. Her medical history was significant for anemia and several orthopedic surgeries following a motorcycle accident two years prior. The review of systems was otherwise non-contributory, and the extraoral examination was within normal limits. Intraoral examination revealed a discrete, faintly yellow, pebbled lesion on the facial gingiva of the

anterior mandible (Figure 1). The area was nontender and nonindurated. A periapical radiograph taken of the site was unremarkable.

For diagnostic purposes, the lesion was completely excised. Histologic examination revealed a papillomatous proliferation of acanthotic epithelium (Figure 2a), with overlying keratin and numerous foamy histiocytes in the papillae of underlying connective tissue (Figure 2b). Based on these findings, a diagnosis of verruciform xanthoma was rendered.

Discussion

Verruciform xanthoma is an uncommon, benign surface lesion with a poorly understood etiology. It is thought to be a benign reactive process, with proposed triggers including local trauma, irritation and altered immunological response.^[1] The lesion most commonly occurs in the fifth to sixth decade of life. While in patients under the age of 50 years it is slightly more common in males, there is a slight female predilection in patients over 50 years old.^[2]

The majority of verruciform xanthomas occur intra-orally, with the most common sites of occurrence including masticatory mucosa (particularly gingival margin), hard palate and buccal mucosa.^[1] Verruciform xanthomas have also been reported, albeit less commonly, at such oral sites as ventrolateral tongue or floor of the mouth.^[3-5] Extra-orally, the majority of cases involve the anogenital skin of the vulva, penis and scrotum.^[2]

Clinically, verruciform xanthomas have a sessile or pedunculated base, and granular or pebbled surface.^[1]

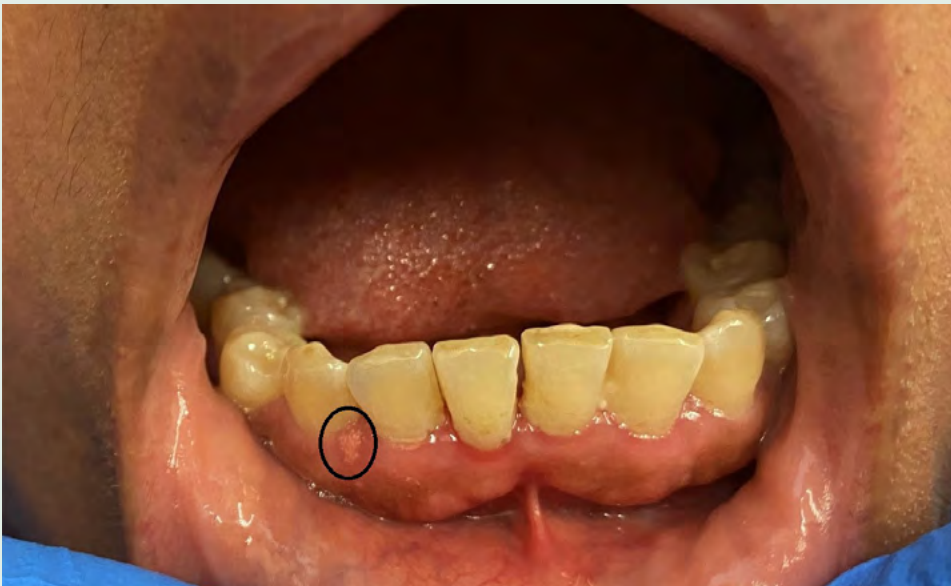


Figure 1: Faintly yellow lesion with corrugated surface on facial gingiva of anterior mandible.

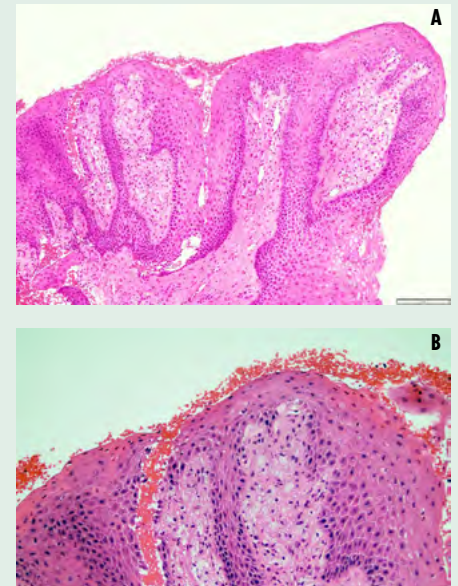


Figure 2. (A) Papillomatous proliferation of epithelium, 100x (hematoxylin-eosin); (B) Focally acanthotic squamous epithelium and numerous foamy histiocytes in connective tissue papillae, 200x (hematoxylin-eosin).

The color ranges from pink, yellowish-red, to red, which prompts a wide spectrum of differential diagnoses, such as papilloma, leukoplakic lesions or Fordyce granules.^[6] A biopsy is thus warranted for definitive diagnosis. While the majority of verruciform xanthomas occur as isolated lesions, concurrent association with a compromised immune system or a number of inflammatory disorders, such as lichen planus, discoid lupus erythematosus, graft-versus-host disease, or pemphigus vulgaris, has also been reported.^[7]

Microscopically, verruciform xanthoma is characterized by a hyperkeratotic verrucous or papillomatous surface with elongated, uniform rete pegs.^[8-9] Parakeratin, often described on routine microscopy as characteristically orange in color, can be seen filling in the clefts between the epithelium projections.^[3] Within the papillae of the connective tissue, foamy macrophages (or xanthoma cells) are characteristically noted.^[1] Treatment for verruciform xanthoma consists of simple excision, with excellent prognosis and rare recurrence.^[1,2]

Conclusion

The gingiva is a site that can be affected by a variety of oral pathologies, and chairside diagnosis frequently presents a challenge for the clinician. A biopsy is often necessary in rendering a definitive diagnosis for gingival lesions. //

The authors deny any conflicts of interest. Nor did their study receive any commercial funding. Queries about this article can be sent to Dr. Peters at smpeters1@geisinger.edu.

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Use of a 3D Intraoral Scanner for Prosthetic Rehabilitation of Cocaine-induced Oronasal Fistula

A Clinical Report

Anita Agarwal, B.D.S., D.M.D., M.P.H.; Timothy Levine, D.M.D.; Victor Badner, D.M.D., M.P.H.

ABSTRACT

A novel method using a 3D intraoral scanner (IOS) to overcome difficulties in obtaining conventional impressions to fabricate an obturator for a posteriorly located oronasal fistula secondary to chronic nasal cocaine use is described.

Cocaine abuse remains a constant challenge in the United States involving approximately 30% of drug abuse-related hospital emergency visits. Cocaine is an addiction promoting obstructive psychostimulant, and management is often difficult due to drug dependence and noncompliance. Intraoral use results in rapid absorption into the bloodstream, causing immediate euphoria, making snorting an extremely common route of intake. This may lead to severe ischemia and tissue destruction in the nasopharyngeal area, resulting in the formation of oral, nasal and palatal communications.^[1-3]

Midline destructive lesions have a wide range of etiologies and clinical diagnosis is critical.^[4-6] Although surgical treatment is the desired approach to close such defects, patient commitment to rehabilitation is imperative to achieve successful results. Often, there are contemporane-

ous medical and psychiatric comorbidities that complicate treatment and successful outcomes are dependent upon perioperative considerations.^[7,8]

Traditionally, conventional dental impression materials have been used as the standard to capture defect architecture for fabrication of prostheses. Often, this is a difficult and unpleasant procedure for the patient, especially in the presence of a gag reflex. It can be a technique-sensitive procedure, entailing an exceptional degree of skill from the provider depending upon the extent and location of the defect. In addition, conventional impressions utilize a number of materials and processes, which makes them prone to distortion.^[9]

Intraoral scanners (IOSs) have emerged as an alternative to conventional impression material for dentulous reconstructions. IOS systems eliminate the need for multi-step procedures, minimize materials used and allow for immediate visualization and planning. Images can also be stored indefinitely and accessed at any time.^[9,10]

In vitro and in vivo studies comparing various scanners have shown that intraoral scanning systems have a high degree of accuracy, trueness and precision of scan patterns.^[9,11-14] In a comparative study of the accuracy of digital models obtained from conventional impressions versus intraoral

scans, IOSs had acceptable clinical accuracy. The study suggests that intraoral scans may prove to be more accurate than conventional methods.^[15]

Patients have reported a preference to scanning versus conventional impressions due to increased comfort and efficiency, thus supporting replacement of conventional impressions with intraoral 3D scans.^[16-18]

Our report is based on the use of an IOS to obtain accurate impressions for fabrication of a prosthetic appliance.

Clinical Report

A 36-year-old patient was referred to the dental department for fabrication of an obturator due to oronasal perforation as a sequelae of chronic cocaine abuse for over 21 years. Surgical reconstruction was not an option because of continued cocaine use via nasal inhalation. Social history included current use of cocaine, marijuana, tobacco and alcohol. The past medical history included intermittent rhinorrhea, recurrent nasal infection, chronic migraines, psychiatric care for anxiety, osteoarthritis, back surgery, drug abuse, hip pain and steroid injections. Medication history included cyclobenzaprine, Xanax, Zyrtec and an extensive history of Percocet and oxycodone use. The patient presented with a surgical history of multiple sinus debridement, most recently six months prior to presentation. The nasal septum was collapsed, and there was a shift of the left eye. Patient wore a patch on the left eye during the clinical visit.

One week prior to presentation, the patient noticed a blister on the palate while eating and then proceeded to remove the overlying skin, which resulted in an oral-nasal communication. They denied history of any other maxillofacial trauma.

On initial presentation (Figures 1,2), the lesion was centrally located on the posterior soft palate in front of uvula and posterior to the junction of hard and soft palate. The fistula measured 6.7 mm anteroposteriorly and 4.0 mm transversely. The periphery of the lesion appeared red, soft and nonhealing. The patient was missing an upper right molar tooth, but the remaining dentition was intact. Patient reported no pain per Wong-Baker FACES Pain Rating Scale. However, they reported severe discomfort of 10/10 due to difficulty in eating, drinking and speech.

A collaborative effort between prosthodontics and orthodontics was used to determine the most comfortable and least invasive method for resolving the condition. Rehabilitation with the use of an obturator device as a definitive treatment was planned. The goal of the treatment was



Figure 1. Occlusal photograph of initial clinical presentation of defect.

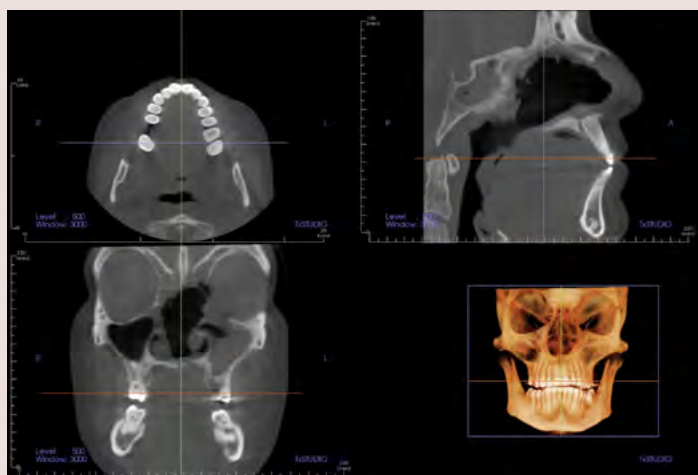


Figure 2. Images derived from CBCT demonstrating oronasal communication and absence of septum.

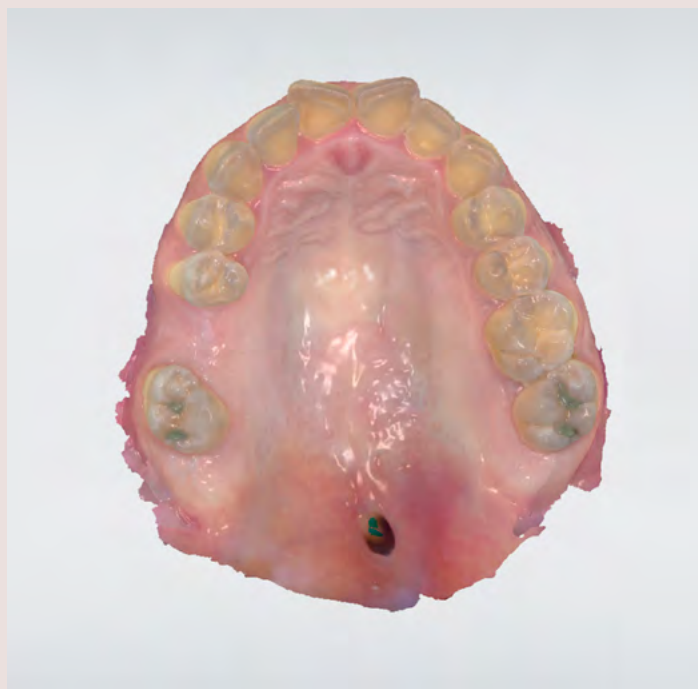


Figure 3. Image of defect from intraoral scan of patient's maxillary arch and palate at initial visit.



Figure 4. Photograph of interim prosthesis.



Figure 5. Occlusal photograph of defect at 6 weeks.



Figure 6. Occlusal photograph of appliance at insertion.

to improve the patient's quality of life by providing comfort and restoring functions of speech, swallowing and mastication.^[19,20,21]

Due to the posterior location of the defect and presence of adequate dentition, an IOS was used to obtain a digital imprint of the defect and surrounding areas. A scan of the maxillary arch (Figure 3) was obtained, and soft tissue was captured to approximately 1 cm beyond the fistula. The intraoral scan was then uploaded directly to the dental laboratory and the STL data was imported into the computer-assisted design (CAD) software.

Since no teeth were affected, a lower scan or bite registration scan was not required. The appliance was designed as a modified Hawley retainer with C-clasps at the second molars, ball clasps between the first and second premolars and full palatal acrylic coverage to obturate the lesion (Figure 4). The model was printed, and some soft-tissue inconsistencies were noted. These were manually corrected in the laboratory and a conventional obturator was fabricated.^[22,23]

Six weeks later, on the day of insertion, it was noted that the lesion was larger (Figure 5), measuring 10.8 mm anteroposteriorly and 5.2 mm transversely. The obturator was inserted; it covered the entire defect. Minimal adjustments were needed, with the fistula completely obturated (Figure 6). The patient was advised to return two weeks later for follow-up and adjustments.

The patient did not present for follow-up despite multiple contact attempts for over a year. The patient was unable to return due to COVID-19 and multiple personal tragedies. They reported not seeing another healthcare provider during that time. Upon return, the patient detailed wearing the obturator consistently throughout the past year and stopped using cocaine completely. Pain level was 0 on the Wong-Baker FACES Pain Rating Scale, and the patient reported a discomfort level of 3/10 due to food impacting between the prosthesis and lesion.

The patient stated: "This has been a big help to me. I am able to speak better, and people understand me better. I had trouble articulating B, Z and M sounds, and this has helped me retrain my speech." The patient referenced a sentence they coined to evaluate their speech: "My dog's name is bison, and he has babies." The patient also felt the lesion had become larger, having noticed a gap between the appliance and defect, which resulted in food impaction in the space leading to difficulties during eating. Otherwise, the obturator was reported to function well.

At the re-evaluation visit (13 months post initial insertion), it was noted that the lesion size had increased considerably. A new scan (Figure 7) was obtained to accurately measure and document the lesion, which was found to be almost three-times the original size and measuring 18.8 mm anteroposteriorly and 7.7 mm transversely. The periphery of the lesion was non-erythematous. Although the appliance covered the posterior extent of the lesion, it did not fully obturate the depth of the defect. A soft-tissue reline material was used to reline the obturator and capture the depth of the defect (Figure 8) at the time of the patient's return to the clinic. The patient reported much improvement in fit, function and plosive sounds (consonant sounds like /p/, /t/, and /k/, or voiced, like /b/, /d/, and /g/) were much clearer.

Discussion

The use of 3D IOSs can greatly increase patient comfort, decrease the number of visits, reduce tissue irritation and greatly increase ease of procedures.



Figure 7. Image of defect from intraoral scan of patient's maxillary arch and palate at 13-month follow-up.

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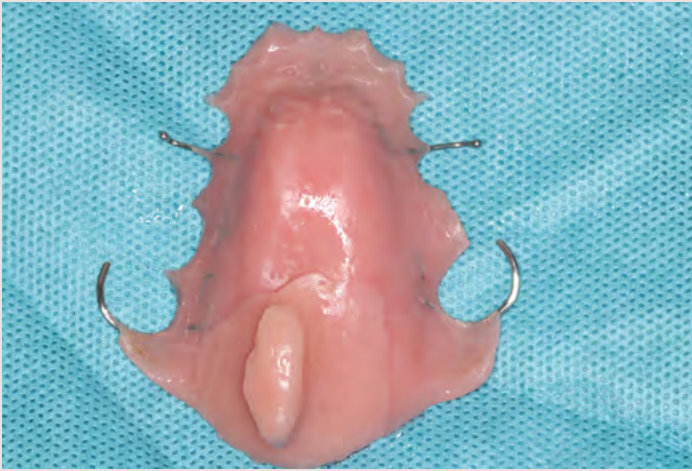


Figure 8. Photograph of relined prosthesis.

Limitations include difficulty in capturing depth of the lesion accurately. This was remedied by clinical relining in the office, which is a procedure usually warranted at follow-up visits with conventional fabrication.

Summary

Intranasal use of recreational drugs can result in large, difficult-to-manage oronasal openings, which create functional difficulties requiring prosthetic rehabilitation when surgery is not an option. Uncorrected, these defects can severely affect a person's quality of life.

With digital technology, a well-fitting device can be fabricated easily, and records of defects and treatment can be stored indefinitely for future reference. Further studies utilizing IOSs for scanning these types of defects are indicated for use in mainstream prosthetic dentistry. //

The authors of this case report state they received no financial support and/or sponsorship and that they possess no conflicts of interest. Due to the case report nature of this manuscript Institutional Review Board approval or waiver was not required. Queries about this article can be sent to Dr. Agarwal at Anita.Agarwal@nychhc.org.

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Dr. Levine

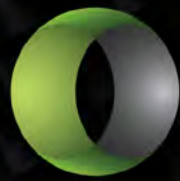


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Adenoid Ameloblastoma with Dentinoid

Case Report of a Rare Entity and Literature Review

Eric Silver, D.M.D., M.D.; Stephen Roth, D.D.S.; Lydia Lam, D.D.S.; John Fantasia, D.D.S.;
Steve Yusupov, D.D.S., M.D.

ABSTRACT

Adenoid ameloblastoma with dentinoid (AAD) is a rare, benign neoplasm of odontogenic epithelium, with under 30 cases having been reported in the literature. AAD shares histopathological characteristics with both ameloblastomas and adenomatoid odontogenic tumors. They are unique because of dentinoid deposition without enamel. We present a case of AAD in the maxilla of a 13-year-old. The patient was treated with left infrastructure maxillectomy and left partial infratemporal fossa dissection. This case reports on an extremely rare disease process in an uncommon location in a pediatric patient.

Adenoid ameloblastoma (AAME) is a rare, benign neoplasm of odontogenic epithelium. Even less common is adenoid ameloblastoma with deposits of dentinoid (AAD), with less than 30 cases being reported in the literature.^[1] Both share histopathological characteristics with ameloblastomas and adenomatoid odontogenic tumors. It has been suggested by some that AAD is a more aggressive variant of the well-described ameloblastoma. Recurrence rates were previously reported to be between 46% and 71%,^[2,3] though recent literature has estimated the recurrence rate to be over 75%,^[1] while conventional types of ameloblastoma

have documented recurrence rates of between 8.3% and 21%.^[4] However, definitive data establishing AAD as more aggressive than conventional ameloblastoma have yet to be established.

Given the aggressive nature of this tumor, it is important for clinicians to recognize this entity and its treatment modalities.^[1] While AAD is not yet recognized as a distinct entity by the World Health Organization, there are several features that occur in predictable histopathologic patterns, including an adenomatoid-like proliferation with features of ameloblastic differentiation, in addition to deposition of dentinoid.^[2] The deposition of dentin differentiates AAD from the adenoid ameloblastoma (AAME).^[3]

In the case reported here, a 13-year-old male presented with a chief complaint of left maxillary facial swelling. Initial incisional biopsy revealed ameloblastoma. The patient was treated with a left infrastructure maxillectomy, and final pathology was consistent with adenoid ameloblastoma with dentinoid production.

Case Report

A 13-year-old male with no significant past medical history presented with a chief complaint of left maxillary facial swelling that had rapidly progressed over a six-month course. Social history was noncontributory. He denied any fevers, chills, recent weight loss or any other alarming symptoms. Exam was notable for pronounced upper left facial expansion extending along the malar process to

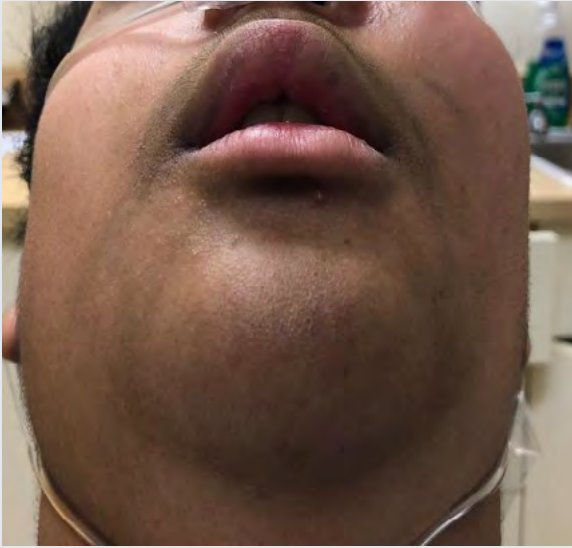


Figure 1. Extraoral exam was notable for pronounced upper left facial expansion extending along malar process to left eye with left orbital proptosis and vertical dystopia.

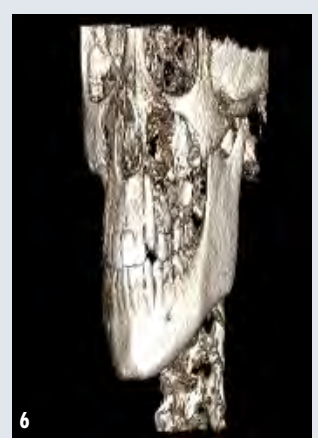
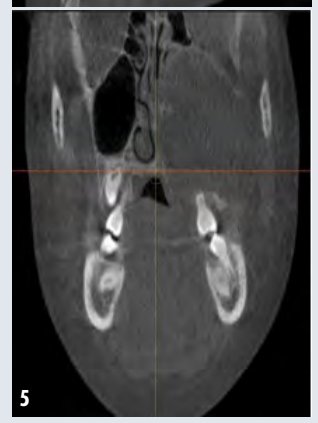
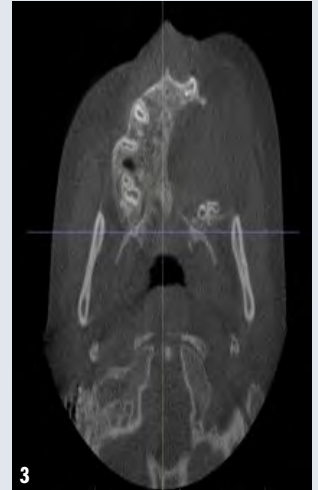


Figure 2. Intraoral exam revealed extensive expansile doughy swelling at upper left vestibule and hard palate with intact overlying gingiva. There were retained deciduous teeth in posterior left maxilla which were displaced with slight mobility.

the left eye, with left orbital proptosis and vertical dystopia. Doughy expansion was appreciated along the left malar process extraorally (Figure 1). Intraoral exam revealed extensive expansile doughy swelling at the upper left vestibule and hard palate with intact overlying gingiva. There were retained deciduous teeth in the posterior left maxilla, which were displaced with slight mobility (Figure 2). The patient had difficulty occluding due to pain. Vision was intact, with preserved extraocular movements. Cone beam CT scan showed an expansile cystic radiolucent lesion in the posterior left maxilla extending to the midline through the palatal and buccal bone, and encompassing the maxillary and ethmoid sinuses. The left orbital floor was intact (Figures 3-6).

An incisional biopsy was performed in addition to extraction of tooth #J. Approximately 40 cc of dark cystic fluid was aspirated from the lesion. Cystic appearance was confirmed intraoperatively, and the cyst lining was submerged in formalin. In addition, drain decompression was performed at the time of the biopsy with rapid resolution of the facial asymmetry and ocular dystopia.

Histologic examination of the initial biopsy (Figure 7) revealed odontogenic epithelium appearing similar to ameloblasts with the associated characteristic reverse polarity at the periphery and areas of stellate-reticulum-like spindle cells centrally. Within the stellate reticulum-like areas were structures mimicking ducts. These histologic features were consistent with an adenomatoid ameloblastoma. Given this



Figures 3-6. Axial, sagittal and coronal views, and 3-D reconstruction of lesion. Cone beam CT scan showed expansile cystic radiolucent lesion in posterior left maxilla extending to midline through palatal and buccal bone, and encompassing maxillary and ethmoid sinuses. Left orbital floor was intact.

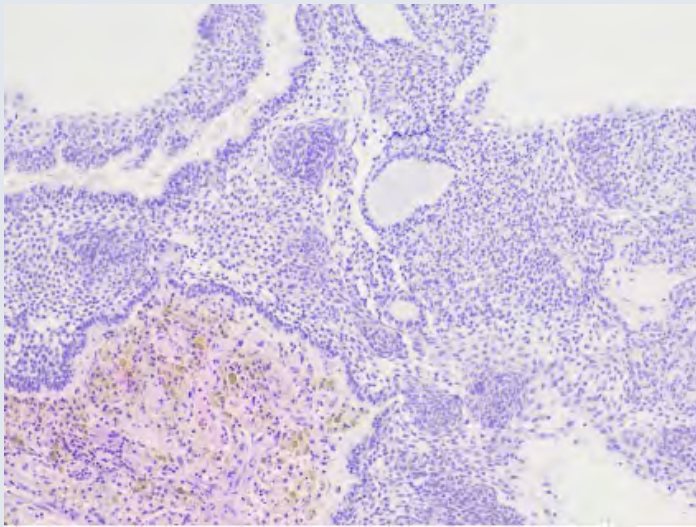


Figure 7. Biopsy of lesion (100x magnification) consisted of ameloblast-like cells with characteristic reverse polarity at periphery and stellate reticulum-like spindle cells centrally. Within stellate-reticulum-like spindled stroma, duct-like structures of varying size are readily appreciated. Epithelial whorls are also noted within stellate-reticulum-like areas. Adjacent connective tissue exhibits numerous hemosiderophages.

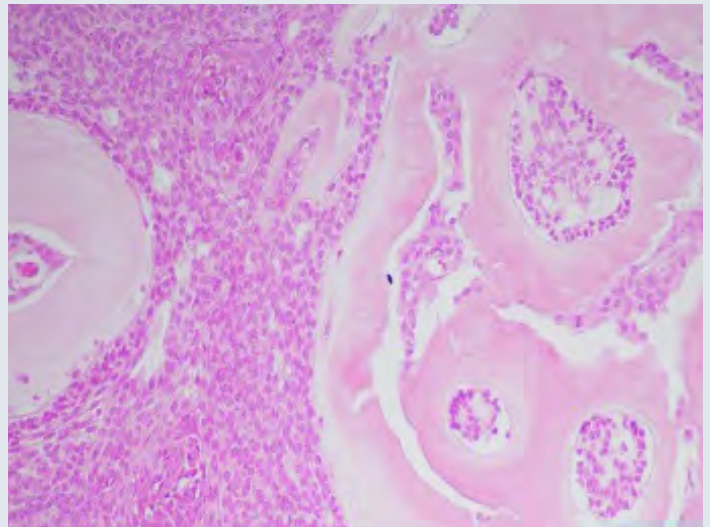


Figure 8. Examination of surgical resection specimen (200x after decalcification) revealed odontogenic epithelial proliferation noted in biopsy with same ameloblastic features. Additional amorphous eosinophilic calcified material consistent with dentinoid were found intertwined with these epithelial islands.

diagnosis, treatment options included composite resection with or without definitive free-flap reconstruction.

After lengthy discussion, a surgical plan for delayed osseous reconstruction and infrastructure maxillectomy was decided upon. The patient was then taken to the operating room, where he underwent a left infrastructure maxillectomy and partial left infratemporal fossa dissection, as the lesion abutted the pterygoid plates. Immediate reconstruction was performed with a buccal fat pad and preserved mucosal flaps.

The final surgical pathology report showed an adenoid ameloblastoma with solid, cystic and plexiform growth patterns; focal areas of pseudoglandular/ductal foci; and dentinoid production (Figure 8), making the lesion consistent with AAD. All margins were negative for the tumor by at least 3 mm in all directions. The patient recovered well and is currently under surveillance. Definitive osseous reconstruction and dental implant rehabilitation are planned at growth completion.

Discussion

Adenoid ameloblastoma with dentinoid (AAD) is a rare tumor of epithelial odontogenic origin. Adenoid ameloblastoma (AAME) may occur in isolation without dentinoid deposits, or it may present with dentinoid deposits, resulting in AAD.^[3] The histopathological profile of these lesions includes aspects of both ameloblastoma (such as follicular and/or plexiform arrangements of odontogenic epithelium) and adenomatoid odontogenic tumors (such as pseudoducts surrounded by palisaded columnar cells and whorled epithelial structures). They may also demonstrate ghost cells.^[5]

The first case was reported by Slabbert et al. in 1992. They described this tumor as having features of ameloblastoma but being distinct due to the deposition of dentin without enamel.^[6] Diagnosis of AAD can be challenging and controversial, especially since areas resembling either ameloblastoma or AOT may prevail in the tissue sample.^[2,3,5,7-9] As stated above, adenoid ameloblastomas may occur in isolation, but often dentinoid deposits are found, resulting in the diagnosis of AAD. Due to histopathologic similarities, these lesions may be diagnosed on biopsy as another entity, such as ameloblastoma or AOT.

Additionally, this lesion may be confused with several hybrid subtypes of lesion, such as AOT originating in a unicystic ameloblastoma or focal adenomatoid changes resembling AOT in ameloblastoma.^[2] Despite similarities to other odontogenic tumors, AAD occurs in a predictable pattern and is likely a distinct entity. Further classification and examination of demographic distribution, genetic alteration and long-term follow-up studies are needed to determine if adenoid ameloblastoma and adenoid ameloblastoma with dentinoid are separate entities or variants of the same pathologic process.

As with conventional ameloblastoma, recurrence has been a feature of AAD, and it has been posited that AAD is a more aggressive subtype of ameloblastoma.^[2] However, too few cases have been reported to draw specific conclusions in this regard and as of now, it is unclear whether AAME/AAD behaves more aggressively than conventional ameloblastomas. In a review by DeArruda et al., 45.8% of cases of AAME were found to have recurred; and in a review by Loyola, 71.4% of cases were found to have recurred.^[2,3] Importantly, several of these cases showed multiple recurrences, with one case recurring nine times. The hypothesized

higher recurrence rate may be due to the more aggressive nature of AAME and the AAD subtype compared to ameloblastoma, or it may be due to previous misdiagnosis. For example, Evans et al. reported on a case of AAD that had been consistently misdiagnosed as AOT and was treated with multiple enucleations before final resection.^[10]

The largest and most recent case series of AAME by DeArruda et al. investigated 38 cases that had been reported in the literature. Male-to-female ratio was 1.3:1; average age was reported as 38.0 years, with a range of 4-82; average size was found to be 3.5 centimeters; and location was found to be in the mandible in 25 cases and maxilla in 11 cases.^[3] The chief complaint was swelling, though several cases also presented with pain, paresthesia and/or numbness, and 21% of patients were asymptomatic. It was noted in general that several of these cases involved deposition of dentinoid material.

A comprehensive review of AAD was performed by Sachdev et al. in 2021, which found 29 cases of AAD in the literature. The average age was 39 years, while male-to-female ratio was 1.2:1. The ratio of AAD in the mandible to maxilla was 2:1, and seven of the lesions crossed the midline. Additionally, it was noted that 20 of the 29 lesions presented as a well-defined unilocular radiolucency.^[1] Given the limited data, while it is likely that the demographic and clinical characteristics are the same for AAME and AAD, there is insufficient data in the literature to draw conclusions at this time. In addition, more cases need to be reported in the literature to elucidate the true characteristics of this tumor and establish whether AAME/AAD behaves differently from conventional ameloblastoma.

With select exceptions, the recommended treatment for ameloblastoma is surgical resection with 10 mm to 15 mm bony margins,^[4] and reconstruction, as necessary.^[11-13] Given the similarities to ameloblastoma and potential for recurrence, current management of AAD should involve local resection with wide margins and reconstruction, as necessary. In the case of our patient, the treatment plan with regards to reconstruction had to be altered due to the patient's growth potential and the family's preferences. Careful, long-term follow-up with both clinical and radiographic examinations is mandatory for this disease process.

Conclusion

Adenoid ameloblastoma with dentinoid is an aggressive, benign tumor that shares histopathological characteristics with both ameloblastomas and adenomatoid odontogenic tumors. It is separated from adenoid ameloblastoma by deposition of dentin without enamel. It is possible that AAD

has as high or higher level of recurrence than the conventional ameloblastoma, though further research needs to be performed to confirm this. Treatment of AAD should involve local resection with wide margins, and close patient follow-up is essential. ✍

Queries about this article can be sent to Dr. Silver at esilver0901@gmail.com.

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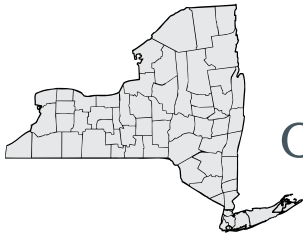
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Component NEWS

NASSAU COUNTY Doing it Up Big in Fall

Eugene Porcelli, D.D.S., Executive Director

Summer flew by. Come fall, and we hit the ground running with several big events. On Sept. 10, we had our first “**Oral Cancer Awareness 5K Walk/Run.**” The weather cooperated, and everyone appeared to have a great time. There was a live DJ, participants received T-shirts, and we provided free oral cancer screenings. Most importantly, we raised over \$26,000 for the Oral Cancer Foundation.

With our next event, Mother Nature was not so kind. The remnants of a tropical storm drenched our volunteers at our **Third annual Shredding Event.** But the bad weather didn’t deter our members, as we recorded the largest attendance to date of members wanting to dispose of their old charts.

Next was an indoor event, which was lucky, as the rain came down in buckets on that day too! We had an all-day **practice management course**

taught by the nationally renowned and entertaining Dr. Rich Madow. All in attendance had a great time, enjoyed breakfast and lunch, and left with pearls to use on Monday morning in the office.

Well-schooled in October

In October, we had our General Membership Meeting, at which members heard a wonderful lecture by Dr. Frank J. Tuminelli titled “The Evolution of Full Arch Implant Dentistry...is Less More? Our Journey to a Digital Future.”

That was followed by a CPR class on Oct. 11, an Oral Cancer Screening at the Great Neck Rotary on the 18th, a “room-capacity” lecture on October 19, by Dr. Donald Tanenbaum titled “When Things Are Not What They Appear to Be: Medical Diseases That Initially Present Like TMJ Disorders” and a dental screening at The Viscardi Center in Albertson on the 20th. Wrapping up the



Nassau County volunteers added another level of health care with free oral cancer screenings at 5K walk/run.



NASSAU COUNTY

Eager participants set out on walk/run to benefit Oral Cancer Foundation.



NASSAU COUNTY

Rain was not deterrent as members arrived at shredding event to dispose of old charts.



Dr. Rich Madow presents practice management course to large and attentive audience.



General Membership Meeting in October featured implant lecture given by Dr. Frank Tuminelli.



NASSAU COUNTY

President Stephen Akseizer, left, presents membership meeting speaker Frank Tuminelli with certificate of appreciation.

month was a Narcan Training Course on the 26th.

November, Too

November continues to be just as busy, with mandated courses in OSHA, Infection Control and CPR, as well as our General Membership Meeting, featuring a presentation by Dr. Robert Bacigalupo on “Clinical Pearls on Implants and Dental Alveolar Surgery.”

Of course, it wouldn't be November without our legendary 14th annual Long Island Women's Dental Symposium, “Scrubs & Stilettos.” Co-sponsored by Nassau and Suffolk Dental societies, it featured Dr. Winifred Booker as our Keynote Speaker; Dr. Prabha Krishnan, NYSDA President-Elect as our 2023 Award Recipient; and our special guest speaker, ADA President Dr. Linda Edgar. The day included breakfast and 12 roundtable lectures by a dozen prominent women dentists from our area.

Gambling for a Good Cause

On December 6, we have a very special event planned, a Casino Night that will benefit our Give Kids A Smile Event in February. It includes dinner and an open bar, 12 Las Vegas-style gaming tables, and auctions of some amazing prizes, trips and experiences. We'll also have WABC, Channel 7, lead sports anchor Ryan Field as guest MC.

It will be a great night and is open to everyone. Please go to our website, www.nassaudental.org, to sign up. There's a red banner at the top of the home page with the link. I hope to see you all there!

EIGHTH DISTRICT Staying Fit Physically and Mentally

Kevin J. Hanley, D.D.S.

The Erie County Dental Society sponsored a wellness seminar Oct. 23 at the Eighth District office, “Pilates Fundamentals and Understanding Mental Health in the Workplace.” It was pre-

Eighth District *cont.*

sented by Michaela Neils, MFA, and Megan Andrews, LCSW-R, who led a 45-minute workshop devoted to Pilates fundamentals, gentle stretching and mindfulness techniques to provide participants with tools for holistic wellness.

The presentation was specifically designed for dentists and included a discussion of proper alignment and exercises to combat poor posture. Participants left with the knowledge and tools they can use in their daily lives. They also received valuable insights into and strategies for understanding mental health and responding to people in need. The presenters focused on recognizing the signs and symptoms of possible mental health issues, creating a stigma-free environment, responding and communicating support, mutual care and necessary resources.

Participants earned one hour of MCE for attending.

The Topic was Insurance

The Eighth District held its annual health insurance meeting Oct. 30 at the district office. At the meeting, members, their spouses and staff learn about various insurance plans and are provided with details for the upcoming year. The district uses Highmark Blue Cross/Blue Shield as its health insurance company.

Also discussed during this meeting were specifics of available Medicare programs. This portion of the program was very important for members turning 65 in the next year.

UB Honors its Own

The UB Dental Alumni Association held the 46th annual Buffalo Niagara Dental Meeting Nov. 1-3 at the Buffalo Conven-

tion Center in downtown Buffalo. This two-and-a-half-day meeting brings to Western New York the best in continuing education and dental suppliers. The lecturers are all well-known and present on topics related to the latest in dental techniques. A maximum of 15 MCE hours can be earned.

The meeting is also a time to honor five-year classes who have graduated from the UB School of Dental Medicine. A highlight is the Reunion Dinner Dance on Friday night, also at the Convention Center. At that dinner, Dr. Maureen Sullivan received the Alumni's Honor Award for her contributions to dentistry, the School of Dental Medicine and her community. It is the highest award bestowed by the Alumni Association. Also honored was Dr. Andrew Vorassi, who received the organization's Distinguished Service Award for his contributions to dentistry, the community and the public.

CPR Proficiency

The Erie County Dental Society presented "Basic Life Support for Health Care Providers" at the district office on Nov. 6. The course fulfilled the New York State requirement for CPR retraining. Participants completed both a skills test and written exam for recertification. Those attending earned four hours of MCE and were recertified for two years.

Before You Sign

The Eighth District's New Dentist Committee presented "Understanding Associate Contracts for Dentists" on Nov. 8 at the district office. New member dentists and professionals considering new employment opportunities who have had less than 10 years experience learned about all the things to consider when signing a contract to work for another person or practice. Chet Gary, D.D.S., J.D., and Matthew Feldman, J.D., led an in-depth discussion of what to consider before you sign on the dotted line. It was an eye-opening experience for those in attendance. One MCE hour was earned by those attending.

Cosmetic Improvements

Salvatore's Italian Gardens will be the venue for the annual Rick Fink Memorial Lecture, being held this year on Friday, Dec. 1. Dr. Hugh Flax will present "Stress-free Smile Designs, Contemporary Tissue Artistry, and Predictable Results." Dr. Flax is expected to identify critical factors in smile design that help create beauty and keep it real. He will discuss the four critical steps to simplify veneer cases and the use of lasers to make cases esthetically beautiful and biologically healthy. Attendees will learn updated techniques in posterior composites, making them minimally invasive and reliably efficient. Seven hours of MCE credits will be awarded to those completing the course.

Christmas is for Children

The Transit Valley County Club will host the Eighth District's annual Children's Holiday Party on Saturday, Dec. 2. This party is always a huge hit. Local magician Mike Seege will again display his prestidigitation skills to the delight of the children and their families. And Santa Claus is expected to make an appearance, to drop off some pre-holiday gifts for the kids. A buffet breakfast will be served. Looking forward to seeing you there!

SEVENTH DISTRICT

Dr. Farag Selected for Institute for Diversity in Leadership

Becky Herman, Executive Director

Dr. Ahmed Farag, Rochester Regional Health Executive Medical Director, Dentistry, and Seventh District Dental Society Board member, has been selected for the 2023-2024 cohort accepted into the American Dental Association Institute for Diversity in Leadership. In this rigorous program, candidates develop and execute a leadership project to address an issue or challenge in the dental field or local community.

Dr. Farag completed his dental degree and oral surgery training at



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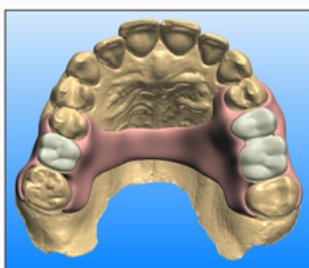
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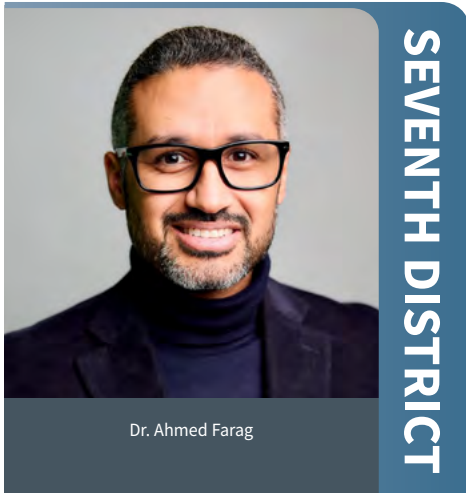
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SEVENTH DISTRICT

Dr. Ahmed Farag

Alexandria University, his advanced dental training and residency at the University of Rochester and received a Master of Business Administration from the Simon Business School. He is one of a select group of dental professionals to achieve the status of Fellow of the American College of Healthcare Executives. He is currently pursuing a Doctorate in Leadership in Clinical Practice and Education from George Washington University. Congratulations, Dr. Farag!

Kalmar on Oral Pathology

Dr. John Kalmar presented “Oral Pathology Redux: Only the Good Stuff” at the Seventh District Annual Meeting on Sept. 15. Over 150 local dentists, hygienists, and staff attended the program at Eagle Vale Golf Club. A business meeting was held prior to the formal program to highlight annual ac-

complishments and approve the slate of officers and directors for 2024. Dr. Alexis Ghanem, 2023 Business Chair, thanked Dr. Sean McLaren for his dedication, service and commitment to the district serving as president this year.

Thank you to event sponsors: Davie Kaplan, DDSMatch, GentleWave, Genesee Regional Bank, J&L, the law offices of Pullano and Farrow, M&T Bank, RTG, Urgent Dental Care, Vision Financial Group and Walsh Duffield.

Meet Dr. Sierra DeMarree

Dr. DeMarree became the owner of DeMarree Dental in Sodus this past January. She was appointed to the Seventh District Board at the Annual Meeting in September and is featured on our website sharing insights as a new dentist. She says, “I’m a member of the Seventh District because it allows me to be connected with our community of dentists in ways that have promoted personal and professional relationships, which are necessary for the future of our profession.”



SEVENTH DISTRICT

Dr. Sierra DeMarree

RDSC Hosts Dr. Scott Stein

Dr. Scott Stein presented to Monroe County Dental Society members at the Rochester Dental Study Club Zoom meeting on Oct. 4. He shared information on the “Problems of Dental and Skeletal Development in the Adolescent Child: What to Look For, What to Do, When to Do It, and Why.” The event was sponsored by AssuredPartners—Bond Benefits.



SEVENTH DISTRICT

President Sean McLaren, at far right, celebrates with team members at completion of Chicago Marathon.

District President Runs for Charity

Dr. Sean McLaren, Seventh District President and Chief Quality, Compliance, and Safety Officer and Medical Director for the Eastman Institute for Oral Health, ran the Chicago marathon on Oct. 8. He and his teammates raised over \$6,500 for the United Mitochondrial Disease Foundation.

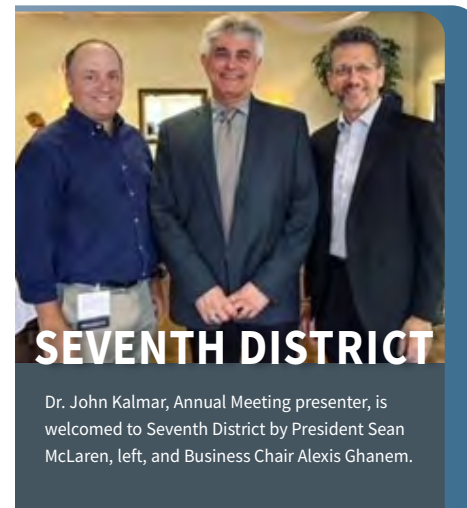
MCDS Holds Successful Annual Meeting

Drs. Konstantinos Chochlidakis and Alexandra Tsigarida presented “Prosthetic and Surgical Considerations for Partially and Completely Edentulous Patients Treated with Implant Prosthesis” during the MCDS Annual Meeting on Oct. 20 at Comedy @ the Carlson in Rochester. Dr. Todd Pedersen, MCDS President, was recognized by Dr. Shyenne Pougher, 2023 Business Chair, for his year of service and commitment to the county.



SEVENTH DISTRICT

Monroe County welcomed speakers Dr. Konstantinos Chochlidakis and Dr. Alexandra Tsigarida to society’s Annual Meeting. Seen at meeting are, from left, Dr. Chochlidakis, MCDS Business Chair Shyenne Pougher, Dr. Tsigarida, MCDS President Todd Pedersen.



SEVENTH DISTRICT

Dr. John Kalmar, Annual Meeting presenter, is welcomed to Seventh District by President Sean McLaren, left, and Business Chair Alexis Ghanem.

Thank you to our event sponsors: Alliance Advisory Group, Crane Dental Lab, Davie Kaplan, DePlaque, GentleWave, Henry Schein, J&L Dental, Kuraray, M&T Bank and Vision Financial.

View all local and regional events at www.7dds.org/resources-faq-pages/events.

SECOND DISTRICT Student Loan Forgiveness

Alyson Buchalter, D.M.D.

Twenty young dentists who completed their residency within the past five years and are members of SDDS received a \$10,000 grant to pay down their student loans. Started by our past president Dr. Craig Ratner in 2015, the Student Loan Forgiveness Program has become a yearly tradition that the SDDS is very proud of. As of the 2023 grants, the SDDS has repaid over 1.1 million dollars of dental student debt. Deserving members of the SDDS can apply for and receive this grant up to three times. Applications are available on the SDDS website (sddsny.org) starting in January.

Drs. Mariam Vonderheide, Thema Hepburn, Emma Guzman, Jonathan Shorter, Alan Meskin, Chloe Andrews, Aia Shalan, Anastasiya Guzchenko, Vahid Saeidi, Kasey Muchnicki, Tamar Brown, Maxine Navi and Stephanie Sager were at the October SDDS Board meeting to receive heartfelt congratulations.

Also receiving grants are Drs. Brian Sirotnikov, Michael Erdos, Youn Ju Lee, Christina Kim, Monza Mussa, Margo Harary and Pranali Vyas.

As we always say: It pays to be an SDDS member!

ADA HOD

The SDDS is always proud of their representatives to the ADA House of Delegates, and this year was no exception. Six SDDS members were an integral part of the ADA Second Trustee District's (NYSDA) Caucus to the HOD. The



SDDS President Raymond Flagiello, at far right, with 2023 Loan Forgiveness Program award recipients. They are, back row, from left: Mariam Vonderheide, Thema Hepburn, Emma Guzman, Jonathan Shorter, Alan Meskin, Chloe Andrews, Aia Shalan, Anastasiya Guzchenko. Front row, from left: Vahid Saeidi, Kasey Muchnicki, Tamar Brown, Maxine Navi, Stephanie Sager.



Among President Raymond Flagiello's duties at October General Membership Meeting was blowing out candles on his birthday cake.



SECOND DISTRICT

Second District Trustee Caucus included SDDS members, from left: Raymond Flagiello, Trisha Quartey-Sagaille, Alyson Buchalter, Mitchell Mindlin, Paul Teplitsky, John Demas.

Second District *cont.*

SDDS thanks Drs. Raymond Flagiello, Alyson Buchalter, Paul Teplitsky, Tricia Quartey-Sagaille, Mitchell Mindlin and John Demas for their leadership and active roles in directing the ADA's future. A special shoutout to Dr. Quartey-Sagaille, who served as chair of the study group Budget, Business, Membership & Administrative Matters.

These SDDS members helped guide the NYSDA Caucus, bringing their expertise and good sense to help clarify the many resolutions they were tasked to consider. We are proud to point out that several SDDS members were at the microphones during both the reference committee hearings and the final sessions of the HOD. SDDS thanks them all for their hard work and generous giving of their time.

General Membership Meeting

Despite it being his birthday, SDDS President Raymond Flagiello was at the Dyker Beach Golf Course to preside over the business portion of our October 2023 General Membership Meeting. In return, we surprised him with a cake and while he blew out candles, the entire room sang happy birthday. Once again, Happy Birthday, Dr. President!

The meeting was well attended by members and dental residents. Following cocktails, Dr. Marc Kunin, associate director of endodontics at NYU Langone Dental Medicine, presented "The Hole Tooth: The Prevention and Management of Perforations." At the conclusion of his lecture, a buffet dinner was served—all a free benefit for SDDS members.

RCDS Membership Meeting

Max's Es-Ca Restaurant was the venue for the Richmond County Dental So-

ciety membership meeting Oct. 17. Christina Goodheart, MA, CCC-SLP, presented "Interdisciplinary Care: Case Studies and Outcomes for Straightforward and Complex Cases." Good food, great companions and excellent education made for a wonderful evening.

October Brooklyn Shred Event

One of the SDDS's favorite free member benefits, the SDDS Shred Fest, was held on Oct. 6. Members from across Brooklyn and Staten Island brought dozens of boxes of protected data to be destroyed in a HIPAA-compliant fashion.

We now hold this event at least four times a year.

SUFFOLK COUNTY For and By New Dentists

Natalia Elson, D.D.S.

New dentist Dr. Junaid Mundiya presented a great lecture titled "Medical Emergencies in the Dental Office" at an event for new dentists Oct. 18 at the State Room in Patchogue. It was a fun,



Members gather to talk with Dr. Anne Koch, presenter of September endodontics course.



SUFFOLK COUNTY

October new dentist event featured presentation by Dr. Junaid Mundiya on medical emergencies in dental office.

informative evening, with food and drink fully sponsored by our sponsors—Bank of America Practice Solutions, MLMIC, Straumann and TargetRock Wealth Management.

Some of our SCDS leadership was also on hand for the event.

Student Presentation

Also on Oct. 18, we had the privilege of engaging the Stony Brook School of Dental Medicine's third-year dental students with a presentation on organized dentistry.

Thank you, Dr. Jeff Seiver, past SCDS President and long-time SBSDM faculty; Dr. Radha Sachdeva-Munk, SCDS President; Dr. Natalia Elson, SCDS Secretary; and Dr. Steven Feigelson, SCDS President-Elect for supporting the effort and sharing your stories.



Dr. Maria Maranga

ADA Candidate

Our own Maria C. Maranga, D.D.S., formally announced her candidacy for ADA President-Elect at the conclusion of the ADA House of Delegates meeting in October in Orlando, FL. Best of luck, Dr. Maranga!

The Subject was Endodontics

We were honored to host Dr. Anne L. Koch for an endodontics course on Sept. 20, part of our Seminar Series. She didn't disappoint. Her presentation was informative, engaging, and everyone appeared to have a good time. The program ran from 9 a.m. to 4 p.m., with breakfast and lunch included.

Thank you to our generous sponsors—Real World Endo, Brassler, TD

Healthcare Practice Solutions and Straumman—without whom we couldn't host these events. Watch for a 2024 hands-on endo course with Dr. Koch.

Outstanding Component Award

Suffolk County was recipient of the Association of Component Society Executives' (ACSE) Outstanding Component Award, which recognized our membership campaign, run in conjunction with the Nassau County Dental Society. The campaign, "Is Your Dentist a Member," has aired across multiple TV networks and social media platforms to help educate the public about the differences between an ADA member dentist and nonmember dentist.

As of mid-October, we had increased our active licensed dentist market share 3%!

Don't Miss a Thing

We continue to make a significant push to better communicate and connect with our members in methods that more easily integrate with their lifestyle. You can find us on Facebook, Twitter, Instagram, LinkedIn and, even, Spotify, in addition to our traditional www.SuffolkDental.Org presence.



Executive Director Bill Panzarino, center, receives Outstanding Component Award from John Craig and Shelly Fava, Association of Component Society Executives.

SUFFOLK COUNTY

THIRD DISTRICT

Officers Installed

Paula Tancredi, Executive Director

At its annual General Membership Meeting on Oct. 5, the Third District Dental Society elected and installed the following officers for 2023-2024: Kendra Zappia, D.D.S., president; Mohamed Bayoumy, D.D.S., president elect; Lauren Heisinger, D.D.S., vice president; Gregory Vallecorsa, D.D.S., treasurer; and Jane Shieh, D.D.S., secretary.

Also during the meeting, two of the district's most prestigious awards were presented. In recognition of his exceptional leadership and munificent dedication to the perfection of the art and science of dentistry the Feldman-Hunn Medal of Merit was presented to Geoffrey Gamache. And in recognition of continued involvement in organized dentistry and the highest ethical standards, the William B. Smith Award was given to Seth Farren.

Dr. Zappia presented Luis Delgado with the President's Award for the



Newly installed president Kendra Zappia presents President's Award to predecessor Luis Delgado.



Dr. Delgado with Geoffrey Gamache, recipient of Feldman-Hunn Medal of Merit.



Seth Farren accepts the William B. Smith Award from Dr. Delgado.

outstanding devotion and excellent leadership he provided as 2022-2023 President.

Congratulations to all. We are looking forward to a very exciting year!

Greater Capital District Dental Symposium

On October 6, the Third District hosted the Greater Capital District Dental Symposium. Continuing Education presenters included Miles R. Cone, D.M.D., CDT, FACP; Karima Bapoo-Mohamed Dip D.H., R.D.H., M.B.A.; Jaime Murphy, R.D.H.; and Kristina Dion, R.D.H. Lisa Philp gave one of the best attended courses on synergistic teams.

The top raffle prize of Apple AirPods was won by Judy Conlen. However, the pickleball paddle set provided by Dick's House of Sport seemed to be the most coveted, as was shown by a very excited Laurie Aragosa. And Audrey Vasquez, the winner of the Starbucks coffee basket, provided by the New York State Dental Foundation, said the basket had her name on it!

Thank you to everyone who attended the Symposium.

Third District Donates to Better Oral Health

In an effort to contribute to the overall oral hygiene of those in need, the Third District donated cases of toothbrushes and toothpaste to The Food Pantries for the Capital District. President Luis

Third District *cont.*

Delgado met with Pantry staff member Pete Borys to facilitate the donation.

The Third District understands that access to dental care products can be a challenge for some individuals and families. By donating toothbrushes and toothpaste to The Food Pantries, the society hopes to bridge this gap and ensure that everyone has access to essential oral care items.

Special thanks to the dental office of Dr. Christopher Walsh for the donation of toothpaste.

Supporting Athletes of the Special Olympics

The Third District again partnered with Hudson Valley Community College Dental Hygiene Clinic to screen athletes participating in the New York State Fall Games. President Kendra Zappia, D.D.S., and HVCC Dental Hygiene faculty member Jeffrey McMinn, R.D.H., M.A., are the clinical directors for Special Smiles Capital Region. They organized the dental screening during the Games opening ceremonies to promote the importance of oral health to the overall health and confidence of the athletes.

Special thanks to the dental hygiene students at HVCC.



THIRD DISTRICT

President Luis Delgado, left, hands over donations of toothbrushes and toothpaste to Pete Borys, The Food Pantries for the Capital District.

Capital Region Dental Community Event

Together with NYSDA and the New York State Dental Foundation, the Third District sponsored the Capital Region Dental Community Day Oct. 21. The event was held to help individuals displaced by the closing of St. Peter's Dental Clinic. Dental hygiene and dental assisting students from Hudson Valley Community College helped perform screenings and refer patients to a dental van for further diagnosis and

treatment by dentists working in the mobile unit. In a single day, 108 patients were screened, with 26 receiving emergent care.

A sincere thank you to Third District members Dr. Stuart Fass, Dr. Lauren Heisinger, Dr. Lydia Hunt, Dr. Chelese Moore, Dr. Jonathan Schutz and Dr. Chris Walsh for their work in the mobile unit. And a special shout-out to Dr. Luis Delgado for his donation, which helped feed the many volunteers.



Dr. Lauren Heisinger, left, and Dr. Lydia Hunt, ready to receive patients at dental van onsite at Capital Region Dental Community Event.



THIRD DISTRICT

Third District partnered with Hudson Valley Dental Hygiene Clinic to screen Special Olympians competing in Fall Games.

NEW YORK COUNTY

Artificial Intelligence on the Rise

Vera W.L. Tang, D.D.S.

Members turned out in large number for the Sept. 18 General Membership Meeting featuring a lecture by Christian S. Stohler, D.M.D., on “My AI Copilot: Dental Practice and Dental Education in the Times of Artificial Intelligence.” Dr. Stohler is dean of Columbia University College of Dental Medicine and senior vice president of Columbia University Irving Medical Center. His lecture traced the rapid rise of artificial intelligence and the seminal moment in November 2022 when Chat GPT was launched—starting the revolution that is projected to change how we live and, especially, how medicine is practiced. As the speaker noted, artificial intelligence in medicine and dentistry, including dental education, must keep pace—ChatGPT is just the beginning.

Dr. Stohler increased everyone’s awareness of the significance and scale of artificial intelligence and its ability to change our personal and professional lives and the need to be open to those changes.

Charity Golf Outing

NYCDS held its 7th annual Charity Golf Outing on Sept. 27 at the beautiful Metropolis Country Club in White Plains. The event was well-attended by more than 50 golfers, including dentists and sponsors. Another 20 people attended the cocktail hour and dinner. The weather was ideal—on the cool side—but the golf gods were with us, as it rained on the days before the outing and then again after.

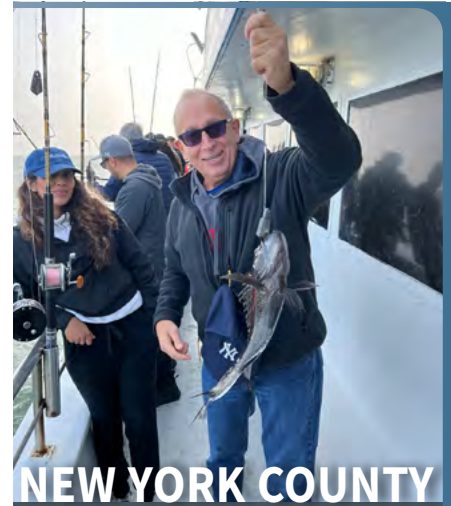
The course is top-notch, and the golf itself was great but, unfortunately, no one won the hole-in-one or putting contests. Special thanks to all our sponsors, including Henry Schein Dental, Brasseur, Air Techniques, Craig Recruitment, Epstein Practice Brokerage, LLM Dental Associates, Bryant Park Dental Associates, Designs for Vision, PKF O’Connor Davies, The National Dental Law Group at Mandelbaum Barrett and Cayster. Be-

cause of their support, over \$10,000 was raised for our beneficiary, Special Olympics—New York.

A splendid time was guaranteed for all, and that’s exactly what everyone had! Many thanks to Golf Chair David Shipper for his dedication to this event.

Gone Fishing

NYCDS Secretary Andrew Deutch, an avid fisherman, organized a party-boat fishing trip on Sheepshead Bay, Brooklyn, on Oct. 2 to bring members from both the New York County and Second District Dental societies together. It was the first event of its kind for both organizations, but it won’t be the last. According to Dr. Deutch, “The fishing trip



NEW YORK COUNTY

NYCDS Treasurer Egidio Farone with catch of the day. Board member Jaskaren Randhawa looks on.



Guest speaker Dr. Christian Stohler, center, is welcomed to September membership meeting, by, from left: Columbia resident Michelle Skelton, Board member Gabriela Lee, President Mina Kim, NYSDA Trustee Lois Jackson, Board member Gail Schupak, Columbia resident Sydney Shapiro, member Stacy Spizuoco.



NEW YORK COUNTY

Special Olympic athlete Steve Foley, center, on links with, from left, former president and Golf Chair David Shipper, former president James Jacobs, Board member Robert Sorin, Dr. Jason Alster.

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For further information about NYSDA Endorsed Programs, call Michael Herrmann at 800.255.2100

New York County *cont.*

was a huge success! The weather and crowd were great. We had many members from both NYCDS and the SDDS participate. We are definitely going to look into doing this again!"

Don't Miss the Premiere Dental Meeting

The Greater New York Dental Meeting is "the" dental meeting in the U.S., and it is right here in New York Nov. 24-29 at the Jacob K. Javits Convention Center, 11th Avenue, between 34th and 39th streets. You won't want to miss the courses, special programs, exhibit hall (open Nov. 26-29), receptions, specialty meetings, and connecting with colleagues from near and far.

Register to attend [HERE!](#)

Special Olympics Dental Clinic

NYCDS members took time from their weekend to volunteer at the Special Olympics New York dental clinic Oct. 14 on Randall's Island. Despite rainy weather, volunteers provided dental screenings, fluoride treatment and dental education to the athletes competing that day.

There is another opportunity to make a difference in the lives of these incredible athletes on Dec. 2 at the Javits Center. Visit NYC Special Olympics and sign up to volunteer at the 2023 NYC Region Peter Aquilone Winter Classic.

Give Kids A Smile

NYCDS is holding Give Kids A Smile events Feb. 2 at several schools in East Harlem. Now in its 9th year as a large-scale community event, GKAS relies on volunteers to provide dental screenings, fluoride treatment and education to over 1,600 underserved children. It is only a half-day commitment, but the positive impact on the children—and the volunteers—lasts much longer. Become a volunteer today!

GKAS NYC 2024 Volunteer Registration

Resident Recruitment Outreach

Thanks to the support of an ADA ARC grant, NYCDS leadership made resident recruitment a priority, hosting several events this year. Former president and Membership Chair David Shipper and current president Mina Kim met with Columbia University residents; former president Ioanna Mentzelopoulou and Vice President Vera Tang met with NYU residents; and Secretary Andrew Deutch connected with Weill Cornell Hospital residents. They collectively signed over 60 residents as members of the ADA. Looks to us like their efforts are working!

Continuing Education Schedule

- **Wed. Dec. 6:** Basic Life Support/CPR Certification Course (In-Person).
- **Wed. Jan. 24:** Mandatory Prescriber DEA Education Renewal for Licensed Dentists.
- **Thurs. Jan. 25-26:** An Interdisciplinary Approach to Understanding Airway and Sleep Disordered Breathing (In-Person).
- **Thurs. Feb. 15-16:** 12-hour Sedation Certificate Renewal.



- **Wed. Feb. 21:** Basic Life Support/CPR Certification Course (In-Person).
- **Fri. March 8:** Orofacial Myofunctional Therapy and Orthodontic Intervention: A Hands-on Approach.
- **Fri. March 15:** Beginning With the End in Mind: Restoratively Driven Endodontics from Access to Restoration (In-Person).
- **Fri. March 22:** Occlusion Knowledge to Fuel your Dental Practice. New courses are being planned. Be sure to visit www.nycdentalsociety.org for the latest course and registration information.



Volunteers at Special Olympics event on Randall's Island. In front, Community Outreach Committee Chair Anna Viron, left, NYCDS President Mina Kim. Back row, from left: NYSCDS Vice President Vera Tang; Maria Maranga, Suffolk County; NYCDS Board member Gabriela Lee; former president Ioanna Mentzelopoulou; member Irina Reyzelman; student Theano Mentzelopoulou.

FOURTH DISTRICT

New Dentists Kick off Fall Season

Rachel Hargraves, D.D.S.

Fall gives us the feel of a fresh start, so we usually host our new dentist event right off, on the heels of Labor Day, to get us back together and enjoying the cool evenings. Together with the Third District, we hosted about 30 new dentists at Singlecut Brewery for a fun networking event that included great beverages, a cool Oktoberfest food truck and even a few "get-to-know-you" games (we're looking at you, Dr. Rothas) complete with prizes (hello Starbucks gift card!).

Thank you to Drs. Morgan Fryer (Third District) and Aliah Joslin (Fourth) for organizing a great night.

Especially for Women

Every October, Dr. May Hwang organizes our women dentist's event. This year, the group was delighted to have NYSDA President-Elect Prabha Krishnan attend as a guest. Member Dr. Golaleh Barzani gave an informative lecture on "Obstructive Sleep Apnea: Surgical and Nonsurgical Approaches."

The gathering always has great energy, and this year's event was no different.

Capital Region Dental Day

NYSDA partnered with HVCC and the NYS Dental Foundation in hosting the Capital Region Community Dental Event Oct. 21 at Hudson Valley Community College. Dental professionals provided dental screenings, emergency care, oral cancer screenings, dental fluoride for cavity prevention and care coordination for finding dental care and insurance. Thank you to Dr. Jennifer Kluth and all the dentists who volunteered to help.

AGD Fellow

Congratulations to Dr. Joshua Bronner, D.D.S., FAGD, of Saratoga Springs, recipient of the 2023 Academy of General Dentistry Fellowship Award.

Fourth District *cont.*

Members in the House

Each fall, we send two delegates and two alternate delegates to the ADA House of Delegates. It is a long working weekend, and we appreciate our members taking valuable time away from their families and practices to dedicate to the profession. Every delegate's input and perspective are unique and a necessary part of the process.

Thank you for your time and commitment. Wish you had brought back some of that warm Orlando weather!



Turnout was impressive for annual women dentist's event, held in October.



Volunteering for Capital Region Dental Event in October at Hudson Valley Community College.



FOURTH DISTRICT

Dr. Morgan Frye, left, who helped organize fall new dentist event, with Dr. Carly McCullough.

Read, Learn and Earn

Readers of *The New York State Dental Journal* are invited to earn three (3) home study credits, approved by the New York State Dental Foundation, by properly answering 30 True or False questions, all of which are based on articles that appear in this issue.

To complete the questionnaire, log onto the site provided below. All of those who achieve a passing grade of at least 70% will receive verification of completion. Credits will automatically be added to the CE Registry for NYSDA members.

For a complete listing of online lectures and home study CE courses sponsored by the New York State Dental Foundation, visit www.nysdentalfoundation.org

Click below

ONLINE CE QUIZ

Verruciform Xanthoma—Page 20-21

1. Verruciform xanthoma (VX) is a malignant mucosal or cutaneous proliferation.
 T or F

Visit our online portal for more....

Use of a 3D Intraoral Scanner for Prosthetic Rehabilitation of Cocaine-induced Oronasal Fistula—Page 22-26

1. Cocaine abuse represents 30% of drug abuse-related hospital emergency visits.
 T or F

Visit our online portal for more....

Adenoid Ameloblastoma with Dentinoid—Page 28-31

1. Adenoid ameloblastoma with dentinoid (AAD) is a common benign neoplasm of odontogenic epithelium.
 T or F

Visit our online portal for more....

The screenshot displays the NYSDF website interface. At the top left is the NYSDF logo with the tagline 'IMPROVING THE ORAL HEALTH OF ALL NEW YORKERS'. Below the logo is a navigation menu with 'Browse by Delivery Type' and a search bar. The main content area features the title 'Read, Learn and Earn November 2023' and a green icon of a person with arms raised. The program details include 'Credit(s): 3 Homestudy Credits' and 'Original Program Date: November 8, 2023'. Social media links for Facebook, LinkedIn, Twitter, and E-mail are provided. A 'Description' tab is active, showing the program's purpose. On the right, a 'PURCHASE OPTIONS' section includes an 'Add to Cart' button and a price of '\$60.00' for an 'Electronic Document'.

CLASSIFIED INFORMATION

FOR SALE

ALBANY: Nestled in Albany, renowned for its rich history, cultural vibrancy and top-tier educational institutions is thriving general dental practice. Situated along scenic Hudson River, well-established practice holds strong patient base with 1,560 active members. Six (6) state-of-the-art operatories, supporting both principal doctor and associate. Open four days/week and offers room for growth. Generating impressive EBITDA of \$530K. Real estate can be acquired at time of sale, presenting outstanding investment opportunity. Current owner keen on ensuring seamless transition, prioritizing practice's ongoing success. Interested parties invited to discover this golden opportunity further by contacting Professional Transition Strategies: Email Bailey Jones at bailey@professionaltransition.com; or call: (719) 694-8320, referencing #NY83023.

SYRACUSE SUBURBS: General dental practice for sale, creating exceptional opportunity to own your own practice. Located in standalone 6-operator facility with plenty of off-street parking on main road in Fayetteville/Manlius area. Real estate, equipment and established patient practice all available for sale. Retiring dentist willing to stay part time to ensure successful transition and assist buyer to further develop practice. Owner open to exploring all transition options. For details, contact: richardmaestri44@gmail.com.

WATERTOWN: General dental practice for sale. Grossing approximately \$1.1M. Located north of Syracuse in Watertown, close to Thousand Islands. Practice has 9 operatories with digital X-ray, CBCT, 3D printing and CEREC. Real estate also available. For more information, please contact Sean Hudson by phone: (585) 690-6858; or email: sean@hudsontransitions.com.

BRONX: 3-op office designed for comfortable working conditions available for sale. Includes lab and sterilization area. Very heavily populated area. Owner retiring for medical reasons. Call to discuss: (347) 831-3742 or (718) 379-4800.

CAPITAL DISTRICT: Located on main road with ample onsite parking. Thoroughly modern with Dentrux software, 3 Shape Trios scanner and digital X-rays with Scan X. Open three days/week. Great for satellite practice or to grow. Four-chair office with two hygiene and two fully equipped ops for dentist. Post-COVID headed toward \$600K gross. Busy hygiene schedule. Building can be part of package deal. Contact by email: drdave329@gmail.com; or (518) 428-1492.

SYRACUSE SUBURBS: General practice conveniently located off main road in Liverpool. Open 2.5 days/week with 4 days of hygiene. Healthy patient base, with 50% commercial insurance, 20% self-pay and 30% state insurance. Located in small medical building with 4 ops in second-floor rental space and plenty of parking. Grossing \$608K, with room to grow with help of longstanding staff. For details, contact Henry Schein Dental Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY291.

Online Rates for 60-day posting of 150 words or less — can include photos/images online:
Members: \$200. Non-Members: \$300. Corporate/Business Ads: \$400. Classifieds will also appear in print during months when Journal is mailed: Jan and July.

TOMPKINS COUNTY: Well-established, high-quality general practice available to transition to new owner, or seller can stay as part of team. Located in Ithaca suburb, this beautiful standalone, 15-year-old building of 2,544 square feet has five ops, digital X-rays, utilizes Eaglesoft software and completely paperless. Revenue over \$700K. One FT and one PT hygienist. Real estate also. Growing patient base; practice draws increasing number of new patients with strong mixture of FFS. Great opportunity, with doctor willing to stay on as part-time associate. For details contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3071.

ORANGE COUNTY: GP office currently staffed by full-time veteran associate. Minutes from main highway and features 5 ops, 2,000 square feet utilizing Dentrux software, intraoral camera and imaging system. Grossing \$630K. 80% PPO insurances and 20% FFS. For information contact Dental Practice Transitions Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3088.

UPSTATE: Make an offer for well-established Central New York general family practice close to main highways nestled in great family village community. Located near one of Top 100 Ranked Golf Courses by GolfWeek. 2021 gross collections \$544K. Standalone, 1,800-square-foot building for sale with practice purchase. Great curb appeal, with large parking lot. 3 treatment rooms and space to add on. Refers out specialties. Practice utilizes DEXIS digital X-ray, digital panoramic X-ray, brand new patient chairs. High profit margins. Healthy new patient flow. Contact Dental Practice Transition Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3235.

ROCHESTER: Family general practice in beautiful suburb with 2021 revenue of \$255K+ and growth potential. Seller highly motivated. 1,400-square-foot space with affordable lease, great curb appeal and ample parking. 3 ops with potential 4th plumbed op. Single-doctor practice utilizes digital pano X-ray and Denoptix phosphor plates. Contact Dental Practice Transition Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3291.

KINGSTON: 3 ops with Carestream software, digital sensors, digital scanner, CEREC mill and pan/ceph with phosphor plates. Doctor refers out most endo, all implant placements and perio. Great staff, including one highly trained in Sleep Study. Building on large lot also for sale. Rental apartments in building bring in extra income. For more information contact Dental Practice Transitions Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3327.

ERIE COUNTY: Great practice with 3 treatment rooms. All digital, with collections of \$413K. For details contact Dental Practice Transitions Consultant Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY3366.

QUEENS: Nassau County border. Terrific family-oriented practice for sale. Highly desirable neighborhood of Floral Park, Queens. Located in freestanding building with 1,250 square feet. 3 fully equipped treatment rooms, with digital X-rays and utilizing Easy Dental software. Building handicap-accessible and offers easy street parking. Diagnostic, preventive and restorative practice, with strong hygiene program. Seller owns building and will provide buyer-friendly lease. Contact Dental Practice Transitions Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3370.

ERIE COUNTY: Located on busy road surrounded by established residential population and beautiful town. 3-operator digital practice, well-positioned for future growth, with \$307K gross revenue. Crown & bridge, restorative and preventative focus. Some specialties referred out. Strong patient base and mixed PPO. Real estate next to practice owned by seller and for sale with practice. To discuss details, contact Dental Practice Transitions Consultant Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY1648.

SUFFOLK COUNTY: Mature, private general practice at desirable, suburban downtown village location. Open 26-30 hours/week. 3 operatories in 1,000 square feet. Selling dentist referring out all specialty services. For details contact Dental Practice Transitions Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY290.

JEFFERSON COUNTY: Great opportunity. Long-established, profitable practice is must-see. Located minutes from downtown Watertown. Well-equipped 4-operator practice sits on busy road, with great curbside appeal. Large private parking lot. Practice fully digital with pano X-ray and utilizes Eaglesoft. Revenue \$730K, with one FT hygienist. Doctor only works 3 days/week (20 hours max). Seller refers out all endo, ortho and oral surgery. Practice positioned for growth. Primarily FFS with 2,000 active patients. 2-story building also for sale, with vacant apartments upstairs. Contact Dental Practice Transitions Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3385.

NASSAU COUNTY: Fee-for-service dental practice. 5 fully equipped treatment rooms and approximately 2,100 square feet. 95% FFS and 5% PPO insurances. Generates all revenue in only two days week. Practice equipped with Dentrux software, ADec dental chairs and digital pan and sensors. For more information contact Dental Practice Transitions Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3392.

EASTERN LONG ISLAND: Well-established PPO/FFS dental practice/charis sale. In practice for 17 years, with over 779 active patients and averages 10-15 new patients monthly. For details contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3437.

ONTARIO COUNTY: Long-established, highly productive practice with 2022 revenue of \$1.4M. Nestled in backdrop of beautiful Finger Lakes wine-making country. Fully computerized, fully digital office with 7 well-equipped treatment rooms. Utilizes Dentrix Ascend PMS; Planmeca CBCT and digital impression systems added in recent years. 3,500 active patients and combination of insurance and FFS. Strong hygiene program. Well-trained team available for transition. For more information contact Dental Practice Transitions Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3395.

ONONDAGA COUNTY: Great family general practice located in desirable suburb minutes from downtown Syracuse. Less than 5 miles from approved site of new major semi-conductor plant, which will bring thousands of jobs. Seller motivated to sell immediately. Located on busy 4-lane road, with ample free parking. Well-equipped, with 4 ops, digital, Dexis sensors, Sirona 2D pano (upgradable to 3D) and Dentrix PMS. 2022 revenue \$673K with mix of FFS and PPO. Favorable lease terms for 2,400-square-foot space within professional building. Currently open 26 hours/week. Selling dentist refers out most endo/ortho services. For details contact Dental Practice Transitions Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3414.

STEUBEN COUNTY: Beautiful, modern, established practice within standalone building, with plenty of parking. Six operatories, fully digital, laser, intraoral cameras and N2O sedation driven by PracticeWorks software. Active patients at 1,965, with mix of PPO and FFS. Building also available for purchase or lease. Outstanding turnkey opportunity, with wonderful location for growth. To discuss details, contact Transitions Sales Consultant Brian Whalen at (716) 913-2632; or email: brian.whelen@henryschein.com. #NY3436.

SARATOGA COUNTY: Immaculate, well-designed, private, FFS practice collected just over \$1.2M, with excellent profit margins and about 1,000 active patients. Digital, paperless, three well-equipped, updated operatories and one full-time hygienist. Utilizing 1,740 square feet in modern professional building. Refers out all endo, ortho, oral surgery and implants. Must see. Contact Transition Sales Consultant Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3466.

SUFFOLK COUNTY: Well-established general practice located in professional building that overlooks beautiful park and plenty of parking. Three fully equipped treatment rooms; open 4.5 days/week. Highly profitable, with collections over \$570k. Collections based on 50% FFS and 50% PPO insurance. Seller open to transition options. For details contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3470.

WESTCHESTER COUNTY: Beautiful, 1,750-square-foot general practice in professional building that overlooks Long Island Sound. Six fully equipped treatment rooms; open 6 days/week. Collections just over \$1.3M, with over 2,200 patients and strong hygiene department. 55% FFS and 45% PPO insurance. For more details contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3497.

WESTCHESTER: Hot opportunity. Practice sits in professional building with multiple tenants. 1,200-square-foot office currently provides 3 treatment rooms and open 3.5 days/week. Referring out ortho, perio and implant surgery, which can easily generate additional revenue. Gross receipts over \$791K stemming from 70% FFS and 30% PPO, with consistent and stable patient base. Office boasts strong hygiene program, with well-trained staff available for transition. Seller open to transition options. For details contact Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3487.

UPSTATE, NY: Long-established practice in diverse community halfway between Binghamton and Syracuse. Situated just minutes from area hospital and college on busy 2-lane road, with excellent street visibility. Three operatories in 3,000 square feet and room to expand. Real estate also available. Building includes 2,000-square-foot rental apartment upstairs for great passive income. Three full-time employees, including one full-time hygienist. 75% FFS and 25% PPO. Refers out all endo, ortho and oral surgery, offering great upside for new owner. 2022 gross collections \$358K. Highly motivated seller. Contact Transition Sales Consultant Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3488.

STATEN ISLAND: State-of-the-art general practice in highly desirable area. Doctor will provide 100% seller financing. 1,500 square feet in beautiful free-standing building with 5 fully equipped treatment rooms. Open Dental software, digital X-rays and paperless. 80% FFS and 20% PPO, with collections \$624K in only 2.5 days/week. For more information contact Transition Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3562.

ONEIDA COUNTY: Bright, immaculate, all-digital, 100% FFS practice with great curb appeal. Highly desirable location, with convenient access to highways. \$900K+ revenue on 4-day workweek. Seller in practice for 30 years and committed to aiding in very successful transition. Four well-equipped operatories and Dentrix, all in efficiently designed 1,100-square-foot space. Thriving general practice averages 30+ new patients per month. Excellent turnkey opportunity. Contact Transitions Sale Consultant Mike Damon at (315) 430-9224 or email: mike.damon@henryschein.com. #NY3513.

ALBANY COUNTY: Bethlehem. Growing community close to downtown Albany, on bus line, near major highways leading to NYC. Modern-feel office with four ops, Dentrix Ascend, Dexis, Pan, Diode laser and more. 2 full-time hygienists, along with valued team, working 4-day workweek with systems in place and excellent collection policies. No HMOs or state ins. Excellent opportunity for NY dental entrepreneur. For details contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY2712.

FINGER LAKES REGION: Wonderful opportunity in heart of Cayuga County. Long-established practice with 2022 collections of \$565K. Located on busy street. 5 equipped operatories, easily expandable, in 1,350-square-foot space. Beautiful, spacious home of 3,350 square feet off rear of practice provides great tax advantages. Seller willing to lease or sell building. Active patients reached 5,500 in less than 3 years. Dedicated, full-time staff willing

to stay on. Seller motivated to sell. Newly reduced: asking \$100K for practice. Contact Transition Sales Consultant Michael Damon by phone: (315) 430-9224; or email: mike.damon@henryschein.com. #NY3147.

SENECA COUNTY: Charming practice in heart of Finger Lakes region; 45-minute drive to both Rochester and Syracuse city centers. Digital practice offering 3 equipped ops, with 2022 revenue of \$653K on 3 clinical days/week. Softdent, 2D pano and diode laser. 1,700-square-foot practice offers comprehensive dental care in welcoming environment. Full-time hygienist and full administrative staff, all with excellent systems and training in place. 50% FFS. Refers out specialties. Real estate also available. Schedule to see this wonderful opportunity today. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3572.

FOR RENT

MIDTOWN MANHATTAN: Newly decorated office with windowed operatory for rent FT/PT. Pelton Crane equipment, massage chair, front desk space available; shared private office, concierge, congenial environment. Best location on 46th Street, between Madison Avenue and 5th Avenue. Please call or email: (212) 371-1999; karenjit@aol.com.

WHITE PLAINS: Modern, state-of-the-art operatories available in large office with reception. Turnkey; available FT/PT. Rent includes digital radiology with pan, equipment, Nitrous, all disposables. Start-up or phase down. Need satellite or more space? Upgrade or downsize. Contact us to discuss at (914) 290-6545; or email: broadwayda@gmail.com.

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UPPER EAST SIDE: Operatory for rent in UES office (Madison Ave & 60th). Modern, quiet, boutique private practice. Endodontic microscope, 2 digital scanners, materials, instruments available for rent. Inquiries by text or email: (646) 648-3242 or pyondds@gmail.com.

MIDTOWN MANHATTAN: Madison Avenue. 3 to 4 operatories for rent full time. Renovated, large, bright and modern dental operatories available with full service in-house lab. Fully equipped with CS-9600 CBCT scanner and X-ray system. Shared front desk, private Doctor's office, as well as large conference room. Please contact Dr. Anthony Ceccacci at (646) 265-7949; or email: office@madisonavenuesmiles.com.

BROOKLYN: Manhattan Beach. Turnkey, fully equipped dental office available for sale or rent. 2 fully equipped ops in beautiful, upscale co-op building facing the water in Manhattan Beach. 35-year-old established practice. 70% high end PPOs and 30% FFS, with original phone number and website available. Active patient charts and large amount of supplies will be included with purchase or lease. Private doctor's office, lab, storage closet and beautiful waiting room. Lobby level, with exterior signage. Only office in building. Available immediately. Lease/rent with option to purchase. No fees; offered by owner. Contact by email: filmrn@aol.com; or call (516) 527-2343.

MIDTOWN EAST: Op for rent. Beautiful operatory with windows and private office available for rent. Elegant, modern, street level; best location. Please call or email for details. Contact: (917) 721 6825; or email: esenayny@gmail.com.

OPPORTUNITIES AVAILABLE

MANHATTAN: West 57th Street. Retirement-minded dentist with long-established, fee-for-service general practice seeking associate with practice who wants to grow their nucleus of patients. Three-chair office; good amenities. Helpful staff. Goal is compatible sale and transfer of my practice with lease and equipment. Respond to: dds.midtownwest@gmail.com.

SYRACUSE: Great opportunity for associate dentists. Busy, rapidly expanding office looking to add another associate dentist. Highly respected, fast-paced, FFS practice. We take pride in quality dentistry and excellent patient care. Practice emphasis on general restorative, fixed, cosmetic and implant surgery and restoration. Modern equipment and technologies include: Invisalign, Itero scanner, Fastbraces, laser dentistry (Biolase), dental implant surgery and restorations, smile makeovers. Primescan scanner, 3D printer, CEREC crowns, PAN/CT unit. Also have visiting surgeon who comes to office once/month for complex surgeries. Experienced, friendly, family-oriented staff with 2 full-time and 1 part-time hygienist. Thriving, up-to-date perio program. Fully digital, with 8 operatories. Full-time and part-time positions available. Monday-Thursday. Visit us online at: www.Smilesbd.com and Google reviews at Smiles by Design Dentistry in Syracuse NY. Contact us for further information or to set up interview: info@smilesbd.com.

BAY RIDGE, BROOKLYN: Seeking part-time general dentist associate with experience. Must possess excellent clinical and communication skills. Proficiency in all aspects of general dentistry. Must be team player and self-starter. State-of-the-art facility. Must be able to work Saturdays and Thursdays. Please call (347) 487-4888; or email: Studiodntl@gmail.com.

ALBANY AREA: Are you an awesome dentist who loves working with teenagers? If so, come join The Smile Lodge Pediatric Dentistry. Our general dentists see our older kids and have busy operative schedules. We believe every child deserves to smile and are looking to add to our team of like-minded practitioners. Right candidate can earn \$3,000+ daily, with base rate of \$1,250/day. Candidate will obtain experience treating wide range of restorative procedures: composites, extractions, stainless steel crowns, etc. Office has available shifts Monday-Friday (7 a.m.-5:30 p.m.), with ability to work 1-4 days/week. Immediate openings at both our beautiful locations in Clifton Park and East Greenbush. Benefits include health insurance (\$1,000/month); vision and dental insurance; 401(k); PTO and up to 6 weeks unpaid vacation. Please email CV to: Careers@smilelodge.com.

INDIANA: Be part of Indiana's first Residency. Responsible for administration of dental residency program, maintaining and advancing its educational quality, ensuring quality of patient care and program accreditation. Residency Director will provide comprehensive and appropriate dental care and treatment and collaborate with other providers, along with Chief Dental Officer as needed. Reports to Chief Dental Officer.

RESPONSIBILITIES: Prudent administration of budget

- Oversees and maintains quality of didactic and clinical education program in all residency sites
- Approves and evaluates all faculty
- Maintains network of outside organizations that aid in quality and growth of Residency
- Monitors resident clinical and academic progress at each site and ensures each resident's environment conducive to quality educational experience
- Ensures each resident receives competency evaluation at least three times/year
- Provides verification of residency education residents and former residents
- Designs ongoing faculty calibration and development program
- Oversees annual program evaluation and makes recommendations to Chief Dental Officer for quality improvement
- Works with clinic leadership to ensure appropriate governance of Residency program to ensure educational quality
- Complies with HealthLinc policies and procedures for selection, evaluation, disciplinary actions and supervision of residents
- Responsible for CODA accreditation: a. maintains familiarity with current CODA requirements and standards b. ensures CODA standards are continually reviewed and maintained c. timely, accurate submission of required CODA reports d. responds to accreditation adverse action e. obtains CEO's signature on all official CODA documents and ensures appropriate distribution of CODA information within health center
- Ensures compliance with resident grievance and due process policies.

JOB RESPONSIBILITIES: Provides routine and emergency dental services, including diagnosis and treatment plans, general restorative procedures, C&B construction, removable prosthetics, uncomplicated endodontics and minor oral surgery

- Initiates and interprets X-ray and lab studies
- Administers and prescribes anesthetics and

- Refers patients for specialty care to other clinic programs or outside agencies
- Supervises Dental Assistant and Dental Hygienist
- Conducts follow-up patient care
- Provides dental and oral health education to patients and families
- Assists in reviewing clinic productivity, scheduling procedures and establishing guidelines for care and treatment
- Teaches and trains patients and staff on illness prevention
- Assists training of clinic staff
- Builds relationships and fosters high level of customer service
- Manages difficult clients and patients, demonstrating interpersonal savvy and influence skills
- Exercises professional judgment in performance of services provided consistent with organization's policies and professional dental standards
- Demonstrates high degree of knowledge and competency in practice of dentistry and associated charting requirements
- Utilizes computers for data entry and information retrieval with proficiency
- Utilizes and monitors effectiveness and efficiency of all equipment and supplies used in delivery of services
- Implements and evaluates operational and administrative processes
- All HealthLinc staff committed to engage in quality improvement initiatives that align with and support Patient-Centered Medical Home (PCMH)
- Performs other duties as assigned.

REQUIRED QUALIFICATIONS: Dental degree with appropriate licensure to practice in Indiana

- Must have completed accredited AEGD or GP Residency
- BLS Certification
- DEA Licensure. Contact Jennifer Wright, Recruiting Manager at (219) 299-8405; or email: jwright@healthlinc.org.

SARATOGA SPRINGS: Seeking Associate dentist in Saratoga Springs area. Offering great respect, benefits and bonuses. Fast-growing, privately owned dental office in Wilton seeks talented and enthusiastic Associate. Huge opportunities for advancement for everyone on our team and because of unique bonus system income potential is essentially limitless. Managerial potential. Enjoyable, respectful and professional environment with most advanced instruments and procedures. Full educational support and in-practice training and CE allowances. Four day/week, with outstanding morning and evening shifts available. Role will be vitally important to keeping practice running smoothly and maintaining valued patients in highest level of dental health. If you are excited by these extraordinary opportunities, we look forward to hearing from you very soon. Please contact Dr. Richard Dunham at abettersmile@yahoo.com.

HUDSON: Associate dentist position available full time. Booming upper Hudson Valley river town. 6 operatories for 2 doctors and 2 hygienists. Retiring dentist will provide a great opportunity for new Associate to quickly build upon already solid patient base. Abundant new patient flow and hygiene booked for months. Potential for equity position or future buy-out. Applicant must have gentle, kind disposition, excellent communication skills with patients and be able to perform high quality dentistry. Please forward resume, or contact to discuss. Email: karenron94@yahoo.com.



Linda Edgar



Brett Kessler



Edwin del Valle-Sepúlveda

ADA Installs Linda Edgar President, Brett Kessler President-Elect Oral and Maxillofacial Surgeon Second Vice President

THE AMERICAN DENTAL ASSOCIATION welcomed its 160th president in October when it installed Linda J. Edgar, D.D.S., of Federal Way, WA, as the Association's top elected official. Dr. Edgar's installation took place at the conclusion of the ADA's Annual Meeting, SmileCon, in Orlando, FL.

At the meeting, the ADA also installed its new president-elect, Brett Kessler, D.D.S., of Denver CO, and Second Vice President Edwin A. del Valle-Sepúlveda, D.M.D., J.D., of San Juan, Puerto Rico.

An ADA member for over 30 years, Dr. Edgar served as president-elect, 11th District Trustee and delegate to the ADA House prior to being installed as president. She served on the ADA Council of Dental Practice and on the ADA Budget and Finance Committee and Business Innovation Committee. Dr. Edgar was also a Board representative and delegate to the FDI World Dental Federation and a Board liaison to the American Student Dental Association, Membership Council, Commission on Dental Accreditation and the Specialty Recognition Commission.

Dr. Edgar has practiced general dentistry with her husband, Dr. Bryan Edgar, for over 30 years.

Colorado Prosthodontist is President-Elect

Dr. Kessler has been an active volunteer leader and member of the ADA for 26 years. Since 2019, he has represented the 14th District on the ADA Board of Trustees, and he has

chaired several ADA committees, including Diversity and Inclusion, and Audit. He is also chair of the ADA Science and Research Institute's Board of Directors, and he previously served as Board liaison to the Council on Advocacy for Access and Prevention, Council of Communications and Council on Dental Practice.

A national wellness and leadership speaker, Dr. Kessler has been involved with volunteer organizations that promote substance abuse advocacy and well-being. His wife, Gina Kessler, is also a dentist.

Forty Years of Service

Dr. Valle-Sepúlveda has been an ADA member for over 40 years, serving in the ADA House for half of that time. He has been a member of the Commission on Continuing Education Provider Recognition and a member representing the 4th District of the ADA Council on Membership. He is a past president of the Hispanic Dental Association and the Puerto Rico Society of Oral and Maxillofacial Surgeons.

Dr. Valle-Sepúlveda is a fellow in both the American Association and the American College of Oral and Maxillofacial Surgeons, an honorary fellow in the American and International colleges of Dentists, a diplomat of the American Board of OMS and a diplomat on the National Dental Board of Anesthesiology. His wife, Lilian de Laosa-Vazquez, is a general dentist.



SALUTE VETS WITH A **SMILE**

New York

WILL YOU PLEDGE TO PROVIDE DENTAL CARE FOR ONE VETERAN IN 2024?

Through major acts of courage and simple acts of kindness, Veterans have protected Americans' rights and defended our freedoms. Yet millions of U.S. Veterans are going without much-needed, essential oral health care.

The New York State Dental Foundation is organizing a crew of dentists across New York State who will pledge to provide free dental treatment to one or more United States Veterans in 2024.

PLEDGE YOUR SUPPORT TODAY

- Fill out the pledge form by using the QR code below. Your name will be added to our internal directory of Dental Heroes.
- We will spread the news about New York's Salute Vets with a Smile program and connect Veterans in need with a Dental Hero in their area.
- Free toothbrushes and up to \$500 in funding for supplies will be provided to any components wishing to organize an additional Veterans event in their district.



"85%, or about 7.8 million veterans enrolled in the Veterans Affairs health care system, are ineligible for VA dental benefits... in order to qualify for dental services, Veterans must either have a dental issue that is service-connected or qualify based on narrow criteria."



Dental Implant Surgery



Which specialists has the most experience placing dental implants?

The answer is oral and maxillofacial surgeons (OMSs). OMSs are integral members of the dental implant team who:

- Achieve excellent functional and esthetic results.
- Excel at soft-tissue management.
- Are experts at bone grafting.
- Possess a long and successful record of surgically placing implants.

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The experts in face, mouth and
jaw surgery®

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