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Wrapping up His Presidential Term

THE NEW YORK STATE DENTAL JOURNAL

NYS DJ

Volume 88 **Number 5**
August/September **2022**



Inside: AI vs. Clinical Judgment

On the Hunt for Foreign Intruder IN MAXILLARY SINUS

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Don't Let the Technology Tail Wag the Clinical Judgment Dog

Misuse of artificial intelligence will threaten dentists' professional autonomy and erode public trust in the dentist-patient relationship.

Technology provides information and tools to support oral healthcare diagnoses and treatment. Dentists utilize clinical judgment to evaluate technological advances, appropriate statistical data and new treatment modalities to potentially recommend to individual patients. Each patient then makes treatment decisions based upon these professional recommendations.

Artificial intelligence (AI) technologies, with their ability to perform tasks that mimic human intelligence, portend to erode dentists' professional autonomy. As decision-support software alerts, prompts and recommendations, and computer-generated orthodontic, periodontic or endodontic diagnoses and treatment plans make inroads into dental practice, dentists risk abdicating our clinical decision-making authority to the technology itself, thereby diminishing our role as the primary source of oral health information and advice in the dentist-patient relationship. Dentists must ensure our clinical judgment guides our use of AI, understand the technology and its risks prior to using, protect patient confidentiality in the data-collection process and inform patients of the limitations of both AI technology and our experience with it.

AI and Clinical Judgment

AI involves the science and engineering of manufacturing machines that solve problems.^[1] Manufacturers collect personal health data from widespread patient populations to form a digital database. Algorithms create an exact set of rules or procedures designed to perform a computation. This program recognizes statistical data patterns within the information in its computer domain to make predictions on unseen data. Dentists enter specific patient information that interfaces with this database and receive clinical advice on a course of care, including alerts, differential diagnoses and recommended treatment plans.

As a limitation, the AI database contains only statistically grounded knowledge not connected to a particular patient. When the program applies algorithmic rules and procedures to domain data that represents the sum of characteristics of a large sample of patients, it arrives at conclusions pertinent only to an average patient. The database does not contain, and the algorithm cannot consider, the critical subtleties surrounding patients' exam findings, histories, unique personal needs and desires, and socioeconomic circumstances. Hence, the tech-

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nology alone cannot determine when and why a practitioner should rely upon a diagnosis or recommend a treatment under an individual patient's circumstances. Only a dentist exercising clinical judgment can make these determinations.

Clinical judgment describes the adaptive, cognitive ability clinicians acquire from experience, frequent feedback and reflection. Dentists' knowledge base evolves as we observe our own and our peers' diagnoses and treatment results. We respond to and interpret clinical findings and outcomes to develop a greater understanding of when and why interventions help. Critically, clinical judgment incorporates the fine distinctions perceived in a physical exam or history taking, and the delicate and complex dynamic of the patient's life circumstances into the treatment planning process.

The dentist's dialogue and relationship with the patient as a person enables the dentist to ethically act in the patient's best interests and gain the wisdom necessary to determine the safest, most beneficial and most appropriate treatment alternative for each unique patient. In fact, the wide variation often demonstrated among dentists' diagnoses and treatment plans may, to a certain extent, represent our faithful exercise of clinical judgment. AI, properly used with risks minimized, functions merely as another tool to contribute information potentially relevant to dentists' decision-making.

AI Safety

Clinicians must, above all, protect the safety of the patient in their choice to utilize and their method of applying all forms of technology, including AI. The legal standard of care requires dentists to exercise the average skill dentists ordinarily exercise under similar circumstances. The standard would dictate that, before dentists incorporate AI information into their decision-making process, we must first understand how AI achieves its results and the technology's limitations to determine its relevance and dependability in any given case.^[2]

Regretfully, at this time, the digital "reasoning" AI utilizes to reach its conclusions remains virtually indecipherable to human observers. While researchers currently attempt to develop more interpretable forms of AI, dentists must continue to evaluate the reliability of AI output with a healthy skepticism.^[3] Our profession must develop ethical guidelines to assist dentists with integrating AI into clinical practice.

Decision support system technology systems utilize three basic components: the domain data collection, a user interface and an algorithmic inference engine to deduce new information. Errors can stem from challenges in each area, including imprecise, unavailable or biased information in the database, the difficulty of inputting accurate and complete clinical information, and the inability of the algorithm to apply general medical knowledge, recognize underlying conditions or make clinical judgments. For example, in the area of image diagnoses, an AI skin pathology classifier mistakenly associated surgical skin markings with malignant melanoma. This error increased the AI false positive rate of diagnoses to 40%.^[4] In one

study published in JAMA Network Open, Clinical Decision Support alerts failed to detect 33% of medication errors.^[5]

Errors can also result from an intentionally corrupted algorithmic process. In 2020, the Office of the Inspector General fined an electronic record vendor an historic \$145,000,000 because the vendor illegally implemented alerts in its software. These biased and harmful alerts unnecessarily increased the prescription and sales of specific opioids that the vendor's pharmaceutical company sponsor marketed. In return, the pharmaceutical company paid kickbacks to the record vendor.^[6]

In the event the standard of care would dictate that dentists apply AI in a specific situation, we should avoid blind reliance upon the technology and still perform our own case analysis to arrive at an independent diagnosis and treatment plan. We can then obtain AI analysis, compare the two and, if different, obtain a second opinion from a qualified colleague. Clinicians should not allow AI to reduce or replace consults with other physicians and dentists. The exchange of views and reasoned discussion with a peer who possesses his or her own ability to apply the nuances of clinical judgment will often contribute valuable insight to the consulting dentist's recommendations. In the event we recommend and follow a course of treatment different from the AI recommendation, then we should specifically delineate the reasoning for the decision to depart from such recommendation in the patient record.

AI Privacy Protection and Patient Consent

Private corporations ultimately enable the commercial dissemination of most technologies. In the case of AI, commercialization places protected health information under the control of for-profit entities. These entities can encounter options to monetize the data. In response to prior instances of corporate and institutional abuse of personal and health information, surveys show many patients have lost confidence in tech companies' privacy protection and data security. Regulatory oversight has fallen behind the rapid pace of new technology. Proposed protections include requirements for recurrent patient informed consent for different manufacturer uses of information, the right for patients to withdraw data, and improved forms of de-identification and anonymization.^[7]

Patients can only make an autonomous and legally informed decision regarding a dentist's recommendation based upon AI output with the dentist's disclosure of the limitations of the technology and the extent of the profession's and individual practitioner's experience with it. Patients must understand that AI is a statistical tool that requires the dentist's interpretation on a case-by-case basis. As appropriate, we should also inform patients when we do not possess thorough knowledge and experience in its application.

Professional Autonomy and Public Trust

AI technology crosses the line between a tool that serves as a mere device and a device that offers advice. Dentists cannot allow our dentist-machine relationship to discourage our dentist-dentist consulting relationship with our peers or obstruct our clinical judgment in the dentist-patient relationship. Failure of the dental profession to respond effectively to AI safety, privacy and transparency challenges will reduce our professional autonomy and diminish trust in the dentist-patient relationship. While developed to improve the accuracy of diagnoses and the overall quality of care, AI can only strive to improve professional decision-making, not replace it.

 D.D.S., J.D.

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NYSDJ to devote issue to what lies ahead
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The New York State Dental Journal is planning to devote its March 2023 issue to the topic "Profile of the Future Oral Healthcare Team," an examination of the current and future members of the oral healthcare workforce in dentistry. We are looking, in particular, for papers that explore improvements in the delegation of duties to uniquely trained individuals to increase access to cost-effective, quality oral healthcare. Interested contributors are asked to submit their papers electronically to the managing editor by Jan. 4, 2023. Address papers and queries to Mary Stoll, mstoll@nysdental.org; (800) 255-2100.

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Fraud, HIPAA and Telehealth

Technology is a wonderful thing, but it introduces all kinds of new considerations concerning the safe and legal conduct of the dental practice.

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

The use of telehealth has skyrocketed during the novel coronavirus (COVID-19) pandemic, including interesting uses of the mechanism in dentistry (see January 2021 *NYSDA Journal*). But with the rise of telehealth has come some alarming problems with fraud—enough to trigger a Special Fraud Alert from the Office of the Inspector General (OIG) of the United States Department of Health and Human Services (HHS). This Special Fraud Alert lays out seven specific fraud issues for dentists to be wary of.

HHS OIG noted that its concerns were driven after observing inappropriate increases in spending for federal healthcare programs such as Medicaid and Medicare, harm to patients through the provision of unnecessary care, and interference with and compromise of healthcare professional judgment and patient care.

HHS OIG further noted that in many of these telehealth arrangements, companies pay healthcare providers in exchange for ordering or prescribing items or services: 1) for purported patients with whom the healthcare providers have limited, if any, interaction; and 2) without regard to healthcare necessity. Such payments

are sometimes described as payment per review, audit, consult or assessment of patient charts. Telehealth companies often tell healthcare providers that they do not need to contact the purported patient or that they only need to speak to the purported patient by telephone.

In addition, providers are not given an opportunity to review the purported patient's real patient records. Furthermore, the telehealth company may direct providers to order or prescribe a preselected item or service, regardless of necessity or clinical appropriateness. In many cases, the telehealth company sells the order or prescription generated by the healthcare provider to other individuals or entities that then fraudulently bill for the unnecessary items and services. The seven specific issues for dentists to be alert to appear below.

1. Patient Recruitment

The patients for whom the dentist orders or prescribes items or services are identified or recruited by a teledentistry company using a tele-marketing company call center, health fair, and/or through Internet, television or social media advertising for free or low out-of-pocket cost

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items or services. In a related Web page, HHS OIG explains that federal healthcare program patients should be wary of being offered free or no-cost items or services because Medicaid, Medicare and other federal healthcare programs will never call you to offer free or no-cost items and services.

2. Insufficient Patient Information

The dentist has insufficient contact with or information from the patient, which increases the likelihood that items or services ordered or prescribed are not necessary and may actually be harmful to the patient. HHS OIG specifically mentioned telehealth companies that did not provide sufficient or genuine patient information and records to healthcare providers, including instances where telehealth companies required the provider to use audio-only technology regardless of patient preferences or the provider's professional judgment (more on audio-only teledentistry later in this article).

3. Compensation Based on Referrals

The teledentistry company compensates dentists based on the volume of items or services they order or prescribe, but which is misrepresented to the dentist as payment based on the number of patient records reviewed.

4. Federal Healthcare Program Patients Only

The teledentistry company only furnishes items and services to federal healthcare program beneficiaries, such as Medicaid or Medicare Advantage participants, and does not accept insurance from any other payor.

5. Carving Out Federal Healthcare Program Patients

The flip side of item #4 is where the teledentistry company claims to only furnish items and services to individuals who are not federal healthcare program beneficiaries, but the company actually bills federal healthcare programs. HHS OIG has long expressed concern about any arrangements that carve out federal healthcare program beneficiaries.

6. Limited Scope of Services

The teledentistry company only furnishes a single product or a single class of products, like specific prescription items, orthodontic aligners, sleep apnea devices or other similarly limited items, thereby restricting the dentist's options to a predetermined course of treatment. HHS OIG explained that this could result in care that is not necessary or is an interference with the dentist's professional judgment.

7. Lack of Follow-up

The teledentistry company does not expect dentists to follow up with patients for whom they order or prescribe services.

Particularly troublesome are arrangements where the company does not provide dentists with sufficient information to follow up with patients, which may result in dental services that are worthless or not in line with the appropriate standard of dental care. HHS OIG provided the example of a telehealth company that does not require healthcare providers to discuss with patients results for any tests they have ordered.

On top of all this, questions have arisen as to how the Health Insurance Portability and Accountability Act of 1996 (HIPAA) applies to telehealth services, particularly those that are delivered via the aforementioned “audio-only” technology. Telehealth is generally defined as the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the Internet, store-and-forward imaging, streaming media, and landline and wireless communications. Dentists can use remote communication technologies, including audio-only telehealth services, when such communications are conducted in a manner that is consistent with applicable requirements of the HIPAA Privacy, Security, and Breach Notification Rules. Note that there may be payment restrictions

on telehealth services from programs like Medicaid, Medicare or private insurance plans, but payment restrictions do not change HIPAA requirements (more on this later).

Viral Response

In March 2020, in response to the novel coronavirus (COVID-19) public health emergency, the United States Office for Civil Rights (OCR), which enforces HIPAA, issued a “Telehealth Notification” to allow for the expansion of the use of remote healthcare services. The Telehealth Notification provided that OCR would exercise its enforcement discretion and would not impose penalties on healthcare providers for noncompliance with HIPAA requirements in connection with the good faith provision of telehealth using non-public-facing audio or video remote communication technologies during the COVID-19 public health emergency (now extended to Oct. 13, 2022).

Under this Telehealth Notification, healthcare providers could use any available non-public-facing remote communication technologies for telehealth, even where those technologies, and the manner in which they were used, would not fully comply with HIPAA requirements. The Telehealth Notification will remain in effect until the COVID-19 public health emergency ends.

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However, what if there was no public health emergency? How would HIPAA apply to telehealth services in that scenario? Would HIPAA preclude things like audio-only telehealth? The answer is “no.”

HIPAA does allow for using audio-only telehealth as a delivery mechanism. The HIPAA Privacy Rule requires that covered entities apply reasonable safeguards to guard the privacy of protected health information (PHI) from impermissible uses or disclosures, including when providing telehealth services. For example, OCR expects covered healthcare providers to offer telehealth services in private settings to the extent feasible. If telehealth services cannot be provided in a private setting, dentists still must implement reasonable safeguards, such as using lowered voices and not using speakerphone, to limit incidental uses or disclosures of PHI. In addition, if the individual is not known to the dentist, the dentist must verify the identity of the individual either orally or in writing (which may include using electronic methods). HIPAA does not mandate a specific way to verify identity.

What about the requirements of the HIPAA Security Rule when using remote communication technologies for audio-only telehealth services? The HIPAA Security Rule applies to electronic-protected health information (ePHI), which is PHI transmitted by, or maintained in, electronic media. The HIPAA Security Rule does not apply to audio-only telehealth services provided by a dentist who is using a standard telephone line, often described as a traditional landline, because the information transmitted is not electronic. Accordingly, dentists do not need to apply the Security Rule safeguards to telehealth services that they provide using such traditional landlines, regardless of the type of telephone technology the individual patient uses.

However, traditional landlines are rapidly being replaced with electronic communication technologies such as Voice over Internet Protocol (VoIP) and mobile technologies that use electronic media, such as the Internet, intranets and extranets, cellular and Wi-Fi. The HIPAA Security Rule applies when a covered entity uses such electronic communication technologies. Dentists using telephone systems that transmit ePHI need to apply the HIPAA Security Rule safeguards to those technologies. Note that an individual patient receiving telehealth services may use any telephone system he or she chooses and is not bound by the HIPAA Rule when doing so. In addition, a dentist is not responsible for the privacy or security of individual patients' health information once it has been received by the individual patient's phone or other device.

Know your Technology

Some current electronic technologies that dentists use for remote communications that require compliance with the HIPAA Security Rule include:

- Communication applications (apps) on a smartphone or another computing device.

- VoIP technologies.
- Technologies that electronically record or transcribe a teledentistry session.

- Messaging services that electronically store audio messages. Potential risks and vulnerabilities to the confidentiality, integrity and availability of ePHI when using such technologies need to be identified, assessed and addressed as part of a dental practice's risk analysis and risk management processes, as required by the HIPAA Security Rule. A dentist's risk analysis and risk management should include consideration of whether:

- There is a risk the transmission could be intercepted by an unauthorized third party.
- The remote communication technology (mobile device, app) supports encrypted transmissions.
- There is a risk ePHI created or stored as a result of a teledentistry session (session recordings or transcripts) could be accessed by an unauthorized third party, and whether encryption is available to secure recordings or transcripts of created or stored teledentistry sessions.
- Authentication is required to access the device or app where a teledentistry session's ePHI may be stored.
- The device or app automatically terminates the teledentistry session or locks after a period of inactivity.

As communication technologies (networks, devices, apps) continue to evolve at a rapid pace, a robust inventory and asset management process can help dental practices identify such technologies and the information systems that use them to help ensure an accurate and thorough risk analysis.

Associate or Not?

Can you use audio-only teledentistry services without a business associate agreement with the audio-only service provider? Yes, but it depends on the service being provided. HIPAA requires a dentist to enter into a business associate agreement (BAA) with a telecommunication service provider (TSP) only when the vendor is truly acting as a business associate. A dentist using a telephone to communicate with patients is not required to enter into a BAA with a TSP that has only transient access to the PHI it transmits, because the vendor is acting merely as a conduit for the PHI.

If the TSP is not also creating, receiving or maintaining PHI on behalf of the dentist, and the TSP does not require access on a routine basis to the PHI it transmits in the call, no business associate relationship has been created. Therefore, a BAA is not needed in those circumstances. For example, a dentist may conduct an audio-only teledentistry session with a patient using a smartphone without a BAA between the dentist and the TSP, where the TSP does not create, receive or maintain any PHI from the teledentistry session and is only connecting the call.

However, a dentist must enter into a BAA with a vendor that is more than a mere conduit for PHI. For example, a dentist may

want to conduct audio-only teledentistry sessions with patients using a smartphone app offered by an electronic services provider that stores PHI via recordings or transcripts in the app developer's cloud infrastructure for the dentist's later use. In this case, the app would not be providing mere data transmission services and would instead also be creating, receiving and maintaining PHI. Because it is not merely a conduit for transmission of the PHI, the dentist would need to enter into a BAA with the app developer before the dentist can use the app with patients.

Similarly, a dentist would need a BAA with the developer of a smartphone app that the dentist uses to translate oral communications to another language to provide meaningful access to individuals with limited English proficiency because the app is creating and receiving PHI and, therefore, the developer is a business associate of the dentist.

An Upward Trend

Does HIPAA allow dentists to use remote communication technologies to provide audio-only teledentistry if an individual patient's health insurance plan does not provide coverage or payment for those services? Yes. Dentists may offer audio-only teledentistry services using remote communication technologies

consistent with HIPAA requirements, regardless of whether any health insurance plan covers or pays for those services. Health insurance coverage and payment policies for healthcare services delivered via teledentistry are separate from questions about compliance with HIPAA. It simply means that the teledentistry option may be unattractive financially even though permitted by HIPAA.

HHS OIG and OCR enforcement with respect to telehealth services of all types is on the upswing and dentists need to be mindful of that trend. However, government agencies at both the state and federal levels are also playing catch-up in the telehealth area. There are many current telehealth operations in existence that implicate the seven key areas of concern identified by HHS OIG. Do not be one of those people who is caught up in the new enforcement era as government turns its attention to things they should have been watching long before the COVID-19 pandemic radically changed the healthcare delivery picture. //

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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10 AUGUST/SEPTEMBER 2022 • The New York State Dental Journal



The Water Glass is Placed at One O'clock

*A dentist finds clues to proper patient care
in of all places a posh restaurant.*

Donald Hills, D.D.S.

A few years ago, my wife and I were dining in a five-star restaurant with some friends. The service was superb. I don't remember what I had to eat, but I certainly remember the remarkable attention to detail provided by the waiters and attendants that night. There was a water guy.

Impeccably dressed, he stood straight and proud, a white towel draped over one arm, a smooth linen apron firmly tied at the waist and crisp to his knee. He was responsible for six or so tables in the room and his only job was the water. My friend was a bit parched that evening and certainly surprised the water steward by downing his entire glass as soon as we settled into our seats. Truly apologetic, the water guy filled my friend's glass and I saw just the slightest bead of perspiration on his brow. Clearly at no time should a diner's glass at Lahaina Grill be completely void of its contents. His attention to our water was, nonetheless, world class.

In "A Gentleman in Moscow," by Amor Towles, Andre the Maître d' of the Boyarsky at the Hotel Metropol indignantly demonstrates to new hires the proper way a table is to be set. As the water glass is the main event here, I shall spare the reader the intricacies of complete silverware and plate presentation and simply point out, the water glass should be placed at one o'clock. Not twelve o'clock, not two o'clock, but one o'clock.

Our meal proceeded and between courses I excused myself to go to the men's room. I expected

my napkin to be folded and near the plate upon my return, but just to see how attentive our water server truly was, I purposely, yet discreetly, nudged my water glass way over to the three o'clock position. True to form, when I rejoined my friends, my napkin was nicely folded, the water glass was filled and poignantly repositioned to one o'clock.

And it made me think, delight in one's work and attention to detail matters.

As dentists, we too should take pride in the care we provide to our patients. Providing excellent treatment is a given, considering the little details that may be overlooked can make the patient experience truly memorable.

What defines an exceptional dental experience? To some, empathy, punctuality, impeccable cleanliness, and a warm, friendly environment are the definition of excellence. To others, 21st century digital tech and cutting-edge equipment stand out as special. However you present yourself, remember, the water guy and his laser-focused attention to his assignment. Bring that commitment to the office each day.

Be a great dentist. Remember the small things, set the table (so to speak) for great treatment and take pride in all you do. Go ahead, make the water guy proud. //

Dr. Hill is editor of the Nassau County Dental Society. His editorial is reprinted here with permission from NCDS Bulletin, Vol. 26(2), May-August 2021.

To Boldly Go Where No One Has Gone Before

It's time to discuss the benefits and risks of three-dimensional analysis and answer the questions as to under whose authority should this new technology be assigned and how much time should be allotted to this novel method of data acquisition.

Stanley A. Alexander, D.M.D.

“He is intelligent, but inexperienced; his pattern indicates two-dimensional thinking.” These were the words of Mr. Spock, reflecting on the actions of Khan Noonien Singh, a genetically engineered human from the movie “Star Trek II, The Wrath of Khan,” which premiered in 1982. As Spock alludes to this inexperienced pilot, we, too, are bound by the laws of gravity, and naively interpret our world in two dimensions, while the trained aviator, or in this case the captain of a starship in the 23rd century, is in full command of the X, Y and Z coordinates and well-versed in the true world of three or more dimensions, such as time.

As an orthodontics graduate student in the mid-1980s at Columbia University enrolled in a course titled “Functional Anatomy,” I was exposed to the novel concept of space-time^[1-2] and its application to craniofacial growth.^[3-6] The development of three-dimensional cephalometric analyses became popular with the use of new technology, cone beam computed tomography (CBCT),^[7-12] which was novel among other clinical disciplines and now applied to orthodontic diagnosis and implant dentistry. Three-dimensional applications (3-D) eventually evolved for aligner therapy that has become a major component and quotidian activity in specialty and general practice.

When quoting the physicist Werner Heisenberg, “an expert is someone who knows some of the worst mistakes that can be made in his subject, and how to avoid them,” I begin to question where the training in 3-D analysis and interpretation is taught and by whom. Are not dentists and specialists experts in their respective disciplines? How much of the current dental curriculum

in both the predoctoral and graduate levels is now channeled to this new field? I suspect a great deal of exposure is not allotted, as it requires a significant amount of time, for example, at the orthodontic graduate level to attain a level of proficiency that can then be transferred to patient therapy with growth prediction, aligner fabrication and 3-D printing.

With this new added component and the time constraints of a traditional four-year program in dentistry and additional years in specialty training, what other disciplines within the curriculum are being modified or eliminated as a result of this new technology? The answer is far more cryptic than might be expected, far more directional in whose domain claims the responsibility for its dissemination, and far more relevant to dental education. Should such skills be relegated to interdisciplinary coordination and not assigned to a single department?

Intraoral scanners are rapidly replacing impression techniques in general and specialty therapy, much to the benefit of the patient. This modern replacement, however, remains a static improvement over previous techniques, since it does not take into account or in fact need to, the subtle changes occurring over time in the craniofacial complex. In restorative dentistry, minor tooth movements with aligners, and overall orthodontic diagnosis and treatment, are we delegating this method of data acquisition and educational transfer to the dental manufacturers and, if so, are these the desultory reasons for “refinements” in aligner care due to the computer program’s inability to take into account the fourth dimension of growth in our developing teenage patients

who opt for invisible care or in the remodeling of bone at the tooth-bearing interface?

When applied to the oral cavity, 3-D applications in dentistry should always be complementary: to describe the anatomy at a stated time in all three dimensions; to assure growth and remodeling changes are incorporated into the program based upon established norms (yet already incorporating a weakness within the analysis, as it is not specific, but applies to population groups); and to assist in the fabrication of an appliance or prosthesis for patient care.

Have we acquired the tools for three-dimensional thinking? Ultimately, it will be dependent upon the goals of each institution to instill this information in its future graduates. General intelligence does not replace acquired experience but augments it. The time is now for the university to begin this transition into the world of the third and fourth dimensions of patient care. //

Queries about this article can be sent to Dr. Alexander at stanalexander427@gmail.com.



Stanley Alexander, D.M.D., is distinguished teaching professor emeritus, Stony Brook University, Stony Brook, NY.

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Association *Activities*

Gregory Hill Named NYSDA Executive Director/CEO



Gregory Hill

GREGORY D. HILL, J.D., CAE, is the new executive director and CEO of the New York State Dental Association. Mr. Hill, who spent the last eight years as executive director and CEO of the Colorado Dental Association, joined the NYSDA staff in mid-August.

Mr. Hill brings to the position decades of experience leading health-care associations. Prior to assuming the lead staff position at CDA, he was assistant executive director of the Kansas

Dental Association and executive director of the Kansas Dental Charitable Foundation. In his executive positions he has played an active role in reversing declining membership trends, implementing a robust legislative agenda, resurrecting a previously inactive for-profit subsidiary, redeveloping IT infrastructure to allow for remote operations and developing strategies for strengthening membership communication.

At NYSDA, Mr. Hill says he is committed to enhancing the member experience by creating an environment that invites dentists

to look to the organization first for their professional needs. "Now more than ever, running a dental practice is difficult," he acknowledged. "Lingering effects from COVID, workforce shortages and rising costs of supplies are creating stress on the profession. Organized dentistry must work to develop solutions to these challenges."

Additionally, Mr. Hill said he will continue the necessary work to grow, support and recognize diversity, equity and inclusion within the Association, furthering the goals of NYSDA's Diversity, Equity and Inclusion (DEI) Task Force. While at CDA, Mr. Hill oversaw DEI initiatives, including implementing and supporting a leadership development program.

Mr. Hill earned his Juris Doctor degree from the Washburn University School of Law, Topeka, KS, and a Bachelor of Science degree in Economics from Kansas State University, Manhattan, KS. He became a certified association executive (CAE) in 2016. In 2018, he was recognized as an honorary fellow of the Pierre Fauchard Academy and as an honorary alum of the University of Colorado School of Dental Medicine. At the ADA meeting in October in Houston, TX, Mr. Hill is expected to be inducted into the International College of Dentists.

Mr. Hill and his wife, Gwen, met in law school and have been married for 22 years. They have two children: Haven, 17, and Camden, 12.

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Association *Activities*



Stuart Kesner, Queens County, checks to see how Mrs. Mets's oral cancer screening is going. Dr. Kesner was among NYSDA dentists who volunteered to screen Mets fans during game.

Come for the Game, Get a Screening

A TEAM OF DEDICATED NYSDA dentists from across New York State was assembled in Queens on Aug. 6 to provide oral cancer screenings and education on cancer risk factors to Mets fans present at Citi Field for a matchup between their team and the Atlanta Braves.

Some 150 of the fans in attendance stopped by the NYSDA-erected booth to be screened and receive oral hygiene supplies and Mets swag.

The oral healthcare effort was augmented by a public service announcement developed by NYSDA, which was shown in the stadium prior to the first pitch to the attending crowd of 30,000. Additionally, an audio version of the PSA was aired on Mets radio during the preceding seven games.

It was a win for the Mets and their fans, and another successful outreach effort by NYSDA to create awareness among the public in the hope of combatting the 54,000 new cases of oral and pharyngeal cancer expected to be diagnosed this year.



NYSDA members, assisted by residents from Jamaica Hospital, screened over 150 Mets fans at Citi Field. Among the volunteers are: Cherry Libramonte, Second District; Amarilis Jacobo, Bronx County; residents Pirouz Khoubian and Samantha Calderone; Betsy Bray, NYSDA staff; Parul Makkar, Nassau County; Stuart Kesner, Queens; resident Katie McCreesh.

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In Memoriam

NEW YORK COUNTY

Mattis Fern

New York University '59
110 East 57th Street, #18A
New York, NY 10022
July 7, 2022

Michael Gelb

Columbia University '60
399 N. Broadway
Yonkers, NY 10701
October 3, 2020

SECOND DISTRICT

Howard Krigsman

New York University '70
720 Eastern Parkway
Brooklyn, NY 11213
June 18, 2022

THIRD DISTRICT

Abraham Finkel

Columbia University '63
854 Northumberland Dr.
Niskayuna, NY 12309
July 8, 2022

SEVENTH DISTRICT

Margaret Dennison

University at Buffalo '89
8130 Centre Lane
East Amherst, NY 14051
June 12, 2022

Richard Masucci

University at Buffalo '59
14 Pebble Ct.
Okatie, SC 29909
July 3, 2022

George McVey

University at Buffalo '66
12 Brickstone Circle
Rochester, NY 14620
June 14, 2022

Howard Rockoff

University at Buffalo '62
5558 Ainsley Ct.
Boynton Beach, FL 33437
July 15, 2022

NINTH DISTRICT

Leonard DeLucia

New York University '88
109 Montgomery Ave., #201
Scarsdale, NY 10583
July 4, 2022

CORRECTION

In the June/Julyo Journal, we inaccurately reported the death of Allen Russell of New York City (Columbia U '70). This report was based on incorrect information received from the ADA. The Journal and the New York State Dental Association regret the error and apologize to Dr. Russell and his family.

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Oct 26: Clinical Challenges in Sinus Floor Augmentation
Nov 16: Anterior Open Bite Malocclusions
Nov 30: Achieving Predictable Success in Endodontics
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A Fond Farewell

NYSDA bid a final farewell in June to longtime Executive Director Dr. Mark J. Feldman, whose death in November 2021 left the Association shaken and its members saddened. The Association devoted the opening of its House of Delegates meeting to a memorial in honor of Dr. Feldman. It was a chance for his colleagues and NYSDA staff to remember him and pay him tribute in words and photos.



Photos by Jenn Meek

HOD delegates remember Dr. Mark Feldman through video presentation recalling his life in photos and oral tributes.



President Kevin Henner shares anecdotes from time he spent with Dr. Feldman.



NYSDA officers and staff welcome Dr. Feldman's son Eric, who represented the Feldman family at the memorial portion of the meeting.



Dr. Henner presents Eric Feldman with NYSDA's highest honor, William Jarvie and Harvey Burkhart Award, given to Dr. Feldman for his service to mankind in field of dentistry.



Eric Feldman views the awards presented posthumously to his father. They included Jarvie-Burkhart and Distinguished Service, first time in history of the Association the two awards were given to same person.

A Swell Party

It is customary at every House meeting to throw a party in honor of NYSDA's currently serving president. This year's gala was held to honor two presidents: 2021-2022 President Kevin J. Henner and 2019-2020 President Payam Goudarzi. Dr. Goudarzi had to forgo his celebration because of the COVID-19 pandemic.

The Presidents' Dinner Gala on June 11 took place in Universal Preservation Hall, a converted church in downtown Saratoga Springs. Other honorees included the officers who served alongside Dr. Henner this past year. They are: President-Elect James E. Galati, Vice President Anthony M. Cuomo, Secretary-Treasurer Frank C. Barnashuk, Speaker of the House Steven Gounardes and Immediate Past President Craig Ratner. The Gala was dedicated to the memory of Dr. Mark Feldman, NYSDA Executive Director, who died in November 2021.

A gallery of photos of celebrants is presented here.



Dr. Henner celebrated the night with significant other, Ann Migione.



One of the men of the hour, Dr. Kevin Henner, and son, Jacob.



Dr. Payam Goudarzi, whose presidency fell victim to the pandemic, shared the spotlight with Dr. Henner. He is accompanied by his family—wife, Monjela, and sons Cyrus, left, and Nick.



The night was made for spending time with friends. From left, Jaqueline Samuels, Sonia Singh, Fabiola Milord, Renuka Bijoor, Amarilis Jacobo, Oksana Golovina, unknown, Mina Kim, Luisa Fernandez.



James Galati, installed NYSDA President, 2022-23, at June House meeting with wife, Kelli.



NYSDA Trustee Amarilis Jacobo.



Past president David Miller and wife, Patrice. Dr. Miller received 2022 Pierre Fauchard Academy Distinguished Service Award earlier in the day.



Anthony Cuomo, NYSDA President-Elect, 2022-23.



NYSDA Trustee Luis Mauleon and wife, Kristina Kapur.



Prabha Krishnan, left, installed NYSDA Vice President at the June House meeting, with Colleen Dowd.



NYSDA Trustee Maurice Edwards with wife, Michelle, and daughter, Brianna, meets up with Alyson Buchalter, Second District.



Judith Shub and husband, NYSDA Trustee Steven Essig. Earlier in day Dr. Shub was honored by Pierre Fauchard Academy, which presented her with its 2022 Honor Award.



NYSDA Trustee Theresa Casper-Klock and husband, Vincent.

Nominees Sought for NYSDA Honors

The NYSDA Council on Awards is seeking nominations for the Association's two merit awards—the William Jarvie and Harvey J. Burkhart Award and the New York State Dental Association Dr. Mark J. Feldman Distinguished Service Award.

The council will consider nominees according to its criteria and guidelines for selecting recipients. The guidelines are printed here. The council expects to make its selection at its teleconference at noon, Monday, Nov. 21, although it reserves the right to withhold either of the awards if it feels no nominee meets the criteria.

The 2023 Jarvie-Burkhart Award and Distinguished Service Award will be presented in June at the NYSDA Annual Session. Nomination forms appear on the following page. Nominations must be submitted no later than Friday, Nov. 11.

Awards Criteria and Guidelines

The William Jarvie and Harvey J. Burkhart Award

The William Jarvie and Harvey J. Burkhart Award (also referred to as the Jarvie-Burkhart Award) is the highest honor bestowed by the New York State Dental Association and is presented in recognition of great service rendered mankind in the field of dentistry. It may be awarded to an individual dentist, a nondentist or an organization. To be considered for the Jarvie-Burkhart Award, nominees must have demonstrated advancement in at least one of the following areas:

- promotion of continuing dental education;
- advancement of dental research;
- philanthropic endeavors in the field of dentistry; or
- original contributions to the science and application of dentistry.

Nomination Procedure: Annually, notice shall be published in an official publication of the New York State Dental Association in the month of September, requesting nominations for the Jarvie-Burkhart Award. The notice shall include the eligibility criteria, as well as the guidelines and instructions for submitting a nomination. The nomination form for the Jarvie-Burkhart Award shall be available from the New York State Dental Association's Headquarters Office or from the Association's website (www.nysdental.org). The completed form must include pertinent information detailing the accomplishments of the nominee in the field of dentistry. In addition, the nomination must include corroborative endorsements and testimony from as many sources as possible substantiating the great service that has resulted from these accomplishments.

The deadline for submitting applications shall be Nov. 11 after notice has been published. The Council on Awards shall meet to consider all eligible nominees and make its recommendations and report to the Board of Trustees before the first meeting of the Board of Trustees in the year following the Nov. 11 deadline for submission of nominations. Should the Board determine that an eligible nomi-

nee is to receive the award in accordance with Chapter V, Section 100 of the Bylaws, the Jarvie-Burkhart Award shall be presented at the Annual Session of the New York State Dental Association.

Inasmuch as the Jarvie-Burkhart Award is the highest award that NYSDA can bestow, it must not be seen as synonymous with the Distinguished Service Award, which was established to recognize an individual's contributions to organized dentistry. Therefore, the Jarvie-Burkhart Award is not necessarily given every year. The Council on Awards shall only recommend presentation of the Jarvie-Burkhart Award if the council is of the opinion that the above criteria and guidelines have been met.

Nominations of members serving on the Council on Awards must be deferred until completion of their service on the council.

The New York State Dental Association Dr. Mark J. Feldman Distinguished Service Award

The New York State Dental Association Dr. Mark J. Feldman Distinguished Service Award is presented to an individual in recognition of numerous years of meritorious service and commitment to the Association. The criteria to be considered in determining eligibility for the Distinguished Service Award include:

- contributions to the New York State Dental Association;
- contributions to organized dentistry as a whole;
- the offices and positions held; and/or
- the tenure of the individual's service

Nomination Procedure: Annually, notice shall be published in an official publication of the New York State Dental Association in the month of September requesting nominations for the Distinguished Service Award. The notice shall include the eligibility criteria, as well as the guidelines and instructions for submitting a nomination. The nomination form for the Distinguished Service Award shall be available from the New York State Dental Association's Headquarters Office or from the Association's website (www.nysdental.org). The completed form must include pertinent information substantiating why the individual being nominated should be considered.

The deadline for submitting applications shall be Nov. 11 after notice has been published. The Council on Awards shall meet to consider all eligible nominees and make its recommendations and report to the Board of Trustees before the first meeting of the Board of Trustees in the year following the Nov. 11 deadline for submission of nominations. Should the Board determine that an eligible nominee is to receive the award in accordance with Chapter V, Section 100 of the Bylaws, the Distinguished Service Award shall be presented at the Annual Session of the New York State Dental Association.

Nominations of members serving on the Council on Awards must be deferred until completion of their service on the council.

2023 William Jarvie and Harvey J. Burkhart Award

NOMINATION FORM

(Deadline for Submission – November 11, 2022)

Name of Nominee:

Submitted by:

The William Jarvie and Harvey J. Burkhart Award (also referred to as the Jarvie-Burkhart Award) is the highest honor bestowed by the New York State Dental Association and is presented in recognition of great service rendered mankind in the field of dentistry. It may be awarded to an individual dentist, a nondentist or an organization. To be considered for the Jarvie-Burkhart Award, nominees must have demonstrated advancement in at least one of the following areas:

- promotion of continuing dental education;
- advancement of dental research;
- philanthropic endeavors in the field of dentistry; or
- original contributions to the science and application of dentistry.

Please specify how the nominee has accomplished advancement in the areas noted above.

Please fill in circle if continued on attached pages.

Please list any other reasons you believe the nominee is deserving of this award.

Please fill in circle if continued on attached pages.

Please attach curriculum vitae or other appropriate documents detailing the background and general information regarding the nominee. Remit to:

New York State Dental Association
20 Corporate Woods Blvd., Ste. 602
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Maxillary Sinus Foreign Body From an Unusual Source

Provisional Prosthesis Material

Daniel Sultan, D.D.S., M.D; Peter Balacky, D.D.S.; Peter Protzel, D.D.S., M.D.

ABSTRACT

Background: Antral foreign bodies disrupt normal sinus drainage and can lead to sinusitis and infection. These foreign bodies can arise from many sources, including several unique to the dental setting.

Case Description: Typical sources, like displaced teeth, roots and root canal filling materials, would be iatrogenically introduced at the time of sinus violation. However, we report the unusual case of displaced provisional prosthesis material introduced via a small and almost invisible oroantral fistula several years following extraction.

Practical Implications: In light of this case, we emphasize the importance of the Valsalva test to diagnose oral antral fistulas following extractions and prior to restoration.

A 28-year-old male presented to our office in 2020 with sinus pain and suppuration coming from a chronic oral antral fistula in the site of previously extracted tooth #14. Although there was a larger bony dehiscence underneath, the gingiva had mostly closed over the

fistula, to such an extent that only a pinpoint orifice was visualized. Tooth #14 was extracted four years prior, in 2016, by another dentist. The oral antral communication was likely created at that time.

The patient was symptom-free until this year. He had a three-unit bridge extending from tooth #13 to tooth #15 with a pontic covering edentulous site #14, which likely provided a partial seal over the fistula. Of note, mild opacification of the sinus can be seen on panoramic radiograph in 2016 (Figure 1).

By the end of 2019, due to recurrent decay, the bridge was removed and the caries were excavated. The teeth were then prepared for a new bridge, and a provisional prosthesis was fabricated using a bis-acrylic-based composite resin. The bis-acrylic resin came in a preloaded cartridge and was either directly injected around the prepared teeth and/or placed in a stent and placed over the prepared teeth and allowed to cure. Two weeks later, the final bridge was cemented in place.

The patient then returned in another two months with severe maxillary sinus pain and pressure, as well as hemopurulent discharge coming from under the bridge. A panoramic radiograph (Figure 2) and CT scan (Figure 3) revealed an antral foreign body and complete opacification of the left maxillary, ethmoid and frontal sinuses. Between visits, serial panoramic imaging showed rotation of the foreign body (Figure 4).

The bridge was sectioned and the pontic #14 was removed. The patient was taken to the operating room for the multidis-

ciplinary approach with oral and maxillofacial surgery and otolaryngology. A transnasal approach with functional endoscopic sinus surgery was utilized to remove the foreign body, and an intraoral approach for closure of the OAF was completed with a local buccal advancement flap (Figure 5). The retrieved foreign body was consistent with cured resin from the provisional prosthesis that was extruded through the fistula into the sinus (Figure 6).

At subsequent follow-up, the patient healed uneventfully and his symptoms had resolved.

Discussion

The floor of the maxillary sinus or antrum consists of the alveolar process and the hard palate. In the posterior maxilla, the bone of the antral floor can be very thin and in some cases the apices of the posterior teeth can project through this bone. In these cases, there may be paper-thin or no bone directly intervening, and the roots may be covered by only the Schneiderian membrane of respiratory epithelium which lines the maxillary sinus.^[1]

Due to the proximity of the roots and the thinness of the antral floor, an oral antral communication (OAC) can result from the extraction of the maxillary posterior teeth.^[2] An OAC is a pathological communication between the oral cavity and maxillary sinus through the loss of the soft tissues and hard tissues that normally separate these cavities. An oral antral fistula (OAF) results from the persistence of this communication as epithelialization occurs and a fistula is formed.^[3]

Cadaver studies have differed as to whether the second premolar^[4] or second molar^[5] are closest in proximity to the sinus. Interestingly, the first molar was found by multiple studies^[6,7] to be the most commonly extracted tooth resulting in an OAC, followed by the second molar, followed by the third molar and second premolar equally. The incidence may be related to not only the proximity but the difficulty of the extraction as well. It is a common complication with a reported incidence of 5%^[8] to 13%,^[9] although most are subclinical and heal spontaneously without intervention.^[10]

Spontaneous closure is less likely when the defect is greater than 5 mm.^[11] The incidence of persistent and clinically significant communications can be as little as 0.3% based on a retrospective study of nearly 30,000 extractions.^[7]

Great care must be taken during dental treatment not to introduce foreign bodies into the antrum via an OAC or OAF. The mechanical obstruction resulting from these foreign bodies disrupts normal sinus drainage and can lead to sinusitis and infection.^[12] While some patients remain asymptomatic, most present with symptoms of facial pain, nasal stuffiness and obstruction, purulent or blood-stained, foul-smelling discharge, postnasal drip, epistaxis, headache and tenderness over the involved sinus.^[13]



Figure 1. Panoramic radiograph in 2016 following extraction of tooth #14.



Figure 2. Panoramic radiograph in 2020 showing antral foreign body.

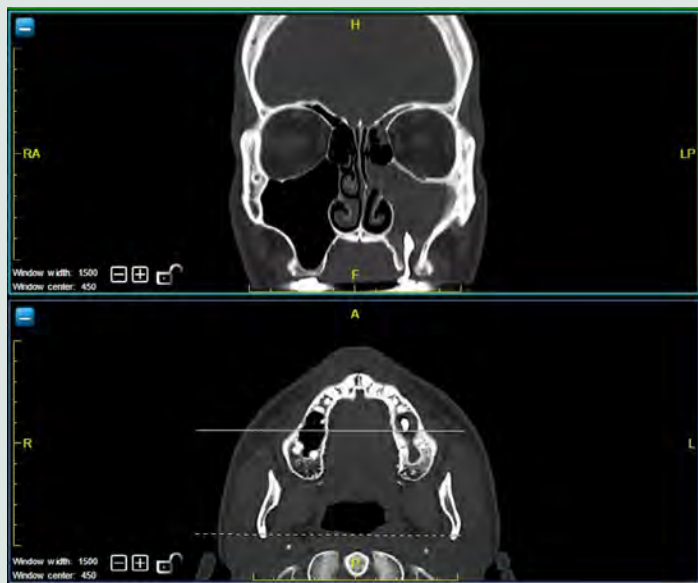


Figure 3. CT scan, coronal and axial views, in 2020 showing antral foreign body.



Figure 4. Serial panoramic radiograph in 2020 showing rotation of foreign body.



Figure 5. Intraoral approach for closure of the OAF via a local buccal advancement flap.



Figure 6. Retrieved foreign body consistent with cured resin.

In some cases, the antral foreign body can become calcified as mineral salts, especially calcium phosphate and calcium carbonate, precipitate and encrust the foreign body. This phenomenon is known as an antrolith. The core of the antrolith can be composed of endogenous normal or abnormal body tissues like teeth, blood or mucus, or the core could be of exogenous origin involving different materials originating from outside the body.^[13] However, antroliths are very rare, with only a few dozen reported cases described in the literature. Antral foreign bodies without incrustation are not rare, and these non-encrusted foreign bodies are not true antroliths despite sometimes being labeled as such.

The literature documents an impressive variety of displaced materials, including cotton,^[14] paper,^[15] snuff,^[16] glass,^[17] grass,^[18] matchsticks,^[18] and, even, a living leech.^[19] In addition, there are several materials that uniquely arise in a dental setting, including dislodged teeth or roots, implants,^[20] dental burs,^[21] extruded calcium hydroxide,^[22] gutta-percha^[23] and impression material.^[24]

As displaced teeth, roots, implants, broken instruments and root canal filling materials would all be introduced at the time the acute communication is created, the complication would likely be detected by the clinician and treated immediately. On the other hand, provisional prosthesis and impression materials would likely be introduced by a second clinician unaware of the possibility of the communication many weeks, months or, even, years later. Further, these patients may have little or no symptoms alerting the second clinician, as in our case.

In light of this, we emphasize the importance of diagnosing sinus communications or fistulas both at the time of surgery and

prior to obtaining impressions and fabricating prostheses. At the time of extraction, the surgeon may notice the perforation directly if the exposure is 2 mm or greater. The sinus membrane may be noted at the apex of the extraction socket moving with respiration. However, for smaller communications, if suspected, one can utilize the Valsalva test.^[25] This can be accomplished by the patient pinching his or her nose and gently attempting to force air through the nostrils. As this is being performed, the surgeon should observe the surgical site closely for any air movement or bubbles emanating from the socket.^[26]

When detected, the communication should be repaired immediately or within 24 hours. There are various surgical techniques for its closure depending on the size of the defect and the presence of infection. Patients may also be prescribed antibiotics and decongestants to aid in healing and prevent infection. In the absence of sinus disease, immediate closure has high success rates for healing, approaching 95%.^[27] Larger defects that are either undiagnosed or left untreated will rarely heal on their own but, rather, will mature into an OAF.

Patients with chronic oral antral defects will generally experience symptoms of nasal regurgitation of liquid, altered nasal resonance, difficulty in sucking through a straw, unilateral nasal discharge, bad taste in the mouth, and a whistling sound while speaking. Some patients, however, will be asymptomatic. Therefore, careful clinical inspection of the healed extraction site is warranted. The fistula may appear as an orifice or a gingival defect, though it may be small and almost invisible. In some cases, the fistula appears not as an orifice but as a polyp or soft-tissue overgrowth. The Valsalva test should again be utilized where air or

a whistling sound may be detected. Air bubbles, blood or mucus discharge may also be seen emanating from the orifice. The escape of air can also be seen on a mouth mirror placed directly over the orifice causing it to fog.^[28] The Valsalva test, along with careful clinical inspection, is quick, easy to perform, and can effectively diagnose OAFs. In light of this case, we recommend its routine usage following extractions and again before obtaining impressions and fabricating prostheses. //

None of the authors reported any disclosures. Queries about this article can be directed to Dr. Sultan at dansulta@gmail.com, dansultan@northwell.edu, sultond2@nychhc.org.

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Antihypertensive Drug-induced Orofacial Angioedema

Case Reports

Daria Vasilyeva, D.D.S., M.A.; Ashley Houle, D.D.S., M.D.; Louis Mandel, D.D.S.

ABSTRACT

The antihypertensive medications, angiotensin-converting enzyme inhibitors and angiotensin receptor blockers can cause orofacial angioedema (AE). Because the AE can result in serious complications, the dental practitioner must be prepared to make a prompt diagnosis.

Knowledge of a patient's medications is an inherent and vital aspect of any dental examination. Many medications cause adverse reactions whose head and neck manifestations are often first seen by the dental practitioner. The dentist must become aware of the orofacial signs and symptoms that may be caused by these agents. Recognition can prevent serious and/or fatal outcomes. Unfortunately, diagnosis and treatment are frequently delayed because the problem is often misdiagnosed and attributed to other causes, some of which are mistakenly thought to be dental-related.

A not-infrequent adverse reaction from the commonly prescribed antihypertensives, angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) is orofacial angioedema (AE). The authors wish to call the dental profession's attention to this untoward reaction, and simultaneously emphasize the importance of making a prompt diagnosis.

The AE caused by ACE inhibitors or ARBs usually involves the head and neck, and is defined as a painless, non-inflammatory, non-pitting, non-pruritic, asymmetric edema that can involve the skin, subcutaneous tissues and mucous membranes. The AE may become fatal if it progresses to airway obstruction.^[1-11] The incidence of AE with ACE inhibitors has been reported to range from .1% to .7%,^[1,8,12-16] but appears to be somewhat lower when ARBs are prescribed.^[5,10,16-18] The onset of AE may begin within a few hours or weeks following either medication's ingestion, or its appearance may be delayed for many years following prolonged medication use.^[14-21] Dosage does not seem to be a factor in the development of the AE.^[5]

The areas of swelling caused by these drugs, in order of frequency, are the oral mucosa, tongue, lips, facial cheek and neck.^[7,12] Initially, the edema is mild and resolves rapidly. Multiple transient recurrences can develop, and there is some tendency to increase in severity as time progresses.^[2,16] Even a slight swelling should be recognized as an early sign of a potentially serious problem. The average age of AE onset has been reported to be 52 to 62 years, with 65% of the patients being female.^[16-21] African-Americans are thought to be more susceptible than Caucasians to the condition.^[8,22]

From Columbia University College of Dental Medicine, New York, NY

Case reports of three patients are presented to illustrate the signs and symptoms of orofacial AE associated with the use of ACE inhibitors or ARBs.

Case Reports

Case #1

A 62-year-old male was seen in the hospital's emergency room because of the 24-hour presence of a painless edematous tongue swelling (Figure 1). There was some difficulty with speech and deglutition.

The patient's medical history indicated that he was being medicated for reflux disease (omeprazole), an enlarged prostate (tamsulosin), elevated cholesterol (atorvastatin) and hypertension. He stated that he had no allergies. Because of his elevated blood pressure, lisinopril (20 mg daily), an ACE inhibitor, has been prescribed for the past 10 years. According to the patient, there have been no previous episodes of orofacial edema despite his long-term use of lisinopril.

Because of a concern regarding airway blockage, intravenous steroid therapy was administered and the patient was observed for 12 hours, during which time significant resolution of the tongue swelling occurred. An oral prednisone taper was prescribed and the patient was allowed to go home. The next day, he reported that the tongue swelling had totally resolved. He was told to discuss the use of alternative antihypertensives with his internist.

Case #2

A 59-year-old male was seen in Columbia University College of Dental Medicine with a one-day painless swelling of the lower lip (Figure 2). Palpation revealed that the lower lip was edematous and not indurated. Pruritis was not present. Intraorally, no dental pathology was evident.

A medical history indicated that other than a history of hypertension and elevated cholesterol, there were no medical issues or history of any allergies. To address the patient's hypertension, the ARB irbesartan (150 mgm twice a day) has been used as a medication for the past seven years. His other medications included rosuvastatin because of an elevated cholesterol level and the diuretic hydrochlorothiazide. No other medications have been used by the patient.

During the seven years of ARB therapy, there were no previous episodes of orofacial AE. Because the AE was limited to the lip and had stabilized, no therapeutic intervention was advised. The swelling resolved spontaneously within 36 hours. The patient was referred to his internist for further evaluation.

Case #3

A 62-year-old female was referred by her dentist to the Columbia University College of Dental Medicine in May 2017 regarding a right facial swelling present for three days. By the time the patient was seen, no swelling was evident. She did state that during



Figure 1. Case 1: Angioedema of tongue.



Figure 2. Case 2: Angioedema of lower lip.



Figure 3. Case 3: Right facial swelling extends to inferior border of mandible. There is significant obliteration of right nasolabial fold.

the previous year, a similar transient (two days) swelling had occurred on the left side.

Her medications included the ARB valsartan (160 mg daily), which was first prescribed in 2012 for her hypertension. Montelukast for asthma and atorvastatin for an elevated serum cholesterol level have also been prescribed. No other medications were being used. The patient stated that the swelling had disappeared 48 hours prior to her visit. Extraorally, palpation of the facial tissues revealed them to be normal in tone and painless. No cervical lymphadenopathy was evident. Intraorally, the mucosa was normal in appearance and no dental pathology was noted. Because no definitive diagnosis could be made, she was advised to return immediately if the swelling recurred. In the presence of a visible swelling, a more accurate evaluation could be made.

In September 2017, the patient phoned to say the right facial swelling had returned. She was seen the next day when, according to her, the swelling had now subsided significantly. Nevertheless, a moderate swelling was still apparent (Figure 3). The extraoral examination revealed a visible swelling of the right facial buccal soft tissues that extended from the right infraorbital area to involve the soft tissues over the inferior border of the body of the right mandible. The right nasolabial fold was mostly obliterated. Visibly, no erythema was seen and pruritis was absent. Palpation

of the distended right buccal tissues caused no pain, and there was no induration. The tissues did feel edematous, but pitting was not evident. A diagnosis of AE caused by the ARB was made.

The patient was referred to her physician who prescribed an alternative antihypertensive. Subsequent contact with the patient (nine months later) indicated that the facial swelling had subsided one day after her visit and that there had been no recurrences.

Discussion

Facial edema associated with the angiotensin-related antihypertensives was first reported by Jett in 1984.^[23] The causation of the AE from an ACE inhibitor differs from that caused by an ARB. An ACE inhibitor blocks the activation of ACE, otherwise known as kinase II. Kinase II stimulates the conversion of angiotensin I to II, a vasoconstrictor that serves to inactivate bradykinin.^[6-8,14,16,18] The chemical mediator bradykinin encourages vasodilation and increases capillary permeability. Because bradykinin is not inactivated, its ability to favor tissue edema from a vasodilation and an increase in capillary permeability is significantly enhanced. The resulting AE is not allergic in origin, as determined by the absence of eosinophilia and/or an elevated serum IgE.^[16]

ARBs were introduced as alternatives to the ACE inhibitor. It was falsely thought that the change would avoid the AE encoun-

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tered with an ACE inhibitor. Nevertheless, the ARB has also been shown to cause AE.^[5,10,16-18] The exact role of the ARB in producing AE is not fully understood. It has been suggested that ARBs selectively block vascular AT1 receptors. Consequently, the unopposed AT2 receptors are activated. This process results in an elevated level of tissue bradykinin that then causes AE from the increase in vasodilation and vascular permeability.^[14,18,24,25] Regardless of the mechanism of action, the signs and symptoms of ARB edema are essentially the same as those caused by the ACE inhibitors.

Our patients represent classic examples of orofacial AE associated with an ACE inhibitor or an ARB. Specifically, the ARBs irbesartan and valsartan have been reported as causative agents.^[5,11,14,26-28] The ACE inhibitor lisinopril has been similarly cited.^[29,30] Over a five-year span, our third patient had three mild and transient episodes of facial edema. The left side was involved once, while there were two episodes involving the right buccal tissues. All episodes resolved rapidly with no treatment.

Our first and second patients each had only one episode of AE, despite their long use of the inciting medication. The tongue (Case 1), lip (Case 2) and cheek (Case 3) swellings rapidly resolved. Nevertheless, there is a tendency for AE episodes to intensify in time and even become life-threatening. Progression to airway compromise, with its need for intubation or tracheostomy, is a threatening possibility.

AE has varied origins and a differential diagnosis is required. Many AEs are related to allergies from food that may contain substances that encourage mast cell degradation with the resulting release of the edema-causing mediator histamine.^[7,18,20,22] Other acquired causes of AE include temperature extremes, some other medications and trauma.^[8] Hereditary AE is an autosomal dominant defect of C-1 esterase inhibitor, whose absence can readily be detected through serologic testing.^[7,18,22] Of interest is the fact that edema that involves areas other than the head and neck is rarely seen in association with an ARB or an ACE inhibitor.^[16]

Treatment

The orofacial AE symptomatology associated with an ACE inhibitor or ARB can be mild or severe. Mild transient episodes of edema not only require reassurance, but also demand medical referral for medication re-evaluation. In severe cases, the treatment protocol involves the use of intravenous steroids, diphenhydramine and intramuscular epinephrine. This approach has proven to be the therapeutic standard. A need for intubation or tracheostomy is dependent upon the existence and severity of airway obstruction, combined with the patient's response to the administered therapeutic agents. 

Queries about this article can be sent to Dr. Mandel at lm7@cumc.columbia.edu.

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An Overview of Maxillofacial Rehabilitation for the General Dentist

Vladimir Frias, D.D.S., M.S.

ABSTRACT

The rehabilitation of the maxillofacial patient is mostly carried out in a multi-specialty treatment environment, such as a comprehensive cancer center, where multiple specialists are available to treat the numerous concerns and complications that may occur. Many of these patients are seen by the maxillofacial prosthodontist at the same time as the other members of the team, and maxillofacial rehabilitation can be treatment planned and performed expediently. Some patients, however, are treated without rehabilitation in mind and go years without appropriate referrals. A knowledge of the multiple types of prostheses available will allow the general practitioner to decide if a patient will benefit from maxillofacial care and make the appropriate referrals.

Maxillofacial prosthetics is the subspecialty of prosthodontics that deals with the creation of prostheses or appliances for structures beyond the immediate dental and alveolar region.^[1,2] Maxillofacial prosthetics programs are generally one-year fellowships for graduates of three-year prosthodontic residencies that allow the practitioner to concentrate on learning the added techniques

utilized in intraoral and extraoral rehabilitation. Although the primary focus is rehabilitating the structures in the oral and maxillofacial region, the scope of the specialty extends to the replacement of vital structures of the head and neck region, as well as the creation of somatic prostheses to replace missing structures in other sites of the body, such as the breast or shoulder.^[3]

Other common procedures include the creation of devices that are not rehabilitative but assist in the delivery of other medical and dental treatments. Some of these prostheses are used to protect healthy orofacial structures during radiation therapy.^[4,5] Other devices include appliances that reposition oral structures for improved function or alleviation of trismus symptoms.^[6]

Most hospitals that perform ablative cancer surgery or provide treatment for congenital craniofacial deformities will have an affiliated maxillofacial prosthodontist, and referral to a regional cancer center is the most expedient way to obtain treatment. An added benefit to treatment at an academic or hospital-based institution is that most maxillofacial prosthetic procedures can be covered under medical insurance if the defect results from medical or surgical intervention. In cases where referral to a comprehensive cancer center is not possible, a referral to a local prosthodontist is often the best option, as maxillofacial rehabilitation is part of all prosthodontic training programs.

Intraoral Maxillofacial Prostheses

Most intraoral prostheses are created to replace a missing structure of the maxillary or mandibular jaw. The most common max-

illary prosthesis is the obturator, which repairs a defect in the jaw and separates the nasal cavity or maxillary sinus from the oral structures. Loss of maxillary structure is often caused by ablative care for cancer patients but can also be caused by congenital defects like oral clefts or infections like syphilis.^[7] Other possible causes for loss of maxillary structure are trauma or drug abuse. The use of an obturator allows the patient to eat and drink without regurgitation into the nose or sinus and improves the quality of the patient's speech while providing a support framework for the lips, cheeks and other structures.

Obturators may also be described by method of retention, whether created with a complete denture framework and supported by the remnant edentulous ridge, created with a partial denture framework and supported by remaining dentition as well as appropriate use of the residual ridge and other oral structures, or implant-retained. For many surgically created defects, the maxillary obturator is initially designed as an edentulous plate that can be ligated to the remnant teeth or ridge with wire or sutures. The obturator is created from presurgical models and a modification of an immediate denture technique is used.^[8]

In edentulous cases, suturing to the adjacent tissues or use of bone fixation screws can help retain the obturator. These surgical obturators are placed after resection of the diseased tissue and the resultant defect can be filled in by surgical gauze or a tissue conditioner reline (Figures 1,2). This allows the patient to wake from surgery with an immediate replacement of the missing jawbone and improves speech, swallowing and cosmetics. The maxillofacial prosthodontist is an integral part of the surgical team and is closely involved with the patient's postsurgical healing.

After a week, the surgical obturator is replaced with an interim obturator, generally constructed from a duplicate of the presurgical models (Figures 3,4). This obturator is all-acrylic with wrought clasps and denture teeth, which allows the patient to remove the prosthesis as needed and also allows for adjustment and relines as the healing process occurs. After complete healing of the defect and other adjuvant medical or radiation therapy, treatment is complete, a definitive maxillary obturator can be created (Figures 5,6).

Obturators can also be classified by location or type of tissue involved, including hard- or soft-palate obturators, as well as combined obturators. Many soft-palate obturators are classified as speech aid prostheses, as the primary objective is to restore velopharyngeal defects that may not otherwise affect swallowing^[9] (Figure 7). Other types of maxillary prostheses commonly encountered are the palatal lift appliance,^[1] which supports a neurologically or physically incompetent palate, or a palatal augmentation appliance, which decreases the volume of the oral cavity to compensate for missing tissue volume of the tongue or neurologic insufficiencies. These are often called palatal drop or glossectomy prostheses.^[11]

TYPES OF MAXILLOFACIAL PROSTHESIS

Intraoral Prostheses

1. **Postsurgical**
 - a. Maxillary obturators
 - b. Mandibular resection prostheses
 - c. Palatal augmentation prostheses
 - d. Palatal lift prostheses
2. **Congenital**
 - a. Cleft palate obturators
 - b. Speech aid appliances
 - c. Mandibular defect prostheses
3. **Traumatic**
 - a. Maxillary obturators
 - b. Mandibular defect prostheses

Extraoral Prostheses

1. **Postsurgical**
 - a. Auricular prostheses
 - b. Nasal prostheses
 - c. Ocular prostheses
 - d. Orbital prostheses
 - e. Mid-facial prostheses
 - f. Breast and somato-prostheses
2. **Congenital**
 - a. Auricular prostheses
 - b. Ocular prostheses
3. **Traumatic**
 - a. Ocular prostheses
 - b. Auricular prostheses
 - c. Nasal prostheses
 - d. Digital prosthetics
 - e. Cranial plate prostheses

Appliances

1. **Radiation devices**
 - a. Radiation carriers
 - b. Radiation shields
 - c. Radiation positioners
2. **Surgical appliances**
 - a. Surgical stents
 - b. Surgical positioners
3. **Jaw-repositioning devices**
 - a. Custom trismus appliances
 - b. Mandibular repositioning devices



Figure 1. Immediate maxillary surgical obturator on prepared cast.

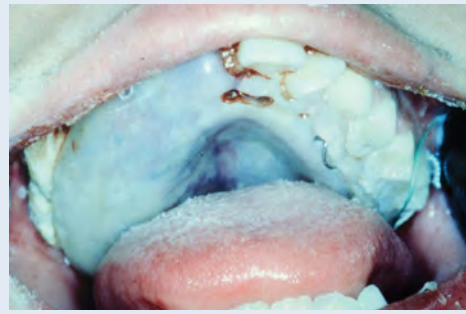


Figure 2. Surgical obturator ligated to residual dentition.



Figure 3. View of healing maxillary resection site.



Figure 4. Interim obturator in place.



Figure 5. Intaglio view of maxillary definitive obturator.



Figure 6. Maxillary definitive obturator in position.

In cases where reconstruction of the maxilla with osseous bone transfer and musculocutaneous flaps has been accomplished, implant-supported prostheses are also an option. Some of these are similar to the results attained by conventional implant dentistry; however, due to the volume of tissue lost, many of these will require an extensive superstructure and multiple sleeves and copings that resemble early high-water designs. In most cases with extensive removal of supporting tissue, esthetics and phonetics predicate the use of removable prostheses over fixed prostheses.

In the mandible, the most common type of prosthesis is the mandibulectomy or resection prosthesis.^[12] Depending on the extent and location of the tissue volume lost, the prosthesis may closely resemble a conventional complete or partial denture with a severely limited basal seat and a shortened dental arch (Figure 8). The reduction of the arch length does not significantly affect the patient's function; however, the lack of retention, stability and support for the prosthesis is a major concern. The use of implants to retain a fixed or removable prosthesis often improves the patient's ability to function even with severely compromised

arches. In some cases, the mandibulectomy prosthesis is not created for mastication but functions primarily to reposition the resected jaw fragment into an acceptable path of closure; and in lieu of teeth, a functional balancing ramp is used to allow the teeth on the non-affected side to achieve intercuspation (Figures 9,10). In cases where a mandible has been reconstructed with a graft, implant prostheses are a viable solution, and the use of fibular grafts as a site for the placement of dental implants has become commonplace^[13] (Figure 11).

Another common internal prosthesis is the nasal septal prosthesis, often called a nasal button. Although this prosthesis is technically not an intraoral prosthesis, it works similarly to an intraoral obturator, as it closes an opening that develops in the septum of the nose that cannot be closed surgically. Most of these prostheses are custom made out of medical grade silicone in either a one-piece design that can be pulled into place from one nostril into the other or with mechanical or magnetic snaps that allow the fenestration to be closed from both sides of the septum.^[14]



Figure 7. Speech aid prosthesis with soft palate bulb.



Figure 8. Mandibular resection prosthesis.



Figure 9. Balancing ramp in position on maxilla.



Figure 10. Residual mandibular fragment guided into appropriate intercuspation.



Figure 11. Implant-supported prosthesis for fibular graft.



Figure 12. Custom tracheostomy prosthesis in position.



Figure 13. Craniofacial implants in mastoid process.



Figure 14. Silicone auricular prosthesis with magnetic retention.



Figure 15. Midfacial defect requiring intraoral and extraoral prostheses.

A tracheostomy prosthesis is a similar type of prosthesis which replaces a stock tracheostomy tube with a custom appliance that blends into the surrounding tissue, or a pharyngeal obturator that seals an external opening in the throat. Most of these prostheses are made out of acrylic to enhance their durability and ease of cleaning; adhesive or tape may be used to retain them, although occasional use of local anatomy can be used to aid retention (Figure 12).

Extraoral Maxillofacial Prostheses

Although the success of a limited number of partial and full-face transplants has made international news in the past few years,^[15] the use of prosthetic replacements for missing facial structures is still the primary method for treating large facial defects and missing structures. Certain structures like the eye are not replaceable with tissue transfer, and other structures like the ear and nose are complex surgical procedures requiring multiple operations in a highly specialized environment. In many cases, the results of these procedures are limited in function and esthetics.

Another reason to consider a prosthesis is the care of post-oncologic patients where the resection site has to be monitored over time for changes or where the amount of surgical or radiation-induced morbidity precludes the use of surgical reconstructive techniques. Maxillofacial prostheses that extend beyond the immediate maxillary region are called craniofacial prostheses and include eyes, ears and noses.

Smaller maxillofacial prostheses are often created out of medical-grade silicone, which can match the texture and coloration of a patient's natural skin tone, while larger prostheses are created from a combination of titanium or acrylic substructures veneered with silicone. In many cases, the use of implant retention can be utilized to help keep prostheses in position without the use of medical adhesives.

A common type of prosthesis is the ocular prosthesis, which replaces the eyeball contents when they are lost due to trauma or surgical enucleation. Most of these are custom made of acrylic using a painted iris disk and a custom impression to fill the contents of the socket to match the contents and profile of the opposing



Figure 16. Combination obturator and mid-facial prosthesis in place.



Figure 17. Chest wall defect after radical mastectomy.



Figure 18. Custom silicone breast prosthesis.



Figure 19. Cast of patient's eye prepared for radiation shielding.



Figure 20. Lead radiation shield encased in acrylic.

eye.^[16] Remaining musculature or the use of an ocular implant that is engaged by the residual muscles allows for motility of the prosthesis, which further enhances the final cosmetic result.

An extension of the ocular prosthesis is an orbital prosthesis which replaces not only the eyeball but larger contents of the eye socket once an exenteration has been performed. A custom or stock ocular prosthesis is created and embedded in silicone, which is sculpted and stained to match not just the eye but the orbital contents and skin surrounding it as well. Orbital prostheses can be retained by adhesive, anatomical retention or with the aid of craniofacial implants integrated into the superior border of the orbit.

The replacement of the external ear is accomplished with a partial or complete auricular prosthesis. Oftentimes the replacement is due to a congenital defect where surgical reconstruction has not been possible, but it may also be due to trauma or for oncologic reasons. The bone-in-the-mastoid process is especially amenable to implant placement, and the long-term success of implant-retained auricular prostheses has been exceptional.^[17] The retention of the prosthesis can be with a bar and clip system, which affords the highest level of security, or with individual magnets, which improve ease of placement in very young or elderly patients or those with limited dexterity (Figures 13,14).

The nasal prosthesis, which replaces missing structures of the nose, is one of the oldest facial prostheses reported as it is used to treat a common traumatic injury.^[18] In many cases, this is primarily a cosmetic replacement, but in other cases, the development of proper nasal contours allows a patient to breathe and speak properly and prevents inflammation of surrounding tissues. Nasal prostheses are often created with anatomical retention, but they may also be designed for adhesive retention or implant retention from osseointegrated implants in the nasal floor.

An extension of the nasal prosthesis is the mid-facial prosthesis, which replaces contents of the lips and cheeks, as well as the nose, and may extend into the orbital region (Figures 15,16). Many of these prostheses are created in combination with maxillary obturators and may use the dental retention of the obturator as a support. In cases with limited access, the orbital or nasal portions of the prostheses can be connected with a magnet and allows the two pieces to separate for easy removal while engaging multiple undercuts to improve retention.

The last type of extraoral prostheses includes somatic prostheses, which are used to cosmetically reproduce missing parts of the body beyond the head and neck region. A common type of prosthesis is the custom breast (Figures 17,18) or nipple prosthesis created in silicone to replace surgically removed tissue.^[19]

Appliances

Maxillofacial appliances are custom-made devices that are used to deliver treatment for other medical specialties or to protect tissues from unwanted radiation damage. These appliances include stents, shields, carriers and breathing appliances.^[20]

Most maxillofacial stents are created as acrylic positioning devices to direct a beam or radiation in the most appropriate and repeatable position. Some of these appliances are also created to deliver or position radiation seeds for brachytherapy and are called radiation carriers. These appliances are generally prescribed by a radiation oncologist for appropriate use and are custom made by the maxillofacial prosthodontist for a facial moulage of the patient.

Maxillofacial shields are also created for radiation therapy patients; however, the purpose of these shields is primarily to reduce or eliminate the radiation dose around structures that do not need to be included in the irradiated bed. The use of lead or lead alloy shields encased in a plastic stent is an appropriate way to protect vital structures during radiation and can often be incorporated into a positioning device which combines both the advantages of a device to align a beam of radiation while protecting surrounding structures (Figures 19,20).

Breathing appliances are another variety of common maxillofacial device and often combine the use of interdental appliances that are retained by the dentition while incorporating a facial shield made out of acrylic or thermoplastic material to seal the airways around the mouth and nose.

Advances in Maxillofacial Prosthetics

Like most fields of dentistry, the use of digital imaging and fabrication has changed the way a maxillofacial prosthesis is created. The use of CBCT technology has improved outcomes in the placement of implants that can be used to retain intraoral prostheses,^[21] and digital impression techniques have simplified capture of the residual tissues by direct or indirect capture methods.^[22,23]

Other advances include the computerized scanning and milling of implant frameworks and the digital reproduction of resin patterns using CAD-CAM systems or 3D printing.^[24] Other exciting advances include the use of photography techniques like Precision Image capture for implant positioning or photogrammetry^[25] to rapidly simulate extraoral tissues and replicate them in a digital or physical format. Some maxillofacial prosthetics can be created directly in a rapid prototyping format. Others that require a level of craftsmanship that cannot be created digitally can be improved by digital milling or printing of the models or frameworks.

Conclusion

Since maxillofacial prostheses and appliances are not commonly seen in the general dental population, primary care dentists and physicians are often unaware of the variety and possibilities of these prostheses, and many patients go years without adequate treatment. An added impediment to the delivery of care is the large number of different medical and dental specialists who need to be available for associated treatments. Referrals to a local maxillofacial prosthodontist or a prosthodontist with maxillofacial experience, especially those affiliated with a dental educational institution or hospital, provide these patients with the best possibility of rehabilitation and a vastly improved quality of life. ❖

Queries about this article can be sent to Dr. Frias at frias@maxillofacial.us.

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NYU Dentistry and Leukemia & Lymphoma Society to Provide Dental Care for Veterans with Blood Cancer

NYU COLLEGE OF DENTISTRY has received a significant gift from the Leukemia & Lymphoma Society (LLS) to create a pilot program to provide financial support for dental care for U.S. military veterans with blood cancer. Care will be provided at the NYU Dentistry Oral Health Center for People with Disabilities, where the staff are trained with special skillsets to ensure quality treatment and holistic care for people with disabilities and complex medical conditions.

Cancer patients have unique oral health needs and may require dental care before starting treatment or after to address treatment-related issues. Before beginning cancer treatment, and especially prior to undergoing a stem cell transplant, which suppresses the immune system, blood cancer patients may need to see a dentist to address existing dental issues such as infections. Unresolved dental issues can result in serious complications, including sepsis, and can compromise treatment. Moreover, many cancer patients are at high risk for oral complications—including mouth sores, bleeding gums and tooth decay—that result from cancer treatment.

Only a small subset of veterans, including those with a service-connected dental disability or former prisoners of war, are eligible for dental care through the Department of Veterans Affairs (VA). As a result, most veterans who receive medical care through the VA—and, when faced with a blood cancer diagnosis, undergo cancer treatment at the VA—may not have access to dental care that they can afford.

The gift from LLS will establish a patient care access fund at NYU Dentistry to enable veterans with blood cancer to receive comprehensive dental care at no out-of-pocket cost. The financial assistance will cover the cost of dental procedures required to begin

cancer treatment or needed because of treatment. With this pilot, NYU Dentistry expects to provide 250 to 300 patient visits for veterans within a 12-month period. Based on the success of the pilot, LLS, in consultation with NYU Dentistry, plans to expand the program to additional sites for care.

“Facilitating lifesaving dental care for veterans with blood cancer is critical for this especially vulnerable population,” said Charles N. Bertolami, D.D.S., D.Med.Sc., the Herman Robert Fox Dean of NYU Dentistry. “NYU Dentistry is honored to be the recipient of financial support from the Leukemia & Lymphoma Society and to help advance its mission to cure leukemia, lymphoma, Hodgkin’s lymphoma and myeloma, and improve the quality of life for patients and their families,” he added.

The new program builds on and expands NYU Dentistry’s successful pilot program for veterans that began in July 2021, when NYU Dentistry was selected by the VA to implement the Veterans Oral Care Access Resource (VOCARE) as part of the VA’s VETSmile pilot program. VETSmile/VOCARE provides comprehensive dental services to veterans in the New York City area that the VA is unable to provide. During the first year of VETSmile/VOCARE, NYU Dentistry provided dental care to 1,022 veterans over 5,643 visits, and completed 10,821 procedures.

The VA New York Harbor Healthcare System—which includes campuses in Manhattan, Brooklyn, Queens, and Staten Island—refers eligible veterans to NYU to receive dental services through the VETSmile/VOCARE program. This referral arrangement will continue with the new LLS-supported program for veterans with blood cancer.

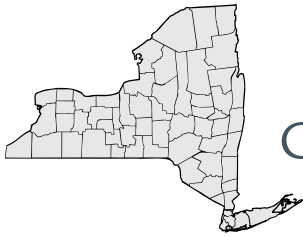
OSA Conference to Meet in October

THE FOURTH ANNUAL Breathing Wellness Conference, dedicated to expanding knowledge of obstructive sleep apnea (OSA) and its impact on overall health, is set to take place Oct. 26-29 at the Hilton Hotel in Cancun, Mexico. Conference host is The Vivos Institute, the educational branch of Vivos Therapeutics.

The conference is expected to attract dentists, dental teams and medical doctors from around the world, who will also have the opportunity to explore the latest innovations

in dental sleep medicine and how they can be implemented within their own practices.

An estimated 22 million Americans suffer from OSA while another 80 percent remain undiagnosed, exacerbating chronic conditions, including heart disease, type 2 diabetes, dementia and chronic fatigue. For more information about the conference, including registration, visit www.thevivosinstitute.com/bwc22.



Component NEWS

SUFFOLK COUNTY Management and Membership Conference

William Bast, D.M.D.

We were honored and privileged to attend the ADA Management and Membership Conference in July and to receive an award for recruiting 100% of the Stony Brook School of Dental Medicine graduating class to membership in the society.

Special shoutout to Dr. Dhaval Shah for his support in recording this achievement.

Dinner with the Dean

On July 25, we had the pleasure of dining with Dr. Patrick Lloyd, dean of the Stony Brook School of Dental Medicine. In attendance were Dr. Patrick Lloyd, President Craig Smith, President-Elect Radha Sachdeva-Munk, Vice President Steven Feigelson, ADA First Vice President Maria Maranga, NYSDA Trustee Guenter Jonke, past president Jeff Seiver, ADA Trustee Paul Leary, NYSDA Immediate Past President Kevin Henner and SCDS Executive Director Bill Panzarino.

It was a wonderful meal and meeting. We are delighted to have the relationship with Dr. Lloyd, a longtime advocate of organized dentistry and a highly accomplished professional.

St. Charles Dental Residents

On July 26, we lunched with dental residents and faculty from St. Charles Hospital in Port Jefferson. The meeting was coordinated by Dr. Keri Logan, director of the dental residency program, and Dr. Claudia Mahon-Vazquez, NYSDA/SCDS Membership Chair. Also present for the luncheon were Drs. Scott Goldstein, John Damaskos, Ashley Wilmot, Nicole Trepeta, Jacek Jarc-

zyski, Rocco Tedesco, Ms. Carol Deerwester and Executive Director Bill Panzarino, SCDS staff.

Dental Residents Orientation

On June 21 we welcomed about 30 Stony Brook Dental residents. SCDS members and ADA First Vice President Dr. Maria Maranga were on hand to address the

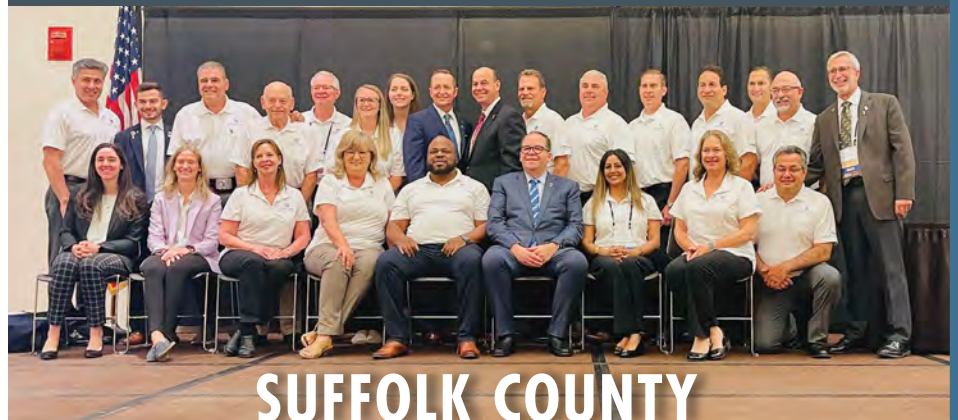
residents, as were Dr. Junaid Mundiya, Dr. Scott Firestone, Dr. Patricia Hanlon, Ms. Carol Deerwester and Mr. Bill Panzarino.

New Dentist Events

- June 21: At the Brick House Brewery in Patchogue, Dr. Martin Dominger presented “Peer Review and Brews,” a look at the peer review member benefit, illustrated with case studies. This was a fun and informing CE, food and drink event!
- Aug. 17: New Dentist Summer Social at Top Golf in Holtsville.
- Sept. 11: Family Summer Sendoff at Schubert Beach.
- Oct. 2: River Ciderhouse event, featuring Dr. Guenter Jonke presenting “Pathological Competition.”



Chicago in July for ADA Management and Membership Conference. From left, NYSDA Membership Concierge Heather Relation, SCDS Executive Director Bill Panzarino, NYSDA Assistant Executive Director Marketing and Communications Grazia Yeager, SCDS New Dentist Chair Lauren Heisinger, NYSDA/SCDS Membership Chair Claudia Mahon-Vazquez.



SCDS representatives gather in Saratoga Springs for NYSDA House Meeting. Top row, from left: Martin Dominger, ASDA Trustee Gil Barahman, Nick Vittoria, Anthony Maresca, NYSDA Trustee Guenter Jonke, Lauren Heisinger, Patricia Swanson, ADA Trustee Paul Leary, NYSDA Immediate Past President Kevin Henner, Steve Snyder, John Lagner, Christopher First, Steve Feigelson, Dimitrios Kilimitzoglou, Ivan Vazquez, Paul Markowitz. Seated, from left: Lauren Mistretta, Katherine Caracappa, Carol Deerwester, Patricia Hanlon, SCDS President Craig Smith, ADA President Cesar Sabates, Radha Sachdeva-Munk, Claudia Mahon-Vazquez, John Guariglia.

Suffolk County *cont.*



Our final event of 2022 is the Fall Panel at the Hilton Garden Inn in Stony Brook. The dates are being finalized.

Registration is required for the final two events. Space is limited, so don't delay. Information is available at www.suffolkdental.org/calendar.

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.

EIGHTH DISTRICT Victors on the Golf Course

Kevin J. Hanley, D.D.S.

Transit Valley Country Club was the venue for the annual William C. Knauf, Jr. Memorial Golf Tournament. Ninety-one golfers teed up in ideal conditions to vie for the coveted championship trophy symbolizing golf supremacy in the Eighth District.

When all the golfers had posted their scores, Dr. Peter Igoe emerged victorious, having shot a sparkling 81 over the challenging layout. The overall Scramble Championship went to the team of Drs. Mark Donahue, John Eberz, Edwin Tyska and Stewart Fenigstein. The mixed team of Drs.



Chester Gary, Frank Sindoni, Rick Redman and Julia Gengo (daughter of Dr. Gary) won that division.

The Women's Division champion team consisted of Drs. Catherine Grogan, Patricia Starring, Frances DePlato and Alyssa Tzeto. And the Senior Division champion was the team of Drs. Joseph Breloff, John Athans, Robert Schaus and Andrew MacDonald. The Men's Longest Drive went to Sam Gugliuzza. Dr. Liz Kapral hit the Women's Longest Drive. Dr. Paul DiBenedetto won the Senior's Longest Drive. Closest to the Pin winner was Dr. Ronald Schwartz.

A cocktail hour, buffet dinner and the awarding of door prizes topped off the evening. Plans are currently underway for next year's tournament. See you there!

Getting Social

The Eighth District's New Dentist Committee held a summer social in July at WXYZ Tavern in Buffalo. New dentists, those in practice 10 years or less, mingled with their colleagues and several "old-timers." Food and drinks were provided, and door prizes were awarded. The seasoned practitioners in attendance gave the new dentists pointers about dentistry, its practice and the importance of the tripartite in their professional lives.

The committee plans to hold another event in October. Details to follow.

Lifeline Offered

On Aug. 1, the Erie County Dental Society held "Basic Life Support for Health Care Providers" at the district office in Cheektowaga. Fourteen members and staff renewed their proficiency in basic life support

for another two years. The course fulfilled the New York State course requirement for CPR retraining. Those completing the course earned 4 MCE credits.

The Creekside Banquet Facility on Union Road in Buffalo will serve as the venue for the course "Infection Control for the Dental Team." Dr. Terrence Thines, a professor in the Department of Surgery, Division of Dentistry, at Upstate Medical Center, and chief of dental services at the University Hospital, is the featured speaker for the evening.

Practice Safely

Dental office infection control has evolved since the OSHA Bloodborne Pathogens Standard and New York State training requirement were introduced in 1992. The latest challenge to dentistry is posed by COVID-19. All dental offices need to be familiar with current guidelines to provide a safe environment for patients and staff. The course will examine conventional and emerging aspects of infection control. It will fulfill the specific infection-control course requirements for mandated New York State infection control, as well as OSHA requirements. Three MCE credits will be awarded to those completing the course.

Safe Behind the Wheel

On Wednesday, Oct. 5, the Eighth District will present a defensive driving class for members and their staffs. The approach is said to be humorous, so attendees are not likely to be bored.

The presenter is the Safe Driver Academy. It is the only New York State DMV-approved humor-based course. Those completing the course will be entitled to a three-year, 10% reduction in their auto insurance rates and elimination of up to four points on their DMV records, if they have such penalties.

Call the Eighth District office to enroll. Hope to see you there and remember to keep the rubber side down!

NINTH DISTRICT Innovation and Flexibility

Olga Lombo-Sguerra, D.D.S.

The Ninth District will be mixing it up a bit this fall. Our CE course lineup will be presented in person, via Zoom, and we're initiating a hybrid option. A live broadcast of our in-person courses will be made available as well.

We've learned over these past few years that we need to be flexible and available to members where they are. Not only where they are physically, but where they are mentally. Not everyone yet feels comfortable being in groups; not everyone wants to be isolated from others. Whatever your personal circumstances and mindset, the 9th is there for its members.

Our CPR courses will again be offered by the American Heart Association in two parts—an online module followed by an in-person skills assessment. It will take place at the Blythedale Children's Hospital in Valhalla, rather than at headquarters. The ability of the hospital to host more registrants at once while keeping them socially distant made it a logical choice for hosting the course.

Past Presidents in Spotlight

Congratulations to Dr. Anthony Cuomo, 9th past president, who ascended to the office of NYSDA President-Elect and to Dr. Gary Scharoff, 9th past president, our new NYSDA Trustee. We also thank past president Dr. Christopher Tota, who completed his term on the NYSDA Board at the conclusion of the June meeting of the NYSDA House.

Meetings are a Draw

Our General Meetings continue to be held in person and although attendance has not yet made it back to pre-pandemic numbers, they're close. Members have been delighted to see each other again but also respectful of those being more cautious.

Our General Meeting on Sept. 14 was held at the Sleepy Hollow Hotel, a venue with which our members are familiar and comfortable. Dr. Adamo Notarantonio and Dr. Amanda Seay presented "Isolate, Create and Capture . . . Critical Steps to Achieving Cosmetic Excellence." Participants received 7 MCE credits.



Taking oath of office are NYSDA's 2022-23 officers. From left, Secretary-Treasurer Frank Barnashuk, Speaker Steven Gounardes, Vice President Prabha Krishnan, President-Elect Anthony Cuomo, President James Galati.



Immediate Past President Kevin Hanner, right, thanks Christopher Tota, for service on the NYSDA Board of Trustees.



Ninth District delegation to NYSDA House.

Ninth District *cont.*

In Touch with Future Members

Along with our General Meetings, and in keeping with our focus on strengthening the Association and organized dentistry in general, the 9th got together in June with D3 and D4 Touro students for the popular “Ice Cream Social.” This annual event brings together students and 9th District Executive Committee members, Membership & Communications members (including members of the Mentoring Subcommittee), and some of the best kosher ice cream you’ll ever eat, all in a comfortable, easy setting in which to meet, grow and learn.

On Sept. 7, the 9th again teamed up with Touro College of Dental Medicine for a Zoom social and lecture—“You are About to or Have Recently Graduated: What are the Next Steps?” Ninth District members, Touro professors and residency director, and others shared their experience and insight in what was an evening of camaraderie and learning.

And, later in the month, on Sept. 20, we’ll keep the momentum going with a New Dentist Reception at Saltaire Oyster Bar in Port Chester. This event has become a go-to for new dentists to come together with older, more experienced members in a comfortable and relaxed setting, to discuss triumphs and challenges as they navigate the business of dentistry.

Smile Events are Back

One of our members’ favorite events each year is Give Kids A Smile, celebrated in programs carried out around the 9th District. The past few years have been difficult for all of us, but none more so than those underserved children in need of oral healthcare. This year, we will be continuing our work with the Head Start programs at their New Rochelle site on Sept. 23. If you’re interested in joining us for this extremely rewarding event, give headquarters a call to sign up.

In-Person Study

There have been changes made to our study groups, which have for the most part returned to in-person lectures. The Westchester South Dental Society (formerly, Yonkers Dental Society) recently underwent a name change to make it more inclusive and make clear that all are welcome. The group has events scheduled in September and October.

The Dutchess County Dental Society, one of our more active groups, has also scheduled events in September, October and December. Visit the 9th District website (www.ninthdistrict.org) for all the latest information and registration details.

Keep in Touch

As always, our executives, committees and your headquarters’ staff are ready, willing and able to help, and we welcome your advice, thoughts and concerns so we can be sure all our members’ needs are met and that your voices are heard.

Remember, coming together is the beginning, keeping together is progress, working together is success!

SEVENTH DISTRICT New Dentist Summer Social

The Seventh District Dental Society held a new dentist summer social on Aug. 4. Graduates from the last 10 years came out



Ice cream for all. Touro Dental students were out in force for social hosted by Ninth District.



Ninth members Olga Lombo-Sguerra, Renuka Bijoor, Mary Ellen Lukaswitz and Duraid Sahawneh, from left, mingle with Touro students at June ice cream social.



Dr. David Romeo



Dr. Sean McLaren

to mingle, play cornhole and hit golf balls at the Eagle Vale Golf Club in Fairport. The event was sponsored by Genesee Regional Bank (GRB) and Johnson & Lund Company (J&L). Like/follow the 7th District New and Younger Members Facebook group.

Rochester Dental Study Club Fall CE
Prosthodontist Davide Romeo, D.D.S., M.S., Ph.D., will present via Zoom to the Rochester Dental Study Club Oct. 26 on “Emax & Zirconia: Clinical Indications for Daily Practice.” His lecture is free for Monroe County Dental Society dues-paying members. It is the first of three, two-hour, virtual continuing education courses being offered free of charge to County members.

We’re Getting a New Look!
Check us out this fall. The Seventh District Dental Society is launching a new website, including a new logo and color palette. We’re making these changes to better communicate and connect with our members, while providing them with a website that is more user-friendly and offers greater resources for our varied constituents. You can find us at www.7dds.org. We also encourage you to like/follow us on Facebook: www.facebook.com/SeventhDistrictDentalSociety.

Registration Open for Fall CE Events
Registration is open for two fall continuing education events being offered to members and nonmembers. The Monroe County Dental Society is holding its Annual Meeting

on Sept. 16, from 8:30 a.m.-4:30 p.m. Dr. Lyndon Cooper will be presenting on “Implants, Dentures, Technology, and Success.”
And the Seventh District Dental Society is hosting its Annual Meeting on Oct. 28, from 8:30 a.m.-4:30 p.m. Dr. Robert Maguire is presenting on “The Economics of Great Communication.” Call the office at (585) 385-9550 to register, or visit us online at www.7dds.org/events/.

McLaren Named Eastman Chief Quality Compliance/Safety Officer
Seventh District Dental Society President-Elect Sean McLaren has started a new position as the chief quality compliance and safety officer for the Eastman Institute for

Oral Health. Chair of the Pediatric Dentistry Department since 2015, Dr. McLaren was selected for the new position after a national search because of his proven ability to provide strategic leadership while overseeing clinical functions and for his depth of understanding of EIOH and URMC. Dr. McLaren assumed his new role July 1.

**SECOND DISTRICT
In the House**
Alyson Buchalter, D.M.D.

The 2022 New York State Dental Association House of Delegates meeting in June gave 15 members of the Second District Dental Society an opportunity to shine. Our caucus chair, SDDS President Michael Donato, worked hard to ensure that all of the SDDS Delegates and Alternate Delegates were well acquainted with the issues they were being asked to consider. Past NYSDA President Craig Ratner, our SDDS NYSDA Trustee Mitchell Mindlin, as well as the NYSDA HOD Speaker, our own Dr. Steven Gounardes, made sure that complicated questions were answered easily and accurately.

Delegates and alternate delegates Drs. Paul Albicocco, Alyson Buchalter, Joseph Cipriano, John Demas, Raymond Flagiello, Cherry Libramonte, Phyllis Merlino, Joseph Merola, Charles Mistretta, Tricia Quartey-



Second District *cont.*

Sagaille, Sandra Scibetta, Paul Teplitzky, Valerie Venterina and Kirstin Wolfe were highly engaged and presented statements to the House and before the Reference Committee. SDDS thanks them for their hard work and generous giving of their time.

NYSDA President Kevin Henner presented Immediate Past President, SDDS's own, Dr. Craig Ratner, with a plaque in appreciation of his many years of service as a member of NYSDA leadership. Also rec-

ognized for their service to the Association were Dr. Mitchel Mindlin, who completed his term as SDDS NYSDA trustee; Dr. John Demas, stepping down as chair of the Council on Dental Practice; and Dr. Alyson Buchalter, who completed her term as chair of the Council on Dental Practice.

They all carried on the SDDS tradition of service to NYSDA and our members. Everyone at the SDDS is very proud of them and grateful for their hard work. Dr. Demas continues that tradition of service as he was sworn in as our next NYSDA Trustee.

Loan Forgiveness Program

The June SDDS Board of Trustees meeting gave us an opportunity to meet and congratulate several of the 2022 recipients of monies from our Student Loan Forgive-



SECOND DISTRICT

Dr. Craig Ratner, left, passes immediate past president torch to Dr. Kevin Henner.

ness Program. Twenty \$10,000 grants were delivered directly to the loan administrators for this year's winners. These young dentists have already expressed interest in becoming active members of organized dentistry. You should expect to see many of them at the next NYSDA HOD. They are already joining SDDS committees and NYSDA councils.

Congratulations to Drs. Yana Berezina, Allison Blutstein, Joseph Cipriano, Ezekiel Dwek, Theresa Eliscar, Andrew Farag, Anastasiya Guzchenko, Emma Guzman, Christina Kim, Melissa Levinsky, Bernadita Manglona, Rebecca Matour, Julie Nguyen, SunJoo Paik, Alex Pisapia, Aia Shalan, Jonathan Shorter, Prashant Sukhani, Divya Suresh and Chloe Tsang.

Greater New York Dental Meeting

Planning for the 2022 GNYDM has moved into high gear. The program guide is now available online, and the print version is on its way to mailboxes. As usual, a spectacular program will be offered. Everyday there are dozens of seminars and workshops to choose from. Of course registration is always free and includes access to the exhibit floor, multiple opportunities for free CE, the new products pavilion, all the poster sessions and more.

For those planning on enjoying the rich variety of courses offered, multiple CE passports will be available. These passports give dentists and their staffs the chance to learn and get CE credit at a reduced cost. The most popular courses and workshops sell out early, so register today.



President Michael Donato Jr. with 2022 Loan Forgiveness Program award recipients. From left, Drs. Emma Guzman, Theresa Eliscar, Julie Nguyen, Chloe Tsang, Aia Shalan, Divya Suresh.



SECOND DISTRICT

Dr. Alyson Buchalter joins other NYSDA council chairs whose terms ended at the June House of Delegates meeting. They are, from left, Drs. Keith Margolis, John Demas, Christian Mathiesen.

Shred Fest

SDDS's free shredding events continue to be a very popular member benefit, so much so that we added two additional dates this summer, July 29 and August 5. Thank you to our wonderful SDDS staff, Ms. Stephanie Carter and Ms. Christina Terrio, for making it happen.

NEW YORK COUNTY Golf Outing Returns after Two-year Absence

Suchie Chawla, D.D.S., M.D.

Former NYCDS President David Shipper hosted the 6th annual Golf Outing June 21, resurrecting the event after a two-year absence due to the pandemic. The Golf Outing was held at a new venue—Westchester Hills Golf Club in White Plains. Henry Schein Dental, a NYCDS Corporate Friend, was the major sponsor.

An impressive \$22,000-plus was raised to benefit the NYCDS Fund. The proceeds will support the society's quality programming and its many services provided to members. Attendees enjoyed a beautiful day, a terrific course, and a wonderful reception, dinner (and prizes!) after the rounds of golf were finished. As Dr. Shipper had promised—a splendid time was had by all!

Many thanks to Henry Schein Dental for being our lead sponsor, as well as Air Techniques, Brasseler USA, Cayster, Clinician's Choice, Craig Recruitment, Epstein Practice Brokerage, Kerr, Planmeca, NSK America Corp., The Rothman Adler Group at Merrill Lynch, The Smilist and Straumann for their generous support.

Pop-Up Pride Event a First for NYCDS

The New Dentist Committee hosted a Pride event to honor the historic significance of Pride and the sacrifices, achievements and contributions of LGBTQ+ individuals. The successful event was held at The Duplex in Greenwich Village on June 28. Once word went out that NYCDS would be holding a Pride event, the RSVPs came in fast. A "first" for NYCDS, the atmosphere was fun, upbeat and celebratory.

NYCDS has become more aware and inclusive in recent years, and this event was



Members and guests at the NYCDS Pop-Up Pride event June 28.

a reflection of the type of outreach we hope to continue going forward. We are proud to celebrate our LGBTQ+ members and allies!

GNYDM

The 98th annual Greater New York Dental Meeting, sponsored by New York County and Second District Dental societies, one of the largest dental congresses in the world, will run from Nov. 25 through Nov. 30 at the Jacob K. Javits Convention Center. Exhibition dates are Nov. 27-30. Last year, the GNYDM hosted over 25,000 healthcare professionals and showcased over 1,600 technical exhibits demonstrating the newest technology for the dental profession.

This year's GNYDM has planned an unparalleled educational program, featuring some of the most highly regarded educators in the field of dentistry. Attendees



Representatives from Golf Outing sponsor Henry Schein Dental pause for photo. They are, from left, Ronnie Klein, Alan Withall, Rikesh Patel, Harris Lieberman.

will be able to choose from among full-day seminars, half-day seminars and hands-on workshops that are sure to fascinate even the most discriminating dentist and staff. There will be a greatly expanded World Implant Expo, Annual Global Orthodontic Conference, 3D Printing Conference, Oral Health Symposium, Pediatric Summit, Women's Program, Public Health Program, Special Needs Course and Dental Laboratory Education. Remember to have your staff take advantage of the many educational opportunities available to them.

Whether you participate as a volunteer or an attendee, we look forward to seeing you there. Visit www.gnydm.com to pre-register for free today!



Happy to be back on the links are, from left, Board member Robert Sorin, past president and Golf Outing Chair David Shipper, Vice President Suchie Chawla, Board member Egidio Farone and past president James Jacobs.



Dr. Stephanie Tran.

Continuing Education

NYCDS is holding a special all-day, hands-on course entitled “Beginning with the End in Mind: Restoratively Driven Endodontics from Access to Restoration” Oct. 12. The presenter is Dr. Stephanie Tran. This in-person course will feature a short lecture and a longer hands-on experience to demonstrate the techniques for managing endodontic treatment from access to restoration.

In addition, dentists and staff can get their Basic Life-Support CPR certification on Oct. 19 or Dec. 7, from 9:00 a.m. – 1:00 p.m.

Visit www.nycdentalsociety.org to register for any of these courses and to find the most current course listings.



Doing their part. From left, Dr. Stephanie Sager, Dr. Eliana Sarit, NYCDS President Ioanna Mentzelopoulou, Board member Gabriela Lee and Luisa Fernandez with MLMIC Insurance Co. volunteered at God’s Love We Deliver on July 17. The volunteer event was organized by the NYCDS New Dentist Committee. Volunteers helped prepare meals for people in the community too ill to cook for themselves. Special thanks to MLMIC for treating the volunteers to brunch at the end of their shift. Kudos to all involved!

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800-579-2911



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

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/course-catalog.html.

Click below

ONLINE CE QUIZ

Maxillary Sinus Foreign Body from an Unusual Source— Page 22-25

1. Antral foreign bodies may lead to sinusitis and infection.
 T or F

Visit our online portal for more....

Antihypertensive Drug-induced Orofacial Angioedema— Page 26-29

1. The antihypertensive medications angiotensin-converting enzyme inhibitor (ACE) and angiotensin receptor blockers (ARB) can cause orofacial angioedema (AE).
 T or F

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An Overview of Maxillofacial Rehabilitation for the General Dentist—Page 30-35

1. Maxillofacial prosthetics treat areas beyond the immediate dental and alveolar region.
 T or F

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Category: Dental

CLASSIFIED INFORMATION

FOR SALE

BROOKLYN: State-of-the-art dental office for sale. Fantastic, rare opportunity. Fully equipped, well-established family practice with 3 ops, private office, reception area and large waiting room. Prime ground-floor location with street access in heart of Brooklyn in Park Slope/Kensington. Long-time building tenant with amenable property management. Contact for details: izdds@aol.com; or call: (516) 859-1463.

GREATER ALBANY AREA: Established practice for sale. Practice has been growing for past 40 years with only one doctor. Very efficiently run and highly profitable. Revenue \$1.4M with extremely low overhead (less than 40%). Located in freestanding building, practice consists of 4 fully equipped operatories. Loyal customer base and highly experienced staff. Office manager has been part of practice over 35 years. Solely focused on PPO/FFS with no Medicaid. High potential for growth as doctor only working 4 days/week with no marketing initiatives. Highly motivated seller. Please contact for details: albpracticeforsale@gmail.com.

MANHATTAN: Dental office with turnkey operation (no practice) for sale. Selling fully equipped office only. Located in A++ building at 57th Street between Fifth Ave and Avenue of the Americas. Terrific lease available. Most central and prestigious location in Manhattan. Brand new hard-wired digital network, all brand new Dell all-in-one computers. Stylish office; serious interest only. In your response please let me know if you are GP or Specialist and number of years in practice. Email: rbaer2020@gmail.com; or call/text: (917) 658-8680.

FINGER LAKES: Come live where others vacation. General practice for sale. 4-day workweek and no evenings or weekend hours. Referring out all specialty procedures. Reliable, long-term team with great systems in place. Up-to-date facility and equipment. Low overhead with little competition. Community has low cost of living with lots of outdoor recreational opportunities. Great place to raise family. Real estate available for purchase. Make an offer. Contact: dentalofficeforsale315@gmail.com.

UPSTATE: Charming, long-established, quality general practice located in gorgeous upstate NY. Turnkey opportunity has it all. Revenue near \$1M; low overhead; brand new equipment including 2 Belmont chairs, NV laser, Dentrrix/Dexus technology throughout. Steady stream of new patients; robust hygiene department and prime location on busy main street. Seller refers out most specialty services providing additional revenue potential for buyer keeping these services inhouse. Standalone 2,170-square-foot beautiful facility feels extra spacious with high ceilings and large windows. Four ops with room to expand 1 more if wanted. Additional 1,120 square feet of space has separate entrance and could be turned into dental lab, space for dental specialist or anything else. Plenty of onsite park-

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, March and July.

ing. Real estate for sale or lease. Flexible post-transition options available. Don't miss this exceptional opportunity. Contact Catherine Eters at Legacy Practice Transitions for details: Catherine@LegacyPracticeTransitions.com; or (610) 520-9677.

BRONX: Dental office located in heavily populated area of Co-Op City for sale. Well-established, newly renovated in accordance with newest technology. Three ops, sterilization room, lab, reception and private office. Digital X-ray and computer. No Medicaid. Owner retiring due to medical reason. Call (718) 862-9232; please leave message.

MIDTOWN MANHATTAN: Solo doctor with established practice for sale. Exceptional, well-trained and committed staff. FFS and PPO patients. 4 ops each equipped with X-ray units and nitrous oxide. Strong hygiene program, as well as restorative dentistry. Referring out endo, perio, oral surgery and ortho leaving room for growth. Average gross \$775K on 4 days. No brokers please. Contact for details: chisle3@aol.com.

MANHATTAN: General dental practice for sale. Current doctor enjoys seeing patients and would love to continue to practice for up to three years; interested in exploring all transition options including partnership, buy-out or affiliation with group. 2,600 active patients with very little marketing offering large opportunity for growth. 3 operatories with expansion option for 4th op. 100% FFS. Collections \$1.24M and SDE \$342K. To learn more, contact Professional Transition Strategies: bailey@professionaltransition.com; or call: (719) 694-8320.

FINGER LAKES AREA: General dental practice for sale and worth a look. With three locations across region, practice sees great number of patients with little competition. Current doctor open to all transition possibilities. Each location approximately an hour apart, located in freestanding or office buildings. Real estate for two locations available for sale. Each location has at least four operatories, while one practice has 7 ops, for total of 15 plumbed operatories. Collections \$1.4M and EBITDA \$140K. 3,000 active patients and over 40 new patients/month. To learn more, contact Professional Transition Strategies: bailey@professionaltransition.com; or call: (719) 694-8320.

BROOKLYN: General practice for sale; new to market. From high-rise views to fascinating outer borough museums, New York City has it all. Practice supports

multiple owner/doctors and associates. Situated in desirable community in freestanding building with real estate also available. Currently, practice features six operatories with expansion opportunity available via buildout. Average 70 new patients/month with no marketing. Collections \$1.22M and EBITDA \$245K. To learn more, contact Professional Transition Strategies: bailey@professionaltransition.com; or call: (719) 694-8320.

BROOKLYN: Full-mouth rehab dental practice for sale, new to market. Excellent opportunity to own profitable full-mouth rehabilitation practice. Ideal for general or specialty dentist as high level of specialty work inhouse. Having practiced in community for 40 years, current doctor interested in transitioning to retirement. Unique opportunity with large gross and low work hours; current doctor working only 40 hours/month. Nine total operatories with expansion option, with two additional ops plumbed and ready. Collections of \$1.9M and EBITDA \$615K. Great location. Doctor open to selling real estate with practice sale. To learn more, contact Professional Transition Strategies: bailey@professionaltransition.com; or call: (719) 694-8320.

NEW YORK CITY: Prominent, multi-location dental practice new to market. Longstanding practice is staple in its respective communities. Practice supports owner/doctor as well as several associate dentists. Doctor/owner interested in partnering with group to maintain long-term growth projections. Incredible practice opportunity, ideal for groups already established in NY or seeking to enter NY market. 14 total operatories. Collections of \$4.7M and 2021 EBITDA \$775K. To learn more, contact Professional Transition Strategies: bailey@professionaltransition.com; or call: (719) 694-8320.

BROOKLYN: Stop paying rent when you can own. Four-op dental condo for sale with or without part-time general practice in Boro Park, Brooklyn. Great for specialist as there are very few in area. Excellent location; busy area, near all. Includes half of building with tenants. Owner flexible; can stay or not as needed. Contact: dds7723@gmail.com.

CICERO: Well-established general practice in community's fastest growing suburb. Located in busy plaza with 1,460 square feet. Walking distance to area's largest high school creating potential for significant growth. Four A-dec ops, sterilization center, new digital pan, Dentrrix software and Dexis sensors. Doctor refers out most specialty procedures. Healthy new patient flow and patient base; accepting mix of insurances plus FFS. Gross just under \$700K. Contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY1677.

CAPITAL DISTRICT: Growing community close to downtown Albany on bus line; near major highways leading to NYC. Modern-feel office with four ops, Dentrrix

Ascend, Dexis, pan, Diode laser and more. Two full-time hygienists along with valued team working 4-days/week with systems in place and excellent collection policies. No HMOs or state insurance. Excellent opportunity for any dental entrepreneur. For details contact Henry Schein Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call: (315) 430-0643. #NY2712.

BROOKLYN: 2-operator general practice in Mill Basin. Very busy practice. All new computers utilizing Dentrax software. Loyal staff will stay on with new owner. PPO practice. For details contact Dental Practice Transitions Consultant Chris Regnier by phone: (631) 766-4501; or email: chris.regnier@henryschein.com. #NY2903.

FOREST HILLS: Queens general practice in popular neighborhood with diverse urban community. Office features 1,600-square-foot space with three equipped treatment rooms, digital X-rays and utilizes Dentrax software. Plans include PPO, Medicaid, plus FFS and small amounts of indemnity plans. Contact Dental Practice Transitions Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2841.

NASSAU COUNTY: Well-established general practice with focus on prosthetics and cosmetics located in standalone building in thriving community. Three ops in 1,200 square feet with room for expansion. Gross collections \$2.2M. Strong full-time hygiene program averaging 25 new patients/month. Dedicated and loyal staff. All equipment has been updated or replaced. Great opportunity with seller willing to stay for agreed-upon transition period. To find out more, contact Dental Practice Transitions Consultant Chris Regnier by phone: (631) 766-4501; or email: chris.regnier@henryschein.com. #NY2930.

LIVERPOOL: Grads, make an offer. Located in north Syracuse. Six ops with Pelton & Crane and one X-ray room with pan, Dexis, and ScanX. Insurance practice. Professional building with parking. Working 4 days/week. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2887.

CAPITAL DISTRICT: Historic brownstone with six-car parking lot and ample street parking. Close access to highways. General dental practice on first floor with 3 rental units above. New windows throughout. Three operatories equipped with Dentrax and digital X-rays. Grosses \$500K on 4-day week. Very organized and meticulously clean. Walk-in-ready practice can grow and flourish with little effort. Asking \$348K for practice and \$575K for building. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY2900.

ERIE COUNTY: Located on busy road surrounded by established residential population and beautiful town. Three-op digital practice well-positioned for future growth

with \$307K gross revenue. Practice has 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, contact Dental Practice Transitions Consultant Brian Whalen at (716) 913-2632; or by email: brian.whalen@henryschein.com. #NY1648.

HAMPTONS: Well-established FFS Endodontic practice. \$432K in collections. Practice asking price \$300K. 783-square-foot real estate asking price \$500K. For details contact Dental Practice Transitions Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3056.

SYRACUSE: General practice with 3 ops; consistently strong and growing. Open 4 days; equipped with latest technology. Located in standalone building with 3-bedroom rental on top floor. Building also for sale. Prime location on 4-lane main highway near hospitals and college. FFS and low PPO acceptance. 2,300 active patients. Refers out specialties. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY2952.

WESTCHESTER: Established diagnostic, preventive, restorative, crown & bridge practice for sale. 40-year history and many services referred. Location features 950-square-foot office located in center of town with separate street entrance including lighted dental office canopy. Three ops; digital with pan X-ray and mix of FFS and in-network PPOs. Primarily patient-to-patient referral with no advertising. Working 3.5 days/week with plenty of vacation time. Great opportunity; ready to grow in heart of in-demand suburb. For information contact Henry Schein Dental Practice Transitions Sales Consultant Mike Apalucci by phone: (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2969.

WESTERN NEW YORK: Very attractive and well-established Endodontic practice. Features 3 modern, well-designed operatories, sterilization center and patient workflow with great function, 3D and digital technologies. Growing PPO practice located in highly desirable area with off-street parking surrounded by all local amenities. Highly profitable with low overhead and skilled team to support patients and transition. To discuss details, contact Henry Schein Dental Practice Transitions Sales Consultant Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY3042.

SYRACUSE: Well-established family practice located in standalone building. Real estate available for purchase at reduced price. 4 ops, Sirona Digital pan and Diode Laser. Fully staffed practice with hygiene booked until fall. Doctor works 4 days/week and will consider staying on. Works with some PPOs and assists patients with insurance. Gross just under \$550K. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick

by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3047.

SUFFOLK COUNTY: South Shore. Well-established 3-treatment room general practice. Located in 1,050-square-foot office in highly visible standalone building. Building for sale with purchase of practice. For details contact Henry Schein Dental Practice Transitions Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3050.

SUFFOLK COUNTY: Beautiful 1,300-square-foot general practice. Office has 3 fully equipped treatment rooms and plumbed for 5 ops. 20% fee-for-service and 80% PPO. 2,109 active patients and open only three days/week. For details contact Henry Schein Dental Practice Transitions Sales Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3098.

NEW HARTFORD: Turnkey, desirable, attractive practice in growing community. Four ops plus one additional; open 4 days/week with one full-time hygienist. Practice utilizes Eaglesoft, laser, CEREC and digital pan. Located on main bus route; high-traffic road and on corner lot. 1,800-square-foot building also for sale. Room to expand. No state insurance. FFS with patient base of 1,100. Revenue of \$620K. Doctor will remain for 3 years if needed. For details contact Dental Practice Transitions Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY347.

NASSAU COUNTY: General practice in 1,100-square-foot, freestanding, bright office. Three fully equipped and updated treatment rooms and one plumbed room for expansion. Digital X-Ray, intraoral cameras, panoramic X-ray and Carestream Software with workstations throughout practice. Plans feature 75% PPO, along with FFS. Real estate to be sold with practice. For details contact Henry Schein Dental Practice Transitions Sales Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY2780.

SUFFOLK COUNTY: Mature, private general practice at desirable, suburban downtown village location. Open 26-30 hours/week with 3 operatories and 1,000 square feet. Selling dentist referring out all specialty services. For details contact Henry Schein Dental Practice Transitions Sales Consultant Michael Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY280.

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 with plenty of parking. Grossing \$608K with room to grow with help of longstanding staff. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY291.

TOMPKINS COUNTY: Well-established, high-quality general practice available to transition to new owner or stay on 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 for sale. Great and growing patient base, practice draws an 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 Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3071.

EASTERN SUFFOLK COUNTY: Well-established general family practice. Located in standalone 1,300-square-foot building with parking. Includes 2 large operatories and plumbed for third room. Grossing \$500K. For details contact Dental Practice Transitions Sales Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3078.

ROCHESTER: Great opportunity near hospital. Four large ops, great patient base and 6.5 days of hygiene. Refers out all endo, oral surgery, perio, ortho and implants. Revenue average \$450K. One doctor will stay on for transition if needed. Located in busy medical park. Participation in insurance is 80% with some state insurance. Reasonably priced. Utilizing Softdent. For details contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3080.

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

FLUSHING: Well-established general practice with 4 ops. Fully digital with A-dec dental chairs, Pan-Ceph, and CEREC. Room to grow with specialties. For details contact Henry Schein Dental Practice Transitions Sales Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3091.

ALBANY: Established 6-op practice with latest technology. New Kavo OP3D pan and Kavo Intraoral Digital Scanner. Revenue \$918K. Dedicated team along with 2,600 active patients working towards FFS practice includes 2 FT and 1 PT hygienist and financial office manager. Real estate available for sale. Located on main street close to all major highway exits and entrances. Building has large parking lot with handicap accessibility. For details, contact Henry Schein Dental Practice Transitions Sales Consultant Donna Bambrick

by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3125.

MIDTOWN MANHATTAN: Beautifully designed 4-op private general practice grossing just over \$1M. 2,000-square-foot paperless office running Dentrax and Dexis software on 7 brand-new networked computers. Full digital systems including AC, COVID special air-filtration system, intraoral camera, imaging system and CariVu. Strong hygiene and dedicated staff. Seller will stay on during transition. Contact Dental Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3132.

BROOME COUNTY: Great opportunity to practice in small community. A steal at \$250K for practice and \$100K for building with two rental apartments and large parking lot with land to add on. Revenue \$645K on 4-day workweek. Exceptional practice with committed staff, wonderful equipment, new Pan, big windows in each of 6 operatories. 2,000 loyal active patients and mix of 65% insurance and 35% FFS. Refers out all endo, implants and perio. For details contact Dental Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3137.

NASSAU COUNTY: Well-established Pediatric/Ortho practice established 24 years. Six treatment rooms and space to add 3 more. 50% FFS and 50% PPO. Fully digital using pan, digital X-rays and iTero scanner. For details contact Dental Practice Transition Sales Consultant Chris Regnier by email: chris.regnier@henryschein.com; or call (631) 766-4501. #NY3138.

FINGER LAKES REGION: Well-established general family practice with highly motivated seller. Located in standalone 1,350-square-foot building with 5 ops and space to add on. Building available for sale with practice purchase. Full staff including 2 doctors, each working 2 days/week and referring out most specialty procedures. 5,500 active patients (<2 years) with healthy new patient flow. Hygiene booked until fall. Beautiful high visibility area with top school district. Doctor will stay for transition if necessary. Gross collections of just under \$700K. For details contact Dental Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or email: (315) 430-0643. #NY3147.

DOVER PLAINS: Dutchess County. Only dentist in town; a must-see. Priced right at \$75K for 3 great ops and patient base of 1,500 with 5-10 new patients/month. 50% FFS and 50% insurance. Building for sale at \$300K with 1,200-square-foot rental apartment on upper floor. Located on main route in town. Practice utilizes Softdent Practice Management Software. Refers out most major procedures creating room to grow. Equipment only 6 years old. A real gem. For details contact Dental Practice Transition Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3148.

ROCKLAND COUNTY: Lovely general practice with collections just under \$1M. Located at the front entrance of multi-tenant office building with street-front visibility. 4 ops in 1,500 square feet nestled in beautifully designed digital office. Utilizes Dentrax and Dexis as well as Trios scanner. Real estate also available for sale, or seller will provide doctor-friendly lease. Strong cosmetic procedures and referring out various endo, ortho, pedo, oral surgery, perio and implant placement to area specialists. Contact Dental Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY3162.

WHEATFIELD: Niagara County general practice for sale. Profitable, updated, digital practice. Mix of 70% PPO and 30% FFS. Three great ops with plenty of room to add fourth. Set in 1,600-square-foot modern building with abundance of off-street parking. Refers out endo, implants, ortho, perio, and some oral surgery, which offers great opportunity and upside for new owner. For details contact Dental Practice Transitions Sales Consultant Brian Whalen at (716) 913-2632; or email: Brian.Whalen@henryschein.com. #NY3166.

NORTH OF SYRACUSE: Small city beauty. General FFS practice with 4 ops in 900 square feet of 2,000-square-foot commercial professional building. Softdent, 10 new computers, new 2D pano, new sensors, intraoral cameras and new autoclave. 4 days per week with full-time hygienist. 2021 revenue \$612K with earnings average of 40%. Real estate also for sale. Open lot parking with rental bringing in \$26K per year. Walking distance of high school and hospital. Not far from major college. Waterway for sports activity close by. For details contact Dental Practice Transitions Sales Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3173.

SYRACUSE: Four-location GP with removable prosthetics lab in one location that services all locations and outside practices. One can be purchased or all four. Practices have 1 or 2 providers with hygienist and supporting staff in leased spaces. Practices are on Dentrax Ascend with digital equipment. Handicap accessible; plenty of parking. Revenues range from \$600K to \$1.5M+ with mix of PPO/FFS. Great opportunity. For details contact Dental Practice Transitions Consultant Donna Bambrick by email: donna.bambrick@henryschein.com; or call (315) 430-0643. #NY3175.

BROOKLYN: Profitable dental practice new to market. Excellent opportunity. Full-mouth rehabilitation practice ideal for general or specialty dentist due to keeping high level of specialty work inhouse. Having practiced in community for 40 years, current doctor interested in transitioning to retirement. Unique opportunity with large gross and low work hours; current doctor working only 40 hours/month. Collections \$1.9M and EBITDA \$615K. 9 total operatories, expansion an option with two additional ops plumbed and ready. Great location. Doctor open to selling real estate. To learn more, contact Professional Transition

Strategies: kaile@professionaltransition.com; or call: (719) 694-8320.

NORTHERN NEW YORK: Excellent GP opportunity. Well-established family practice transitioning to retirement. Located minutes to Canada and short drive to Adirondacks. Abundant family outdoor activities: skiing (water and snow), fishing, hiking, mountains, and hunting. Successful privately owned dental practice, owned by current, practicing dentist. Full support administrative staff, dental assistants and full-time hygienists. Pleasant working conditions, great salary, exceptional staff and many valued patients. Great opportunity for outdoor enthusiast with family to establish dental career with successful future. We will work beside you to help ensure your success. Once-in-a-lifetime opportunity for new graduate or experienced dentist looking to take advantage of great outdoors. We look forward to talking with you. All correspondence confidential. Remember: there's no commitment to inquire. Please contact frontoffice@drarcslcruggs.com; or call (315) 769-5811.

MARTHA'S VINEYARD: Island of Martha's Vineyard, Massachusetts. Established in 1988, this highly successful general & pediatric practice is once-in-a-lifetime opportunity to live and work in Island paradise. Fully equipped, state-of-the-art, digital and paperless. Supported by dedicated experienced staff including administrator, dental assistant, hygienists and perio associates. Three operatories. Room for expansion; real estate available. Production over \$1M annually on four days/week, 46 weeks/year. 25+ new patients per month. Inquiries to: mvdentalsociety@gmail.com.

UPSTATE NEW YORK: Great opportunity to practice in small community that brings in big revenue. A "steal" at \$250K for practice and \$100K for building with two rental apartments and large parking lot with land to add on if needed. Perfectly dialed-in practice has wonderful equipment, new Pan, digital X-ray, updated computer system, excellent staff and big windows in each of 6 operatories. Revenue \$645K on 4-day work-week. Contact for details. Phone: (607) 768-3810; or email: cncnl@aol.com.

MANHATTAN: Upper East Side. Rarely available. Sunny and spacious office space for sale in one of most prestigious medical/dental buildings on UES. Maximize your income and practice on Park Avenue without Park Avenue maintenance fees. Just off Park Avenue, 115 East 61st Street is elegant, luxury, full-service medical/dental co-op with full-time concierge. Centrally positioned in most prominent "Dental/Medical District" and situated just steps from Lex/59th Street subway stations, as well as crosstown buses, makes ideal location for growing practice. Solely medical and dental office building run by healthcare professionals for healthcare professionals has everything for your practice to prosper. Bright, triple-exposure, high-floor suite has unobstructed views of Upper East Side from each treatment room and waiting area. Offers both doctor and patients bright view with fresh air creating an unusually

calming environment. Space for 5 or 6 spacious consultation rooms/operatories and room for laboratory, staff room, reception and waiting area. Includes private restroom. Ready to be customized to meet new owners' requirements. For showings and more information, please call: Istvan Ritz at (917) 930-2540; or email: istvan.ritz@elliman.com.

SUFFOLK COUNTY: Four-operator modern general practice in medical office complex. Fully digital with patient management system, intraoral camera and Panorex. Referring most specialties. FFS and PPO. Grosses \$487K. For more information contact Scott Firestone by phone: (516) 459-9258; or email: scott.firestone@henryschein.com.

GREATER ROCHESTER AREA: Incredibly well-established periodontal practice for sale. Current doctor has practiced in community and cared for patients for 40 years and ready to retire. Open to staying to mentor incoming dentist if desired. Pristine new office with 4 operatories; brand new equipment replaced within last two years. Enjoy benefits of new practice with added bonus of existing patient base. Located in charming community with great school system. Collections of \$865K and SDE \$250K. 1,000 active patients. Growth opportunity as practice currently open four days/week. Please contact us to learn more. We look forward to speaking with you. Contact Kaile at Professional Transition Strategies by phone: (719) 694-8320; or email: kaile@professionaltransition.com. Reference #NY72121.

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; karenijt@aol.com.

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

MIDTOWN MANHATTAN: Operatory for rent at East 56th Street. Beautiful operatory with windows and private office available. Elegant, modern, street level, best location. Please call or email for details. Contact: (917) 721-6825; or email: esenayny@gmail.com.

COOPERSTOWN: Dental office space for lease. Next to Doubleday Field in Village of Cooperstown. Five operatories and reception area in 1,800 square feet. Parking available. Please call (607) 434-7050; or email: sherrydemby@gmail.com.

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MANHATTAN: Dental office space to share at Columbus Circle location. Clean, modern office in prestigious building. 3-op office with up-to-date equipment. Used part time and looking to rent to another part-time dentist or specialist. Reasonable rent. No brokers please. Contact: service@drbeshar.com.

WHITE PLAINS: Beautiful bright and sunny dental office with new equipment, pan and cephalometric. Large waiting room, convenient location in downtown White Plains with private parking. 1-2 ops available. Perfect for specialist or part-time general practitioner. Reasonable and negotiable rent. Please inquire by email: 21eh1997@gmail.com.

NASSAU COUNTY: Roslyn. Dental op for rent. Perfect for specialist. Clean, modern office in prestigious building. Operatory fully equipped with A-dec chair, digital X-ray by Dexis. Beautiful spacious room with window. For information, please contact: (516) 637-7168; or email: jbmail555@gmail.com.

BROOKLYN: Bright and sunny sixth-floor office space available in Brooklyn Heights/Downtown Brooklyn professional building. Convenient location and close to subways. Currently configured as dental office in 715 square feet, with reception room, private office, lab room and space for 3 chairs. Vacuum and compressor already in place. Waiting room/reception area recently renovated but you may redesign as you wish. Email: mgrabelsky@opgny.com.

MIDTOWN MANHATTAN: Madison Avenue next to world-renowned St. Patrick's Cathedral. Beautiful, large, renovated office with in-house, full-service dental lab. Shared front desk space, shared private doctors' office. Fully equipped with CS-9600 CBCT scanner. Large conference room with presentation dual TV/monitor. Please contact Doctor directly at (646) 265-7949.

BROOKLYN: Dental office for rent at Grand Army Plaza near Prospect Park. Looking to rent 1-2 operatories full time or part time. Located on first floor of professional building with 24/7 doorman. One block from all public transportation. For more information, please call (718) 783-4334; or email: mbsb70@gmail.com.

MANHATTAN: Great location next door to Grand Central Station. Two dental treatment rooms and reception desk in large, elegantly renovated office. Nitrous and CDR panoramic X-ray. Optional hygienist services available. Please email Dr. Robert Lichtenstein at: rldspc@gmail.com.

SERVICES

DENTAL LEGAL SERVICES: Whether it be a dentist purchasing or selling dental practice, buying, selling, or leasing office space, employment matters, partnership agreements or litigation, the Law Office of Alan C. Stein, PC, will zealously advocate for your rights. With over 25 years of legal experience in dental transactions, the Law Office of Alan C. Stein

can handle the most complex of dental transactions to the most basic. "I'm not just married to a dentist. . . . I live dentistry!" Zoom and in-person appointments available. Offices in Woodbury & Southampton, NY. Call the most trusted law firm for dentists today for your free consultation: (516) 932-1800 Find us online at: www.dentalattorney.net.

OPPORTUNITIES AVAILABLE

WESTERN NEW YORK: The Chautauqua Center, a Community Health Center located in WNY nearby Lake Erie and Chautauqua Lake, is hiring in both new offices in Jamestown and Dunkirk as we continue to expand. We offer variety of services and are truly unique health center, including primary care, dental, behavioral health, nutritional care, chiropractic care, an in-house pharmacy and more. Offering student loan repayment programs (e.g. \$100k for 3-year commitment) to employees that many of our licensed staff receive. Numerous other benefits including staff appreciation days, malpractice including tail coverage, manageable caseloads, licensure coverage, 403b retirement including matching funds to name a few. Some of our main focuses are work-life balance and flexible schedules (4-day workweeks). If you would like to learn more about the good work we're doing in Chautauqua County, such as offering veggie prescriptions to patients, prescriptions for play, launching health and wellness program, etc., we are happy to speak with you. Contact: aekstrom@thechautauquacenter.org.

WILLIAMSBURG: Seeking board-certified endodontist (or active candidate for board certification) on part-time basis in high-end multispecialty practice in trendy Williamsburg Brooklyn. Well-equipped operatory and will further equip and supply to your needs. We want what's best for you so our patients can get best possible care. Our diverse patient population will appreciate an individual with friendly, outgoing personality, excellent technical skills and humble confidence to match. Please include updated CV with your response. Looking forward to hearing from you. Interested individuals may contact us via email: astern@havemeyeroms.com.

LONG ISLAND: Seeking general dentist. Growing FFS/PPO practice looking for experienced general dentist interested in providing broad scope chairside dentistry. Beautiful modern practice. Ideal candidate is skilled dentist who wants to deliver exceptional experience to patients. Competitive compensation and generous benefits package offered. We provide equal employment opportunities to all employees and applicants for employment and prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. Apply today. Contact: tiffany@thesmillist.com.

SARATOGA: Fantastic and rare opportunity to join high-quality and rapidly growing dental group. Our facilities are modern and state-of-the-art, with new equipment, digital X-rays and paperless charting. Seeking right dentists to join our team as we expand and grow. First-year and second-year salary minimum guaranteed with opportunity for earnings well above average. Terms are flexible and can be tailored to fit your individual desires if you are determined to be right fit. Very competitive compensation methodology. Training available for precision guided dental implant surgery. Very strong mentorship program for new and recent graduates. Visit us online at: www.sitwelldental.com. Contact John O'Brien, DDS, by email: jobrien1218@gmail.com; or call: (518) 703-5321.

CENTRAL NEW YORK: Associate wanted. Ideal situation for recent or contemplating retiree wanting to work 1 or 2 days per week or recent grad ready to work and be busy. Work per diem, get paid, go home and relax; no office headaches. Salary up to \$2,500/day. Inquiries to: lrabice@yahoo.com; or call (315) 732-3515.

MULTIPLE NYS LOCATIONS: Mondovi Dental seeks full-time experienced general dentists ready to grow professionally. Offering steady flow of patients, complete clinical autonomy and fully trained dental staff. We offer paid malpractice, medical benefits, 401k plan, annual CE reimbursement and sign-on bonus. Our current openings available in Delhi, Middletown, Kinderhook, Lakewood, Pittsford and Miller Place. If any of these locations interest you, please contact Ashton Heeter by email: asheeter@midwest-dental.com.

SUFFOLK COUNTY: Coram Selden Dental seeks oral surgeon. Multi-doctor practice has immediate opening for board-eligible/board-certified Oral Surgeon. One day per week, very busy group practice. Great opportunity. Call or email for more information. (631) 732-9000; andrea@coramseldendental.com.

GREATER ALBANY AREA: Seeking associate general dentist for well-established practice. Willing to compensate higher than market value for right candidate. Goal is to establish associate as primary dentist and give ability to partner or buy practice moving forward, if desired. If you seek to work in practice with loyal patients and established staff, please contact us for more details. Inquiries to: albpracticeforsale@gmail.com.

NORTHERN WESTCHESTER: Exciting opportunity for young professional looking for practice to call home leading to potential for partnership. Serious inquiries only. Northern Westchester modern private practice seeks motivated practitioner comfortable with treatment planning, full-mouth care and executing implant restorative cases. Mentoring by owner if needed, along with supportive team. Candidate must be interested in private practice business model with fee-for-service and limited insurance plans accepted. Please contact us via email to learn more: admin@poundridgecosmeticdentistry.com. We look forward to hearing from you.

SYRACUSE AREA: Skaneateles Dental Associates, PLLC, seeks FT/PT associate to join our exceptional team.

FFS general practice in beautiful CNY Finger Lakes region, providing quality care using latest technology while working within incredible culture. Opportunity to provide mentorship for new dentist, as well as support experienced dentist. If you are interested in growing, learning, and creating amazing patient relationships in supportive team atmosphere please contact us. We encourage you to explore the opportunities that CNY provides. From skiing to wine tours, numerous lakes and state parks all provide limitless adventures encompassing all four distinct seasons. For more information contact Michelle Phillips by email: skandentmichelle@gmail.com.

CENTRAL NEW YORK: Bassett Healthcare Network, progressive academic health system in Central New York, major teaching affiliate of Columbia University, seeks dentist to join our staff. We provide care and services to people living in eight-county region covering 5,600 square miles in Central New York. Organization includes five corporately affiliated hospitals, as well as skilled nursing facilities, community and school-based health centers, and health partners in related fields. Applicants must possess outstanding communication and documentation skills, be able to function independently and as part of team, and be competent in all aspects of general dentistry, including behavior management for children and special needs patients. Responsibilities: EPIC Wisdom integrated medical-dental records, digital radiography. Minimal eve-

ning and weekend phone calls shared among network dentists. Qualifications: DDS/DMD and NYS Licensure. Benefits: Medical, dental and vision insurance; Paid time off, including vacations and holidays; Life Insurance and disability protections; Paid Malpractice; Retirement Benefits; CME time and fees; Moving Allowance. For confidential consideration, please call or email. Visit us online at: www.experiencebassett.org. For questions or more information contact Ashley Camarata, Medical Staff Recruitment, by phone (607) 547-6975; or email: ashley.camarata@bassett.org.

NASSAU AND QUEENS COUNTIES: Multi-specialty office seeks Dentists and specialists for 3 locations: Astoria, Bayside and Port Washington. Openings are as follows: Astoria — Pedodontist and general dentists, must provide treatment for crowns, bridges and root canals; Bayside — Oral Surgeons and Endodontist; Port Washington — Oral surgeons. Must examine, diagnose and provide treatment counseling to patients in comprehensive manner. Solicit patient feedback to improve service and direct assistants and other auxiliary personnel. Specialists must provide certificate of residency. Please email CV to: belldentalcare@gmail.com.

SUFFOLK COUNTY: Growing general dentistry practice looking for part-time associate to add to our team. Looking to fill Monday or Wednesday with some flexibility. Please contact for details: Dr. Manisha Suri, phone: (631) 957-2211; or email: smilesowellwood@gmail.com.

MAINE: Earn \$14,000/month basic salary, plus performance-based commission. Dentist-owned DSO seeking competent general dentists to work in busy dental offices in New England. Successful candidate must be competent in surgical extractions, fixed and removable prosthodontics (crown and dentures), cleanings, etc. Excellent compensation-based package. Visa/Immigration/Green Card sponsorship available including student loan repayment. If interested, please send resume including verifiable references to: compassionatedentist@gmail.com

SYRACUSE: Endodontist needed. Group practice that prides itself on progressive quality care offering generous compensation package and opportunity for partnership. Group consists of 7 full-time endodontists who enjoy great chemistry, which fosters perfect environment to grow your skills. Fully modern offices with state-of-the-art equipment including Zeiss microscopes and cone beams. Syracuse is wonderful community to live and raise family with excellent public and private schools. Very affordable housing in beautiful spacious neighborhoods. Area offers entertainment including Broadway shows and live concerts with famous artists. Syracuse University provides Division 1 football and basketball for sport enthusiasts. Many lakes and ski resorts close by make it great place to live. Contact Dr. Jeff Maloff by email: drism4life@gmail.com.

NYSDA is partnering with The Dentists Supply Company (TDSC) to offer members a new, easy to use way to shop for dental supplies.

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NYSDA and Foundation Salute CE Achievers

THE NEW YORK STATE DENTAL ASSOCIATION believes lifelong learning is integral to keeping up with current trends in the profession. In fact, NYSDA was the first professional organization in New York State to mandate that its members accumulate a certain number of continuing education credits as a prerequisite for relicensure.

The New York State Dental Foundation, which administers the NYSDA Continuing Education (CE) Registry, has tabulated the CE hours earned by NYSDA members in 2021. Based on the number of credits submitted to the CE Registry, the top achievers for that year are Harry Sacks of Nassau County Dental Society (3,500 hours), followed by Carla Schlissel of Suffolk County Dental Society (3,000).

Additionally, NYSDA recognizes its members who have earned 100, 300, 500, 1,000 and every 500 hours of CE credits after that, as recorded in the CE Registry. The breakdown by numbers of mem-

bers at each level in 2021 are as follows: 100 (79); 300 (68); 500 (72); 1,000 (33); 1,500 (11); 2,000 (4); 2,500 (3); 3,000 (1); and 3,500 (1). All awardees receive certificates from NYSDA, which are presented by the awardee's component.

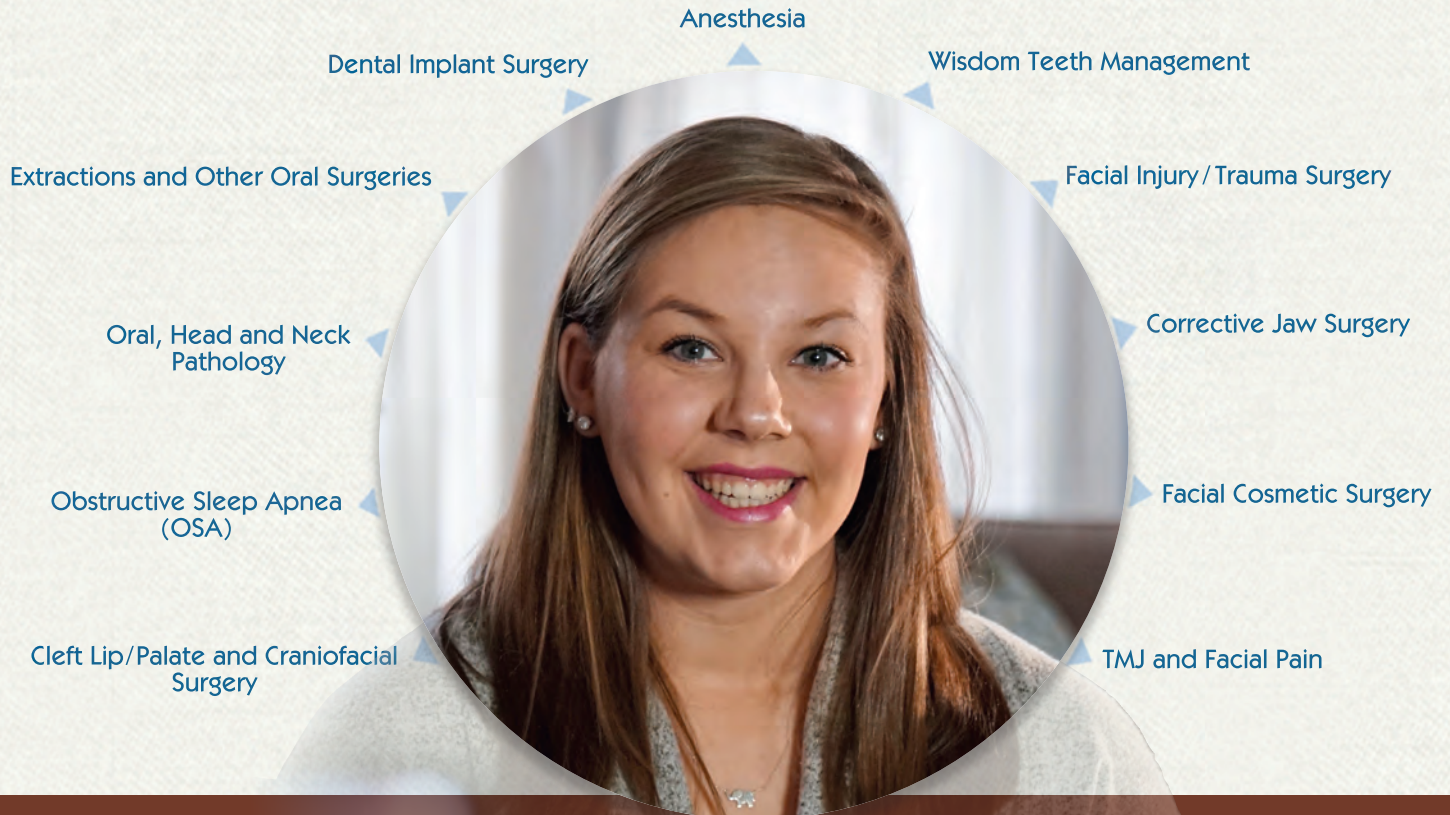
Asked to explain his achievement, Dr. Sacks said, "The reason I am so driven to pursue continuing education can be summed up in the words of Ralph Waldo Emerson: 'Unless you try to do something beyond what you have already mastered, you will never grow.'"

CE credits are entered year-round for members. Dentists can submit credits that are up to a year old by mailing certificates of course completion to NYSDA Continuing Education, 20 Corporate Woods Blvd., Suite 602, Albany NY 12211; by faxing them to (518) 465-3219; or by sending them electronically via the NYSDA website, www.nysdental.org.

Congratulations to this year's top achievers, listed below:

<p>3,500 —————</p> <p>Harry Sacks Nassau County</p>	<p>1,500 —————</p> <p>Andrew Marks Second District</p> <p>Jeffrey Backer Fourth District</p>	<p>Servio Tuero New York County</p> <p>Alfonse LaFemina Second District</p> <p>Analia Veitz-Keenan Second District</p> <p>Stephen Demarco Third District</p> <p>Paul Lonstein Third District</p> <p>Chhaya Shah Third District</p> <p>David Balestrini Fourth District</p> <p>Michelle Kisiel-Cohen Fourth District</p> <p>Norman Cognito Fifth District</p> <p>Natalya Levin Fifth District</p> <p>Jacob Revercomb Fifth District</p> <p>Shaila Garasia Seventh District</p> <p>Stephen Korn Seventh District</p> <p>Marc Malatesta Seventh District</p> <p>Sean Meitner Seventh District</p> <p>James Hoddick Eighth District</p>	<p>Anthony Peppy Eighth District</p> <p>Robert Schifferle Eighth District</p> <p>Clayton Hise Ninth District</p> <p>Kavita Kohli Ninth District</p> <p>Chaim Levy Ninth District</p> <p>Jill Meyer Ninth District</p> <p>Jonathan Rhodes Ninth District</p> <p>Kenneth Hirsch Nassau County</p> <p>Michael Klein Nassau County</p> <p>Bruce Corbin Queens County</p> <p>Maria Torres Queens County</p> <p>Jayesh Trivedi Queens County</p> <p>Steven Hill Suffolk County</p> <p>Ivan Vazquez Santiago Suffolk County</p> <p>Lawrence Holtzman Bronx County</p>
<p>3,000 —————</p> <p>Carla Schlissel Suffolk County</p>	<p>Alan Cassara Seventh District</p> <p>Doron Kochman Seventh District</p> <p>Ellen Vossler Eighth District</p> <p>Sujatha De Silva Ninth District</p> <p>Judith Okun Ninth District</p> <p>Ajit Sardana Ninth District</p> <p>Jeffrey Goldberg Nassau County</p> <p>Stuart Kesner Queens County</p> <p>Jerome Cymerman Suffolk County</p>		
<p>2,500 —————</p> <p>Mark Barone Eighth District</p> <p>H. John Schutze Fourth District</p> <p>Stuart Segelnick Second District</p>	<p>1,000 —————</p> <p>Jed Best New York County</p> <p>Steven DeCrescenzo New York County</p>		
<p>2,000 —————</p> <p>Ernest Mears Fifth District</p> <p>Rodney Littlejohn Seventh District</p> <p>David Miller Nassau County</p> <p>Bradley Portenoy Nassau County</p>			

Corrective Jaw Surgery



When should you consult an OMS for corrective jaw surgery?

When a jaw-related problem cannot be resolved through orthodontia alone, the patient should be referred to an oral and maxillofacial surgeon (OMS). OMSs are uniquely qualified and trained to determine the appropriate procedure for each case and to work with the orthodontist and restorative dentist to assure a successful outcome. Visit MyOMS.org for more information.



Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery®

MyOMS.org

ACCOUNTABILITY

DEDICATION

INSPIRATION



PAUL LEARY

FOR ADA PRESIDENT-ELECT

DENTISTRY IS OUR PROFESSION

I promise to lead and represent our members with passion for our profession. My desire to serve is built into my DNA. I look forward to meeting you all and earning your support for my campaign to be your ADA President-Elect.

ACCOUNTABILITY

As an organization, we must hold ourselves accountable.

DEDICATION

Dedication has defined me throughout my career. It is my guiding principle.

INSPIRATION

As a leader, I strive to inspire our youngest generation of professionals. I have spent time with our future, and their energy invigorates me.

To support the campaign, visit nysdental.org/adahod.



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