

Dentists' Quarterly

September 2022

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Members gather at NYCDS for the September General Membership Meeting.



PRESIDENT'S MESSAGE

WORK BETTER TOGETHER

Ioanna G. Mentzelopoulou, DDS

Dear Colleagues,

Being president of NYCDS has been a process of learning and self-discovery. I often find myself in a bookstore or a library reading books on leadership and entrepreneurship. My quest is very specific: How to cultivate strong relationships to maximize the well-being of our association and how to boost bottom lines. On one of my trips, I discovered a book called "Work Better Together" written by Jen Fisher and Ann Phillips that focuses on these topics.

There are times in our dental offices and in our personal lives when everyone works in harmony. The team produces great work and your daily life is filled with authentic connections – these are the moments we need to cherish. We are humans and we are destined to mess up at a certain point. The work to cultivate the relationships we build is never done. We live in the middle of constant change. We live with the tendency to fall into habits and routines that don't work after some time. According to the authors, there is no such thing as a perfect permanent solution.

That is a hard lesson for a dentist like me, who is fixated on daily routines in my office and habits that I acquired since dental school, to learn. It is also a lesson for me as president because what worked two years ago or a year ago, may not apply today. I needed to look at our structure of operations and critically ask difficult questions relating to...

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Continuing 1011

The Importance of Clinical Excellence and Stellar Communication

Mitchell Rubinstein, DMD

Education Director



Is it any wonder so many dentists are dropping out of insurance network participation? Over the past two years I have heard countless versions of the refrain "I simply can't take it anymore." Doctors who have spent the majority

of their careers in-network with Delta, Aetna, Cigna, Guardian and a laundry list of others have finally decided they've had enough.

Plummeting reimbursement is obviously one major reason. In this inflationary environment, the only financial number that ever seems to go down is insurance reimbursement. Many of these companies now reimburse patients less for some procedures than they did 15 or 20 years ago, even though insurance company profits have skyrocketed as a result of the decreased patient visits during the pandemic. Higher deductibles, lower annual maximums, and unrealistic frequency limitations are other tools they use to avoid payment, and place artificial barriers between doctors and patients. (Delta Dental in particular is currently facing numerous class action lawsuits regarding their business practices, including one led by the American Dental Association.) Factor in the administrative burden and the labyrinth of obtuse, arbitrary rules meant to prevent patients from getting the care they need, and the reasons for the current exodus become more obvious. Withdrawing from these networks can be intimidating. They do their best to convince us that participation is necessary and that withdrawing from them could be financial suicide.

For many of us, the last straw may be one of the letters frequently sent by insurers to their subscribers, implying that we are overtreating our patients, or overcharging them. It is beyond absurd to be called greedy and unethical by companies whose CEOs and corporate officers make tens of millions of dollars a year or more. It is even more absurd that a doctor's judgment regarding a patient's health needs can be mi-

cromanaged and second-guessed by uneducated corporate desk jockeys who wouldn't know a pulp stone from the Rosetta Stone.

There are basically two options for doctors who want to continue practicing ethical, responsible dentistry. We either work towards withdrawing from these networks, or we work towards participating in them with a better understanding of their business model, and beating these companies at their own game. Either option is viable, but they both require learning new things, which coincidentally is exactly what we are all about here at the Henry Spenadel continuing education program.

Clinical excellence and stellar communication are our main tools for protecting our patients from insurance abuses. Our recent course on indirect ceramics with Dr. David Rice was a perfect example. David showed us not only how to deliver clinical excellence, but how to communicate clinical excellence to our patients. Great stuff. Thanks David! Coming up on October 12 is a course I have truly been looking forward to. Dr. Stephanie Tran will be leading a handson Endodontics course for general practitioners. Stephanie is a terrific teacher, and this course will definitely elevate your Endo game. (I will be in the front row, so come say "Hi"!)

In the coming year, we will also have courses in clinical photography, implant overdentures and full mouth reconstruction, digital dentistry, and of course, marketing and patient communications. Definitely come and join us. If you want more knowledge of the insurance game, there is another course for you (not part of our Spenadel program). Dr. Travis Campbell will be leading a comprehensive two day program in Philadelphia starting September 29th, "Patient Centered Care and Profitability,"sponsored by our friends at Dental Nachos. You can find more information on this course on the Dental Nachos website, or on their Facebook page. You won't find a better presentation on successfully maneuvering your practice through the dental insurance minefield. Our skills are valuable. Incredibly valuable. Let's continue to build on them, to learn more, and to share our skills with our patients, and with each other.

NEW DENTISTS IN THE COMMUNITY



Pop-Up Pride Event a First for NYCDS

The New Dentist Committee hosted an event to honor the historic significance of Pride and the sacrifices, achievements, and contributions of LGBTQ+ individuals. The event was held at The Duplex in Greenwich Village on June 28 and was a great success! Once word went out that NYCDS would be holding a Pride event, the RSVPs came in fast. A "first" for NYCDS, the atmosphere was fun, upbeat, and celebratory. NYCDS has become more aware and inclusive in recent years, and this event is a reflection of the type of outreach we hope to continue going forward. We are proud to celebrate our LGBTQ+ members and allies!

NYCDS Volunteers at God's Love We Deliver

Volunteers helped prepare meals for people in the community too ill to cook for themselves. Special Thanks to MLMIC for treating the volunteers to brunch after their shift ended. Plans are being made for a second volunteer event at God's Love We Deliver. Kudos to all involved!



(left to right) Dr. Stephanie Sager, Dr. Eliana Sarit, NYCDS President Ioanna Mentzelopoulou, Board Member Gabriela Lee, and Luisa Fernandez with MLMIC Insurance Co. volunteered at God's Love We Deliver on July 17.



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



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Oct. 2, 9:00 – 4:30 pm

Transportation included!

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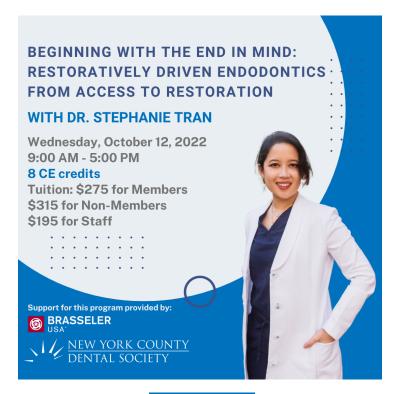
Dr. Minoli Receives the 2022 NYSDA Hallmarks of Excellence Award



Dr. Guy Minoli

Each year, the New York State Dental Association (NYSDA) Hallmarks of Excellence Award recognizes outstanding programs that help to enhance the membership experience or encourage the exchange of information among members by putting a "public face" on dentistry within schools, health fairs, libraries and other community programs.

In June, the NYSDA Membership & Communication Council presented Dr. Guy Minoli with the 2022 Hallmarks of Excellence for his ACD Mentoring Lecture Program that is offered to all New York Metropolitan dental residents and is hosted by the New York County Dental Society. The award-winning program promotes a culture of leadership, professionalism, and ethics through mentoring. Although geared to residents, all members are welcome to attend the ACD Mentoring Lecture Series via Zoom. For the list of upcoming courses, visit www.nycdentalsociety.org.



REGISTER



Special All-Day, Hands-On Endo Course with Dr. Stephanie Tran at NYCDS

This in-person course features a short lecture and a longer hands-on experience in order to demonstrate the techniques to manage endodontic treatment from access to restoration. It will also discuss the changes toward a modern and restoratively-driven approach to endodontic treatment, and it will introduce the concept of contemporary instrumentation and obturation using the heat-treated endodontic instruments and bioceramic obturation.

At the completion of this workshop participants will:

- understand the approach for restoratively-driven access design;
- learn how to use contemporary, controlled-memory files for conservative instrumentation;
- apply bioceramic and modern technology into root canal obturation techniques; and
- understand modern conservative restorative considerations for endodontically treated teeth.



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MEETING DATES NOVEMBER 25 - 30, 2022 NOVEMBER 27 - 30, 2022

EXHIBIT DATES

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GENERAL MEMBERSHIP MEETING

Members Reunite at September Meeting

Members were clearly eager to meet in person once again with a strong showing at the September 12 General Membership Meeting. It was a celebratory night – the energy in the room reflected the months (years!) since many last saw their colleagues at NYCDS due to the pandemic. Another compelling reason to attend was the lecture provided by Todd Hanna, MD, DDS, FACS and Nojan Bakhtiari, DDS, FAAOP on "Botox in Dentistry: Applications for Facial Esthetics, TMJ and Headaches." Prior to his lecture, Dr. Hanna commented that the diverse ages of the members at the meeting reflected positively on NYCDS as an inclusive society of professionals rather than a club.

The lecture was divided into two distinct segments, with Dr. Hanna addressing the aesthetic applications of Botox specifically for dental offices and Dr. Bakhtiari discussing Botox for TMD and pain relief. Dr. Hanna touched on the clinical usage, ideal candidates, pre-treatment evaluation, clinical techniques, complications, and patient selection. Dr. Hanna emphasized the importance of pointing out to patients any existing lesions and asymmetries prior to providing Botox treatment. Dr. Bakhtiari focused on the importance of case selection for the use of Botox for TMD. He discussed specifics on when, and when not, to inject Botox, detailed how much to inject, what to expect after injecting, specific sites for injections, risks and side-effects, as well as the use of Botox for trigeminal neuralgia and trigeminal neuropathy. The speakers clearly captured the attention of their audience. Many attendees couldn't get enough and stayed later to speak one-to-one with both lecturers after the formal program was over.

Prior to the start of the program, President Ioanna Mentzelopoulou welcomed members back to NYCDS after the long hiatus. She went on to thank the organizing committee of the Greater New York Dental Meeting (GNYDM) and encouraged participation in the Meeting, taking place 11/25-30/22. GNYDM Education Chair Steven Moss shared information on the many lectures and programs scheduled for the Meeting.



NYSDA Trustee Maurice Edwards (left) with member Robert Lipner.



In other business, the slate of officers to be voted on at the November 7th General Membership Meeting was announced: President Elect Suchie Chawla, Vice President Vera Tang, Secretary Andrew Deutch, and Treasurer Egidio Farone. Thank you to the Nominating Committee (Drs. Ada Cooper, Ken Cooperman, Lois Jackson, Ken Klonsky, Richard Lewenson,

Mitchell Rubinstein, Robert Sorin, and David Shipper) for their time and effort in selecting the slate of Nominees.

Dr. Mentzelopoulou announced several upcoming events that are posted throughout the newsletter: The Hudson Valley Wine Tour & Picnic on 10/2, the full-day workshop with Dr. Stephanie Tran on "Beginning With the End in Mind: Restoratively Driven Endodontics from Access to Restoration" on 10/12, and announced that Give Kids A Smile NYC will be in person on 2/3/23.

NYCDS thanks Garfield Refining for their sponsorship of this event.



ASDA representatives from Columbia with Board Member Gabriela Lee (right).

GENERAL MEMBERSHIP MEETING



Presenters Dr. Todd Hanna (left) and Dr. Nojan Bakhtiari.

Meet the presenters:

Todd Hanna, MD, DDS, FACS

Dr. Todd Hanna is a double board-certified, dual-degree (MD, DDS) Oral & Maxillofacial Surgeon and a Reconstructive Head and Neck Surgeon. He is double-fellowship trained and specializes in esthetic and reconstructive treatments of the face, head, neck, and jaws. He maintains a private office on the Upper East Side of Manhattan and faculty appointments at Mt. Sinai and Lenox Hill - Northwell Health hospitals.

Nojan Bakhtiari, DDS, FAAOP

Dr. Nojan Bakhtiari is a board-certified TMJ and Orofacial Pain specialist in New York City. He is a leading expert in President Ioanna Mentzelopoulou the field and maintains a full-time private practice limited

Rob Malandruccolo from Bank of America Practice Solutions (left) with

to the evidence-based care of TMD, orofacial pain and sleep apnea. He is a lecturer at Columbia University College of Dental Medicine's pre- and postdoctoral programs.



Great turnout for the September speakers!

Mark Your Calendar! **November 7, 2022 General Membership Meeting**

"Policy, Advocacy and Treatment for Those with Special Healthcare Needs and How It All Began" led by Steven Perlman, DDS, MScD, DHL (honorary), Founder of Special Olympics Healthy Athlete Program





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our organization and the direction we are going. Definitely not an easy task especially since we have almost come out of the pandemic, and we are facing a war in Ukraine, economic uncertainty, and an emotional toll that we have all taken after the roller coaster we have gone through due to the COVID isolation we experienced.

My focus during Executive Committee meetings, Board meetings, and all other committees has been to strengthen the trust, authenticity and productivity of my team. I want to advocate for a better way of being with each other within our Dental Society. I respect our diversity and I am proud to have a majority female Executive Committee.

Our focus for this year has been membership and diversity. Large membership numbers are critical when we advocate to our politicians for our dental community. Showing sensitivity to all members regarding their race, color, and sexual orientation has also been critical this year.

We have been setting up "Lunch and Learns" at the residency programs to speak to the residents about organized dentistry. We have been setting up sessions with the two dental schools, NYU and Columbia, to give information to the students on how to apply for residency.

We had a mentorship Zoom session with NYU College of Dentistry and Columbia 4th year dental students, providing them with the opportunity to connect with dentists practicing in Manhattan. This program will be repeated in person at NYCDS in the fall. Details will be emailed to you closer to the event. We are also hosting the ACD resident mentorship series organized by Dr. Guy Minoli that focuses on educating residents on useful topics relating to life after residency.

Our New Dentist Committee has been busy organizing social and community volunteering events. We had our first-ever Pop-Up event celebrating Pride Month in June. In July, we volunteered to prepare food for vulnerable New Yorkers with God's Love We Deliver. There will be another opportunity to volunteer with God's Love We Deliver in the fall. An amazing wine tasting and picnic outing is going to be held on October 2 (see page 3 for details). It is a perfect opportunity for networking and camaraderie. I will be there and I hope you join me too. NYCDS is offering CPR Certification programs and workshops and we are committed to return to in person learning.

GNYDM will be held November 25 to November 30, 2022 and I hope to see all of you there taking courses and walking up and down the aisles looking at all the products and technology. The meeting is dear to my heart as I remember the first day I went as a dental student and how impressed I was with it all. The Meeting will be bigger and stronger this year and I hope you can also volunteer. For more information, please look at



Capital Region | Hudson Valley | Long Island | New Jersey | New York City

the website: www.GNYDM.org. There is also a new app that you can download that makes navigating the meeting easier.

I always wonder what is next with everything I get involved in. That is the question I need to answer for myself and all of you as your president. My commitment is to always look for new and exciting opportunities for all of you for networking and camaraderie. We all miss seeing each other and now we can feel somewhat normal again.

Fall is here, the weather has been amazing, and New York is buzzing with life. Mask mandates were lifted on mass transit and my daughter went back to school starting 6th grade. Life is moving and I hope all of you have a good fall and that I get to see you at a course or event at NYCDS Headquarters or the GNYDM. Don't hesitate to introduce yourself to me and say hello.

With gratitude, Ioanna

2023 ADA Life Members

Congratulations to the following NYCDS members who have achieved Life Membership in the American Dental Association, reflecting 30 years of continuous membership.

Dr. Crispin Ayroso Dr. Terri Binder

Dr. Frank Chaung Dr. Egidio Farone Dr. Alyssa Gursky Dr. Charles Hashim Dr. Reginald Moncrieff Dr. Herbert Orlansky

Dr. Brian Bovino

Dr. Scott Fine Dr. Frank Celenza Dr. Ana Giglio

Dr. Nai-Yan Lam Dr. Maura Levine Dr. Deena Pegler Dr. Timothy Radin Dr. Jeffrey Scolnick

GOLF RETURNS AFTER A TWO-YEAR HIATUS



(left to right) Board Member Robert Sorin, former President and Golf Outing Chair David Shipper, Vice President Suchie Chawla, Board Member Egidio Farone, and Past President James Jacobs at the 2022 NYCDS Golf Outing.



Vice President Suchie Chawla (left) with Board Member Michelle Lee, President Ioanna Mentzelopoulou, and Lindsay McCarthy with Straumann.

Only the pandemic could stop Past President David Shipper from holding the annual NYCDS golf outing the past two years. Fortunately, as circumstances regarding Covid-19 have improved, NYCDS was able to hold its 6th Annual Golf Outing on June 21st at a new venue – Westchester Hills Golf Club in White Plains, NY. Henry Schein Dental, an NYCDS Corporate Friend, was the major sponsor of this popular outing.

An impressive \$22,000+ was raised to benefit the NYCDS Fund. The proceeds will support the Society's quality programming and its many services provided to members. In addition, a portion of the proceeds were donated to the GoFundMe account on behalf of Dr. Jerry Halpern's son, Stephen, who recently suffered a major health injury. We would be remiss if we didn't mention that Board Member Robert Sorin, winner of the 50-50 raffle, donated his winnings back to NYCDS to be donated to the Stephen Halpern GoFundMe campaign. Fundraiser by Jerry Halpern: Stephen Halpern's Road to Recovery (gofundme.com).



Representatives from Henry Schein Dental, the major sponsor of the NYCDS golf outing, take a moment for a photo. (left to right) Ronnie Klein, Alan Withall, Rikesh Patel, and Harris Lieberman.

Attendees enjoyed a beautiful day, a terrific course, and a wonderful dinner reception (and prizes!) after the rounds of golf were finished. As Dr. Shipper promised in all the promotions for the outing – a splendid time was had by all!

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



Save the Date!

Give Kids A Smile NYC is back In-Person on 2/3/23

We hope you will be part of our award-winning (and rewarding!) volunteer initiative to provide dental screenings and education to hundreds of children in East Harlem.

Volunteer sign-up will be sent out soon!

Of Professional

The Role of CBCT in Modern Endodontics Aleksander Iofin, DMD



Dr. Aleksander Iofin is in private practice limited to Endodontics in Manhattan. He is a clinical assistant professor at Columbia PG Endodontics. Dr. Iofin is a former president of the New York State Association of Endodontists.

Most of the changes we see around us are incremental. But once in a

while, a new technology emerges that changes many parameters and has a profound impact on the way we function. Just a decade ago, the use of Cone Beam Computed Tomography (CBCT) imaging in dentistry sounded like a novel or even a radical idea. It was mostly utilized by oral and maxillofacial surgeons, often in institutional settings. Nowadays, CBCT scanners have become a common tool in many dental practices.

The first medical CT scanner using fan-shaped X-ray source was developed in 1971. The concept of using cone-shaped X-ray source came later; it was first adapted in angiography in 1982. The first cone beam device designed for dentistry was developed in 1998 (NewTom-9000; Quantitative Radiology, Verona, Italy). In 2001 the device was approved by FDA and introduced in the US. Rather than slice-by-slice imaging found in conventional CT, with CBCT a single scan (rotation) of 180 or 360 degrees captures planned data.

What are the main advantages of CBCT vs. periapical radiographs?

- CBCT images can demonstrate anatomic features in three dimensions without the undesired superimposition.
- The image is mostly free from distortion, which is almost unachievable when using periapical radiographs.

There are a variety of CBCT machines available on the market today. They mainly differ in the field of view they provide. You can see the entire maxillofacial region, a single arch or just a few teeth. The larger the field of view, the more radiation is delivered. In endodontics, the small (focused) field of view is all that is needed for most clinical situations. Even for the same field of view, however, the quality of the image produced varies between different machines. It is dependent on both hardware and software used.

When deciding on what kind of image is necessary, the clinician should always adhere to the ALARA (as low as reasonably achievable) radiation safety principles.²

CBCT has allowed us to see the pathology that was otherwise not visible on periapical radiographs. It has become an essential tool in surgical planning, allowing the visualization of the exact key anatomic structures. In non-surgical endodontics, certain cases that are challenging either anatomically or diagnostically can also benefit from CBCT imaging.³

CBCT in non-surgical Endodontics Diagnosis

Proper diagnosis is the key to any successful treatment and can sometimes present a challenge. We have all faced the situation when a patient's symptoms are vague while the diagnostic tests and periapical films are inconclusive. Often, having

the CBCT image becomes the game changer. Here is a simple example of a patient who presented with generalized, unprovoked pain in the UL maxilla. None of the tests were conclusive. PA film (Fig. 1a) did not show anything obvious. CBCT was obtained (Fig. 1b) and an unexpected but clear diagnosis was made. There was a missed Buccal root in the previously endodontically treated tooth #13. Non-surgical re-treatment (Fig. 1c) resolved all the symptoms.



Locating calcified canals is the most obvious application of CBCT technology. Even an experienced endodontist working under the microscope occasionally runs into trouble trying to locate canals (Fig. 2). Pre-operative evaluation of a periapical film will often guide the decision whether to take a pre-op CBCT. It is also



Fig. 1a Pre-op PA

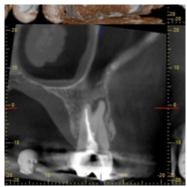


Fig. 1b Pre-op CBCT



Fig. 1c Post-op PA

not unusual to need a mid-treatment CBCT image. You can think of CBCT image as our GPS. It shows you where you are in the tooth and where you need to go. Having that crucial information-for example, readjust 1 mm buccally and mesially-can be the difference between the success and failure.



Fig. 2a Pre-op CBCT of tooth #14 showing a faint MB2 canal

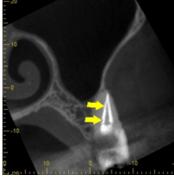


Fig. 2b Post-op CBCT with both MB and MB2 obturated

Fractures

Fractures are often difficult to diagnose and the clinician would find themselves agonizing over the decision whether to keep or extract the tooth. High resolution CBCT images

will often definitively show a tooth fracture (Fig. 3). But even in cases when the fracture can not be seen, a pattern of bone loss, such as "j lesion" around the entire root, especially with periodontal communication will help with the decision making process.



Fig. 3 CBCT showing tooth fracture

Resorption

CBCT is extremely helpful in diagnosis and treatment of both internal and external resorptive lesions. External invasive cervical resorption is not uncommon. On the one hand, digital radiography resulted in dentists picking up a lot of these lesions that were not visible on the old dental films. On the other hand, in the initial stages they are still very hard to detect



Fig. 4a Pre-op PA #6

on a PA film-and the patients are usually asymptomatic-so many of these cases are accidental findings while taking CBCT for a different reason. In diagnosing a resorptive lesion, assessing the size and location on the root surface, point of entry and ultimately, tooth restorability, we rely on the pre-operative CBCT image (Fig. 4).

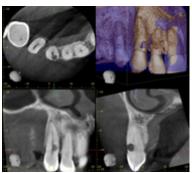


Fig. 4b Pre-op CBCT #6



Fig. 4c 12-month recall RCT and resorption repair #6

Healing assessment

How successful we are in our treatment relies on both the resolution of a patient's symptoms and radiographic healing. Unfortunately, the two do not always correlate. It is rewarding to know that the patient's symptoms are resolved after the treatment we provide but equally or even more discouraging when that is not the case despite your best efforts. Post-operative and recall CBCT images are very helpful in definitively verifying a healing process as well as in deciding whether a revision of your work is needed.

Here is another typical case (Fig. 5) Patient presents with sporadic pain, localized to tooth #14 and sinus pressure. The tooth has a history of previous Endodontics treatment. PA film shows inadequate root canal fill. Pre-op CBCT revealed a large PAR not visible on a PA as well as a maxillary sinusitis of Endodontic origin (MSEO). Non-surgical root canal retreatment was completed and both tooth and sinus related symptoms resolved. 24 month recall CBCT shows almost complete resolution of PAR and a healthy looking sinus with reconstitution of the maxillary sinus floor anatomy. Patients with MSEO often undergo unnecessary sinus surgeries yet symptoms tend to recur, as the source of the problem is not addressed

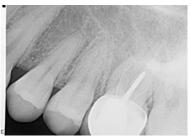


Fig. 5a Pre-op PA #14



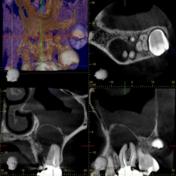


Fig. 5c Pre-op CBCT #14

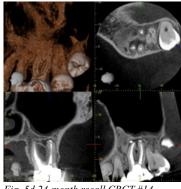


Fig. 5d 24-month recall CBCT #14

CBCT in Surgical Endodontics

Apical surgery is an essential and integral part of a modern Endodontics practice. Not the apico from decades ago, with poor prognosis that was done as a "last resort" and unfortunately, is still performed by some dentists.

Modern apical microsurgery is performed under high magnification operating microscope, clearly identifying apical canal anatomy. Apical retro preparation is done using ultrasonic instrumentation and MTA or Bioceramics are used for the retrofilling. As a result, the success rate of contemporary apical microsurgery is above 90% vs. 59% for traditional apicoectomy.4 50/50 chance of success is not what any dentist should offer to their patients and definitely, not what most patients would accept.

With the introduction of CBCT technology in dentistry, surgical Endodontics has become even more predictable. Nowadays, all of the surgical endodontic planning is done with CBCT. The purpose is to properly diagnose the problem and to assess the size and location of the lesion as well as its proximity to anatomical structures, such as maxillary sinus, mental foramen or mandibular canal.

Recently, we have developed a novel technique using the "bone window" approach. This technique offers excellent exposure to the operative field and preserves cortical bone without the need for any additional grafting material. It is especially useful for surgery on a second mandibular molar where roots are often pushed way lingually and the thick buccal plate is often considered a contraindication to the apical surgery. The bone window technique relies on CBCT analysis to measure the thickness of the Buccal bone plate and to establish the extent of the lesion. Piezo surgery instruments are used to cut a bone window. The harvested bone is stored in the Hanks Balanced Salt Solution (HBSS) and repositioned at the end of the surgery.

A 62-year-old healthy male was referred for evaluation of a large periapical lesion associated with tooth #18 (Fig. 6). The lesion was expanding based on the referring dentist's series of follow up PA films. The RCT was done about 10 years prior and the RC filling showed adequate length and thickness. CBCT analysis showed a sizable radiolucency over both roots and the root apices positioned very lingually. The decision was made to treat the tooth surgically utilizing the Bone Window technique. The surgery was done without complications. The patient had minor postoperative discomfort and the sutures were removed 1 week later. Because of the pandemic, the patient did not return for the follow up until 18 months later. PA film and CBCT were obtained and showed complete resolution of the lesion and perfect healing.

Conclusion

CBCT technology has become an invaluable tool for all stages of Endodontics treatment and has fundamentally changed the way

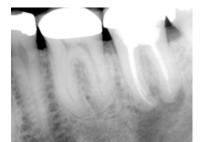


Fig. 6a Pre-op PA

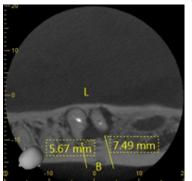


Fig. 6c Pre-op CBCT #18. Axial view



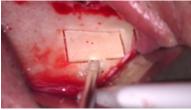


Fig. 6d Bone window cut with Piezotome



Fig. 6e Bone window removed. Lesion and root apices exposed



Fig. 6f Bone window repositioned

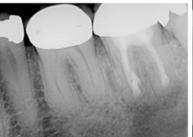


Fig. 6g Post-op PA #18

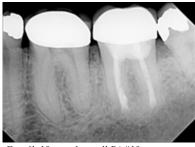


Fig. 6h 18-month recall PA #18

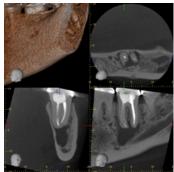


Fig. 6i Pre-op CBCT

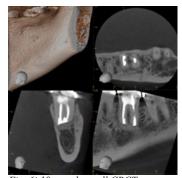


Fig. 6j 18-month recall CBCT

we practice dentistry. Its combination of high-resolution imaging with a low level of radiation exposure benefits both the patients and the clinicians.

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Reerview

Peer Review: A Key Member Benefit

James E. Jacobs, DMD

Chair, Peer Review and Quality Assurance Committee



Editor's Note: This is the inaugural column of the new chair of the Society's Peer Review and Quality Assurance Committee, past NYCDS President James E. Jacobs. Dr. Jacobs is taking over for the previous chair, Dr. Barry Sporer, who now heads NYSDA's Council on Peer Review and Quality Assurance.

I am honored to be your new chair of our Peer Review and Quality Assurance Program. I have been actively involved with our Manhattan component of the American Dental Association for the last 15 years and a member since 1985. Having served on so many committees and the Board and Executive Committee, I am often asked why I volunteer so much and what I gain from it. I can only tell you that the sense of purpose, camaraderie, and accomplishment make it all worthwhile at every level. Serving as an NYCDS officer, including the presidency in 2018, traveling to Albany and Washington meeting our politicians, and giving back to our young dentists are just some of the great experiences I have had over the years.

I want to thank Dr. Egidio Farone, past chair of Peer Review at NYCDS and NYSDA, and Dr. Barry Sporer, immediate past chair of Peer Review and current chair of NYSDA's Council on Peer Review and Quality Assurance, for all of their guidance, knowledge, and support. I hope to live up to their high standards.

Now it is time to begin a new chapter with our Peer Review member benefit program. I hope to demonstrate to you in this and future columns that Peer Review is one of the most important member benefits we offer. Why do I say this?

Benefits of Peer Review

- The process is confidential. There is no reporting to any outside agency, i.e., OPD (The Office of Professional Discipline), or the public.
- The process is definitive and final. Parties cannot sue subsequent to a Peer Review decision. The process has been upheld repeatedly by the courts, providing the doctor with immunity from subsequent litigation.
- Treatment is evaluated by your professional peers; there is no jury or trial.
- · When treatment is found to be acceptable, the doctor

- receives the fees owed by the patient.
- The process takes approximately 6 months as opposed to 1-5 years in court.
- It is a fair, timely, and impartial process.
- Any refund is limited to the cost of treatment under review.

Some see Peer Review as a negative, but I contend it is one of the key benefits of membership. Not only is it a fast and confidential way to settle a patient complaint, but it also limits the financial damages to the treatment under review. At most, if a decision goes against you, is the return of fees paid by the patient (or their insurance) for the specific treatment under review. If the treatment reviewed is found to be acceptable, you would retain the fees charged.

I will be updating this column in future issues of *Dentists' Quarterly* and plan to share examples of situations to avoid and to learn documentation, communication skills and other strategies to help you in practice. Looking forward to our continued communication.

A Brief Overview of Peer Review

Peer Review is an alternative dispute resolution process that is implemented at the local level on behalf of the New York State Dental Association.

New York State Dental Association members demonstrate their commitment to quality care through our Peer Review and Quality Assurance Program. Participation is a membership requirement. Peer Reviews are resolved by a committee of impartial professional peers.

A Guide to Peer Review provides a detailed outline of the process a Peer Review case undergoes on its way to resolution.

To be eligible for Peer Review

- Treatment must be provided by a NYSDA member dentist.
- Treatment must have been completed within 2 ½ years prior to submission of the Agreement to Submit to Peer Review.
- The dispute cannot have been submitted to or resolved by an alternative mechanism; i.e., collection action, legal proceeding, OPD, etc.

Learn more about the Peer Review process in these short videos:

- » Arbitration
- » Mediation

Ethicsrner

First Dental Dilemmas Podcast

Steven H. Cho, DDSEthics Committee Chair



The ADA Council on Ethics, Bylaws and Judicial Affairs (CEBJA) launched a podcast titled "Dental Dilemmas" to explore a range of ethical issues in dentistry. The podcast will feature interviews with authors of the Ethical Moment articles found in the Journal of the American Dental Association, which debuted in

2004 and has been a recurring feature in JADA.

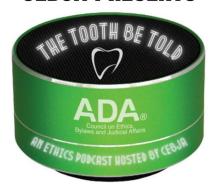
I recently listened to the first podcast with Dr. Michael Halasz, former chair of the ADA council on Ethics, Bylaws and Judicial affairs. The episode is titled, "Patience Before Patients." The article the podcast references was published in JADA 149(11) in November 2018. If you're short on time, not to worry – the full podcast is less than 15 minutes. In this brief timeframe, you'll gain valuable insight on what to do if a patient from another practice you are covering for comes to you for an emergency but ends up wanting to transfer to your practice instead of returning to the original dentist. Dive into noteworthy thoughts on patient autonomy and open yourself to the thought-provoking question of "What are the ethical obligations to the patient and to the other dentist?" Give the episode a listen to see if your opinion matches with Dr. Halasz's or simply for more clarity on what to do in this situation should it come up in real life.

I, myself, am a podcast fan. I've listened to a variety of podcasts on a plethora of topics from ethical dilemmas to subjects for my pure entertainment on the go. That, in my opinion, is what makes them so great. You can learn about just about anything you want, anywhere you want with the click of a button. Instead of waiting for the moment you get home to sit on the couch and finally turn on the TV, listen during your morning commute, while exercising, or even while cooking or folding your laundry. Whether you have an hour or just ten minutes, there's something out there that is sure to suit your interests and time constraints...and there's always the pause button for continuing an episode later if you can't finish it in one sitting. So, if you're looking to expand your thinking or outlook on a certain topic with great accessibility and ease, the podcast world may be right for you.

It's exciting that the ADA Council on Ethics, Bylaws, and Judicial Affairs has created these useful and stimulating resources

at our disposal and at no cost to us. You could be sitting on the train by yourself, but feel totally immersed in a fullfledged discussion with an expert. The Dental Dilemmas podcast is worth a listen, especially as leaders in healthstriving care encourage ethical awareness and practice in the world of dentistry. Educating yourself and being

CEBJA PRESENTS





EPISODE 1: "Patience Before Patients" With Dr. Michael Halasz

an active learner is the first step to initiating positive change. Take the fifteen minutes to listen to the first podcast episode of this series and get on the path to starting a meaningful ethical discussion with colleagues, friends, or family.

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