



Southern California Oral & Maxillofacial Surgical Arts

Cheung, DMD, MD • Ho, DMD • Yagoubian, DDS, MD

Newsletter

Inside This Issue

1. Welcome to our Newsletter
1. Medical Emergency Scenario of the Month
2. Bonegraft 101
3. Oral Systemic Connection
4. Oral Systemic Connection
5. Study Club 2016

Welcome to our Community Newsletter!

We are very excited to present our first Newsletter to our community. Our goal is to continue to help make our community strong by bringing you helpful information, tips, & lectures. With contributions from our in-house experts, our newsletters contain insightful news pieces, and keep you informed of all our upcoming events.

Do you have an idea or a success story to share? Maybe you've heard of an upcoming event that we should all support. Send us your ideas so we can help support each other and grow together! There are so many interesting experiences and opportunities to learn and our newsletter is just one way we can share that information.

Medical Emergency Scenario of the Month Benjamin Yagoubian DDS, MD

Laura M. is a 19 year old female who presents for root canal treatment of tooth #19. The patient appears anxious and reports to have a history of asthma. Following the administration of local anesthesia, the patient begins to wheeze and complains of shortness of breath. You note she is taking shallower breaths and is breathing rapidly. She now begins to cough, becoming more anxious and confused.

How would you proceed?

- Position patient upright
- Give patient 100% oxygen from nasal cannula
- Have her use her Albuterol inhaler
 - Allows for bronchodilation and to decrease mucous secretion
 - If patient does not improve call emergency services 911
 - Then administer Epinephrine 0.3mg subcutaneous every 10-15 minutes (up to 3 times)



A contributing factor to this patient's asthmatic attack was induced by stress. Stress is able to create a strong physiologic reaction that precipitates asthma symptoms. Intense emotions can induce smooth muscle contractions and in those with asthma be a catalyst to an attack.

As dentists we know the dental chair can be one of the most stressful experiences. The dental team should attempt to make the experience as calm and as relaxing as possible. This begins from the initial patient phone call, to the patients very first visit to the office. All the team members should be warm, friendly, and comforting. The dentist should also be a team leader contributing to the patients experience by explaining the procedure and reassuring the patient. In this case, its important to have your patient have their rescue inhaler with them at all times and to take 2 puffs prior to procedure to help open the airway.

Asthma is a reversible chronic inflammatory disease of the airway. During an attack the lung's airways are obstructed by the smooth muscles. An acute attack is first treated with Albuterol, which allows for relaxation of these smooth muscles to help open up the airway and allow for proper ventilation. Epinephrine is another method to help the airways to open if the patient is not recovering with the albuterol. These attacks are always best avoided by having the patient keep calm and relaxed prior to treatment. If a patient seems stressed before treatment it can be helpful to have patients prophylactically inhale albuterol (2 puffs) prior to help maintain an open airway.

Bonegraft 101

Victor Ho DMD



Figure A



Figure B



Figure C

A 59 year old Asian male presents with a fractured tooth #9 (Fig. A) The options of 3-unit bridge versus a dental implant was presented. The patient did not want a dental bridge which would involve preparation of the adjacent teeth, #8 and #10. We discussed removal of #9 and for possible placement of an immediate dental implant. Tooth #9 was removed but there was minimal buccal bone left. It was decided to not place the immediate dental implant. We socket grafted with a mixture of mineralized allograft and xenograft, and covered over with a collagen plug (Fig. B). A dental implant will be placed approximately 4 months later. If you look at figure C, even after 4 months of socket bone grafting healing, it may not be able to achieve the original buccal ridge contour.

Rationale for socket grafting:

There are consequences for not grafting the socket after removal of a tooth. Alveolar bone remodels and over time the ridge atrophies. The process of ridge resorption occurs quickly after tooth extraction. The goal of socket grafting/ridge preservation is to preserve or minimize the bone volume loss.

Nevins, et al. Showed that there is loss of buccal bone volume if there is no graft is placed.

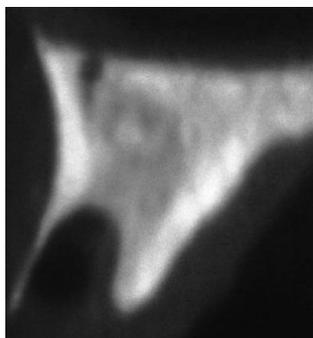


Fig. 1a

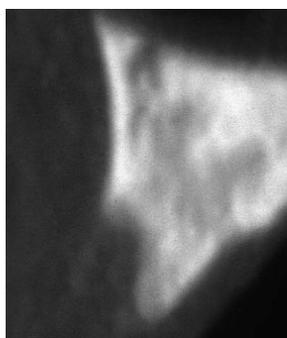


Fig 1b

Fig 1a CBCT immediately after the tooth removal.

Fig. 1b CBCT 42 days later showing buccal bone resorption if no graft is placed.

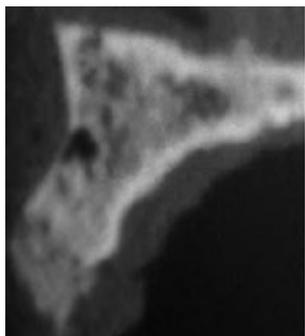


Fig. 2a

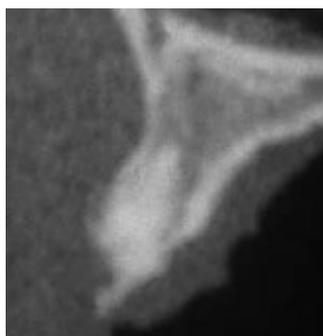


Fig 2b

Fig 2a CBCT immediately after bone grafting of the socket.

Fig 2b CBCT 180 days showing preservation of the buccal plate.

To answer the question if socket grafting is beneficial, in my opinion it should be performed on all anterior teeth in the smile zone. The technique of socket grafting is simple and all dentists can do it. The technique is especially important in areas where bone and soft tissue shrinkage will not allow adequate implant placement, or would necessitate placing a vertically long pontic of a fixed bridge. Next time we will discuss technique and materials used.

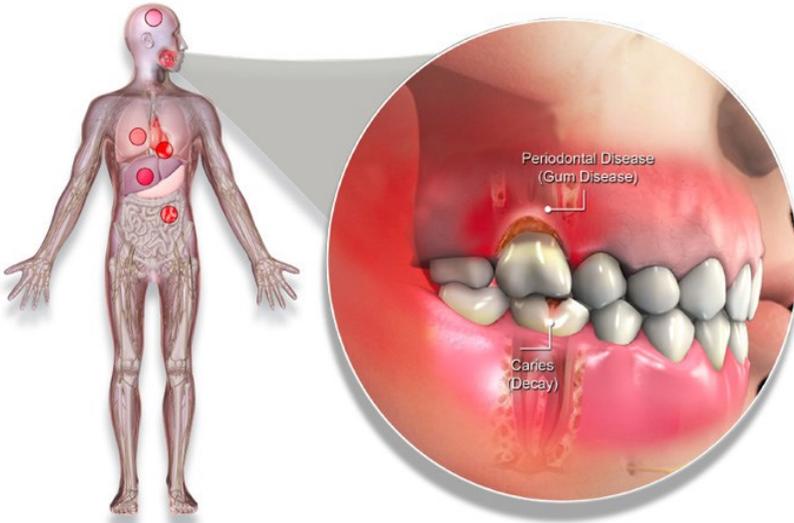
References:

Nevins, et al, The International Journal of Periodontics and Restorative Dentistry 2006 26; 19-29

From our Community...

Oral Systemic Connection

Dr. Tamara Dixon DDS



The big news in medicine is the Oral Systemic connection, how bacteria in the mouth travel throughout the body and contribute to different disease states. Oral bacteria is probably one of the most overlooked risk factors for heart disease, stroke, diabetes, rheumatoid arthritis, Alzheimer's disease, Pancreatic Cancer and even blood pressure. Research shows that dental bacteria is found in half of heart attacks. The American Heart Association concluded that there is "Level A evidence that periodontal disease is independently associated with arterial disease and that the available evidence shows a trend toward reducing Cardiovascular risk with periodontal therapy". Diabetics are 3 times more likely to have gum disease and the

latest research shows a bidirectional relationship between gum disease and diabetes. In other words gum disease can trigger diabetes! This is why diabetic patients have more periodontal problems than non-diabetic patients. Some insurance companies cover 4 cleanings per year now for diabetic patients because of the research. Just these two conditions, (Heart disease and Diabetes) are enough to be concerned for your patient's oral health, however there are many more conditions that the bacteria from the mouth effects.

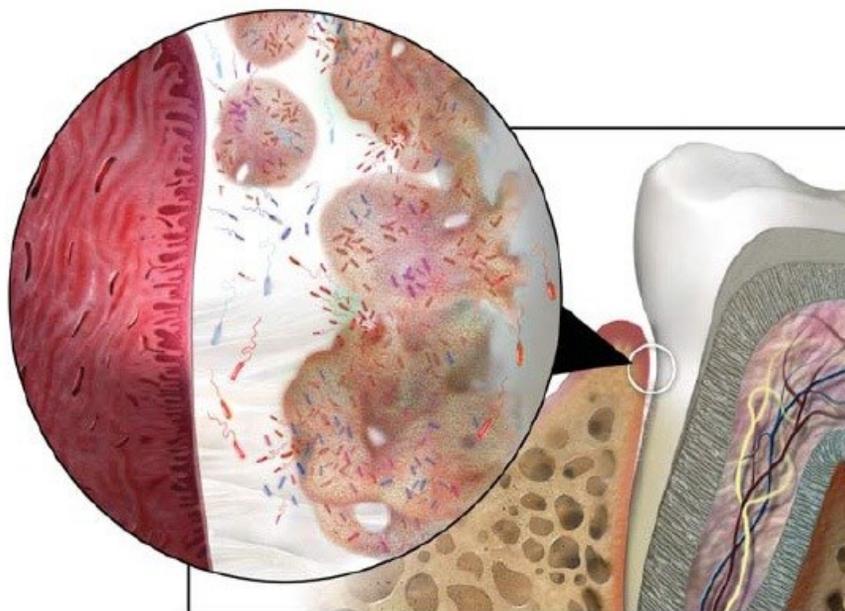
It is important to note that all bacteria are not the same, just as all people are not the same. Just as everybody's DNA is different, everybody's bacteria profile is different as well. Some people have genetically more destructive bacteria in their saliva and therefore in their gums and teeth. You'll notice these patients by their persistent bleeding of the gums or bone loss being very aggressive. These localized infections do not stay local. They travel through the blood stream and are destructive to blood vessels and increase inflammation systemically. Eradicating the bacteria causing the inflammation and bleeding is of utmost importance to the health of the patient. Identifying which bacteria a patient has will help in diagnosing and fighting dental disease.

Personalizing dental care through new DNA testing is the wave of the future. Knowing which bacteria you are fighting gives you the upper hand on fighting dental disease. The DNA test results tell you which bacteria the patient has and in what quantity they have it. You can therefore supplement your dental therapy with the correct antibiotic for the specific bacteria that the patient has. The bacterial profile can also give a clue as to which diseases the patient is more at risk for.

For example, if a patient has high levels of *Porphyromas gingivalis* (Pg) on their profile, it is associated with aggressive forms of periodontal disease. It is also highly associated with Diabetes, Rheumatoid arthritis, Heart Disease and Stroke. It is also linked to Alzheimer's Disease and Pancreatic Cancer.

Please view next page....

It is imperative that the patient reduce this bacteria as much as possible to improve the health markers of these conditions and reduce their risk for disease. For example, when a diabetic with high levels of Pg gets a scaling and the oral infection, (gum disease) is healed, their A1C (diabetic marker) goes down. However if the bleeding/infection returns, the A1C marker will go back up. Other health markers such as hs-Crp levels, BP, and even lipids behave the same way. Oral hygiene instructions, excellent home care, and therapies such as PerioProtect can stop the bleeding and keep these bacteria low. It is important for the patient to know that it is not normal for the gums to bleed, just as it is not normal for other parts of the body to bleed. When you treat these patients thoroughly, you are not only making their teeth and bone healthier, you are making them healthier!



There are two companies that offer oral bacteria testing that you can do right in your office. One is OralDNA labs. They offer the MyPerioID test which lets you know if there is a genetic predisposition for periodontal disease. They also offer the MyPerioPath test which show the bacteria profile of the patient. Their test is a simple swish and gargle with saline for 30 seconds total. The other lab is called Hain diagnostics. They offer the micro-IDentPlus test that identifies oral pathogens by use of paper points in the biofilm to get their results. Both labs test for the same bacteria. Both offer antibiotic options to use against the bacteria found on the test. They tell you what bacteria is there, how aggressive or destructive it is and if it is over a threshold for active periodontal disease.

These new diagnostic tools are invaluable when assessing someone for periodontal disease. Combined with the latest research on oral pathogens found systemically, these test can be crucial in patient compliance.(Caries assessment test are also valuable because cavity bacteria is also found in systemic diseases such as heart attacks.) The healthier your mouth is, the healthier your body is.

Dr. Dixon practices researched based dentistry focusing on the relationship between oral health and overall health. As a member of the American Academy for Oral Systemic Health, she works with physicians to prevent heart disease, strokes diabetes and other inflammatory diseases. She is committed to educating the community about how the health of the teeth and gums effect different diseases in the body.

For further information about home care treatment for the patient visit the PerioProtect website at <https://www.perioprotect.com/what-is-perio-protect/#>

To keep up with the latest research on Oral Systemic Bacteria go to <http://www.ncbi.nlm.nih.gov/pubmed>. It's easy to set up an account and interesting to see all of latest research on Oral bacteria and different diseases in the body.

Study Club 2016

We provide dentists hands-on and clinical educational programs. All our programs are ***complimentary***. We will provide the class materials and CE credits.

We hope that these courses will improve our communication between each other in an effort to obtain the best results for our patients. By participating in these programs, your confidence will come from being skilled at what you do, and from having people around you who provide support and inspiration during the various stages of learning.

Upcoming Events

Mark your calendars! Save the Dates for our upcoming Lectures.

Please contact Jessica for dates on the lectures.

Email: jesical.oralsurgerylax@yahoo.com

Phone: 310-670-0220

Case Acceptance For the Successful Dentist	January 2016
<i>-Guest Speaker: Dr. Wilson Kwong DMD</i>	
Dental Implants in Partially Edentulous Arch-Sess. 1	March 2016
Dental Implants in Partially Edentulous Arch-Sess. 2	April 2016
Dental Implants in the Edentulous Arch-Sess. 1	May 2016
Dental Implants in the Edentulous Arch- Sess. 2	June 2016

**** Call our office for article contributions and feedback***

REMINDER...

Please visit us online! This newsletter and the upcoming newsletters will be on the site. We will also have our lecture class materials, & referral cards for you to download. If you have not seen our website yet, you can find it at:

www.drorsurgery.com



Southern California Oral & Maxillofacial Surgical Arts

Los Angeles Office:
6240 W. Manchester Avenue
Los Angeles, CA 90045
310-670-0220

Mission Hills Office:
11550 Indian Hills Rd. #320
Mission Hills, CA 91345
818-365-0817

Rowland Heights Office:
1725 S. Nogales St. #106
Rowland Heights, CA 91748
626-913-5700

Woodland Hills Office:
22554 Ventura Blvd. #124
Woodland Hills, CA 91364
818-225-8602

