Implants displaced into the maxillary sinus

By Dov M. Almog, DMD, Kenneth Cheng, DDS, & Mohammad Rabah, DMD

As some have predicted,1 the growth in dental implant-based procedures increased considerably in recent years. As a result, there has been a rapid increase in the number of practitioners involved in implant placement, including specialists and generalists, with different levels of expertise.

At the same time, although at a low frequency, we are witnessing a diversity of unusual complications associated with these procedures, some of which are displaced implants into the maxillary sinus. A literature search revealed several published reports of displaced foreign bodies into the maxillary sinus.2–4 Generally speaking, foreign bodies in the maxillary sinus include multiple displaced objects. These include teeth, roots, impression materials, dental instruments, broken burs and, more recently, dental implants.

Although foreign bodies in the maxillary sinus are not common, it behooves us to familiarize ourselves with such an unusual complication and its management. Displacement of such foreign bodies into the maxillary sinus occurs following dental procedures that create an unplanned oroantral perforation.

Washington cracks down on tobacco, and ADA approves

By Fred Michmershuizen, Online Editor

The American Dental Association (ADA) is applauding new legislation to regulate tobacco. The Family Smoking Prevention and Tobacco Control Act gives the U.S. Food and Drug Administration (FDA) the express authority to regulate the manufacture, marketing and distribution of tobacco products.

The ADA has a long-standing policy that nicotine is a drug and that cigarettes and other tobacco products are nicotine delivery devices and, therefore, should be regulated.

“Dentists are the first line of defense in the war against oral cancer and many other tobacco-related diseases,” said ADA President Dr. John S. Findley. “About nine out of 10 people who will die from oral and throat cancers use tobacco.”

“Tobacco products are also associated with higher rates of gum disease, one of the leading causes of tooth loss in adults,” Findley said.
Scientists at the University of Rochester Medical Center who were recently studying the effects of whitening agents on human teeth discovered something alarming: acidic fruit juices markedly decreased hardness and increased roughness of tooth enamel. No significant change in hardness or surface enamel was found from whitening.

“Orange juice decreased enamel hardness by 84 percent,” said Yanfang Ren, DDS, PhD, of the university’s Eastman Institute for Oral Health.

In the study, “Effects of tooth whitening and orange juice on surface properties of dental enamel,” published in the Journal of Dentistry (Volume 37, Issue 6, June 2009), Ren and his team determined that the effects of 6 percent hydrogen peroxide, the common ingredient in professional and over-the-counter whitening products, are insignificant compared to acidic fruit juices.

Weakened and eroded enamel may speed up the wear of the tooth and increase the risk for tooth decay to quickly develop and spread.

“Most soft drinks, including sodas and fruit juices, are acidic in nature,” Ren said. “Our studies demonstrated that orange juice, as an example, can potentially cause significant erosion of teeth.”

It’s long been known that juice and sodas have high acid content and can negatively affect enamel hardness.

“There are also some studies that showed whitening can affect the hardness of dental enamel, but until now, nobody had compared the two,” Ren explained.

“This study allowed us to understand the effect of whitening on enamel relative to the effect of a daily dietary activity, such as drinking juices.”

“It’s potentially a very serious problem for people who drink sodas and fruit juices daily,” said Ren, who added that dental researchers worldwide are increasingly studying tooth erosion and are investing significant resources into possible prevention and treatments.

“We do not yet have an effective tool to avert the erosive effects, although there are early indications that higher levels of fluoride may help slow down the erosion,” he said. (Source: University of Rochester Medical Center)

The procedure associated with the removal of foreign bodies from the maxillary sinuses is considered very invasive. In this case report, the authors describe a systematic approach to the removal of two implants displaced into the right and left maxillary sinuses.

Currently, there are two accepted methods for removing foreign bodies displaced into the maxillary sinus. One method is the endoscopic transnasal maxillary sinus surgery. Access to the maxillary sinus is achieved through the nose via the ostium. The foreign body is captured and removed using an endoscopic retrieval basket through the endoscopic working channel port. The advent of endoscopic techniques has made it the preferable choice, especially for patients with chronic sinusitis.

The most commonly used technique for retrieval of foreign bodies displaced into the maxillary sinus is the Caldwell-Luc procedure. In contrast to the endoscopic technique, which involves accessing the maxillary sinus via the nose, the Caldwell-Luc procedure involves gaining access to the maxillary sinus by the fenestration of the anterior lateral wall of the maxillary sinus or canine fossa.11

The Caldwell-Luc procedure offers better direct visual access to the maxillary sinus as compared to the endoscopic approach, but is considered more aggressive with potentially more serious complications. Some of the possible complications are dysesthesia of the infraorbital nerve, numbness of the maxillary teeth, injury to the floor of the orbit and facial edema. This older and perhaps less conservative technique for accessing the maxillary sinus was first introduced by two otolaryngologists (American and French) in 1885.12

Case report

A 50-year-old African-American male Vietnam veteran presented to the VA New Jersey Health Care System Dental Service at East Orange seeking dental care.

A comprehensive oral and maxillofacial examination included an intraoral and extraoral exam, including cancer screening, full-mouth X-rays, and a cone-beam CT (i-CAT™ 3D CBCT Imaging Sciences International, Hatfield, Pa.) revealing, among other things, two implants displaced into the right and left maxillary sinuses.

Ultimately, the exam revealed a diversity of oral and maxillofacial problems, such as retained roots, decay and missing teeth, to name a few. Nevertheless, the chief complaint noted by the patient, and most profound clinical finding, was “two implants displaced into the right and left maxillary sinuses” (Figs. 1–5). The medical history was non-contributory.

Proceeding with careful assessment of all the available diagnostic information, and upon further discussion with the patient, several treatment options were developed in association with his retained roots, caries and missing teeth. As far as the patient’s chief
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As described in this case report, the clinical management associated with the removal of dental implants displaced into the maxillary sinuses is considered very invasive. While numerous dental reports described patients treated for displaced implants into the maxillary sinuses, none illustrated those from a preventive standpoint, that is, the use of CBCT-based dental imaging before placing dental implants.

Therefore, the authors strongly believe that by making a CBCT-based study prior to placing dental implants, displacement of dental implants into the maxillary sinuses can be avoided. (A complete list of references is available from the publisher.)

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Five of the top 10 reasons why associateships fail

By Eugene W. Heller, DDS

The “American Dream” is still to own a home. The “Dentist’s Dream” continues to be the ownership of a practice. Thirty years ago, the dream was to graduate from dental school, buy equipment, hang out a shingle and start practicing. Today the road to ownership is a little different.

Due to extensive debt, most new graduates enter practice as associates to improve their clinical skills, increase their speed and proficiency and learn more about the business aspects of dentistry.

Most hope the newfound associateship will lead to an eventual ownership position. Instead, many find themselves building up the value of their host dentist’s practice, only to be forced to leave. This forced departure is the result of a non-compete agreement when the promised buy-in/buy-out doesn’t occur.

The following reveal the first five of the top 10 reasons many associateships fail to result in ownership or partnership.

Reason No. 1: purchase price

If the purchase price has not been determined before the commencement of employment, the parties find themselves on different ends as to what the practice is worth and what the buy-in price should be.

When purchase price is established before the commencement of employment, three out of four associateships lead to the intended equity position.

Conversely, if the purchase price has not been determined, nine out of 10 associateships lead to termination without achieving the ownership intended or promised.

Reason No. 2: the details

The more items discussed and agreed to in writing beforehand, the better the chance of a successful equity ownership occurring as planned.

The written instruments should be two specific documents — an Employment Agreement detailing the responsibilities of each party for employment, and a Letter of Intent detailing the proposed equity acquisition.

Reason No. 3: insufficient patient base

Approximately 1,000–1,200 active patients are required per dentist in a dental practice. If the senior dentist does not intend to restrict or cut back his/her number of available clinical treatment hours, then the conversion from a one-dentist to a two-dentist practice requires an active patient base of approximately 1,400–1,800 patients and a new patient flow of 25 or more new patients per month.

Many senior dentists count their number of active patients by counting the number of patient charts on a wall. However, the best way to estimate the active number of patients involves utilizing the hygiene recall count.

Insufficient numbers of patients and/or an insufficient new patient flow signals that all expenses relating to the new dentist are coming directly out of the bottom line. The practice then begins to experience financial pressure. Creation and maintenance of a sufficient patient base is an extremely important aspect of the business. If the senior dentist is nearing retirement with the intent that, within one to two years, the senior dentist will turn over total ownership of the practice and intends to cut back shortly after the beginning of the second dentist’s employment, this problem is
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Linden-21 practices, Combined GR $14 Million #14240
Madera- 1,250 sq ft, 3 ops #1449K #14269
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Sonoma- 4 Ops, 4,000 sq ft, GR $580K #14287
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Sonoma- 5, 1,500 sq ft, GR $714K #14272
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Western Massachusetts- 5 Ops, GR $1Mill, Sale $125K #50115
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New Bedford- Area Ops, GR $650K #50119
CONTACT: Alex Livadik at 617-240-3282

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Suburban Detroit- 2 Ops, 1 Hygiene, GR $125K #51105
Grand Rapids Kentwood Area- 3 Ops, Building available #51102
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Financial

not as critical.

Often the senior dentist brings in an associate dentist as the answer to increasing business. A practice with insufficient new patient flow that experiences the addition of a new practitioner may result in termination of employment for the associate.

Reason No. 4: incompatible skills
The incompatibility in clinical skills between practitioners may include the possibility of one practitioner’s skill level being below standard, but it may also include different practice philosophies. On the surface, it would appear that having different skill levels and philosophies might be desirable. In reality, the patient base that is available to the younger practitioner may not lend itself to various types of dentistry.

Reason No. 5: timeframe
The failure to identify when the buy-in or buy-out is to occur and when to execute it can result in failure to achieve an ownership status.

The Letter of Intent may have stated that the buy-in was to occur in one to two years, but certain behaviors and signs during the continuing employment relationship might give an indication that the senior doctor is having difficulty honoring the intended buy-out or that the associate does not feel ready to consummate the transaction within the original timeframe outlined.

Either position might result in the demise of the buy-in as involved parties lose patience over such delays.

Summary
This article has been aimed primarily at a one-dentist practice evolving to a two-dentist practice; however, the issues apply equally to larger group practices.

One-to-two-year associateships with the senior dentist retiring at the end of the associateship and a three-to-five-year partnership ending with the new dentist purchasing the remaining equity position of the senior dentist at the end of five years can also benefit from the insights provided in this article.

Unfortunately, nothing can guarantee a successful outcome will occur. However, by identifying the potential pitfalls at the beginning of the relationship, chances of success can be greatly improved.

Look for the remaining five reasons in the next edition of Dental Tribune.

About the author
Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Heller is presently the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 750-8885 or send an e-mail to hsfs@henryschein.com.

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Six-year followup photo courtesy of Joseph P. O’Donnell, DMD

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The Pacific Northwest: Where education meets beauty!

The Pacific Northwest Dental Conference, July 23 and 24, in Seattle, Washington

Nearly 9,000 dental professionals from around the globe are expected to converge in the Emerald City for the 122nd annual Pacific Northwest Dental Conference (PNDC), organized by the Washington State Dental Association (WSDA). Recognized as one of the finest dental meetings in the country, the PNDC offers two days of continuing education in one of the most picturesque and family-friendly settings.

Surrounded by snow-capped mountains and calm emerald waters, the PNDC, held July 23 and 24 in downtown Seattle, offers attendees a chance to earn affordable, cutting-edge C.E. in one of the most majestic regions in the world. If you haven’t experienced the Pacific Northwest in the summer time, then you can’t miss this opportunity.

“The beauty of the PNDC is the sense of oneness that the dental family feels when sharing ideas and expertise,” said Dr. Larry Lawton, former WSDA president. “Dental professionals are often solitary creatures working in independent practices, and the PNDC provides us with an opportunity to unify and learn together.”

And in these difficult economic times, attending the PNDC makes sense for your pocketbook. ADA members can acquire up to 14 C.E. credits and attend any lecture they want by purchasing a full conference badge for $250–$290, and their staff is just $160.

While other dental meetings throughout the nation charge by lecture, PNDC attendees have access to more than 50 speakers and over 60 lectures at no additional cost. The PNDC offers affordable, quality education for the entire office. Here are some of the world-renowned speakers at this year’s conference:

- Dr. Harold Crossley, Pharmacology
- Dr. Donald Coluzzi, Lasers (includes a workshop)
- Drs. Chris Delecki and Bryan Williams, Pediatric Dentistry
- Dr. Anthony DiAngelis, Trauma
- Dr. Timothy Hempton, Crown Lengthening (workshop) and Hygiene
- Dr. David Levitt and the Perio Institute, Implant Surgery (workshop)
- Dr. Stanley Malamed, Ken Reed & Morton Rosenberg, Sedation
- Dr. James Tinnin, Endodontics
- Dr. Corky Willhite, Esthetics (lecture and workshop)

Combine all of this with more than 75 additional lectures and workshops by renowned professionals like Dr. Anthony DiAngelis, Dr. Sally Hewett, Dr. David Levitt, Dr. Dennis Lynch, Dr. Rhonda Savage, Dr. Uche Odiatu and Kary Odiatu, and you’ll see why this year’s conference should not be missed!

In addition to top-notch C.E., the PNDC offers an array of other activities to keep attendees busy. With a robust exhibit hall that features over 300 exhibiting companies, attendees will have the opportunity shop the latest and greatest in dental products as well as try their luck at huge prize giveaways drawings throughout the conference. It’s a lively area filled with energy and conversation about the art and science of dentistry.

New in 2009, the exhibit hall will feature a relaxation lounge with free head and neck massages provided to any attendee who needs a rest from the day’s activities.

Attendees can also take advantage of many special events held throughout the conference, including the 2009 Staff Appreciation Luncheon, the annual Fun Run along Seattle’s waterfront, and the Ride the Ducks of Seattle Tour.

In addition to special events, Seattle is filled with an eclectic mix of restaurants, music venues, shopping, farmer’s markets and summer festivals to help make your stay even more enjoyable.

To register, or for more information, please visit www.wsda.org/pndc/pndc.view, or call (800) 448-5368.
The U.S. Department of Commerce’s U.S. Commercial Service has granted Trade Fair Certification status to IDEM Singapore 2010, which will take place at the Suntec Singapore International Convention & Exhibition Center, April 16–18, 2010.

Through certification, the U.S. Commercial Service recognizes the capability and experience of Koelnmesse to organize a world-class pavilion for U.S. exhibitors to showcase U.S. dental products and services. The U.S. Pavilion serves as an excellent venue for U.S. companies to establish or expand overseas distribution, generate sales leads, evaluate competitors and work with U.S. Commercial Service trade specialists to identify potential buyers and partners.

“The Trade Fair Certification Program is an excellent example of the collaborative efforts of the U.S. Government and private sector trade show organizers,” said Michael Thompson, who directs the program for the U.S. Commercial Service. “Together we are working to broaden the customer base of U.S. exporters by introducing them to key trade fairs where they can meet their export objectives.”

The U.S. Commercial Service helps U.S. businesses export by working with them to establish international business relationships. The agency’s global network includes locations in more than 100 U.S. offices and in American embassies and consulates in nearly 80 countries. For more information on the U.S. Commercial Service, visit www.export.gov.

U.S. companies interested in exhibiting at this event should contact Silke Eidam, s.eidam@koelnmesseafa.com, tel. (773) 326-9929.

It’s hard to deny that the Greater New York Dental Meeting (GNYDM) has always provided the best in education and exhibits, but the social programs have always been top notch as well, and 2008 was no exception. Some 57,854 registrants from 125 countries solidified this event as the largest dental convention and exposition in the United States.

The 2008 Greater New York Dental Meeting’s Annual President’s Luncheon, held on Monday, Dec. 1, and was attended by 56 presidents and executive directors of dental associations from around the world. These international leaders in dentistry were recognized for their outstanding contributions in the advancement of dentistry around the globe.

Mark your calendars now for the 2009 meeting, Nov. 27-Dec. 2 and remember: there is no registration fee for the GNYDM.

For additional information, please contact the Greater New York Dental Meeting at 570 Seventh Ave., Suite 800, New York, N.Y., 10018-1806; Tel. (212) 398-6922; Fax (212) 398-6934; e-mail info@gnydm.com.

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Missed the last edition of Dental Tribune? You can now read some of its content online!

Treatment acceptance: could have, should have, would have
By Sally Mckenzie, CMC
www.dental-tribune.com/articles/content/id/509/scope/specialities/region/usa/section/practice_management

Did you know that dentists are one of the most trusted professionals to give advice? Thus, no other medical professionals are in a better position to show patients that they are committed to detecting and treating oral cancer.

Prove to your patients just how committed you are to fighting this disease by signing up to be listed at www.oralcancerselfexam.com. This new consumer Web site shows them how to do self-examinations for oral cancer.

The future looks bright for Shofu with new president and strategic alliance

Shofu has just made two announcements. The first was the appointment of a new president. In a separate announcement, Shofu has entered into a strategic alliance with Mitsui Chemicals and Sun Medical.

Effective Thursday, June 25, Noriyuki Negoro became the president of Shofu. Formerly the director of research and development, quality assurance and production at Shofu, Negoro has been with the company for over 28 years and, as a researcher, developed such successful products as Beautifil, Solidefix and Ceramage.

Katsuya Ohta, the former president of Shofu, held the position for the past nine years and will continue to serve as chairman.

Shofu America’s President Brian Melonakos congratulated Negoro on his promotion and said, “Working closely with Mr. Negoro for the past five years, I have valued the opportunity to observe first hand his leadership and to witness his technical knowledge. I have every confidence in his grasp of the industry and in his ability to guide Shofu in these globally challenging economic times.”

In addition to the change in leadership, Shofu continues to look toward the future by initiating a business and capital alliance with Mitsui Chemicals and Sun Medical.

Mitsui, as a multi-billion dollar manufacturer of raw materials, has a strong core competency in materials development and is engaged in the dental materials business through its subsidiary, Sun Medical.

As the business environment for dental materials becomes more challenging with intensified global competition, Shofu, Mitsui and Sun Medical hope that their alliance will contribute to the efficient use of business resources in...
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**Pulpdent launches new Web site**

Pulpdent has launched a comprehensive new Web site that offers clinical information and case studies, as well as in-depth information about Pulpdent’s proven products for dental professionals. The Web site can be found at [www.pulpdent.com](http://www.pulpdent.com).

The Pulpdent Web site is easy to navigate and includes articles and other educational content, news and events and product information. Product pages include a product overview, instructions for use, MSDS sheet, and in many cases, related articles and studies, frequently asked questions, and illustrated step-by-step clinical procedure instructions. There are PowerPoint presentations for many of the products.

“We wanted the Web site to be informative and easy to use,” said Ken Berk of Pulpdent, “but above all, we wanted it to be a place dental professionals will enjoy coming to. It’s like a dental amusement park.”

Visitors to the Web site will find a link for signing up to receive the free Pulpdent informational e-newsletter and an archive of past newsletters.

Customers can also place orders for Pulpdent products on the Web site, and Pulpdent will forward the order to the customer’s preferred dental dealer for processing. For more information, call (800) 345-4542 or visit [www.pulpdent.com](http://www.pulpdent.com).

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