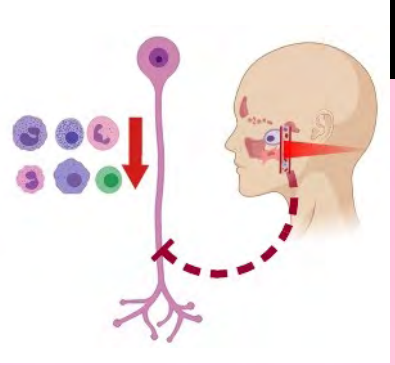


Is Laser Therapy the Antidote to TMD Symptoms?

THE NEW YORK STATE DENTAL JOURNAL

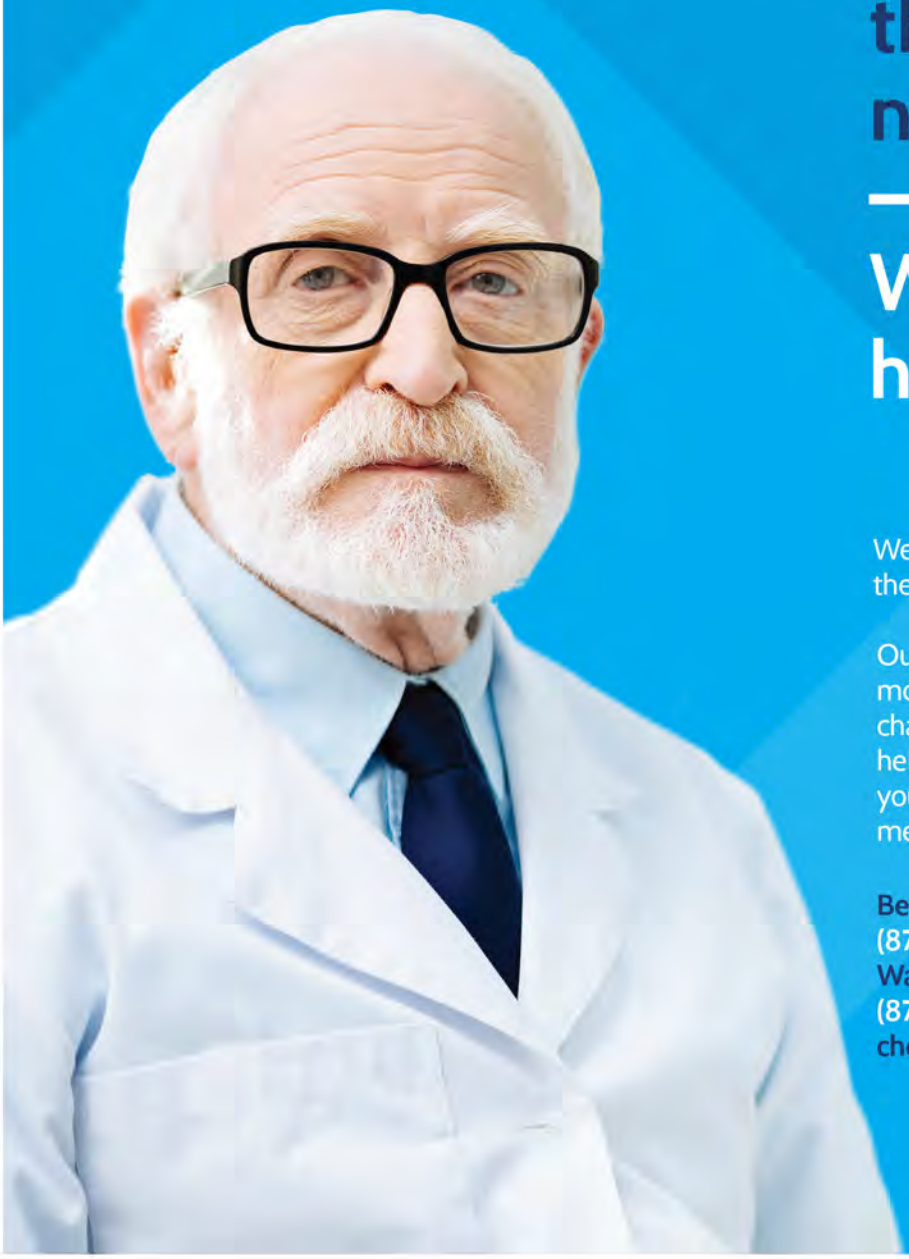
NYSDJ

Volume 86 **Number 6**
November **2020**

Treating Mouth Ulcers in Children

Begins with Proper Diagnosis

Inside: Members Invited to Participate in Governmental Affairs



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THE NEW YORK STATE DENTAL JOURNAL

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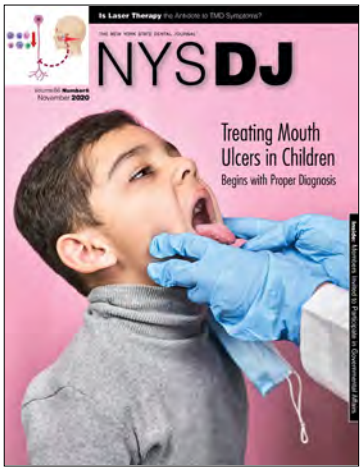

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The Patient is not always Right

Exploitive dental marketing misleads patients into thinking they are.

The customer is always right—right about what they want or need and whether a business enterprise has met their demands. In the marketplace, proprietors embrace this mantra in order to confidently give customers what they want, with few or no questions asked. As sellers, they can safely assume that buyers of a commodity, in an isolated transaction, understand what they want and why they want it and are, therefore, right about their decision to have it.

The law sets the bar pretty low in business deals. As long as a seller does not make fraudulent representations, he or she has no responsibility to secure the buyer's understanding of risks and benefits before making the sale. The seller merely acts as the buyer's agent, not a trusted advisor or even a primary source of information. Commercial marketing reflects this buyer beware concept. If buyers are wrong about what they want, it's their fault.

The patient, conversely, is not always right. Unlike a buyer and seller, the dentist and patient do not enter into their relationship as equal bargainers. Vulnerable patients in need of care lack the knowledge and skill to diagnose their problem and solve it. This forces them to trust dentists, who are armed with the appropriate expertise, to act in the patient's best interest. As a result of this imbalance, dentists do not have the luxury—or the right—to assume that patients understand what they want or need and why they want it. Rather, dentists must carefully determine whether the patient may be wrong about his or her decision to demand a specific treatment.

The law and ethical code set the bar much higher for professionals in ongoing relationships than for merchants. They require that dentists secure patients' understanding and consent before proceeding with treatment. However, the patients' autonomous right to self-determination is limited legally to when their choices involve treatment within the standard of care and is ethically in their best interests. Dentists must act as a trusted advisor and the primary source of information. If a patient's request is not in his or her own best interest, the dentist must tell the patient they are wrong about what they may want.

Unlike buyers, patients, ideally, need not beware that dentists will take advantage of their predicament. Professional marketing sometimes unprofessionally depicts dental services as a commodity sold in a commercial transaction. It misleads prospective patients into thinking like customers and fails to convey the reality that the patient is not always right and the dentist will not blindly act as the patient's agent in giving them what they want. If patients are wrong about what they want, it's the dentist's fault.

Exploitive dental marketing tactics, such as those that prey upon America's obsession with personal appearance and immediate gratification, reduce the professional relationship to a market transaction in an effort to entice the public into the marketer's establishment. A dental ad urging the public, for example, to "get your quick, easy and

painless cosmetic makeover" commodifies the dental service. It invites patients to act like customers, to assume it is in their best interest to purchase the product they want, and to expect the dentist to sell it to them, regardless of whether it is good for the patient or not, no questions asked. Promotions that imply patients can "look good" and "feel good" without "getting well," for example, condition the public to think they can bleach and veneer their teeth without first treating underlying disease. Ads that promise cheap, quick and painless cosmetic fixes mislead prospective patients to think they can miraculously attain oral health without the commitment of time, money and self-discipline.

Importantly, these deceptive practices create a dilemma, not only for the advertising dentist, but also for all practitioners and for our profession. Understandably, the public will generalize the marketing of some dentists to all dentists and the entire profession. Dentists must realize that any advertising, even if not false or misleading, can send the wrong message to the public regarding the values upon which dentists base their decision-making.[1] Patients of all practices will hear or see competitors' ads, then ask their own dentists whether he or she offers the same perceived benefit.

Dentists have two choices in their response to misguided patients, whose demands do not coincide with their best interests. Just do it—against the patient's best interests; or refuse to provide potentially substandard care, correct the patient's misconceptions and recommend a course of treatment that is in the best interests of the patient. To "just do it" potentially injures the patient and makes the dentist vulnerable to a professional liability action or ethics complaint. Refusing to do it indirectly communicates to the public that they need to beware of certain practitioners who may place their financial interest above the patients' interests. On the other hand, dentists who contend it is acceptable to advertise exploitively in order to fill their chairs, as long as they ultimately substitute an approach within the standard of care for the inappropriate procedure, risk baiting and switching, another potentially deceptive tactic.

Dentistry currently holds an autonomous, trusted position in society. Most dentists ethically use marketing to improve access to oral healthcare and educate the public. However, the increased commercialization of the dentist-patient relationship encouraged by deceptive advertising sacrifices critical long-term benefits for uncertain short-term financial gain. Patients who make poor treatment choices, only to find the care rendered failed to meet their needs, will either terminate their relationship or spread negative opinions regarding the practice. And they will allocate fewer funds for their care in the future, the exact opposite results of what the ads intended.

In addition, deceptive advertising will reduce the dental profession's credibility in the eyes of regulators, health insurers and the public, who will begin to view dentistry as an elective, cosmetic, nonessential service undeserving of professional status. It will lead to decreased insurance reimbursements and, most importantly, the erosion of society's trust.

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Dentists must ensure that their marketing correctly portrays oral health as an essential component of general health. Promote "getting well" as a predicate to feeling and looking good. We empower the public when we invite them into a professional relationship. We abandon them when we treat them like customers. Dentists should ask not what the patient wants, but what dentistry can do for the patient's oral health.

REFERENCE

1. Ozar D, Sokol D. Dental Ethics at Chairside, Professional Principles and Practical Applications, 2d ed. Georgetown University Press, 2002, p. 287.

D.D.S., J.D.

NYSDJ Editor Honored

CHESTER J. GARY, D.D.S., J.D., editor of *The New York State Dental Journal*, was honored in October by the American Association of Dental Editors and Journalists, which presented him with two awards for editorial excellence. Dr. Gary was both second- and third-place winner of the William J. Gies Editorial Award for his editorials in the April and November 2019 *Journals* ("Ships Passing in the Night: New Wave Dental Practice Transitions," April, and "Dentistry's Contract with Society Remains Relevant," November).

The award is presented annually by AADEJ and the William J. Gies Foundation for the Advancement of Dentistry of the American Dental Education Association.

Dr. Gary, who practices dentistry and law in Western New York, has been editor of *The NYSDJ* since January 2017.

Offering Transparency during a Pandemic

Council on Governmental Affairs opens its program to member scrutiny and input.

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

If the novel coronavirus (COVID-19) pandemic has taught us anything, it is that the old ways of doing things need to be adapted to changing circumstances, especially crisis circumstances. NYSDA has always had a largely successful governmental affairs program, but it is primarily an internal affairs operation. By its nature, it was not particularly transparent, partly because nobody would ever want to broadcast legislative strategy to opponents (discussion of legislative strategy is one of the few legitimate reasons for a board of directors/trustees to enter into an executive session) and partly because grassroots efforts were largely devoted to the non-lobbying, fundraising activities of NYSDA's EDPAC (Empire Dental Political Action Committee), a separate entity from NYSDA.

It always bears repeating that EDPAC does not lobby and that it is prohibited from lobbying. While this may seem counterintuitive to the "money talks" aspect of government, the only role EDPAC has is to make contributions to individual candidates for political office (and their various party committee structures). The goal of that money is to help with the election campaigns of candidates, not to lobby on specific issues. Naturally, it is always hoped that these candidates have the best interests of the dental profession in their minds when considering legislation, but there is no quid pro quo. And to think of it as a quid pro quo is actually to be thinking of the criminal act of bribery, so that has to be avoided at any cost.

It is the Council on Governmental Affairs that oversees the lobbying program at NYSDA. Members are probably surprised to hear that since this council is, admittedly, largely invisible to members. In fact, until a few years ago, when NYSDA began its yearly legislative Lobby Day, this council rarely ever met collectively with legislators or legislative staff. And there was little direct communication on the NYSDA website from Governmental Affairs. All of its monitoring functions for the Association's lobbying program occurred behind the scenes.

To a large extent, this was driven by the fact that the Council on Governmental Affairs, unlike other NYSDA councils, is not a policymaking or even policy advising body. Rather, it is an implementing agency for policies developed by other councils and by the NYSDA Board of Trustees and House of Delegates. The Council on Governmental Affairs does prioritize efforts based on political realities and reactions from legislators and legislative staff. It focuses on doing what is doable and tries to allocate limited resources to achieve positive results. But it does not alter, create or eliminate NYSDA policies.

Now, though, the Council on Governmental Affairs is going to change its approach with members. The Advocacy page on the NYSDA website is going to be radically changed so that members can see and have access to all the bills that NYSDA works on and be able to submit comments and sign up to provide grassroots support. Also, NYSDA is looking to develop links with the American Dental Association (ADA) federal advocacy program, so that members can have easy access to federal lobbying activi-

ties. NYSDA does not lobby federally and cannot because it is not registered to do so at the federal level (or in New York City, which has its own unique lobbying registration system). But having links to the ADA program in one place will make it easier for members to check on federal activities.

I have provided below a representative sample of items that NYSDA members will now see (the actual document with every item can be accessed at: https://www.nysdental.org/advocacy) and be able to access with respect to the entire state legislative session—which covers a full two-year cycle in New York State. More advocacy features will be added to the website as they become technologically available.

A word on the categories. **SUPPORT** and **OPPOSE** are self-explanatory and align with NYSDA policy positions. **MONITOR** is a multifaceted category taking in bills on which NYSDA has no definite policy position but which might have some effect on dentistry. Additionally, these are bills that are unlikely to advance with lobbying efforts or that do not require lobbying efforts to defeat but bear watching in case those realities suddenly change. It's possible also that they do not apply to dentistry now but might be amended down the road to do so. More rarely, they are bills on which taking a firm position has been determined by the Council on Governmental Affairs to be an unwise political commitment given the nature of the issue and relationships with sponsors and/or agencies.

It is hoped that this new online outreach to members, with opportunities for interactive input and more targeted information than even the comprehensive summary below, will make the entire NYSDA governmental affairs and lobbying program more robust.

SUPPORT

S.473—Rivera/A.2473—Dinowitz—Requires sugar-sweetened beverages to be labeled with a safety warning. 1/4/19 pre-filed and referred to Senate Agriculture; 1/22/19 introduced and referred to Assembly Consumer Affairs and Protection; 1/8/20 failed to advance and referred to Assembly Consumer Affairs and Protection; 1/8/20 failed to advance and referred to Senate Agriculture. **SUPPORT** (see S.162/A.5239 of 2017-18).

S.553—Tedisco / A.533—Cahill—Established an elderly dental insurance coverage program; appropriation. 1/7/19 pre-filed and referred to Senate Finance and Assembly Aging; 2/11/19 committee discharged and committed to Senate Aging; 1/8/20 failed to advance and referred to Assembly Aging; 1/8/20 failed to advance and referred to Senate Aging. **SUPPORT** (see S.2885a/A.7743 of 2017-18).

S.1965—Little/A.2971—Simon—Relates to the mandatory health insurance coverage under health insurance plans of cleft lip and cleft palate to include treatment not only of gross abnormalities of lip and palate but, also, related conditions and illnesses; specifies certain treatments, including oral surgery of the lip. 1/18/19 introduced and referred to Senate Insurance; 1/28/19 introduced and referred to Assembly Insurance; 1/8/20 failed to advance and referred to Senate and Assembly Insurance; 2/28/20 enacting clause stricken and recommitted to Senate Insurance; 3/2/20 enacting clause stricken. **SUPPORT** (see S.3171a/A.9397a of 2017-18).

S.2056—Savino/A.1149—Gottfried—Relates to the definition of practitioner (dentists being able to prescribe marijuana). 1/14/19 introduced and referred to Assembly Health; 1/22/19 introduced and referred to Senate Health; 1/8/20 failed to advance and referred to Senate and Assembly Health; 1/22/20 meeting set for Assembly Health; 1/22/20 first report calendar; 1/23/20 second report; 1/23/20 advanced to third reading; 1/27/20 set on Assembly Floor Calendar; 1/28/20 laid out for consideration and laid aside. **SUPPORT.**

S.2824—Gounardes/A.7785—Abbate, Jr.—Relates to the scope of practice of dentistry. 1/29/19 introduced and referred to Senate Higher Education; 5/21/19 introduced and referred to Assembly Higher Education; 1/8/20 failed to advance and referred to Senate and Assembly Higher Education. **Legislative Memo: 2/10/19 SUPPORT** (see S.3551/A.4543 of 2017-18).

S.3462—Rivera/A.2393—Gottfried—Enacts the healthcare consumer and provider protection act relating to collective negotiations by healthcare providers with certain healthcare plans. 1/22/19 introduced and referred to Assembly Health; 2/7/19 introduced and referred to Senate Health; 4/30/19 meeting set for Assembly Health; 4/30/19 reported and referred to Assembly Codes; 5/7/19 meeting set for Assembly Codes; 5/7/19 reported and referred to Assembly Ways and Means; 1/8/20 failed to advance and referred to Senate Health and Assembly Ways and Means. **SUPPORT** (see S.3663/A.4472 of 2017-18).

S.7879—Rivera/A.10034—Gottfried—Relates to requiring parity in the standards of dental telehealth services. 2/27/20 introduced and referred to Senate Health; 3/4/20 introduced and referred to Assembly Health; 7/13/20 meeting set for Assembly Health webcast; 7/13/20 reported and referred to Assembly Codes; 7/17/20 meeting set for Assembly Codes webcast; 7/17/20 reported and referred to Assembly Rules; 7/20/20 meeting set for Senate Health webcast; 7/20/20 reported and committed to Senate Rules; 7/21/20 meeting set off the floor in Senate Rules; 7/21/20 ordered direct to third reading; 7/22/20 placed on Senate Floor Calendar; 7/22/20 set on Senate Active List; 7/22/20 meeting set for Assembly Rules webcast; 7/22/20 ordered direct to third reading; 7/22/20 laid out for consideration in the Assembly; 7/22/20 passed Assembly and delivered to Senate; 7/22/20 referred to Senate Rules; 7/22/20 substituted for S.7879; 7/22/20 laid out for consideration in the Senate; 7/22/20 passed Senate and returned to Assembly. **Legislative memo: 7/13/20 SUPPORT**.

S.8568—Parker/A.10920 (Reyes)—Establishes a tax credit for the purchase of personal protective equipment (PPE) by em-

ployers. 6/16/20 introduced and referred to Senate Rules; 8/17/20 introduced and referred to Assembly Ways and Means. **SUPPORT.**

A.5077—Raia—Establishes the physicians, dentists and clinic charity care credit. 2/7/19 introduced and referred to Assembly Ways and Means; 1/6/20 enacting clause stricken. **SUPPORT** (see A.3305 of 2017-18).

A.10714—Abbate—Relates to dental COVID-19 liability immunity. 7/1/20 introduced and referred to Assembly Health. **SUPPORT.**

OPPOSE

S.331—Akshar/A.741—Rosenthal—Relates to patient counseling before issuing a prescription for a Schedule II opioid. 1/3/19 pre-filed and referred to Senate Health; 1/9/19 introduced and referred to Assembly Higher Education; 1/8/20 failed to advance and referred to Assembly Higher Education; 1/8/20 failed to advance and referred to Senate Health. **OPPOSE** (same as S.5670/A.8538 of 2017-18).

S.2635—Krueger—Requires certain healthcare providers to disclose the fact that the provider is on probation to current and new patients. 1/28/19 introduced and referred to Senate Higher Education; 1/8/20 failed to advance and referred to Senate Higher Education. **OPPOSE** (see S.9132 of 2017-18).

S.4501—Parker/A.6903—Titus—Relates to the time to commence certain medical malpractice actions (extends statute of limitations). 3/13/19 introduced and referred to Senate Judiciary; 3/25/19 introduced and referred to Assembly Codes; 1/6/20 enacting clause stricken; 1/8/20 failed to advance and referred to Senate Judiciary. **OPPOSE** (see S.3253/A.6025 of 2017-18).

S.6081—Hoylman/A.2372—Dinowitz—Provides, in tort cases where one defendant has settled, that remaining defendants must elect prior to trial, as a reduction in liability; repealer. 1/22/19 introduced and referred to Assembly Judiciary; 5/16/19 introduced and referred to Senate Judiciary; 5/30/19 meeting set off the floor Assembly Judiciary; 5/30/10 first report calendar; 5/30/19 second report; 5/30/19 advance to third reading; 6/3/19 set on Assembly Floor Calendar; 6/4/19 laid out for consideration in the Assembly and laid aside; 6/19/19 committee discharged and committed to Senate Rules; 6//19/19 meeting set off the floor in Senate Rules; 6/19/19 taken off Senate Rules committee agenda; 6/19/19 ordered direct to third reading; 6/19/19 laid out for consideration in the Senate; 6/19/19 passed Senate and delivered to Assembly; 6/19/19 referred to Assembly Judiciary; 6/21/19 floor consideration announced; 6/21/19 substituted by S.6081; 6/21/19 laid out for consideration; 6/21/19 debate closed;

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6/21/19 passed Assembly and returned to Senate; 12/17/19 delivered to the governor; 12/20/19 vetoed by the governor (veto 282). **OPPOSE** (see A.1415/A.9028 of 2017-18).

S.6552—Skoufis/A.2373—Dinowitz—Permits a plaintiff to recovery directly against a third party defendant found to be liable to the defendant in certain actions. 1/22/19 introduced and referred to Assembly Judiciary; 6/16/19 introduced and referred to Senate Rules; 6/19/19 reference changed to Assembly Codes; 6/19/19 meeting set off the floor in Assembly Codes; 6/19/19 reported and referred to Assembly Rules; 6/19/19 meeting set off the floor in Senate Rules; 6/19/19 ordered direct to third reading; 6/20/19 laid out for consideration; 6/20/19 passed Senate and delivered to Assembly; 6/20/19 referred to Assembly Codes; 6/20/19 meeting set off the floor in Assembly Rules; 6/20/19 ordered direct to third reading; 6/21/19 substituted by S.6552; 6/21/19 laid out for consideration in the Assembly; 6/21/19 passed Assembly and returned to Senate; 12/26/19 vetoed by the Governor (veto 287). **OPPOSE** (see S.412a/A.1500/A.9031 of 2017-18).

S.7935—Biaggi/A.11033—Gottfried—Relates to licensing of a dental therapist and an advanced dental therapist. 3/3/20 introduced and referred to Senate Higher Education; 10/7/20 introduced and referred to Assembly Higher Education. **OPPOSE.**

S.8365a—Rivera/A.10506—Gottfried—Relates to COVID-19 pandemic medical debt requirements (prohibits dentists from collecting on debts). 5/19/20 introduced and referred to Senate Health; 5/22/20 amend and recommit to Senate Health; 5/22/20 print number S.8365a; 5/22/20 introduced and referred to Assembly Judiciary. **OPPOSE.**

A.1889—Zebrowski—Creates the offense of reckless infection of a patient with a communicable disease by a healthcare provider. 1/17/19 introduced and referred to Assembly Codes; 1/8/20 failed to advance and referred to Assembly Codes. **OPPOSE** (see S.1054/A.1619 of 2017-18).

A.1970—Zebrowski—Lengthens the period of time for the filing of medical malpractice cases based upon allegations of reckless use of a syringe, needle or other sharp. 1/18/19 introduced and referred to Assembly Codes; 1/8/20 failed to advance and referred to Assembly Codes. **OPPOSE** (see A.1448 of 2017-18).

MONITOR

S.1090—Persaud/A.5782—Rozic—Provides health insurance coverage for New Yorkers if the federal Affordable Care Act is repealed. 1/10/19 introduced and referred to Senate Insurance; 2/19/19 introduced and referred to Assembly Insurance; 1/8/20 failed to advance and referred to Assembly Insurance; 1/8/20 failed to advance and referred to Senate Insurance. **MONITOR** (see A.11340 of 2017-18).

S.1216—Ritchie/A.3560—Gunther—Authorizes school district property to be used for nonprofit dental clinics providing

care to families in the district. 1/11/19 introduced and referred to Senate Education; 1/29/19 introduced and referred to Assembly Education; 1/8/20 failed to advance and referred to Assembly Education; 1/8/20 failed to advance and referred to Senate Education. **MONITOR** (see S.1466/A.502 of 2017-18).

S.2053a—Rivera/A.3820a—McDonald, III—Limits the initial prescription of a controlled substance for the alleviation of acute pain from a seven-day supply to a three-day supply. 1/22/19 introduced and referred to Senate Health; 1/31/19 introduced and referred to Assembly Health; 12/30/19 amend and recommit to Assembly Health; 12/30/19 print number A.3820a; 1/8/20 failed to advance and referred to Senate and Assembly Health; 1/8/20 amend and recommit to Senate Health; 1/8/20 print number S.2053a;. **MONITOR** (see S.6256/A.7741 of 2017-18).

S.2521a—Comrie Jr./A.4556a—Hyndman—Establishes a senior dental services grant program. 3/3/17 introduced and referred to Senate Aging; 1/25/19 introduced and referred to Senate Aging; 2/4/19 introduced and referred to Assembly Aging; 5/22/19 amend and recommit to Senate Aging; 5/22/19 print number S.2521a;5/29/19 amend and recommit to Senate Aging; 5/29/19 print number A.4556a; 5/30/19 meeting set for Senate Aging; 5/30/19 reported and committed to Senate Finance; 1/8/20 failed to advance and referred to Senate and Assembly Aging. **MONITOR** (see S.4939/S.7379/A.10595 of 2017-18).

S.2802—Comrie Jr. / A.3362—Dickens—Provides for the allocation of monies for dental health services in the Medicaid Managed Care program, the Child Health Insurance program, and the Family Health Plus. 1/29/18 introduced and referred to Senate & Assembly Health; 1/8/20 failed to advance and referred to Senate and Assembly Health. **MONITOR** (see A.6879 of 2017-18).

S.3577a—Rivera/A.5248a—Gottfried—Provides the establishment of New York Health Plan. 2/8/19 introduced and referred to Assembly Health; 2/11/19 introduced and referred to Senate Health; 2/28/19 meeting set for Assembly Health; 2/28/19 reported and referred to Assembly Codes; 5/28/19 joint legislative conference committee hearing; 9/18/19 forum set in NYC; 10/10/19 hearing set at the Univ. of Rochester; 10/23/19 hearing set in Bronx; 11/25/19 hearing set in Joint Assembly and Senate; 1/8/20 failed to advance and referred to Senate Health and Assembly Codes; 1/13/20 committed to Assembly Health; 5/19/20 amend and recommit to Senate Health; 5/19/20 print number S.3577a; 5/22/20 amend and recommit to Assembly Health; 5/22/20 print number A.5248a. **MONITOR** (see S.4371/S.4840a/A.4738a of 2017-18).

S.7812b—Rivera/A.9894a—Gottfried—Relates to provisions of healthcare under Medicaid managed care programs by school-based health centers. 2/24/20 introduced and referred to Senate Health; 2/25/20 introduced and referred to Assembly Health; 3/10/20 meeting set for Senate Health; 3/10/20 meeting set for Senate Health; 3/10/20 reported and committed to Senate Finance; 3/11/20 meeting set for Assembly Health; 3/11/20 reported and referred to Assembly Ways and Means; 7/17/20 meeting set for Assembly Ways and Means webcast; 7/17/20 reported and referred to Assembly Rules; 7/17/20 amend and recommit to Assembly Rules; 7/17/20 print number A.9894a; 7/17/20 amend and recommit to Senate Finance; 7/17/20 print number S.7812a; 10/9/20 amend and recommit to Senate Finance; 10/9/20 print number S.7812b. **MONITOR.**

A.2138—Dickens—Prohibits the use of live human subjects as surgical subjects as part of state dental professional licensing examination. 1/22/19 introduced and referred to Assembly Ways and Means; 1/8/20 failed to advance and referred to Assembly Ways and Means; 7/17/20 meeting set for Assembly Ways and Means webcast; 7/17/20 held for consideration in Assembly Ways and Means. **MONITOR** (see A.6877 of 2017-18).

A.2926—Perry—Related to reimbursement for dental restorations. 1/28/19 introduced and referred to Assembly Insurance; 1/8/20 failed to advance and referred to Assembly Insurance. **MONITOR** (see A.5966 of 2017-18).

Dr. Robert Giannuzzi

Dentistry Loses Ethics Giant

ROBERT G. GIANNUZZI, D.M.D., who devoted close to 20 years to perfecting and preserving NYSDA's Code of Ethics and may have been the longest serving person on any NYSDA Council ever, died Sept. 27. He was 83.

Dr. Giannuzzi was an endodontist, a graduate of the University of Pennsylvania School of Dental Medicine and an endodontic fellowship from Temple University. He practiced dentistry for 30 years in Johnson City and Ithaca.

Dr. Giannuzzi, who was born in Endicott, spent most of his life in New York's Southern Tier. He was a member of the Broome County Dental Society and a past president of the Sixth District Dental Society. His entrée to the State Council on Ethics came as chair of the Sixth District Ethics Council, a position he filled in 2000. His dedication to the moral principles of practice and humble nature earned him the nicknames "Ethical Bob" and the "Father of Ethics."

Dr. Giannuzzi is survived by his wife, Michele, three daughters, three stepchildren, and two grandchildren.

Webinar Aims to Increase Knowledge of HPV Vaccine

THE U.S. CANCER INCIDENCE data show that the occurrence of oropharyngeal cancer related to HPV infection has been increasing significantly over the last few decades and now is the leading cause of HPV cancer. The HPV vaccine is safe and effective, but vaccination rates are low. Many believe that dentists should be the next group of practitioners participating in HPV prevention.

The New York State Dental Foundation has partnered with the NYS HPV Coalition and Jennifer Frustino, D.D.S., Ph.D., of the Erie County Medical Center to create a new webinar, "HPV Vaccine to Prevent Oropharyngeal Cancer: Improving Quality and Saving Lives." This one-hour CE course is designed for all oral health professionals.

In addition to providing an overview of the prevalence and consequences of HPV infection, the webinar examines the importance, safety and efficacy of the HPV vaccine as outlined by the Centers for Disease Control and other internationally recognized health authorities. Equally important, those taking the course will leave it with valuable tools to help open discussions about HPV and the HPV vaccine with their patients. The instructor, Dr. Frustino, is director of oral cancer screening and diagnostics in the Division of Oral Oncology & Maxillofacial Prosthetics at Erie County Medical Center, Buffalo.

The fee for the webinar is $25 for one (1) hour of MCE credit. It can be taken at any time by logging onto www.nysdentalfoundation.org/ from a PC or mobile device.

National Journalism Association Elects Downstate, Upstate Dentists to Office

AT ITS ANNUAL MEETING in October, the American Association of Dental Editors and Journalists (AADEJ), chose two New Yorkers as officers for the coming year. Stuart Segelnick, D.D.S., a periodontist from Brooklyn, is AADEJ President Elect, and Kevin Hanley, D.D.S., a Buffalo orthodontist, is vice president. Dr. Segelnick is Second District Dental Society Editor. Dr. Hanley is editor from the Eighth District Dental Society.

At that same meeting, *NYSDJ* Editor Chester Gary, D.D.S., J.D., was named winner of both second and third place William J. Gies Editorial Awards for his writings in *The Journal*. The award is presented by the AADEJ and William J. Gies Foundation for the Advancement of Dentistry of the American Dental Education Association.

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Mouth Ulcers in Children

Temitope T. Omolehinwa, B.D.S., DScD; Eric T. Stoopler, D.M.D., FDSRCS, FDSRCPS

ABSTRACT

In this article, we discuss mouth ulcers, which are common in the pediatric population, though rendering a specific diagnosis may present a challenge. Evaluation of patients with mouth ulcers includes obtaining a thorough medical history and conducting an appropriate physical examination. Establishing a differential diagnosis will aid in determining if additional diagnostic studies are warranted, as well as initiation of appropriate management strategies. This article reviews the pertinent clinical aspects of mouth ulcers in children in order to provide optimal patient care.

A mouth ulcer can be defined as any open sore caused by a breach in the epithelial lining of the oral mucous membrane(s);[1] it may, occasionally, involve tissues around the mouth. In children, this can be concerning due to possible decreased nutritional intake[2] associated with discomfort and pain related to the ulcers.

Mouth ulcers may be of infectious or non-infectious origins. Recurrent aphthous ulcers and traumatic ulcers are examples of two commonly reported non-infectious conditions that cause oral ulcers in children, with a prevalence of 0.9% to 10.8% and 0.09% to 22.15%, respectively.[3] Herpes simplex virus (HSV) infection, also commonly reported in children and caused by a DNA virus, has a prevalence of 4.52% to 9.28%.[4]

Most mouth ulcers have similar clinical appearances, making diagnosis challenging for the untrained eye.[5] A systematic approach, which includes a thorough medical history, review of systems, careful and detailed physical examination and, possibly, biopsy, as discussed in detail below, are important in arriving at an accurate diagnosis.

Evaluation of Mouth Ulcer(s) in Pediatric Population

Medical History

The role of a detailed history, including history of present illness, cannot be overemphasized in establishing the etiology of mouth ulcers. One of the factors to consider is age of onset of these ulcers. For example, primary herpetic gingivostomatitis is common between the ages of 6 months to 5 years, while recurrent herpetic lesions are found in children older than age 5. On the other hand, recurrent aphthous ulcers have an onset of between 10 to 19 years of age.[5,6]

Other important specific questions to ask patients/caregivers are listed below (adapted from Stoopler ET 2014).[7,8]

- Is this the first time you are having ulcers, or have you had ulcers like these before?
- How long has/have the ulcer(s) been present in your mouth?
- Did the ulcers appear suddenly, or did you notice them over time?

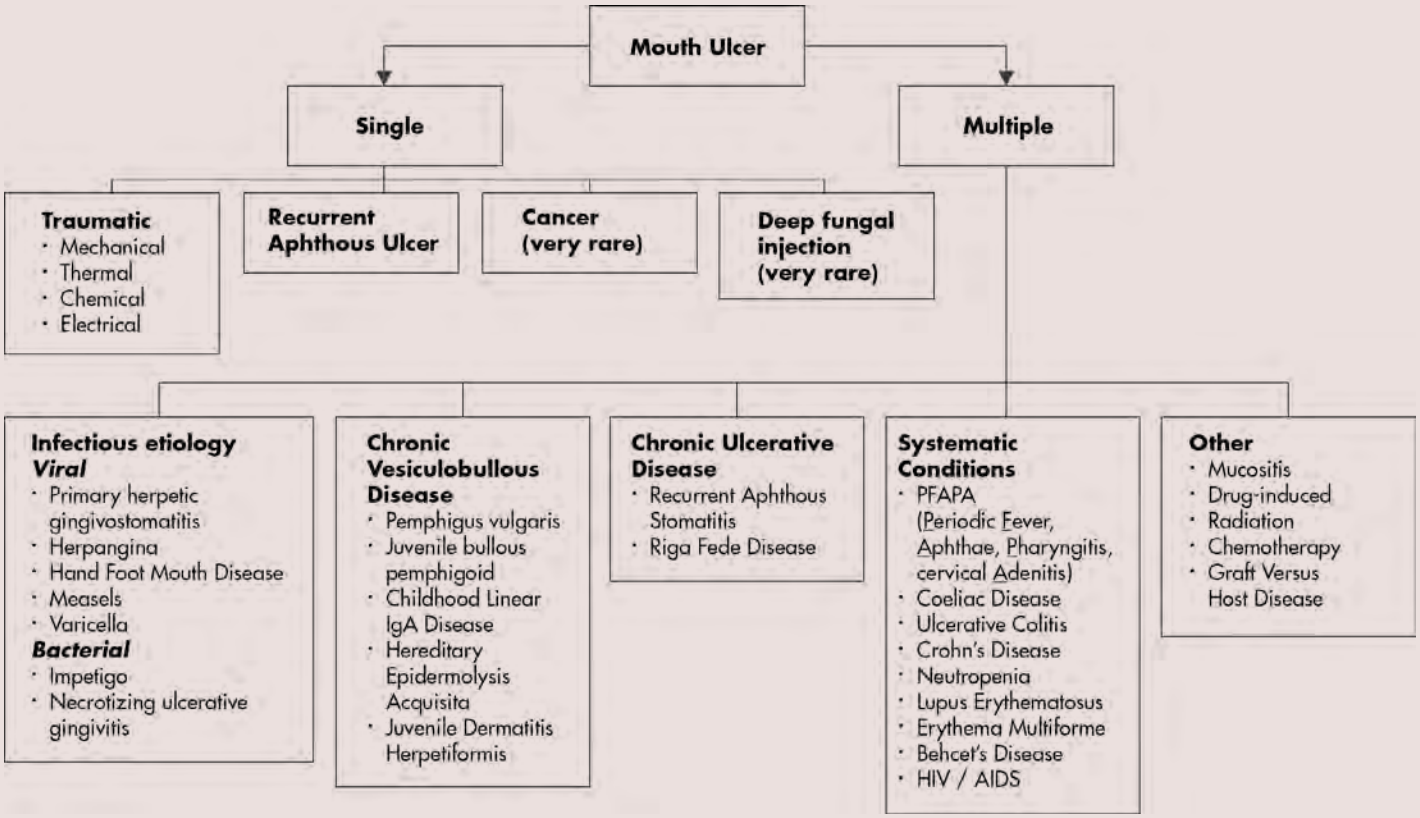

Figure 1. Differential diagnosis of pediatric ulcers.[10,15]

- Have you had any ulcers in the past? If you have had ulcers in the past, how long did each episode last? Was there a tingling sensation before onset of lesions?
- Is anyone around you sick—cold, rashes, other contagious illnesses?
- Any history of trauma in the mouth or around the mouth?

Review of Systems

Positive and negative responses to review-of-system questions will provide the clinician with information regarding the child's overall well-being and may provide information suggestive of a systemic disorder as a cause of mouth ulcers. Systemic conditions are likely to present with signs and symptoms in other parts of the body. For example, patients with hand, foot and mouth disease have lesions on their hands and feet in addition to the mouth, while patients with Behcet's disease are likely to present with ocular and genital lesions.

Questions to ask on review of systems include:

- Was there any generalized body pain, weakness, fever, diarrhea, vomiting, etc., prior to ulcer onset?
- Do you have any problems with swallowing?
- Is there any weight loss, reduced urine production or unusually dry diapers in infants?
- Do you have ulcers or lesions anywhere else on your body—skin, eyes, genital or nose?
- What type of toothpaste do you use? Does it contain sodium lauryl sulfate (SLS)? Do you use cinnamon-flavored mouth products (toothpaste, mouthwash), gums or candies? Do you eat a lot of food flavored with cinnamon? Do you use any tooth-whitening products?

Physical Examination

It is important to conduct a general physical examination in addition to a focused clinical examination of both extraoral and intraoral anatomical structures. The list below is a guide to detailed physical examination in a child with mouth ulcers.

1. Record vital signs and check for constitutional symptoms, including fevers and signs of dehydration.
2. Thorough head and neck exam—check for lymphadenopathy, lesions on face, scalp, etc.
3. Check for number of ulcers in the mouth—single or multiple?
4. Are ulcers on keratinized surfaces (gingiva, dorsum of the tongue), non-keratinized surface (buccal mucosa, labial mucosa, floor of the mouth, ventral tongue, soft palate) or both?
5. What is the size (pinpoint, <1cm, >1cm) and shape (well-defined/not well-defined margins, circumscribed, etc.) of each lesion?
6. Are the ulcers deep or shallow?
7. Any surrounding discoloration around the lesions—none, red/inflamed, whitish/keratinized?

8. Any other visible lesions outside of the oral cavity—perioral, skin, eyes, scalp, nose?

Further Investigation

This will be based on pertinent findings from the medical history and physical examination and is especially warranted if the history, review-of-systems responses and physical examination do not point to any specific diagnosis or if the clinician is unsure what the diagnosis is. It may include one or a combination of the following:

1. Viral testing if viral etiology is suspected [viral culture, Tzanck smear, direct fluorescence assay (DFA), polymerase chain reaction (PCR)]. This is especially important in non-specific ulcers that appear to have a viral origin. They usually will present with an erythematous base. Viral testing can be carried out on ulcers that are persistent or of unknown duration. DFA and PCR are the tests of

TABLE 1. Clinical Strategies for Pediatric Oral Ulcers

Condition	Signs/Symptoms	Diagnosis/ Investigation	Management
RAU/RAS (Figure 2)	Painful shallow ulcers Yellowish/gray ulcer base Erythematous halo No constitutional symptoms Increased stress Possible tingling/burning sensation two to forty-eight (2 – 48) hours before ulcer onset Found on non-keratinized surfaces[12]	Clinical diagnosis: Minor ulcers- <1cm Major ulcers- >1cm Herpetiform ulcers- 1-3mm[13] Rule out systemic cause by laboratory studies: CBC, ANA, ESR, Ferritin, folate, B12, RF, coeliac panel. Rule out cinnamaldehyde sensitivity/allergy, as well as sodium lauryl sulfate sensitivity.	Ensure hydration and pain control. Pain control includes use of viscous lidocaine or Magic Mouthwash (a mixture of equal parts of viscous lidocaine, antacid (e.g. aluminum magnesium hydroxide) and diphenhydramine. Topical corticosteroids e.g. 0.05% Fluocinonide gel, Triamcinolone acetonamide Low-level laser therapy Refer to oral medicine specialist for advanced management if frequency increases.
Traumatic ulcer (Figure 3)	Single ulcer Painful Clean or necrotic yellowish ulcer base with a pseudomembranous covering Might have keratotic/whitish (associated with friction) or erythematous borders. Common sites: tongue, lips and buccal mucosa[5]	History of memorable mechanical, thermal or chemical trauma or finding an offending agent (e.g. sharp teeth, toothbrush bristles) as seen in Riga Fede[14]	Removal of offending agent causes resolution of ulcer within seven to ten (7-10) days. Use of topical anesthetic, analgesic and/or corticosteroid Soft bland diet
Herpetic gingivostomatitis	Constitutional symptoms- fever, malaise, anorexia, irritability, joint/muscle pain Common in children six (6) months – five (5) years. History of being around a sick person or person with oral / perioral lesions.	History and clinical findings Adjunctive testing may be considered if diagnosis is unclear [viral cytology, PCR]	Self-limiting Pain control (local anesthetic, analgesics) Increase hydration Antiretroviral therapy (acyclovir) may be required in immunocompromised children.
Herpangina	Sore throat Gray 1-3mm-sized vesicles Vesicles rupture to form large fibrin-covered ulcers. Ulcers are found in soft palate, tonsillar pillars or oropharynx. Abdominal pain, headaches and vomiting are other possible presenting symptoms.	No tests needed	Self-limiting disease Control pain, ensure hydration

choice for fast and reliable results. This is especially accurate in testing for herpes simplex and varicella zoster (VZV) viruses.[9]

2. Laboratory studies (to rule out systemic causes, if suspected).

2i. Complete blood count (CBC) [anemia], iron, folate, B12, ferritin levels [vitamin, nutritional deficiencies]. Anemia has a prevalence of 43% especially in children below 4 years of age.[10,11] It is recommended to carry out a CBC when a systemic cause of oral ulcers is presumed.

2ii. Erythrocyte sedimentation rate (ESR), antinuclear antibody (ANA), C-reactive protein (CRP), rheumatoid factor [connective tissue disorders, such as lupus erythematosus]. Positive results are noted in patients with autoimmune or inflammatory conditions. It is important to refer patients with positive results to an oral medicine specialist, dermatologist (if skin lesions are present) or rheumatologist if an autoimmune process is suspected.

TABLE 1. Clinical Strategies for Pediatric Oral Ulcers

Condition	Signs/Symptoms	Diagnosis/ Investigation	Management
Herpangina	Sore throat Gray 1-3mm-sized vesicles Vesicles rupture to form large fibrin-covered ulcers. Ulcers are found in soft palate, tonsillar pillars or oropharynx. Abdominal pain, headaches and vomiting are other possible presenting symptoms.	No tests needed	Self-limiting disease Control pain, ensure hydration
Hand foot and mouth disease	Constitutional symptoms Ulcers in mouth. Rashes in hand and feet.	Clinical presentation	Self-limiting. Resolves within 2 weeks without treatment
Crohn's disease	Occurs anywhere in the GI tract. Oral manifestations almost always present in children, 30% of cases have oral ulcers as the first presenting sign and are present in 50-80% of cases.[15] Could present with any of aphthous-like ulcers, deep linear ulcers, lip fissuring, mucosal tags, swelling of lips/cheeks, cobblestone appearance of the oral mucosa. Margin of ulcers are usually rolled/indurated.	Biopsy Evidence of failure to thrive/ weight loss	Referral to GI specialist and oral medicine specialist
Behçet's disease	Recurrent aphthous ulcer (3 attacks/year) Genital ulcers Skin involvement Ocular (uveitis, reticular vasculitis) Neurological signs Vascular signs (venous/arterial thrombosis, vascular aneurysms) GI involvement[16,17]	Diagnosis is by exclusion of other causes of RAS and criteria for diagnosis is at least three (3) or more of the signs and symptoms.[17] HLAB51(+) (approximately fifty percent of individuals with BD).	Oral ulcers are treated with topical corticosteroids.
PFAPA	Oral ulcers Sore throat, recurrent fevers, lymphadenopathy, swollen tonsils and adenoids Fever lasts 3-7 days and recurs every 3-6 weeks	Elevated inflammatory markers- CRP, ESR, ANA Absence of positive bacterial cultures	Systemic steroid (resolves/shortens outbreaks) Refer to specialist for tonsillectomy or other pharmaceutic management (e.g. colchicine).

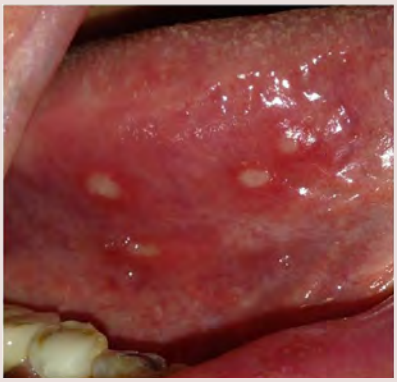

Figure 2. Multiple aphthous ulcers affecting right tongue. Note erythema surrounding each ulcer.

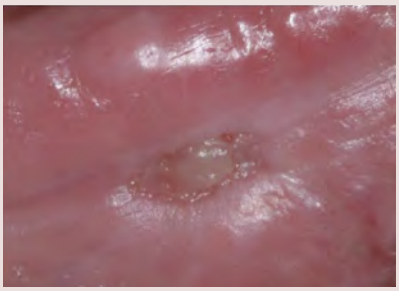

Figure 3. Traumatic ulcer affecting right tongue.

3. Specialist consult if level of care is beyond the scope of the practitioner. May include oral medicine specialist for all oral ulcers with nonspecific presentation; gastroenterologist when conditions like Coeliac or Crohn's disease is suspected; ophthalmologist—especially in patients with bullous pemphigoid; dermatologist when skin lesions are present, etc. Organ-specific evaluation, such as laboratory assessment, imaging, and/or tissue analysis, may be conducted if indicated.
4. Biopsy for hematoxylin and eosin (H&E) staining and/or direct immunofluorescence (DIF) if: 1) the ulcer persists for longer than two to four weeks; 2) diagnosis is not clear based on clinical examination only; and/or 3) the patient is unresponsive to treatment.

Differential Diagnosis of Mouth Ulcers

Differential diagnosis of pediatric mouth ulcers can be grouped based on number of ulcers present (single v. multiple) (Figure 1).

Viral etiology for herpetic gingivostomatitis is herpes simplex virus, while herpangina, and hand, foot, and mouth disease are both caused by the Coxsackie virus.

General Management

In managing mouth ulcers in children, it is important to ensure continuous hydration and maintenance of adequate nutrition. This can be achieved by oral intake or, occasionally, by intravenous infusions.

Since pain is commonly associated with mouth ulcers, use of analgesics and/or topical anesthetic agents often provide temporary symptom relief. It is important to monitor the child to avoid additional mouth trauma when using topical anesthetics.

After specific diagnosis has been confirmed and treatment initiated (Table 1), follow up within four weeks is recommended, if possible, to ensure adequate response to treatment. Children with chronic conditions, such as inflammatory bowel disease, often require long-term follow up by the appropriate specialists. Pediatric patients with complete resolution of mouth ulcers attributed to a non-chronic etiology may be re-evaluated on an as-needed basis.

The authors declare they have no financial/economic/professional interest in their study. Queries about this article can be sent to Dr. Omolehinwa at omote@upenn.edu.

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Manifestations and Management of Immune Thrombocytopenic Purpura in Outpatient Dental Clinic Setting

Case Report

Feiyi Sun, D.D.S.; Harry Dym, D.D.S.

ABSTRACT

There are a variety of contributing factors to spontaneous intraoral hemorrhage. It is important for dental health practitioners to correctly identify the underlying causes of uncontrolled bleeding for proper management of the diseased patient. We report a case of immune thrombocytopenic purpura (ITP) with oral manifestations of multiple hemorrhagic bullae. The patient was a 76-year-old female who complained of intraoral bleeding from multiple blood-filled bullae of various sizes, localized to lips, tongue and buccal mucosa starting two weeks before she presented to the Oral and Maxillofacial Surgery Clinic at the Brooklyn Hospital Center. Complete blood cell count revealed a significantly low platelet count of 8,000/μL. A diagnosis of ITP was made. The patient was managed by the Department of Hematology for platelet transfusion, steroid therapy and intravenous immunoglobulin therapy. Her platelet level increased to 103,000/μL after a five-day hospital stay before she was discharged to home, and her hemorrhagic conditions were greatly improved and stabilized.

Immune thrombocytopenia (ITP) is a rare autoimmune disease where IgG autoantibodies are produced to attack the glycoproteins IIb/IIIa from platelet cell membranes, leading to a transient or persistently low platelet count that is below 10x103/μL. [1] The autoimmune response also causes insufficient megakaryopoiesis, further inhibiting platelet production by bone marrow.[1] The disease occurs in 2 to 4 per 100,000 adults each year and has a higher incident in adult women in comparison to adult men. The incidence increases with age, especially in women over 60 years old.[2-3] ITP is characterized by subcutaneous petechiae, conjunctivae hemorrhage, spontaneous skin purpura and hemorrhagic bullae in the oral mucosa.[4]

In addition to possible organ hemorrhage, ITP predisposes patients to a higher risk of thromboembolism.[5] As a result, understanding how to identify and manage an ITP patient in a timely manner is imperative to prevent exacerbation of the hemorrhagic state. A platelet count persistently lower than 10x103/μL indicates platelet transfusion. Prophylactic transfusion of platelets is indicated when a patient who is planned for major surgery has a platelet count less than 50x103/μL.[6-7] Corticotherapy and intravenous immunoglobins are the standard first line interventions, with risks of relapse and complications.[8]

We, therefore, report a case of an elderly patient who presented to the Oral and Maxillofacial Surgery Clinic with intraoral hemorrhaging and was rapidly managed by the Department of Hematology for platelet transfusion and immunosuppressive therapy.

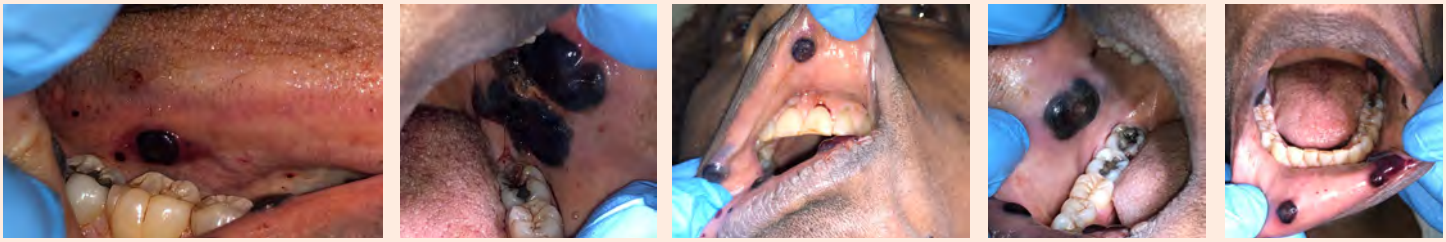

Figure 1. Blood-filled cysts of various sizes at multiple intraoral locations at time of presentation.

Case Report

A 76-year-old African-American female was referred from a general dental practitioner to the Oral and Maxillofacial Surgery Clinic at the Brooklyn Hospital Center for evaluation of the spontaneous hemorrhaging status from oral mucosa. The patient had a history of unknown platelet disorder, hypertension and hypothyroidism and was currently taking prednisone 10 mg every other day, Procardia 60 mg daily, carvedilol 80 mg daily, Synthroid 25 mcg daily and aspirin 81 mg daily. The patient reported regular visits to her primary physician for management of her hypertension and platelet disorder. She had noticed multiple, raised, blood-filled "blisters" that easily break and bleed starting two weeks ago.

During her visit, extraoral examination revealed several petechiae underneath the left arm and on the left chest. There was no lymphadenopathy around the head and neck region. Intraorally, the patient presented with multiple, raised, sessile, fluctuant, blood-filled and well-demarcated bullae of various sizes localized to the upper and lower lip, bilateral buccal mucosa, and the ventral lateral surface of the right posterior tongue (Figure 1). The patient reported gradual worsening of the intraoral condition, including the number and size of the cysts, as well as the tendency to bleed, over the past two weeks. The patient appeared to be mildly lethargic. An emergent systemic bleeding disorder, not from an intraoral or dental-alveolar origin, was suspected.

The patient was immediately transported to the Emergency Department at the Brooklyn Hospital Center. Complete blood cell count revealed an abnormally low platelet count of 8,000/cmm, with normal white blood cell count (5,700/cmm), hemoglobin count (11.3 g/dL) and hematocrit level (35%). Prothrombin time (11.2s) and INR (1.1) were within normal limits. The activated partial thrombin time was slightly low (20.3s). The blood smear revealed few giant platelets.

The patient was admitted under the Department of Hematology on the same day. A diagnosis of immune thrombocytopenic purpura was made. Aspirin was stopped immediately after admission, while her antihypertensive medications remained active. Due to the lack of blood bank storage, the patient did not receive the one unit of platelet transfusion until the morning of her second hospital day. The dosage of prednisone was adjusted from 10 mg every other day to 40 mg every day. The patient was also managed by a total of three doses of 70 g immune globulin 10%.

The patient's platelet level during the five days of hospital stay was charted in Figure 2. A noticeable increase in the platelet count (from 8,000/cmm on day one to 103,000/cmm on day five) suggested temporary restoration of the platelet number, leading to a hemostatic state. The bruises on her left arm and left chest had dissolved upon bedside examination. The intraoral purpura had decreased in number and size, with sloughing epithelium (Figure 3). The bleeding from the oral mucosa was negligible. The patient was discharged to routine home care.

Discussion

The correct diagnosis based on the oral presentation of raised, sessile, red-purple bullae can be challenging to make. Some of the differentials include hemangioma, varix, hematoma, peripheral giant cell granuloma or pyogenic granuloma, all of which can manifest as raised, multi-focal, pigmented lesions intraorally.[9] A comprehensive interpretation of the patient's medical history, medications and radiographic images can certainly help identify the bleeding causes from periodontal diseases, trauma, anticoagulant use or other underlying disease. The diagnosis of immune thrombocytopenic purpura (ITP) requires the exclusion of thrombocytopenia secondary to medications (heparin-induced

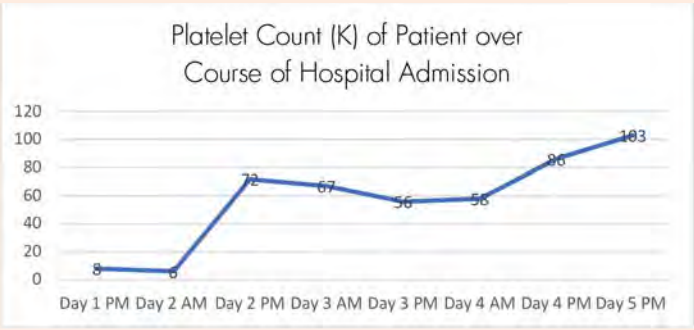

Figure 2. Platelet level of patient over course of hospital admission.

Figure 3. Intraoral presentation of patient after one unit of apheresis platelet transfusion and three doses of intravenous immune globulin.

thrombocytopenia), myeloproliferative disorders, disseminated intravascular coagulation and splenomegaly.[1] Patients with severe ITP often present with a bleeding state manifested by subcutaneous petechiae and hemorrhagic bullae on oral mucosa; such patients should seek medical intervention immediately.

The standardized first line therapy for ITP has been a high dose of corticosteroids with intravenous immunoglobins.[10] The therapeutic goal is to achieve a hemostatic state, where the minimal platelet count is at least above 30,000/μL.[11] Studies have shown that a platelet level can be maintained above 50,000/μL in over 50% of ITP patients by steroids, an immune suppresser, for a duration of six months.[12] A transient increase in platelet count can be achieved in almost 80% of cases by use of corticosteroids.[13] Concomitant administration of IVIg is highly effective, along with high-dose corticosteroids.

Although the specific mechanism of action of IVIg is undefined, the therapy is believed to inhibit apoptosis of platelet precursor cells, deactivate cytotoxic T cells, suppress the immune response via FcγRIIb receptors and neutralize the complement system.[14] However, in around 70% of the ITP patients who have

received IVIg therapy, the response is rather short term (one to three weeks).[10] Other, first-line therapeutic alternatives include anti-Rh(D) antibodies, which inhibit opsonized platelets clearance by attaching to the Rh(D) antigen on the erythrocyte membrane in Rh(D)-positive patients with a functional spleen.[15] For patients with *Helicobacter pylori* infection, it is necessary to eradicate the source of infection first to improve the outcome of ITP treatment, as several studies suggested a strong correlation between *H. pylori* infection and ITP.[16]

Current guidelines suggest that platelet transfusion in ITP patients has only limited benefits, largely due to its reduced cell life of 2.9 days, compared to 8.0 days in healthy subjects.[17] Platelet transfusion in ITP patients is only recommended for those who have experienced catastrophic hemorrhage or are anticipating invasive surgical procedures. In a study that monitored ITP admission from 2010 to 2014, only 27% of the admitted patients reported having at least one unit of platelet transfusion; 65% of them had neither a major hemorrhagic event nor the need for an invasive surgical procedure.[18] While there is no evidence of adverse thrombotic events, including acute myocardial infarction or stroke, to platelet transfusion in ITP patients, platelet transfusion therapy is only recommended in critical, life-threatening situations.[19]

The case we report describes a patient who was referred from a general dental practitioner to the Oral and Maxillofacial Clinic at the Brooklyn Hospital Center for evaluation of multiple bleeding bullae from oral mucosa. Upon examination, a hematologic disorder characterized by thrombocytopenia was suspected due to the uncommon presentations of multiple hemorrhagic bullae. The patient also self-reported a platelet disorder and the use of 10 mg prednisone once every other day. Complete blood cell count revealed an abnormally low platelet count of 8,000/μL. The patient was immediately hospitalized and diagnosed with ITP. She was stabilized by the increased dosage of prednisone, intravenous immunoglobulins and one unit of platelet transfusion. She was discharged after five days of hospital stay with a platelet level of 103,000/ μL. Careful monitoring of bleeding episodes was recommended.

There have been five reports of ITP cases from a dental setting in the past 10 years on PubMed, all of which described patients who presented with spontaneous gingival bleeding, ecchymosis on soft palate, and hemorrhagic bullae on oral mucosa.[20-24] Dentists should become familiar with the oral manifestations of hematologic disorders such as ITP to immediately refer and manage these patients. Patients with severe ITP might become hesitant

to engage in routine oral hygiene, as brushing and flossing can exacerbate the bleeding from oral mucosa. Therefore, it is important that dentists become aware of the manifestations and management of ITP patients, so that proper dental care can be continued.

Conclusion

This case report highlights the importance of relating oral manifestations to an underlying disease. In a profession where the oral cavity is the focus, it is sometimes easy to have tunnel vision with regard to the problem, thereby ignoring the true cause. When encountering a patient with uncommon bleeding in a dental clinic setting, the severity of the condition should not only be interpreted by the oral presentations, but also by a comprehensive understanding of the patient's medical history and medications with the aid of a current laboratory reading. A rapid and correct clinical judgment should be made by referring patients with ITP to a hematologist for proper management and monitoring of the bleeding status, so a fatal hemorrhagic event can be avoided.

Author Sun gratefully acknowledges Dr. Harry Dym of the Department of Oral and Maxillofacial Surgery at The Brooklyn Hospital Center for his valuable advice. Both authors confirm that this article's content has no conflict of interest. Queries about this article can be sent to Dr. Sun at fayesun1227@gmail.com.

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Management of TMD Symptoms with Photobiomodulation Therapy

Ammaar H. Abidi, D.D.S., Ph.D.; Alan O. Blanton, D.D.S., M.S.; Christopher J. Walinski, D.D.S.

ABSTRACT

Photobiomodulation therapy (PBMT) was performed on a patient complaining of migraines, nocturnal bruxism, jaw clicking and pain upon chewing. The patient was treated on five consecutive days with two different laser devices. PBMT was performed at the temporalis, masseteric, sternocleidomastoid and shoulder regions bilaterally, using one of the lasers on each side. The patient's constant headaches and pain were reduced from a 5.5 to 2 on a 10-point visual analog pain scale. This preliminary study provides evidence that PBMT may be an option in the management of temporomandibular disorders (TMD) and myofascial pain; however, more studies are required to validate this finding.

Temporomandibular disorder (TMD) reflects a subgroup of orofacial disorders that results in pain of the temporomandibular joint (TMJ), masticatory muscles and surrounding tissues.[1] The etiology of TMD is multifactorial and has been linked to emotional stress, psychological factors, traumatic injury, proinflammatory immune responses, neoplastic growth, occlusal interferences, loss or malpositioning of the teeth, dysfunction of masticatory muscles and adjacent structures, etc.[2,3] Current methods used to treat and manage TMD include dental/occlusal appliances or splint therapy, medication (NSAIDs or tricyclic antidepressants), head and neck posture improving exercises, and stress management.[4] However, certain dental therapies, such as orthognathic surgery, prosthodontic rehabilitation and fractured mandibles, are all associated with alterations in the TMJ, leading to worsening of TMD.[5]

Conservative approaches, such as soft diets, anti-inflammatory drugs and photobiomodulation therapy (PBMT) or low-level laser therapy (LLLT), have been used to manage TMD. Lasers have proven to be successful in clinical settings and treatments of soft tissues, musculoskeletal pain, bone regeneration and dentinal hypersensitivity, and provide reduction in symptoms and improved function.[6-11]

The mechanism of action in PBMT is via absorption of light, with deeply penetrating wavelengths ranging from 630 nm to 1300 nm, to stimulate tissues with direct irradiation to achieve analgesic and anti-inflammatory effects.[12] The output energy in PBMT does not affect skin temperature and is classified as a soft laser, which increases lymphatic flow, reduces edema and prostaglandin E2 (PGE2) and cyclooxygenase (COX) levels.[13] A case report by Ayyildiz et al. indicated that LLLT performed with a 685 nm red probe diode laser was an appropriate treatment for TMD-

related pain and limited mouth opening, and should be considered as an alternate therapy.[11] Furthermore, a systematic review for pain management reported placebo vs LLLT for practical and clinically relevant parameters using 700nm to 1200nm.[14]

This study aimed to evaluate the effects of two laser systems, both operating at 810 nm, as a pilot study, for their effectiveness in pain management of TMD. Pain level and discomfort were reported by the patient by a visual analog pain scale from 1 to 10, in which 1 was the least painful and 10 the worst.

Case Report

A 25-year-old patient presented with a chief complaint of migraines (undiagnosed), nocturnal bruxism, frequent cheek biting, teeth clenching, bilateral jaw pain when chewing, jaw popping and clicking, neck pain and shoulder stiffness. The patient reported allergies to aspirin and sulfa drugs. She was taking Nexium (as needed for GERD), orthotrycyclin and valacyclovir (daily maintenance for HSV-1 on face). Her medical history included a hernia repair and tonsillectomy. Her family history included cancer, diabetes, high blood pressure and snoring (mother).

When asked "Is there anything that makes your pain or discomfort worse?" the patient said, "Stress." Regarding the question "Is there anything that makes your pain or discomfort better?" the patient said, "Not really, yet."

The patient reported that her jaw pain was at a level of 5 on; a 1 to 10 pain scale (PS); headaches were a 7 on a 1 to 10 PS; neck pain was a 3 on a 1 to 10 PS, frequently lasting for hours. She admitted that her jaw pain had increased after admittance to graduate school and was exacerbated by chewing, stress, exercise, clenching, mouth opening and holding her mouth open for a short time. The pain was continuous but dull and most acute in the region of her TMJ, temporalis, temporal tendon, masseter and shoulders bilaterally. The patient was previously treated by a prosthodontic resident with bilateral posterior acrylic overlays (pivot appliances) that she received to alleviate her pain symptoms. She was routinely being evaluated at the TMD clinic in the prosthodontic department, as her pain was not subsiding.

Assessment

The initial assessment of the patient for this study was conducted in the Dental Sleep Medicine and Orofacial Pain Clinic and, along with the previous case report information, revealed the following vital data: Neck circumference measurement—12.0 inches; Blood pressure—115/63; Pulse—68, 100% SpO_2; 5 feet, 3 inches and 121 lbs. Mild tenderness was elicited upon palpation of the sternocleidomastoid (SCM) on the right, trapezius neck area on the right, temporal tendon on the left, deep masseter on the right, anterior temporalis on the left, lateral TMJ capsule bilaterally and posterior joint space bilaterally. Moderate tenderness was elicited upon palpation of the superficial masseter bilaterally,

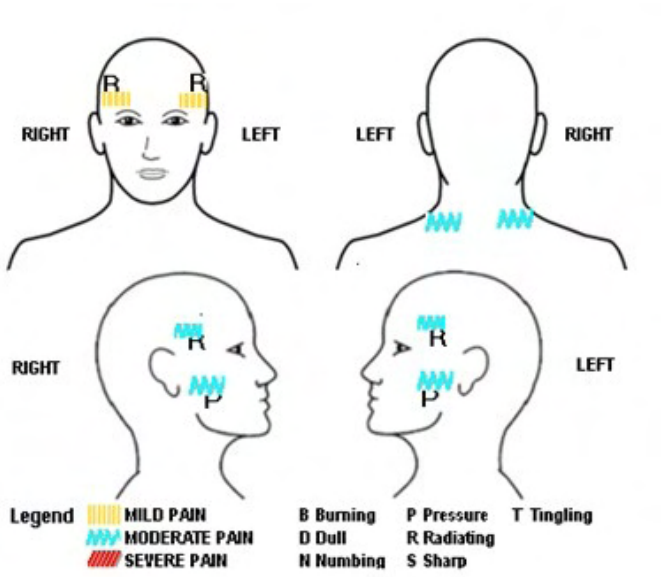

Figure 1. Pain pattern described by patient.

temporal tendon on the right, trapezius shoulder area bilaterally, anterior temporalis on the right, middle temporalis on the right and greater occipital bilaterally. The clinical and palpation examination revealed the TM joints were within normal limits.

The patient said she could hear clicking on the left side when she opened her jaw, but there was no palpable clicking or popping in either joint on opening or closing. Mandibular range of motion measurements revealed maximum inter-incisal opening of 48 mm, maximum protrusive of 10 mm, left lateral excursion of 6 mm, right lateral excursion of 7 mm, normal mandibular midline, normal maxillary midline, overbite of -1 mm and overjet of 1 mm (Figure 1).

Jaw measurements have been noted in professional literature as a 42 mm to 52 mm average opening, and average lateral measurements of 9 mm to 11 mm. The clinical impression was myalgia bilaterally (ICD M79.1), cervicalgia bilaterally (ICD M54.2), headache bilaterally (ICD R51) and synovitis and tenosynovitis (unspecified) bilaterally (ICD M65.9). The patient complained of excessive daytime sleepiness and frequently yawned during the evaluation exam. There may have been an undiagnosed sleep-related breathing disorder or, possibly, some other underlying sleep disorder, such as insomnia or narcolepsy. The patient complained that she often woke at night and sometimes felt like she was struggling to breathe or there was something in her throat.

The treatment plan consisted of referral for evaluation by a sleep physician for possible sleep study to determine if there was an underlying sleep-related breathing disorder or other sleep disorder present causing the daytime sleepiness, restless sleep and unrefreshing sleep the patient reported. The patient had not been wearing her bilateral posterior acrylic overlays (pivot appliances) for over a month, as her pain was increased by the device on

many occasions. While it is believed by some clinicians that pivot appliances "unload" the TMJs by condylar distraction, support in the literature is weak. Pivot appliances, by their very nature, may create an opposite effect. Because the appliance can act as a fulcrum and is positioned anterior to the upward force of the elevator muscles (masseter and temporalis), it may seat the condyles superiorly into the fossae as force is applied to the posterior teeth contacting the pivot.[15] Removal of the pivot appliances for a month prior to photobiomodulation therapy (PBMT) excluded any exacerbation of her symptoms related to the appliance therapy. The patient was recommended for PBMT to relieve some of her residual chronic pain.

PBMT

The patient regimen for the PBMT was planned for five consecutive days, with one of two laser devices being used on each side of the jaw. PBMT was performed on both sides of the jaw, including masticatory muscles and areas affected (temporalis, masseter, sternocleidomastoid and shoulders). On the first day of treatment, the patient's initial survey for pain and headaches was reported to be at 5.5 on both sides on a pain scale of 1 to 10. The left side of the jaw was to be treated with the Thor laser *(Thor Photomedicine Ltd, Buckinghamshire, UK)*, while the right side of the jaw would be treated with the OraLase *(MedX Cold Lasers, Mississauga, ON, Canada)*. The patient's temporalis, masseter, sternocleidomastoid and shoulders were treated once each day, and the survey was completed for each treatment regimen.

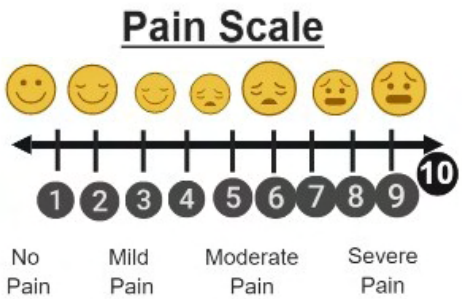

Figure 2. Pain scale used to access patient's daily treatment regimen and feedback. Numerical value 1 describes no-to-slight pain. Numerical value 10 describes severe-to-unbearable pain. (Image created with BioRender.com)

The patient reported decreased pain and headaches on the second day; improvement was seen following subsequent appointments in a cumulative effect (Figure 2). On the left side of the face, the Thor laser was applied with a significant reduction in pain and headaches—down to 2 on a 1 to 10 pain scale at the end of the five-day

treatment regimen. The OraLase was applied on the right side, which exhibited reduction down to 3 on a 1 to 10 pain scale on the fourth day; however, the pain returned on the fifth day to between 3 and 4 on a 1 to 10 pain scale. It is important to note that the patient had consumed alcohol at a social event the night before the fifth treatment day. She came in with a hangover and a headache prior to being treated. Nonetheless, the patient reported that from the third day onward, she felt less tension in her jaw. Furthermore, her symptoms had decreased significantly enough for her to state that further treatments would benefit her. The constant tension in her jaw that was present regardless of her stress was alleviated by the PBMT regimen. One of the most obvious improvements was that her jaw was not clicking when she yawned or stretched her jaw.

The patient was followed up weekly for a month after treatment. However, three weeks after her treatment, she noticed the clicking of the jaw and continuous tension in the jaw had returned. In the one-month follow-up, the patient's experience was charted; she wanted to continue laser therapy for maintenance every month if possible. She described it to be beneficial, as she had increased maximal jaw opening, reduced clicking and less tension. She also reported that PBMT was very comfortable for her, as the appointments were short and did not require jaw manipulation.

Discussion

The use of PBMT for TMD is a good alternative for reducing TMJ and myofascial pain because of its ability to reduce inflammation, while exhibiting regenerative and analgesic effects.[16-18] In our current study, the Thor laser used on the left side of the face was a 1390 diode cluster laser (810 nm, 30mW, 60 s, 1.8J) to the TMJ region at extraoral points, including the temporalis, masseter, sternocleidomastoid and shoulders. Meanwhile, the OraLase probe (810 nm, 200mW, 40 s, 8J) was used on the right side of the face at the same TMJ region and extraoral points (Figure 3).

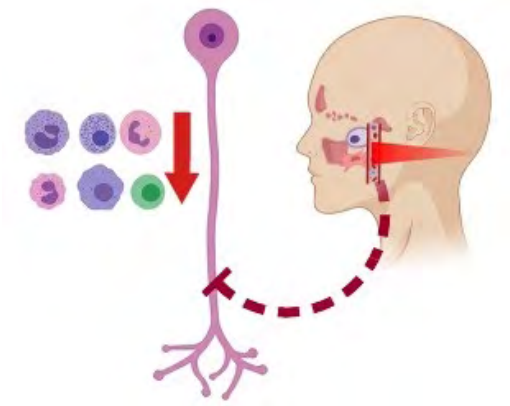

Figure 3. Effects of PBMT on TMD. (1) Laser stimulates increase in angiogenesis to improve blood flow, consequently decreasing immune cells in area (relieving edema). (2) It also has direct effect on neurons by inhibiting noxious stimuli and reducing pain. (Image created with BioRender.com)

Current literature values vary significantly, with energy fluence from 1 to 35 J/cm^2.[19-25] We report our energy density in total dosage at 8 joules per site, which was the energy density parameters recommended by MedX.[26] The total dosage delivered with the Thor laser was 1.8 joules per site. Neither of these dosages delivered any appreciable heat to the treatment areas. Furthermore, several studies have differed on frequency and number of applications for PBMT. The PBMT applications were performed once each day for five consecutive days. Publications include several suggested regimens: a total of eight sessions with application two times/week[27-30] or a total of six sessions with application of two times/week.[25,30,31] Ayyildiz et al. indicated that LLLT performed with a 685 nm red probe diode laser three times a week for a month would be ideal to obtain improvement of mouth opening and pain reduction, which showed a positive correlation of therapy even after a one-year follow-up.[11]

Our study provided further evidence that consecutive days of PBMT improved clicking of the jaw and also managed nociception. Furthermore, the Thor laser was more effective in decreasing the patient's tenderness and irritation caused by TMD. This response is most probably attributed to the larger coverage area by the diode cluster used in the study. (The diameter of active area for the Thor laser is 63 mm, compared to OraLase, which is 8 mm to 10 mm.) Popping and clicking of the jaw added complexity to the treatment regimens. Although, clicking was seen on both sides of the jaw, one side may have been worse, which might be responsible for the differences seen in the results. Nonetheless, both laser systems were effective in the management of TMD. There is much literature indicative of the therapeutic potential of PBMT, but non-standardized results have led to discrepancies, partly due to frequency and treatment time.[32] Furthermore, treatment regimens must include compliance, along with appropriate diagnosis and determination of the cause of TMD, to make proper adjustments for therapy.

The patient in this study was initially treated by a prosthodontic resident; however, she did not achieve relief and was in constant pain. The patient was referred for further evaluation by a TMD specialist before receiving PBMT. We have provided evidence that a patient who found no relief of her TMD pain was effectively managed by PBMT to attenuate her symptoms. Unfortunately, her pain returned to the original baseline threshold after 30 days, which is indicative that a longer regimen would provide additional benefit for the patient. Therefore, the noninvasive and easily tolerated PBMT procedure can be an ideal alternative to many therapies, as it does not require pharmaceutical drugs (i.e., NSAIDs) or intraoral appliances.

Conclusion

Our study, as well as other cited literature, suggests that PBMT should be considered as an alternative to other methods, as it provides effective treatment for TMD-related pain. However, more

studies would be appropriate to validate these findings and obtain consensus for ideal application protocols.

All authors deny any conflict of interest and received no compensation or financial support for this case report. This work is original, and is not under consideration for publication elsewhere. Queries about this article can be sent to Dr. Walinski at Christopher.walinski@touro.edu.

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Dr. Blanton


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Gardner Syndrome A Case Report and Review

Babak Bina, D.M.D.; Boris Zats, D.D.S.; Myrodati Lyristis, D.M.D.; Arin Abrahamian, D.D.S.

ABSTRACT

With a projected 145,600 cases of colorectal cancers and 51,020 deaths in 2019, colorectal cancer is the third most common cancer and second leading cause of death in the U.S.[1] Gardner syndrome is associated with widespread development of polyps of the colon and rectum. These polyps have a 100% chance of malignancy in the fourth decade of life[2-5] Most affected individuals have dental abnormalities that may help to diagnose otherwise asymptomatic patients. The following is an overview of Gardner syndrome and a patient who was diagnosed based on dental abnormalities, and the course of the disease over 15 years.

After studying a family whose members had nine deaths from colon cancer within three generations (average age 34 years old), Dr. Eldon J. Gardner introduced "Gardner syndrome."[2] Gardner syndrome is associated with intestinal polyposis, multiple osteomas, and skin and soft tissue tumors.[3,4,5] First reported by Fader, dental abnormalities include supernumerary teeth, unerupted teeth, fused molar roots and long, tapered roots of posterior teeth, and osteomas of both the maxilla and mandible.[6] Osteomas most often occur in the angle of the mandible, but they may occur in the skull, long bones and paranasal sinus cavities.[7] Multiple osteomas are the main skeletal indication of Gardner syndrome. They can be mistaken for tori, exostosis, odontomas, osteoid osteoma and cemento-ossifying fibroma.

Other manifestations of Gardner syndrome include abnormality of the retina of the eye; desmoid tumors; skin manifestations, such as epidermoid and sebaceous cysts; fibromas; neurofibroma; lipomas; leiomyomas; pigmented skin; papillary thyroid cancer osteosarcoma; chondrosarcoma; and hepatoblastoma.[4,8,9,10]

Today Gardner syndrome is considered to be a variant form of familial adenomatous polyposis (FAP). Gardner syndrome is caused by a mutation of a tumor suppressor gene "APC" (adeno-

As per the NYU School of Medicine IRB, a case report is the external reporting (e.g., publication or poster/verbal presentation) of an interesting clinical situation or medical condition of a single patient. Case reports normally contain detailed information about an individual patient and may include demographic information and information on diagnosis, treatment, response to treatment, follow-up after treatment, as well as a discussion of existing relevant literature. The patient information used in this paper was originally collected solely for non-research purposes as the result of a clinical experience. Kindly see the completed self-certification form uploaded as a separate file indicating that this case report was not deemed to be human subject research, as per the NYU School of Medicine IRB. Hence, no informed consent was required. All procedures conducted were in accordance with the Declaration of Helsinki.

matous polyposis coli), which is located on chromosome5 in the region 5q21-q22.[3,10,11] The location of the mutation on the APC gene can influence the nature of the entire colonic manifestation. Most of the cases of FAP demonstrate a strong family history, but up to 30% of cases can occur without any family history of the disorder. In about a third of patients, recessive mutations in the MYH gene have been found.[11] This gene is involved in DNA repair. Although diagnosis of FAP is based on clinical findings, genetic testing is indicated both for confirmation of diagnosis and for management of at-risk family members.

The onset of polyps is early puberty; and adenocarcinoma usually occurs by the third and fourth decades of life. By age 35, close to 95% of patients will have polyps.[12] Cancers may arise anywhere from late childhood to the 60s. Patients with polyps outnumbering more than 1,000 have a two- to three-times greater risk of malignant transformation than those with fewer than 1,000.[13] Confirmation strand gel electrophoresis and protein testing will identify 80% to 90% of sequence alterations in genes.[3] The results may take up to six weeks.

Treatment with NSAIDs and COX-2 inhibitors (celeoxib, rofecoxib) have been shown to decrease the number of polyps and their size in FAP, but whether this means lower chances of malignancy has yet to be established.[14,15] Elective colectomy, including rectal mucosal resection is recommended if 30 or more polyps exist or if positive for dysplasia. The types of resection are 1) proctocolectomy with ileostomy; 2) total colectomy with ileorectal anastomosis; and 3) proctocolectomy with ileal pouch anal anastomosis.[3] Regardless of complication, surgical resection is still the treatment of choice due to improved survival rate. Cutaneous lesions might require excision for cosmetic corrections. Osteomas might need to be excised if they interfere with function. Routine gastrointestinal tract screening is recommended in any individual with a diagnosis of FAP, as well as yearly ultrasonographic examination to rule out thyroid cancer.[3]

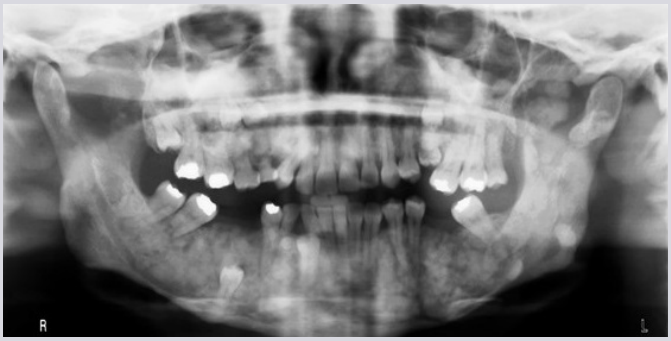
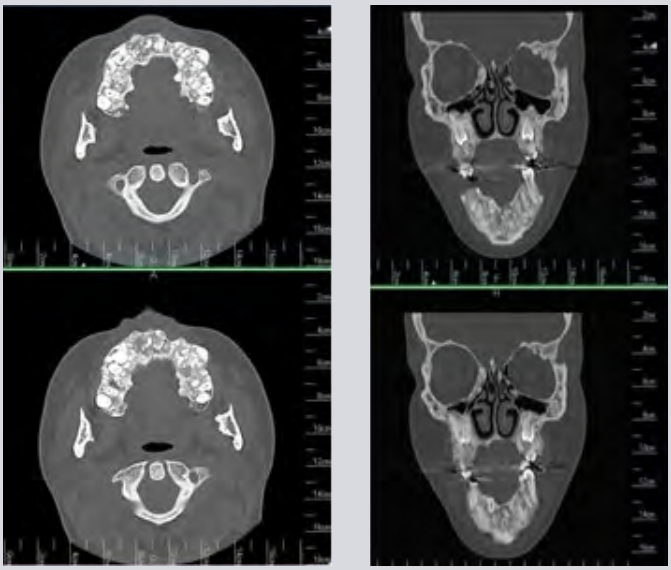


Figure 1. Initial panoramic X-ray depicting multiple impacted permanent and supernumerary teeth



Figures 2,3. CT scan of head and neck with contrast revealing heterogeneous sclerotic bony thickening involving maxilla, mandible, ethmoid sinus areas.

Case Report

In 2007, a 28-year-old Hispanic female was referred to oral surgery for evaluation of multiple "bumps" in the lower jaw. Past medical history did not reveal any significant findings. The patient was not taking any medications and had no known drug allergies. She also denied having any past significant illnesses.

Extraoral examination revealed multiple pigmented skin lesions on her face, trunk and upper extremities. Intraoral examination revealed multiple missing permanent teeth and retained primary teeth, as well as multiple, hard to palpation, non-tender bony exostoses on both sides of the mandible.

The patient's initial panoramic X-ray (Figure 1) showed multiple impacted permanent and supernumerary teeth and multiple opacities in the areas corresponding to bony exostoses. The CT scan of head and neck with contrast revealed heterogeneous sclerotic bony thickening involving the maxilla, mandible and ethmoid sinus areas (Figures 2,3).

The clinical and radiographic findings were consistent with that of Gardner syndrome; furthermore, the patient's family history revealed that her mother and older sister died of colon cancer at the ages of 34 and 29, respectively. The patient also lost an aunt and two cousins to ovarian cancer.

Genetic counseling confirmed our clinical diagnosis. The patient was referred to a gastroenterologist, and a CT scan of the abdomen with contrast was obtained, taking multiple contiguous 5 mm CT axial images through the abdomen and pelvis (Figure 4). All images were obtained during the renal excretory phase. The liver, spleen, pancreas and left adrenal gland were unremarkable. The scan revealed a 2.3 cm x 1.6 cm right adrenal gland mass that measured fatty in attenuation during the scan without

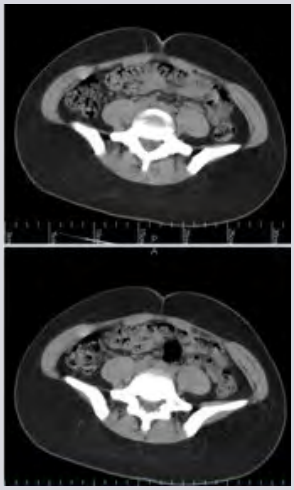
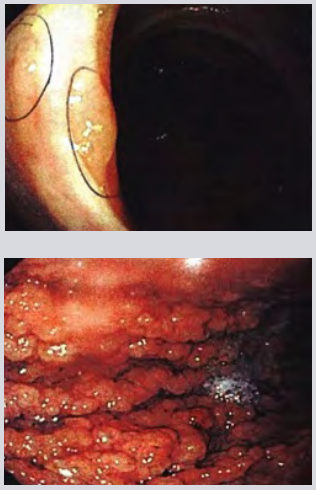


Figure 4. Axial CT images through abdomen and pelvis



Figures 5,6. Images taken during colonoscopy showing several polyps in colon.

contrast, suggesting adrenal gland adenoma. The kidneys excreted symmetrically, urinary bladder was mildly distended, and there was no intraluminal filling defects. The bowel was partially opacified, bowel loops not dilated, and there was a moderate amount of retained stool in the colon. The uterus appeared bulky, with a 1.4 cm x 1.1 cm right adnexal follicle. Multiple, round sclerotic lesions were found within the pelvic bones. During the colonoscopy, the gastroenterologist discovered a few polyps that were removed in 2009 (Figures 5,6). The patient was also referred to an ophthalmologist for further workups, which revealed no significant findings.

The patient was placed on celecoxib to help reduce recurrence and size of polyps and was referred for counseling to help cope with the stresses of her medical condition. The therapist also placed her on antidepressants. Over the course of the next 10 years, the patient had a series of procedures to either manage the symptoms or as preventative measures to slow down the progression of the disease. Multiple surgeries were performed for polypectomy and osteoma removal from the jaw in 2009 and 2010. In 2011, the patient had multiple surgeries for removal of desmoid tumors found in the right lower quadrant of the abdominal wall, ileostomy sites, spine, sacrum and pelvic bone. Between 2013 and 2014, ovarian cysts and superficial masses were found in both breasts and were removed. The patient also had a small bowel resection that same year due to discovery of a benign neoplasm, small intestine surgery, colectomy and hysterectomy. In 2016, the patient was diagnosed with adrenal adenoma and had multiple

rounds of chemo and radiation to shrink the size of the intestinal tumors; additional desmoid tumors were found and removed.

During the course of all of these procedures, the patient developed anemia, Bell's palsy, and hypopigmented spots on her legs and body. She also discovered that her brother was diagnosed with Gardner syndrome, but because he refused treatments, he has since developed colon cancer. Our patient, however, continues to remain cancer-free as of today. Currently, she is having sigmoidoscopy routinely every two months.

Discussion

Early detection is of great importance in Gardner syndrome, and this case will further signify the role of dentists in detecting systemic diseases. In patients with Gardner syndrome, GI polyps, if untreated, will always transform to carcinomas between age 30 and 40.[4] Although the patient described here had classical clinical and familial signs of Gardner syndrome, her condition was not detected for 28 years. Due to early detection and surgical intervention, she remains cancer-free.

All of the authors certify that they will take public responsibility for the content, have contributed substantially to the drafting, and have approved the final version. None of the authors has any conflicts of interest with the contents. All of the authors attest that all applicable subject protection guidelines and regulations were followed in the conduct of this research. The work has not been published and is not under consideration elsewhere and does not duplicate or overlap other published work. Queries about this article can be sent to Dr. Bina at Babak.Bina@NYULangone.org.

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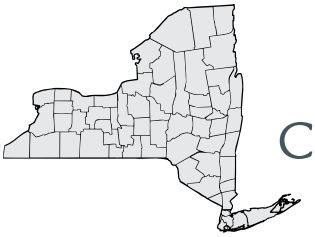

Component NEWS

FOURTH DISTRICT
Inaugural Scholarship Award
Jennifer Kluth, D.M.D.

The Fourth District Dental Society presented its first Dr. Mark A. Bauman Scholarship Award to Rachel LaPlante. The award was made Aug. 3l during a Zoom meeting. The Fourth District hopes to make this an annual award. It was established to honor the memory of Dr. Bauman and as tribute to his contributions to the district. It is intended to recognize a first-year hygiene student at Hudson Valley Community College who demonstrates attributes consistent with Dr. Bauman's professional characteristics, that is, potential for leadership, activity in the community, and support of fellow students. Wayne Harrison and May Hwang presided over the award ceremony.

Meeting was a Party
The annual Fourth District Women Dentist Meeting took the form of an outdoor garden party. It was held on Sept. 12 at the home of Loren Baim. The date was chosen to celebrate the life and legacy of Dr. Mark Bauman, who was born on Sept. 12, 1947. Dr. Bauman was a co-founder of the district's Women Dentist Meeting in 2009, and a beloved friend and colleague to many.

We were fortunate to have Maria Maranga, recently elected ADA Second Vice President, speak to attendees. The party was hosted by Dr. Baim, Women Dentist chairs May Hwang and Christina Cocozzo, and the Fourth District Dental Society. Event sponsors were Bank of America and MLMIC.

Congress Set for May
The Saratoga Dental Congress is scheduled to take place on Thursday and Friday, May 20-21, 2021. Among the scheduled speakers are: Ashraf Fouad, presenting "Concepts and Technologies in Endodontic Diagnosis and Treatment"; attorneys Francis Ciardullo and Margaret Surowka, who will cover a variety of legal topics related to dental practice; and Christine Hammelev, R.D.H., presenting "Diode Laser Use in Hygiene: What is Possible."

SEVENTH DISTRICT
Pandemic Opened up Opportunities
H. Bradley Davidson, D.D.S.

While COVID-19 has interrupted "business as usual" in dental offices and in organized dentistry, the Seventh District used the opportunity to take to Zoom and proactively retool for the future. Board meetings have

Maria Maranga traveled to the Fourth District from Suffolk County to ask women dentists to support her candidacy for ADA Second Vice President. She was declared winner at the ADA Annual Meeting in October.

Women dentists gather under tent to hear from speakers addressing their annual gathering.

continued virtually, with ambitious agendas, and various special committees have been meeting regularly.

It is fair to say that the Executive Committee, under the leadership of President Steve Burgart and President-Elect Richard Andolina Jr., has been busier this year than in any year in memory. Its members have been working tirelessly to provide essential communication from organized dentistry to our grassroots dentists. They have also been the initiating force behind retooling our society to be more effective and efficient in the future.

In late 2019, at the request of the District Board, an Ad Hoc Committee, chaired by Bill Calnon, was formed to evaluate 7th District operations and to review the district's current structure and its relationship with member counties and with Empire Dental Associates. The committee requested that an internal audit of the business practices of the district and related organizations be undertaken by an independent third party. The audit has been completed, and a report is being finalized. The committee will evaluate the report and respond to the Board with a prioritized action plan.

In March, the Board requested that a committee be formed to develop a new Strategic Plan for the district. The committee, chaired by Bill Zugner, has been meeting regularly with a goal of providing the Board with a working document that will guide its activities as it moves forward. It is expected that the plan will include a Mission Statement, Vision Statement, Core Values, Goals and Objectives.

The Constitution and ByLaws Committee, under the leadership of Steve Damelio, has also been activated during this trying time. It has been tasked with reviewing current and past versions of the Constitution and ByLaws and Administrative Code, including a timeline of when changes were made. The committee is expected to report back with recommended changes, additions and deletions.

Vorassi Named Interim ED

As was reported here previously, the District's longtime executive director, Lori Bowerman, retired at the end of 2019. Her colleague Nancy Buckley was appointed interim ED. Nancy has been an invaluable resource, but has decided to step down. The Seventh District is extremely fortunate that one of its most involved and effective members over the past many years has offered to fill in as interim ED for six months or so while the position of executive director is further defined and a permanent successor is located. The Board approved, with considerable appreciation, the appointment of Andrew Vorassi at a special Board meeting. Thank you, Andy!

SEVENTH DISTRICT

Andrew Vorassi

QUEENS COUNTY
QCDS Names Chad Gehani Director

Queens County Dental Society has chosen a veteran member as its new executive director. Chad Gehani, D.D.S., having completed his term as president of the American Dental Association, has taken over the helm of QCDS. He is replacing Bill Bayer, who had come out of retirement to fill in as interim executive director until a permanent director could be appointed.

Perhaps QCDS's most recognizable personality, Dr. Gehani was a longtime member of the society's Board and president in 2003. Eleven years later, he was installed as president of the New York State Dental Society. And in 2012, he served as president of the New York Section of the International College of Dentists. He is a past president as well of the Indian Dental Association (USA). Prior to being elected ADA President, Dr. Gehani represented New York State (Second District) on the ADA Board of Trustees.

QUEENS COUNTY

Chad Gehani

An endodontist, Dr. Gehani had a private practice in Queens, along with his wife, Rehka, an orthodontist, and he was on the faculty in the Endodontics Department at the New York University College of Dentistry. He is a native of Mumbai, India.

NASSAU COUNTY
Virtually All Virtual

We are well into fall, and things have gotten busier as our meetings and continuing education courses have restarted after a summer break. Unfortunately, COVID-19 is still with us and almost all of our events are still virtual ones. The one exception is CPR. We've scheduled several small classes of eight people to allow for social distancing and adherence to all COVID-inspired regulations. Except for that, we are planning to keep all of our courses and meetings virtual until at least June of 2021.

We just finished participating in the first-ever virtual ADA House of Delegates. While it was a bit more drawn out, it was a surprising success. NCDS, as well as NYSDA, was well represented by our delegates. A huge round of applause should go out to them, the NYSDA officers and, especially, the NYSDA staff. As successful as it was, I'm sure there is almost unanimous hope that this is a one-time event and that we can meet in person next year in Las Vegas.

Nassau County *cont.*

Upcoming Courses

Some of our upcoming courses for November and December include: "The Truth about Vaping and Drug Epidemics" on Nov. 4; "Oral Mucosal Disease and Ulcerative Conditions" on Nov. 9; "Minimally Invasive, Drill-Free Posts" on Dec. 2; and our big event, co-hosted with the Suffolk County Dental Society, our 11th annual women's dental conference, "Scrubs and Stilettos," on Nov. 20. This year's conference will feature 10 breakout room clinics. Christine Rosenthal is the keynote speaker; Rehka Gehani is the 2020 honoree.

You can register for all of our courses on the society website, www.nassaudental.org. We also have a webinar archive on our website where you can view and review past courses.

Giving Thanks

It has certainly been a tough year, but as the holidays approach, we can be thankful that practice volumes are getting back to pre-COVID levels, that positive COVID rates among dentists nationwide are under one percent (PPE works!) and that organized dentistry was there to help get us through the biggest professional crisis of our careers. Thank you to the volunteers and staff that make this all possible!

SUFFOLK COUNTY

ADA House of Delegates

Radha Sachdeva-Munk, D.D.S.

The 2020 meeting of the ADA House of Delegates was a virtual event. A great deal of thanks goes to the ADA and NYSDA teams for working so hard in a new and difficult environment. The NYSDA efforts were led by President Craig Ratner, who was ever-present and in constant communication. Thanks also to the delegates, alternate delegates and staff, who provided support through, at times, very long sessions.

ADA Second Vice President Maria Maranga

SUFFOLK COUNTY

This year's House brought an end to the term of New York's own Chad Gehani, who for the past year has led the ADA as its president. He served gallantly in an unprecedented year of change. We congratulate Daniel Klemmedson of Tucson, AZ, on his transition to president.

It gives us great pleasure to announce that our own Maria Maranga was elected to the position of ADA Second Vice President. We wish her continued success!

SCDS Proud of its Representatives

Dr. Maranga joins SCDS's Paul Leary on the ADA Board. Dr. Leary is serving the third year of his four-year term as ADA Trustee from the Second District, New York State. We are so proud to have two of our active members in the ADA boardroom. You should also be aware that SCDS's Kevin Henner is the New York State Dental Association President-Elect. He will be installed as president in 2021.

Events

As with many components and states, SCDS is finding its schedule of courses and events in constant flux as we are forced to continually replan what were to be face-to-face meetings—only very small, controlled CPR sessions are occurring face-to-face. We continue to offer a wide variety of virtual events—we completed the first live virtual risk management course in September. Many of our courses and events are now offered via Aptify. Please visit the SCDS website, www.suffolkdental.org, for details about courses. We hope to see you virtually or otherwise in the not-too-distant future.

Don't Miss a Thing

Like/follow us on social media. 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.

NINTH DISTRICT

Lessons Learned

Olga Lombo-Sguerra, D.D.S.

As we near the end of this extraordinary year and are again planning a virtual meeting —our Annual Meeting—it is a good time for not only reflection, but for envisioning the future. With the mindset of "it's better to light a candle than to curse the darkness," we have forged ahead and learned lessons that, albeit difficult, will strengthen and enlighten us to make a better future.

Our members, staff, officers and committee members have taken on the task of learning new ways to keep in touch, share thoughts and inspirations, as well as difficulties encountered and the remedies that have helped—remedies that keep the mission of the Ninth in mind, that is, serving the community and our profession through advocacy, continuing education and camaraderie. We all await the day that we can again do these things in person.

We are thankful for all the guidance we are receiving from our dental organization. As we do our jobs, we are supported by the ADA, NYSDA and the Ninth, who have been there always. We are especially grateful for the Ninth staff, who are only a phone call away for help with any issue. Thank you!

Making Progress

CE courses have been going well. We have been able to double the number of in-person attendees for the CPR certification, as everyone has adhered to all protocols, has arrived

on time and has been well-prepared. Each attendee is assigned a specific half-hour interval to enter the building (with masks and social distancing). Their skills are assessed, they turn in their online completion certificate and receive their two-year certification card to complete the mandate. Thank you all for your consideration and cooperation.

Virtual Success

We look back with pride on our virtual Frills & Drills event, which took place Oct. 28. It was a celebration of women dentists, and featured wonderful speakers who focused on health and well-being, de-stressing and the like—along with some well-needed socializing with colleagues. We will be hosting a new dentist event in a similar manner and encourage you to keep an eye on your inbox for all the latest news and details on these upcoming events.

Keep in Touch

As always, our advocacy for our members and the profession continues, and we welcome and encourage your participation. Please feel free to reach out to association staff by calling (914) 747-1199 to share your thoughts and concerns. This way we can be sure all our members' needs are being met and voices are bring heard. Better yet, get involved. Join a committee and work toward the change you wish to see.

BRONX COUNTY

BCDS Installs New President

Laurence Schimmel, D.D.S.

Bronx County Dental Society welcomes its new president, Don Safferstein. A Bronx native, Dr. Safferstein has served as the BCDS representative on the NYSDA Chemical Dependence Committee since 2004. The role developed into something that he is quite passionate about: "I have met dentists who are healthy and practicing dentistry today who would not be alive were it not for the hard work of the dedicated professionals on this committee." Dr. Safferstein is currently representing NYSDA in a national institute on drug abuse study, attempting to reduce opioid overdoses.

Bronx County *cont.*

In his new role as president, Dr. Safferstein says he will maintain a focus on providing help and information for BCDS members, as we adapt to the COVID-19 pandemic. We look forward to Dr. Safferstein's leadership at this unusual time in dentistry.

State Advisory Board Appointment

Former BCDS and Hispanic Dental Society President Amarilis Jacobo was appointed to Gov. Andrew Cuomo's New York Forward Reopening Board. Dr. Jacobo was selected to provide her knowledge and expertise on what it could take to get dental practices to safely re-open after the COVID-19 shutdown. The efforts of Dr. Jacobo and those of her colleagues on the board were instrumental in the reopening of all dental practices in the state on June 1.

PPE Giveaway

Through the efforts of BCDS Executive Director Steve Harrison, we were able to procure a large supply of N95 masks and other PPE. Special thanks to Dr. Jacobo, Kirti Tewari, Peter Gross and Dr. Safferstein for distributing supplies to over 75 Bronx County members.

SECOND DISTRICT
Fall Virtual Events

With COVID-19 restrictions still limiting in-person gatherings, the Second District Dental Society resumed its fall lineup of continuing education events with an assortment of live webinars hosted virtually on Webex. Course offerings so far have included presentations on pediatric restorative dentistry, implant prosthodontics and managing implant complications. Three more webinars were planned for November. They include a three-hour presentation on pain management in dental patients on Nov. 6 by Laurie Fleisher, director of the urgent care clinic at New York University College of Dentistry, and a discussion of "The Role of Cosmetic/Therapeutic Injectables in a Dental Practice" on Nov. 8, led by Alex Meneshian.

Concluding SDDS's 2020 CE schedule will be a two-hour lecture by Edward Miller on oral surgery, which will take place on Sunday, Nov. 22. Full details on all webinars, along with registration information, can be found by visiting www.sddsny.org.

In addition to forcing the cancellation of all in-person CE events since March, COVID-19 restrictions also meant that SDDS and its branch society, Richmond County Dental Society, had not held any membership meetings since 2019. But, on Thursday, Oct. 8, SDDS had its first membership meeting of 2020 via Webex. It was a success, with nearly 80 members in attendance. Paul Zhivago gave a one-hour presentation on digital dentistry, which was very well-received.

RCDS followed suit nearly two weeks later with its first membership meeting of the year, which also took place on Webex and featured a lecture on oral pathology by Michael Mistretta. The next SDDS membership meeting will take place on Webex on Thursday, Nov. 12, and will feature a lecture by Aaron Soeprono on dental ceramics, as well as a guest appearance by NYSDA President-Elect Kevin Henner.

Greater New York Dental Meeting Goes Virtual

Just as other major dental events have done this year, the Greater New York Dental Meeting (GNYDM) will embrace a virtual format for its 96th annual session, scheduled from Friday, Nov. 27, through Wednesday, Dec. 2.

Visitors will enjoy an unprecedented opportunity to explore the GNYDM exhibit floor from the convenience of their homes or offices and learn about the very latest dental products, materials and equipment. This year's exhibit floor highlights include a live dentistry arena, unique show specials, digital technology and 3D pavilion, scientific poster sessions and much more. There will also be an array of free continuing education and specialty programs, such as the Global Orthodontic Conference, Pediatric Dentistry Summit, World Implant EXPO and the Special Care Dentistry Forum.

As always, registration is free. Visit www.gnydm.com to register and find complete information about this year's GNYDM virtual celebration.

NEW YORK COUNTY
Legislator Makes Appearance at Meeting

Ioanna Mentzelopoulou, D.D.S.

New York County Dental Society's September General Membership Meeting featured opening remarks by State Senator Liz Krueger (D-NY). The senator said she learned a lot about the issues facing dentists from a previous meeting she had with NYCDS leadership. She shared her insights on the COVID-19 pandemic and her understanding of the essential role dentists play and how well the profession confronts disease control. Sen. Krueger made it clear that she wants to keep dialogue with our organization open.

The featured presenter was Steven Syrop, D.D.S., who spoke on the topic of "Oral Appliances and Healing of Temporomandibular Disorders." In addition to his insights on this timely topic, with so many patients experiencing COVID stress and cracked teeth, he announced that orofacial pain was officially recognized as the newest dental specialty this year.

NYCDS VP Chairs ADA Budget Meeting

We were proud to see Vice President Ioanna Mentzelopoulou chair Reference Committee A on Budget, Business, Membership and Administrative Matters at the ADA's first virtual House of Delegates meeting in October. Reference committees hold hearings on all items of business referred to them, to review, refine and recommend action to the House. Bravo to Dr. Mentzelopoulou on a job well done.

Virtual Bourbon Tasting

Members enjoyed a fun night on Oct. 21 learning about the history, facts, scents

and subtleties of bourbon from a certified bourbon expert based, of course, in Kentucky. Many attendees purchased a sample kit of the four types of bourbon discussed, so that they could share their observations. Even for non-drinkers, a discussion of the long and storied history of bourbon and the many nuances of oak barrels and different grains made for an interesting program.

CE Highlights

The upcoming continuing education program brings returning favorites in a webinar format. At the same time, plans are being made to resume our in-person continuing education courses, and new webinars are in the works for 2021. Our "Lunch(less) and Learn" webinars have proven to be popular. They are among the webinars being offered during the day and in the evening to suit diverse schedules.

Additional information about our continuing education courses is available on our website; go to www.nycdentalsociety.org, or speak to a member of our education staff at (212) 573-8500.

Sen. Liz Krueger participates in NYCDS meeting via Zoom.

Distilled Living founder Tim Knittel shares knowledge of bourbon with NYCDS members.

NYCDS Vice President Ioanna Mentzelopoulou presides over reference committee at ADA virtual meeting in October.

Read, Learn and Earn
CONTINUING EDUCATION

To register for and complete the NYSDJ Quiz: Click to log on

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.

The quiz can be completed only online. Readers can access it, make payment and submit by logging on here.

All 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 CE members.

Quiz questions are provided here for you to preview. 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/

Mouth Ulcers in Children—Page 13-17

1. A mouth ulcer can be defined as any open sore caused by a breach in the epithelial lining of the oral mucus membrane(s).
   ❑ T or ❑ F
2. Mouth ulcers are always noninfectious.
   ❑ T or ❑ F
3. Most mouth ulcers have similar clinical appearance.
   ❑ T or ❑ F
4. Biopsies are used in diagnosing mouth ulcers.
   ❑ T or ❑ F
5. Age is not a factor in establishing the etiology of mouth ulcers.
   ❑ T or ❑ F
6. The review of systems incorporates questions regarding the type of toothpaste used.
   ❑ T or ❑ F

7. During the physical examination for mouth ulcers checking for lymphadenopathy is not considered.
❑ T or ❑ F
8. Traumatic ulcers are usually singular in nature.
❑ T or ❑ F
9. Behcet's disease may include genital ulcers.
❑ T or ❑ F
10. In managing mouth ulcers in children, it is important to ensure continuous hydration and maintenance of adequate nutrition.
❑ T or ❑ F

Management of TMD Symptoms with Photobiomodulation Therapy—Page 23-27

1. The etiology of temporomandibular disorder (TMD) is multifactorial.
❑ T or ❑ F
2. Dental therapies never lead to the worsening of TMD.
❑ T or ❑ F
3. Lasers have not been proven to be successful in treating TMD.
❑ T or ❑ F
4. The mechanism of action in photobiomodulation therapy (PBMT) is via the absorption of light.
❑ T or ❑ F
5. PBMT increases lymphatic flow and reduces edema.
❑ T or ❑ F
6. The clinical patient presented with pain that was continuous but dull.
❑ T or ❑ F
7. The patient regimen for PBMT was planned for five consecutive days.
❑ T or ❑ F
8. The patient reported that the jaw clicking had not improved after treatment.
❑ T or ❑ F
9. Definitive protocols have been established for treatment of TMD-related pain by PBMT.
❑ T or ❑ F
10. The use of PBMT for TMD is a good alternative for reducing TMJ and myofascial pain because of its ability to reduce inflammation while exhibiting regenerative and analgesic effects.
❑ T or ❑ F

Gardner Syndrome—Page 28-31

1. Gardner syndrome is associated with widespread development of polyps of the colon and rectum.
❑ T or ❑ F
2. Patients affected with Gardner syndrome may have dental abnormalities.
❑ T or ❑ F
3. Polyps associated with Gardner syndrome never have a chance of becoming malignant.
❑ T or ❑ F
4. Osteomas are not associated with Gardner syndrome.
❑ T or ❑ F
5. Tori are sometimes mistaken for osteomas.
❑ T or ❑ F
6. The treatment of choice for Gardner syndrome is surgical resection, due to increased survival rate.
❑ T or ❑ F
7. The patient in the clinical case presented with "bumps" in the lower jaw.
❑ T or ❑ F
8. Colon cancer is not considered a leading cause death in the USA.
❑ T or ❑ F
9. Because early detection is important in diagnosing Gardner syndrome, the dentist plays an important role in detecting the disease.
❑ T or ❑ F
10. Supernumerary teeth are not a dental abnormality associated with Gardner syndrome.
❑ T or ❑ F

2021 CLASSIFIED INFORMATION

Online Rates for 60-day posting of 150 words or less: Members: $100—can include photo/image online. Non-Members: $150 + $40 fee for online photo. Corporate/Business Ads: $200 + $40 fee for photo/image/logo. Classifieds will also appear in print during months when Journal is mailed: Jan, March, July and Sept.

FOR SALE

OCEAN COUNTY, NJ: Brick office and practice for sale. 1,000-square-foot office located in professional building on main street. 3 ops, plus lab, fully equipped and supplied. Ideal for specialist or as satellite location. Dentist retiring. Monthly rent $1,000. Staff and hygienist will stay; doctor willing to stay for transition if desired. Owner financing available. For details, please call (732) 300-2661 or (732) 644-3000.

SYOSSET: Long Island practice for sale. Two-operatory, single-dentist practice for sale. Conveniently located in Syosset professional building. Quaint space, reasonable rent, low overhead. Turnkey operation with terrific office manager. Let's discuss options. Please contact by phone or email: (516) 921-1960 or skamin7850@yahoo.com.

BRONX: Newly renovated, 31-year-old practice for sale in Bronx. Running well; owner retiring. Three ops, digital X-rays, lab, sterilization room, Nitrous oxide. Very good set up; must see. No Medicaid, no HMO, no DMO. Only good insurance and private pay. Call for details (718) 862-9232

KINGSTON: Dentist retiring from 30-year uptown general practice. 1,500-foot first-floor office with 3 fully equipped operatories. Handicap accessible with full basement for storage. Building has second-floor residential apartment. Practice for sale with or without building. Currently 3-day/week practice. No HMO, PPO Medicaid or capitation. Real estate market in Kingston is fastest growing in upstate NY. Please inquire by email. Contact: lopa56@gmail.com.

NASSAU COUNTY: Eastern Nassau general practice for sale. 4 ops; plumbed for 5. Digital X-rays, imaging system with Easy Dental software. Doctor ready to retire but will stay up to one year. 1,400 square feet. Over $400K last year on 3.5 days. Beautiful office. New high-end residential development across the street represents growth opportunity. FFS, insurance, no Medicaid. No brokers please. Reply to: buymypractice25@gmail.com.

ONEIDA COUNTY: Sherrill, NY. Mixed FFS/PPO/Union. 43-year established general dentistry practice now available at unheard-of lease of $500/month in perpetuity. Practice located between Utica and Syracuse. Two fully equipped, updated A-Dec operatories. 650 square feet. Extremely low overhead. Iconic dental landmark in town with same telephone number from two owners for the past 80 years. Solid dental practice with stellar reputation and lowest overhead imaginable. Call or email for more details on this opportunity. Contact: (315) 525-0052 or loken666@aol.com.

GREATER ALBANY: General practice for sale. 6 fully equipped operatories with collections of $1.02M. Adjusted EBITDA over $250K. Real estate opportunity for free-standing building. 4,000 active patients. Ready to learn more and review prospectus? We look forward to hearing from you. Contact Kaile Vierstra with Professional Transition Strategies via email: kaile@professionaltransition.com; or call (719) 694-8320.

GREATER ALBANY: General practice for sale. New to market. Thriving practice in eastern New York State. Located in handsome, freestanding building with over 3,500 square feet and real estate for sale. Six fully equipped operatories and expansion opportunity for additional ops. Collections of $1.3 million; adjusted EBITDA of $265K. Ready to learn more and review the prospectus? We look forward to hearing from you. Contact Kaile Vierstra with Professional Transition Strategies via email: kaile@professionaltransition.com; or call (719) 694-8320.

SYRACUSE: Multi-location general practice for sale. Three stunning locations in progressive communities north and east of Syracuse city center. Two offices outfitted with five operatories; third office has four ops with newer equipment. Over $1.5M in collections and adjusted EBITDA $500K. 13,000 active patients, with 200 new patients/month. To learn more, contact Kaile Vierstra with Professional Transition Strategies via email: kaile@professionaltransition.com; or call (719) 694-8320.

CENTRAL NEW YORK: Busy general practice with 11 operatories. Collections of $1.65M/adjusted EBITDA $285K. Real estate also for sale. 5,000+ active patients and 100 new patients/month. Quick 30 minutes from downtown Syracuse in Forbes Magazine-rated area as one of top 10 places to raise family. Affordable housing, highly ranked schools and quick commutes that preserve family time. Experience small town, community feel with easy access to Syracuse metro area. Contact Kaile Vierstra with Professional Transition Strategies. Email: kaile@professionaltransition.com; or call (719) 694-8320.

ADIRONDACKS: Experience the beauty of outdoors. GP, 6 ops, busy, productive, strong practice with most all procedures kept in-house. Dentrix, Pan and new digital scanner. 2,700 active patients, mainly FFS. Long-term staffing working 32 hours/week. Building also for sale. Contact Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY172.

BUFFALO: Periodontal practice for sale. Ownership opportunity. If you've been searching for ideal partnership opportunity in Western NY, look no further. Periodontal practice with two busy locations and over 21,000 active patients. 9 combined operatories, with collections of $2.25 million. Adjusted EBITDA $480K and SDE $980K. 40-50 new patients per month. Don't miss out on this busy perio practice. We look forward to hearing from you! Contact Kaile Vierstra with Professional Transition Strategies via email: kaile@professionaltransition.com; or call (719) 694-8320.

SARATOGA: Highly motivated seller. Amazing opportunity to take over from top-rated general dentist in prime location. Practice has made strong rebound from COVID-19 shutdown, not only with existing patients, but steady flow of new patients. Significant opportunity for growth, if desired, as current dentist has set up practice for quality of life and four-day weekends. Fantastic visibility on busy road in fastest developing area of town. Premium-level equipment, very lightly used; excellent ergonomic flow; low fixed overhead. Whether you're ready to ease into less demanding workweek, or ramp up production in this well-established and very profitable practice, contact us to learn more today. Contact Robert Stanbery with Practice Transition Partners at (888) 789-1085, ext. 1; or email: contact@practicetransitions.com.

CHEMUNG COUNTY: The world has changed. Why not practice safely in Chemung County? Extremely low COVID-19 profile, and we test all dental patients at nearby hospital before procedures. Longstanding general practice; original owner. Average collection for three years $255K. Dentist practices four mornings per week for approximately 10 months/year. Excellent growth potential. Four fully equipped operatories in medical arts building. Extremely low overhead and cost of living. Area is gateway to Finger Lakes region; only five hours from New York City. Great family living, hunting, fishing, hiking, skiing. Only 45 minutes from Ithaca and Cornell University; 30 minutes from Corning. Please contact Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY220.

GATEWAY TO FINGER LAKES: 3 months free rent for this general practice that offers great outdoor recreation. 4 ops, great staff, reasonable rent, plenty of free parking. Off main highway; only working 150 days. Huge potential. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY220.

SARATOGA COUNTY: 100% FFS 5-op practice in desirable location; grossing $900K. Digital scanning, X-rays and Pan. Room for additional ops. Real estate available for sale or lease. Contact Henry Schein Professional Practice Transitions Consultant E. Scott Weinberger at (518) 512-9988; or email: escott.weinberger@henryschein.com. #NY259.

SCHENECTADY: 3-op general practice with Dentrix, digital and 5 days/week of hygiene. Gross $543K. Located in Historic District. Shared waiting room, lab and leased space. 5,645-square-foot building with rental apartments for sale at $300K. Contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY294.

HAMPTONS: High-quality, FFS general practice in highly desirable community. Practicing 30+ years. 2,300-square feet; 4 ops and room for expansion. Practice is digital. CBCT Scan, Trios scanner and Pan. Specialty procedures referred out. Showplace office; won't last long. Contact Henry Schein Professional Practice Transitions Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY296.

HUDSON VALLEY: General practice with 25 years goodwill. Digital; 3 equipped treatment rooms utilizing Dentrix. Specialties referred out. Huge growth potential. Contact Henry Schein Professional Practice Transitions Consultant E. Scott Weinberger at (518) 257-9737; or email: scott.weinberger@henryschein.com. #NY306.

SUFFOLK COUNTY: Pediatric practice. Highly respected and in operation 40 years. Established 21 years by current owner. 1,600 square feet in lovely community with 4 ops. 4-day work week. 10% FFS; 70% PPO; and 20% Medicaid. Solid staff members will stay with new owner. Motivated seller. Please contact for more information; interested in all offers. Henry Schein Professional Practice Transition Sales Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY308.

FAYETTEVILLE: Central NY general practice in desirable community. Outright sale or available for Associateship leading to buy-in. High visibility building with 7 ops, digital, Dentrix, 2 full-time hygienists. Over 2,200 active patients and no state insurance. Referring out many specialty procedures. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY310.

STATEN ISLAND: Wonderful family practice in well-designed, 2-op office with third plumbed op. Digital X-rays, intraoral camera and Dentrix. Beautiful 3,700-square-foot property for sale with two-story 1,800-square-foot office and patient-friendly, open-air area. High visibility neighborhood with easy access off main highway. Mix of FFS/PPO grossing $287K on 28 hours/week. Great potential for more days with additional procedures kept in-house. Contact Henry Schein Professional Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY311.

NASSAU COUNTY: North Shore. Productive, well-established practice located in very desirable community. 5 operatories, plus 1 additional not equipped in 1,700 square feet, utilizing Eaglesoft, Schick, Biolase, Sirona CBCT and Itero. 60% PPO; 20% FFS; 20% Delta Premier. Seller willing to work post-sale for agreed timeframe. Great opportunity to acquire strong solid practice running at 39 hours/week with unlimited growth potential. Location, location, location. Contact Henry Schein Professional Practice Transition Sales Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY313.

WILLIAMSVILLE: General practice. Opportunity to generate income immediately. State-of-the-art, 4-op practice. Professional office park with ample parking and fully handicap accessible. 4.5 days, 1,500 active patients, over $500K+ gross revenue. FFS/PPO, no Medicaid. Fully booked with growth options as oral surgery, implant placement and perio referred out. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY314.

SARATOGA COUNTY: Practice located on busy road. Twenty new patients/month. Facility updated and modern with 6 ops, digital X-rays, Pan, EagleSoft. Grossing $660K. For details contact Henry Schein Professional Practice Transition Sales Consultant E. Scott Weinberger at (518) 512-9988; or email: escott.weinberger@henryschein.com. #NY315.

NASSAU COUNTY: General practice with 3 equipped ops, digital, high tech. Updated using EagleSoft. Located in desirable, diverse financial community. Gross $387K. Contact Henry Schein Professional Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY316.

SYRACUSE: Immaculate general practice. Fully equipped with latest technology: Dentrix, Dexis, Waterlase, CAD/CAM, digital Pan. Three ops; 2,300 active patients. Strong FFS and some PPO. Revenue $481K. Refers out specialties. Standalone, converted residence with income apartment featuring 3 bedrooms, 1.2 baths. Building for sale; near hospital and college. Contact HSPPT Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY317.

PIKE COUNTY, PA: Thriving 5-op practice of 25 years in desirable location. Close to $800K collections. EagleSoft, digital and high tech, with highly motivated staff. For more details, contact Henry Schein Professional Practice Transition Sales Consultant Sharon Mascetti at (484) 883-5983; or email: sharon.mascetti@henryschein.com. #PA202.

ROCKVILLE CENTRE: Dental office building for sale. Located on major intersection at 364 Merrick Road. 2,300 square feet. 5 treatment rooms; expandable. Onsite parking, full basement with lab, 2-zone HVAC gas/heat. Equipment included. Taxes $20K annually. Price $725K. Contact owner at (516) 652-9238; or email: alexandercorsair1941@gmail.com.

SUFFOLK COUNTY: North Fork. Emergency sale due to seller's health issues. Partners motivated to sell immediately. 3 ops and 1 additional plumbed producing $607K in 2019. Up-to-date equipment and technology, including intraoral cameras, digital X-rays and laser with 38 years goodwill in standalone private building off busy road. Sellers own building and will provide long-term lease. Partners will stay on for 2 days/week if needed for extended transition. For details contact Henry Schein Professional Practice Transition Sales Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY304.

NASSAU COUNTY: Exciting opportunity to purchase extraordinarily profitable GP dental practice on Long Island's North Shore. In this location for 35 years in terrific community. 4 operatories, large lab and administrative space and ample reception room. Wireless intraoral camera, Dexis digital X-ray and Tru-Def Intra Oral Scanner included in fully computerized office with 8 workstations and server. Seller willing to stay for a time to assure strong and effective transition. 3-year average annual gross: $987K. Contact Henry Schein Professional Practice Transition Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY1296.

WESTERN SOUTHERN TIER: Quick sale. General practice with 4 bright operatories and room to add more. FFS. Digital, digital Pan, Curve software. Large and loyal patient base. Standalone 3,400-square-foot building also for sale. Practice nestled in popular college town with major manufacturing. Revenue $600K. Offered for a steal at $290K for practice. Huge parking lot and 1.67 acres. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY1335.

NASSAU COUNTY: Looking for terrific practice positioned for immediate revenue growth featuring valued location and highly profitable office? You found it. Located on busy thoroughfare, practice has 3 operatories with additional room for expansion. Sun-filled, sparkling office occupies 1,472 square feet in freestanding building. Large reception area, lab and free private office. Practice comes equipped with intraoral camera, Dexis digital X-ray, Dentrix, and CariVue caries detection. Gross revenue: $523K. Mix of FFS and PPO. Seller willing to help with transition. Contact Henry Schein Professional Practice Transition Consultant Mike Apalucci at (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY1428.

SUFFOLK COUNTY: South Shore. Begin practicing immediately in this beautifully treated facility located in growing and popular community. Practice features 1,500 square feet; 3 ops, plus additional room for expansion. Digital X-rays, intraoral camera with Dexis and Dentrix software. Insurance and FFS driving $528K in gross receipts with strong profit margins. Seller owns condo, which is available for lease or purchase. Strong hygiene program; all specialties referred out. 22- to 24-hour workweek. Lovely office has amazing upside for continued growth. Contact Mike Apalucci, (718) 213-9386; or email: michael.apalucci@henryschein.com. #NY1587.

AMHERST: General/Prosthodontics practice situated in growing community. 4 fully equipped operatories and one unequipped for expansion. 1,875 square feet of leased space in handicapped-accessible beautiful office park. Dentrix, Digidoc cameras, Gendex sensors, Planscan with milling unit and glazing machine, Sarona Pan digital X-rays, Ivoclar laser and great staff. All endo and oral surgery referred out; no state insurance. Doctor willing to stay for transition. Gross revenue $439K. For details contact Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY1594.

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

NASSAU COUNTY: Established general practice in lovely community. Nicely appointed. 4 ops, plus an additional plumbed op. Large private office with staff kitchen area, conference room, large front desk and waiting room. Located on busy main thoroughfare. Digital X-rays, Gendex Panoramic, Cerec CAD/CAM and Open Dental software. Mix of revenue sources; no Medicaid. Averaging 30-40 new patients/month. Perfect growth opportunity and to own real estate. For details contact HS PPT Sales Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY1679.

MENDON: Amazing practice in growing, affluent town of Rochester. Three bright, up-to-date operatories in spacious condo also for sale. Located in office park with 1,080 square feet. Largely FFS; refers out specialties. Room to grow. Move-in ready. Great equipment; new compressor, new Airtech Vac, new furnace and just updated computers with Eaglesoft practice management software. Dexis Sensors, non-digital Sordex Pan and Covid ready. Live, work and be part of great community. For details contact Henry Schein Professional Practice Transition Sales Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY1680.

SUFFOLK COUNTY: Seller ready to retire from 40 years of practicing in lovely community in small professional building with 1,350 square feet. 4 ops, plus 1. Nicely appointed; extremely neat with welcoming warm feel. 2019 gross receipts were $330,951 and 2018 gross receipts of $373,230. Specialties referred out. 70% PPO and 30% FFS. 1,250 active patients. Rent: $2,705, including water. Functional office but needs updating. Seller highly motivated. For details contact Henry Schein Professional Practice Transition Consultant Linda Zalkin at (631) 357-1003; or email: linda.zalkin@henryschein.com. #NY1704.

ERIE COUNTY: Well-established general practice in heart of south Buffalo. Highly visible practice located on busy street with on-street and off-street parking. 5 ops with excellent workflow. Dentrix, digital pan and sensors. Mix of FFS and PPO with some Medicaid. Real estate also for sale with apartment for rental or to live. Great opportunity to acquire strong net income practice and grow. Gross revenue $410K. For more information, please contact Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY1796.

SYRACUSE: Exceptional ownership opportunity. Seeking dedicated and experienced dentist to purchase high-quality, well-established dental practice with long history of excellence. Patients coming to practice are wellness focused and interested in dentistry that supports whole body health. Common services include periodontal therapies and quality restorative options. Practice currently positioned to introduce in-house dental implant placement. Well-respected practice supported by caring, highly skilled and devoted team of professionals with strong emphasis on continuing education and professional growth. Owner will assist with quality introduction period to ensure smooth transition. Please apply in confidence with your objectives and CV to: The Sletten Group, Inc., at (303) 699-0990; or email: pam@lifetransitions.com.

SARATOGA COUNTY: Well-established general/cosmetic practice and building for sale. Located in upstate NY just 14 miles from beautiful Saratoga Springs. 2019 collections $600K on 3.5 days with 6 weeks of vacation, 30+ hours hygiene. 5 ops, digital X-rays (Dexis), staff lounge and parking lot. Owner relocating and motivated to sell. Why work for someone else when you can afford your own practice? Financing available for qualified candidates. Contact: practiceforsale601@gmail.com.

MANHATTAN: 1136 Fifth Avenue. Dental office on UES for sale featuring 3-chair dental bay, 2 separate operatories and 2 restrooms. Private street and lobby entrances. Possible conversion to residential home. Approximately 1,880 square feet. Contact Wexler Healthcare Properties, Alisia Ramlochan, Licensed Associate RE Broker at (917) 605-2700; or email: aramlochan@corcoran.com. Visit the property here: https://www.corcoran.com/nyc-real-estate/for-sale/carnegie-hill/1136-fifth-avenue-medical/5885913

MANHATTAN: 400 East 56th Street. Midtown dental office for sale. Approximately 3,257 square feet. 11 operatories, 2 onsite laboratories and spacious waiting/reception area. Ample administrative spaces. Possible conversion to live/work or residential home. Contact Wexler Healthcare Properties Elliot Dennis, Licensed Associate RE Broker at (212) 893-1746; or email: elliot.dennis@corcoran.com. View the property here: https://www.corcoran.com/nyc-real-estate/for-sale/sutton-area/400-east-56th-street-medical/6080220

BROOKLYN: Multi-location Orthodontic practice for sale. Looking for ideal NY orthodontic practice? Look no further. 9 combined operatories with over $920K in collections. SDE of $480K and adjusted EBITDA $140K. Stay busy from day one with 20 new patients per month. To learn more, contact Kaile Vierstra with Professional Transition Strategies via email: kaile@professionaltransition.com; or call: (719) 694-8320.

ITHACA: Affordable Finger Lakes area. Turnkey general practice, eager to retire. Valuation $291K; asking $225K. 1,574 active patients are 99% FFS. 2019 annual collections $481K with relaxed pace of 4-day week. Excellent income growth potential. Referrals include implant placement, ortho, endo and oral surgery. Three bright, spacious, fully equipped operatories. Updated technology includes digital X-rays and Eaglesoft. HEPA-filtered/UV- treated air (>12 changes/hr.) and chairside extraoral HEPA filtration units. Highly visible, well-maintained, handicap-accessible, free-standing building with off-street parking. Building for sale ($275K) or lease. Includes second-floor apartment for use or rental income. Sale of building and equipment to specialty practice or use as satellite office considered. Region has natural beauty, excellent schools, recreational and cultural activities. Inquiries are confidential. Interested buyers contact Dr. Bernie Kowalski by phone: (267) 337-3215; or email: b.kowalski@choicetransitions.com.

NORTH SHORE, SUFFOLK COUNTY: Great opportunity. Owner retiring. Professional building and lucrative practice for sale. Busy location with designated parking spaces and handicap access. Dental practice: 4 ops, lab, private office, waiting and reception room, staff kitchen and storage. Second floor: renovated apartment in desirable downtown location. For details, contact Katy Anastasio, Licensed RE Broker. Call (631) 549-5800; or email: aarealtors@gmail.com.

FOR RENT

BROOKLYN: Brownsville. Three fully equipped operatories; fourth operatory partially equipped. 2,000 square feet with large waiting area. Office used for oral surgery and equipped as such but can be adapted for general dentistry or specialties. Central AC and heat, digital periapical and Planmeca Promax equipped. Digital networking present. Upstairs office; no elevator. Cost is $4,500/month composed of lease for space and includes equipment, lease holds, central HVAC, etc. All maintenance responsibility of lease holder. I am building owner and left practice for academia. Please contact: pdriver09@gmail.com; or call (516) 953-4199.

MIDTOWN MANHATTAN: 1-2 operatories available full time or part time. Renovated; sunny, windows with private office in 24-hour doorman building. Reasonable. Call (212) 581-5360.

MIDTOWN MANHATTAN: Beautiful, new, large-windowed dental operatories for rent. Pelton Crane equipment, massage chairs, private office and front desk space. Doorman; warm environment. Best location — 46th Street and Madison Avenue. Please call (212) 371-1999; or email: karenjtj@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 Panorex, equipment, Nitrous, all disposables. Start-up or phase down. Need a satellite or more space? Upgrade or downsize. Please call (914) 290-6545; or email: broadwayda@gmail.com.

MANHATTAN: Tribeca area. Brand new, modern dental office has 2 operatories available. 100+ square feet (9'x 12') of illuminated space; 10-foot ceilings. New state-of-the-art Italian dental chairs with Cavitron, curing light, camera, monitor all directly connected to chair functionality. X-ray machine, wall-mounted TV, 2 sinks, base and upper cabinets spanning total of 14' along two separate walls. Dentists will also have access to brand new reception desk, central AC, 17' long lab area. Please contact: Patmoez@gmail.com for information.

MANHATTAN: Dental office for lease at 1317 Third Avenue in UES medical building. Operatory has large windows facing busy street. Full floor 2,000 RSF featuring 5 operatories, private consult, lab, spacious reception/waiting room, 2 restrooms and ample storage. East and west exposures. Visit Wexler Healthcare Properties online at: www.healthcare-properties.com. Contact: Alisia Ramlochan, Licensed Associate RE Broker, at (212) 893-1450; or email: aramlochan@corcoran.com.

MANHATTAN: 3-operatory dental office for sale or sublease on Central Park South. Includes office, bathroom, laboratory. Lease $7K/month. For more info, contact Dr. Daniel at (917) 270-9912; or email: danielgati84@gmail.com.

MIDTOWN MANHATTAN: Facing Central Park South. Fully digital dental office including i-Cat for lease. Great opportunity; be on your own. State-of-the-art décor, newly renovated, modern office and equipment, handicap access. Near all public transportation. Available immediately, full time or part time. To schedule appointment, please email: perioimplantbythepark@gmail.com; or call: (917) 679-6013.

MANHATTAN: Upper West Side dental office for lease. 40 West 72nd Street. 781 RSF features operatories, 2 consultation offices, waiting/reception area and restroom. Private street entrance. For details, contact Wexler Healthcare Properties Alisia Ramlochan, Licensed Associate RE Broker, by email: aramlochan@corcoran.com; or call (917) 605-2700. View the space here: https://www.corcoran.com/nyc-real-estate/for-rent/upper-west-side/40-west-72nd-street/5483372

MANHATTAN: 240 Central Park South. Columbus Circle dental office for lease. 1,500 RSF features 3 operatories, waiting room/reception area, administrative office, lab and restroom. Exterior rooms receive excellent light. For details, contact Wexler Healthcare Properties Alisia Ramlochan, Licensed Associate RE Broker, by email: aramlochan@corcoran.com; or call (917) 605-2700. View the property here: https://www.corcoran.com/nyc-real-estate/for-rent/central-park-south/240-central-park-south-2g/6169908

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WESTERN NEW YORK: Dental Director and General Dentist opportunities. The Chautauqua Center, community health center, located in Western New York is growing. TCC is expanding and hiring full-time/part-time General Dentist and Dental Director. We've expanded quickly over past 8.5 years and have multiple opportunities for employees. Family-like culture within organization, along with work-life balance and flexible schedules. Additional benefits include: generous contribution towards Health/Dental/Vision via BlueCross BlueShield of WNY, 403b retirement information (including matching), PTO time (sick, bereavement, vacation, personal) all rolled into one. One week paid CME allowance, educational assistance, malpractice through Federal Tort Claims Act and additional coverage, and payments of professional dues, medical licenses, DEA. Staff appreciation days, 11 paid holidays and discounted co-pays. To hear more about the good work we do, as well as benefits we offer to employees, including student loan repayment program, please reach out. Visit us online at: http://tcchealth.org.

NORTHERN NY: Multi-specialty practice looking for FT periodontist with Board Certification for partnership. No competing periodontist in 70-mile radius. FT schedule day one. CBCT, all digital, CO2 Laser, Trios3 shape scanner. Modern building and great staff with full benefits. Contact Henry Schein Professional Practice Transitions Consultant Donna Bambrick at (315) 430-0643; or email: donna.bambrick@henryschein.com. #NY297.

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ONEONTA: Bassett Healthcare Network seeks full-time Pediatric Dentist and an Endodontist for its group practice. Applicants must possess outstanding communication/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. Practice includes 9 operatories, 3 general dentists, 4 hygienists, and 1 oral surgeon. We use EagleSoft dental records, digital radiography and Panorex. Practice management, administrative and IT support provided. Minimal evening and weekend phone calls shared among network dentists. Contact: debra.ferrari@bassett.org; or call (607) 547-6982.

UPPER EAST SIDE: Seeking quality general dentist with nucleus of patients to sublet operatory leading to future opportunity for purchase of long-established practice in very desirable location. Serious inquiries only. Call (914) 714-3784.

WESTERN NEW YORK: Seeking pediatric dentist part time 2 days/week. Seneca Nation Health System, Western New York Seneca Nation Health System is tribal-operated title 638 system within the Indian Health Service (IHS) operating 2 outpatient clinics on Salamanca and Cattaraugus territories of the Seneca Nation (Onöndowa'ga:'). Seeking Board-certified Pediatric Dentist (or eligible to obtain Board certification within 1 year) with local hospital privileges for general anesthesia cases. Typical day includes 5 Nitrous-oxide sedation cases, 1-2 local procedures, and 4-5 sedation consults. Competitive, non-production-based hourly rate. Perfect for recent residency graduate or seasoned practitioner. Eligibility for Student Loan Repayment through NHSC. Contact: Dr. Joe Salamon at (716) 532-5582 ext. 5264; or email: jsalamon@senecahealth.org.

CAPITAL DISTRICT AREA: Large, modern, multi-doctor practice located in the heart of NY's Capital Region seeks new associate to join our team. Very busy practice with close to 7,000 active patients and average of 70 new patients/month. Mix of private pay and PPOs; no Medicaid. 11 fully equipped ops and the newest technology, such as digital radiographs, CBCT, electric handpieces, rotary endo and much more. Providing all aspects of dentistry, including restorative, cosmetics, surgery including implant placement, endo, perio, pedo and sedation dentistry. Perfect candidate would be highly ethical and moral, treating every patient like family. Our doctors are high achievers, both academically and clinically; we seek same in new associate. Compensation based on production with benefits. If you're looking for career in great office backed by strong dental team in beautiful area, send us your CV. Reply to: info@smilezonealbany.com.

SOUTHERN TIER: Long tanding, busy, multi-doctor practice seeking self-motivated individual to join our team. State-of-the-art practice. 13 treatment rooms allow us to serve large patient base while still providing caring and compassionate treatment. Excellent opportunity for energetic dentist seeking long-term associate employment with opportunity for partnership. FFS. Excellent compensation package including $200K salary, percentage of collections, health benefits, 401K with employer match and malpractice insurance. Position available immediately. Please email resume to: manager@addisonfamilydentistry.com; Attn: Jennifer.

CENTRAL NEW YORK: Seeking General Dentist associate interested in buy in/buy out of solo practice with 4 ops, FFS/PPO; no Medicaid. Located 25 miles north of Syracuse in the port city of Oswego on Lake Ontario. Excellent opportunity to own your own practice and bring home over $300K annually. Friendly, team-oriented staff to help in transition. Contact John at farellaj@yahoo.com; or call (315) 806-0283.

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New York State Dental Foundation designates this activity for four (4) continuing education credits.

The Centers for Disease Control and Prevention has revised the guidelines for infection control in dental health care settings.

Learn about the CDC's new guidelines, and much more, with the New York State Dental Foundation's all-new CD-ROM, *Infection Control and HazCom Compliance*.

The new program on CD-ROM is easier to use, includes movies, is partially narrated and works much like the old video course. To comply with the law for infection control training, view the CD on your home or office computer, complete the short exam that accompanies the CD, and mail it back to the Foundation. You will receive **four (4) home study MCE credits**. NYSDA members will automatically receive credits with the CE registry.

Share your CD with staff, study clubs and other allied professional groups by ordering additional exams.

All dentists and dental hygienists are mandated to complete the required infection control training once every four (4) years to maintain a New York State license.

Update Your Protocol With New PowerPoints and CD

ADA Delegates Select New York Endodontist for Vice President Post

Maria Maranga installed at virtual House meeting.

NYSDA DELEGATES tuned into the ADA's first-ever virtual House meeting received the good news on Oct. 19: Maria Maranga of Aquebogue, NY, had just been declared winner of the election for ADA Second Vice President. Dr. Maranga, whose 30-year involvement in organized dentistry has made her a well-known figure among her colleagues, was sworn into office that same day.

Maria Maranga

The Suffolk County endodontist had mounted a spirited campaign that emphasized her previous leadership roles and time spent mentoring new dentists, all of which, she said, made her the right person to assume the office of second vice president and to work on creating a meaningful membership experience for all. In her acceptance speech to the House, she said, "I am here to listen and strongly represent you. I am your voice. I'm ready to meet the challenge and look forward to a great year."

Dr. Maranga has been active on the national, state and local levels of organized dentistry. She is past chair of the ADA Council on Membership and past president of the Suffolk County Dental Society. She is a graduate of the ADA Institute on Diversity, and was elected to a three-year term on the ADA Committee on Diversity and Inclusion. In addition, she has served as president of the New York State Association of Endodontists and academic affairs director of the American Association of Women Dentists.

At the state level, Dr. Maranga sits on the NYSDA Council on Dental Health Planning and Hospital Dentistry, Empire Dental Political Action Committee Board of Directors and New York State Dental Association Board of Trustees.

Dr. Maranga is a graduate of New York University College of Dentistry. She completed a general practice residency at the VA Medical Center in Northport and a postgraduate program in endodontics at NYU. She has been engaged in private practice of endodontics in Aquebogue since 1998. Additionally, she is endodontic attending to the GPR program at Interfaith Medical Center, Brooklyn; on the postgraduate endodontics faculty, NYU-Lutheran Hospital and NYU College of Dentistry; and endodontic attending to the GPR program, Brookdale Hospital, Brooklyn, and Jamaica Hospital, Queens.

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