

# ODA JOURNAL

VOLUME 98/ISSUE 8 APRIL/MAY 2007



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# INSIDE

## SNAPSHOTS

Online registration for the ODA Centennial Annual Meeting closes April 13th. To register after April 13th, please visit the Registration Desk located on the first floor of the Cox Convention Center. To expedite your on-site registration, please complete the Registration Form found on page 21 and bring it with you to the meeting. The ODA Registration Desk will be open the following dates/times for your convenience: April 26, 9:00-5:00; April 27, 7:00-5:00; and April 28, 7:00-2:00.

**Hope to see you there!**

## ODA - IN REMEMBRANCE

**Dr. William Fielding Jr.**  
August 1924 - February 2007  
Cushing

**Dr. Clifford L. Hooper**  
November 1920 -  
February 2007 Edmond

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## ON THE COVER

ODA President Dr. Pamela G. Low, standing beside a Centennial Clock in front of the Oklahoma State Capitol. The ODA contributed to the clock through a group sponsorship with other state Associations who are members of the Oklahoma Society of Association Executives.

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## EDITOR'S MESSAGE

*Raymond A. Cohlmia, DDS*

### “Take Time To Look at the Details”

I am now on a plane heading to Chicago for a Membership Recruitment and Retention conference. As we travel along, I find myself looking through the window at the tiny towns below and I can barely make out the details of each little building or structure that we pass. The square-mile outlines are evident enough but overall, the details are too small for my limited eyesight to distinguish individual features. I know they are there even though I can't see them. As we get closer to landing in Chicago, those details become much more clear. Passing over the downtown area I spot our building – the American Dental Association. Most of our members know that it exists, but haven't seen this magnificent structure of which they own a part. The question is: how many of us know the details of the building or association for that matter? I grabbed my computer and started writing.

The more I thought about it (I had to continue this in the train to the hotel. It was time to land, put away our laptops, turn off all machines, discontinue any electronics, put our tray tables up, place our seats in the upright position, check our seatbelts, look straight ahead, stop breathing, find our shoes, try to get some circulation back into our knees, and refrain from turning on our cell phones until the plane came to a complete stop), the more that it reminds me of how our professional association works; we know it's there for us, even though we

don't take time to see all of the details.

You see, the ADA, the ODA, and our local dental societies work quietly in the background, performing many functions from representation, public and professional relations, advocacy, member benefits, business support, and a multitude of other services. Further, the benefits tend to increase each and every year for our members as we continue to create alliances with a vast array of corporate partners. Why? To increase our ability to provide products and services for the good of our patients, community, or even ourselves – which is one of the basic goals of an association.

Yes, many of us tend to just consider the big picture, looking at it with a long lens; we only see the whole jigsaw puzzle and not the individual pieces that are critical to that whole. The question is: why don't we all take the time to see exactly what the ADA and the ODA have to offer? I've done that, and I'm amazed – I just never realized all that they had to offer!

So, sometime soon, why don't you take a trip through the benefits of our prestigious and vast organization? Take my word for it; you won't believe the details you're missing. I now realize more of what my association means to me from all that I have learned and been fortunate to enjoy. Many of you know me; I must have at least a dozen ODA shirts that I am thrilled and privileged to wear on a regular basis. I am proud and honored to say that I am a member of two of the finest associations ever – the Oklahoma Dental Association and the American Dental Association!

So start on your excursion! I believe that when you do, you too will be proud and honored to say you're a member of the finest association and profession in the world!

Until next time, I hope to see you on the ground and I hope that you join me! I will be the one with the camera and notepad, striving to capture more of those details.

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THE OKLAHOMA DENTAL ASSOCIATION JOURNAL (ISSN 0164-9442) is published ten times per year by the Oklahoma Dental Association, 317 NE 13th Street, Oklahoma City, OK 73104. (405)848-8873. Annual subscription rate of \$6 for ODA members is included in their annual membership dues. Rates for non-members are \$36. Single copy rate is \$6, payable in advance. Periodical postage paid at Oklahoma City, OK POSTMASTER: Send address changes to OKLAHOMA DENTAL ASSOCIATION JOURNAL, 317 NE 13th Street, Oklahoma City, OK 73104. Opinions and statements expressed in the OKLAHOMA DENTAL ASSOCIATION JOURNAL are those of the author and are not necessarily those of the Oklahoma Dental Association. Neither the Editors nor the Oklahoma Dental Association are in any way responsible for the articles or views published in the OKLAHOMA DENTAL ASSOCIATION JOURNAL.



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calendar of events



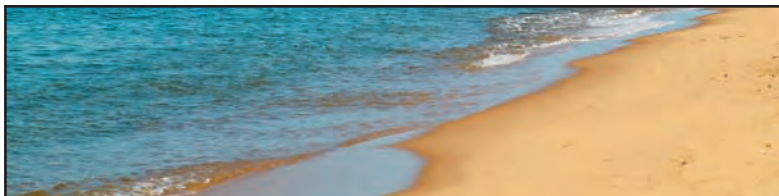
**APRIL**

- APR 9** – ODF Mobile Dental Unit - Murray County Head Start
- APR 10** – ODF Mobile Dental Unit - Johnston County Head Start
- APR 10** – OCDS Board Meeting - ODA Building
- APR 11** – ODF Mobile Dental Unit - Marshall County Head Start
- APR 11** – Children's Oral Health Coalition - 10:00AM - ODA Building
- APR 12** – ODF Mobile Dental Unit - Atoka County Head Start
- APR 13** – ODF Mobile Dental Unit - Tulsa Alliance Event
- APR 16** – Retired Dentist Lunch - 11:30AM - ODA Building
- APR 20** – ODF Mobile Dental Unit - Garfield Elementary, Sand Springs
- APR 26 - 29** – ODA Annual Meeting - Cox Convention Center - Downtown Oklahoma City
- APR 30** – ODA Office Closed
- APR 30 - MAY 2** – ADA Leadership Conference - Washington DC



**MAY**

- MAY 1-2** – ADA Leadership Conference - Washington DC
- MAY 9** – Children's Oral Health Coalition - 10:00AM - ODA Building
- MAY 11** – ODF Mobile Dental Unit - McAlester Clinic
- MAY 12** – ODF Mobile Dental Unit - Porter Clinic
- MAY 18-19** – SC States Leadership Conference - New Mexico
- MAY 21** – Retired Dentist Lunch - 11:30AM - ODA Building
- MAY 28** – ODA Office Closed



**JUNE**

- JUN 1** – ADA Mediation Review Workshop - 9:00AM - ODA Building
- JUN 7** – Northern and Eastern Districts Summer Meeting - Branson, Missouri
- JUN 13** – Children's Oral Health Coalition - 10:00AM - ODA Building
- JUN 15** – TCDS Molar Classic Golf Tournament
- JUN 15** – Council on Membership & Membership Services - 10:00AM - ODA Building
- JUN 15** – Council on Dental Education & Public Information - 1:00PM - ODA Building
- JUN 18** – Retired Dentist Lunch - 11:30AM - ODA Building

# Buy Your Tickets Now!

*ODA Centennial Gala / President's Dinner  
 Saturday, April 28 - Cox Convention Center Ballroom  
 Join us for a historical night for the ODA as we celebrate 100 years!  
 The evening's attire is black-tie (optional). Plan for an unforgettable evening!*

**6:00 – 6:20 p.m.**

**Reception**

**6:20 – 7:20 p.m.**

**Oklahoma Centennial Rodeo Opry Show**

**Dinner**

**Centennial Champagne Toast**

**Officer Installation - Dr. Richard Haught, ADA Past President**

**Dance the night away to the fabulous sounds of Souled Out!**

So come ready to be entertained and ready to toast to ODA's past, present and future!  
 Tickets are \$65. Register/Tickets available online at [www.okda.org](http://www.okda.org).

**Event sponsored by:**

*Patterson Dental Supply, Delta Dental, Bank of Oklahoma, Endodontic Specialists of NE Oklahoma,  
 Renaissance Hotel and the OK Centennial Commission*

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**Tulsa, OK** — Well-established private pediatric practice in stand alone building. Fully computerized chairside stations, digital, open bay concept. 3000 sq. ft., 3800 charts, 7 ops plumbed, 2 unplumbed. Good transition plan for associate looking for equity position and eventual ownership.

**Woodward, OK** — Well-established family, esthetic, sedation, implant practice. Professional free-standing building. 8 ops/2,700 sq. ft. Digital X-ray; IO cameras; Soft tissue laser. Progressive hygiene dept. Two partners interested in mentoring associate for eventual partnership.

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## PATIENT'S PAGE



This message brought to you by your dentist - a proud member of the Oklahoma Dental Association

### DIABETES AND ORAL HEALTH – what you should know...

Diabetes is a disease that can affect the whole body — your eyes, nerves, kidneys, heart, and other important systems in the body. It can also affect your mouth. People with diabetes face a higher than normal risk of oral health problems. The link between diabetes and the development of oral health problems is high blood sugar. If the blood sugar is poorly controlled, it is more likely that oral health problems will arise.

#### The most common oral health problems associated with diabetes are:

- tooth decay;
- periodontal (gum) disease;
- salivary gland dysfunction;
- fungal infections;
- lichen planus and lichenoid reactions (inflammatory skin disease);
- infection and delayed healing; and
- taste impairment.

#### Diabetes and periodontal disease

Diabetes that is not properly controlled can lead to periodontal (gum) diseases in both young and old people. Periodontal diseases are infections of the gums and bone that hold the teeth in place. Because diabetes reduces the body's resistance to infection, the gums are among the tissues most likely to be affected. Patients with inadequate blood sugar control appear to develop periodontal disease more often and more severely, and they lose more teeth than persons who have good control of their diabetes. Because of blood vessel changes that occur with diabetes, the thickened blood vessels can impair the efficiency of the flow of nutrients and removal of wastes from body tissues. This impaired blood flow can weaken the gums and bone, also making them more susceptible to infection.

#### Diabetes and dry mouth

Often a symptom of undetected diabetes, dry mouth means the mouth does not have enough saliva to keep itself moist. Saliva is necessary to help digest food, and prevent infection and tooth decay by controlling bacteria and fungi. Dry mouth can make tasting, chewing, and swallowing food difficult, and can impede speech. In addition, dry mouth can cause mouth infections and tooth decay. Your dentist may recommend a saliva substitute that can be used for relief from dry mouth discomfort. Your dentist may also recommend rinsing with a fluoride mouth rinse or an at-home topical application of fluoride. Using sugarless gum or sugarless mints, taking frequent sips of water, or using melting ice chips may help alleviate a dry mouth. Restricting intake of caffeine and alcohol also can help.

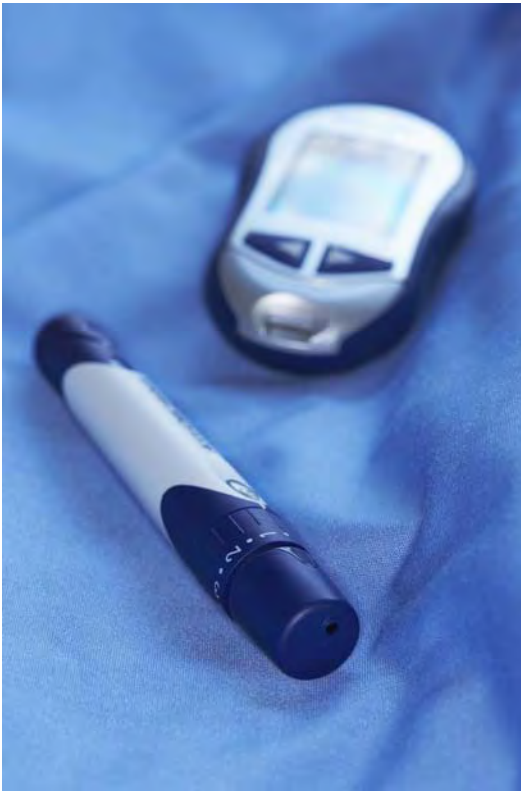
#### Diabetes and other oral health conditions

**Thrush** — People with diabetes who frequently take antibiotics to fight various infections are especially prone to developing a fungal infection of the mouth and tongue. The fungus thrives on the high glucose levels in the saliva of people with uncontrolled diabetes. Wearing dentures can also lead to fungal infections. Your dentist may prescribe antifungal medications to treat this condition. Good oral hygiene is critical.

**Lichen planus** — a skin disorder that produces lesions in the mouth. A more severe type of Lichen planus involves painful ulcers that erode surface tissue. Although there is no permanent cure, your dentist may prescribe a topical anesthetic or other medication to reduce and relieve the condition.

**Taste impairment** — some diabetics have reported that their sense of taste is diminished and altered taste sensations may influence their food choices in favor of sweet-tasting foods with highly refined carbohydrate content. This may worsen the diabetic patient's dental health and overall health.

**Poor healing of oral tissues** — People with uncontrolled diabetes do not heal quickly after oral surgery or other dental procedures because blood flow to the treatment site can be impaired. Follow your dentist's post-treatment instructions closely.



### THE GOOD NEWS

**The good news for people with diabetes is that by practicing good oral hygiene habits — brushing at least twice daily (or preferably after every meal) with a toothpaste that contains fluoride, flossing daily, making regular visits to your dentist, and keeping blood sugar levels under control — the potential for infection from periodontal disease will be greatly reduced or eliminated, as will the risk of tooth loss.**

#### LET YOUR DENTIST KNOW:

- if you have been diagnosed with diabetes;
- your current glycosylated hemoglobin level;
- when you took your last dose of insulin;
- if there has been any other change in your medical history;
- the names of all prescription and over-the-counter drugs you are taking; and
- your primary physician's name and phone number to include in your personal file.

# ODA News You Can Use!

This month's spotlight on your ODA's endorsed company

**Bank of America**



## How to Protect Yourself from Identity Theft

A recent report by the General Accounting Office of the United States Congress shows that incidents of identity theft have increased dramatically over the last few years. What is identity theft, and how can you prevent it?

Identity theft is commonly defined as securing another person's personal information—such as Social Security number, date of birth, mother's maiden name—and then using that information to fraudulently establish credit.

The U.S. Congress and many states have enacted laws that specifically criminalize identity theft, but no single database exists to track the crime. Regardless, most experts agree that it is increasing. The Federal Trade Commission recently reported that Americans lost \$437 million to identity theft and fraud in 2003. There were 215,000 identity theft complaints in 2003, up 33% from the previous year.

Financial institutions aren't the only ones being victimized. Identity theft can cause substantial harm to the lives of consumers, economically and emotionally. Even though Bank of America (the credit card company that issues the Oklahoma Dental Association credit cards) does not hold victims liable for fraudulent debts, victims often feel personally violated. In addition, victims often experience identity theft-related problems such as bounced checks, loan denials, and debt collection harassment.

How can you avoid becoming a victim? Ask periodically for a copy of your

credit report and review it for accounts that might have been fraudulently opened. If you're traveling, have your mail held at the post office. Don't discuss personal information in areas where it can be overheard, and maintain careful records of your banking and financial accounts.

Bank of America works hard to prevent identity theft. Unlike other issuers, Bank of America credit analysts will call applicants to ask about any accounts showing on their credit report, or to investigate an application that has discrepancies with the information contained on an applicant's credit report. In addition, Bank of America's other ongoing efforts to reduce fraud include Neural Network Technology, which measures fraud risk, including the likelihood that fraudulent activity is taking place on a specified account, an advanced authorization system that enables Fraud Detection analysts to review geographical location, full merchant description, and personal information on transactions, and a delivery management system that enables risky transactions to be reviewed seconds after they occur. Fraud scores and potential fraudulent transactions are forwarded to specially educated representatives, who review these accounts and call the customer. Accounts are monitored throughout the day, seven days a week.

**To apply for the Oklahoma Dental Association credit card please call 1-866-438-6262. When calling, be sure to specifically request the Oklahoma Dental Association credit card.**

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Summer Meeting**

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To register, or for more information, contact:  
**Dr. James Gore**                      **Dr. Stephen Mayer**  
**918-825-7411**                              **918-256-6441**

**JUNE 7-9, 2007**



# 2007 Oklahoma "Twister" CE Series

Back by popular demand, the "Twister" series is delivered by ODA members and each session will focus on a dental specialty or area of particular interest in dental care. Each session features three different aspects of the overall topic, so you can earn one, two or three hours of CE credit(s) – stay for the whole session, or only attend the portion in which you are interested. The year's series features the following:

## DIAGNOSTIC PERSPECTIVES IN DENTISTRY TWISTER

### Situations Encountered in the Practice of Prosthodontics

This presentation will include special consideration for prosthodontic care and include referral for Oral Surgery and Endodontic evaluation/treatment.

*Presented by: Lars Bouma, DDS*

### Evaluation of the Referral

This presentation will include an in-depth evaluation of various referral situations and methods used to confirm or disprove the tentative diagnosis.

*Presented by: Kevin Smith, DDS*

### Diagnostic Evaluation in Endodontics

The presenter will approach Endodontic cases in a like manner, revealing methods of evaluation used to confirm or disprove the diagnosis.

*Presented by: James Roane, DDS*

**The presenters will also explore certain situations that may require treatment to develop the final diagnosis.**

## DRUGS OF INTEREST IN DENTISTRY TWISTER

### Biophosphonates: The New Iatrogenic Disease

The spectrum of drugs in this family, as well as the effect of duration of therapy will be discussed. Also presented will be a review of the current standard of care for treatment.

*Presented by: Jim Baker, DDS*

### Inflammation: Ways to Support Your Inner Pharmacy

Presentation will cover ways to lower the risk of many inflammatory diseases that ultimately result in accelerated aging.

*Presented by: Charles Tucker, DDS*

### Drugs in Periodontal Therapy

This session will be an overview of recommended pharmacologic adjuncts for the treatment of chronic, aggressive, and acute periodontal conditions with special emphasis on the rationale for local antibiotic therapy. Additionally, an update of advances in biologic materials that aid in periodontal wound healing will be covered at the end of the session.

*Presented by: Jacob Hager, DDS*

## GERIATRIC DENTISTRY TWISTER

### Prosthodontic Treatment Options for the Geriatric Patient

The advantages and disadvantages of various prosthodontic treatment options for the geriatric patient will be discussed. These options include conventional and implant supported/retained prosthodontic treatments.

*Presented by: Nancy Jacobsen, DDS*

### Perioperative Evaluation of the Geriatric Patient

This lecture will review the most commonly encountered co-morbidities of the cardiovascular, pulmonary, and renal systems and their physiologic effects on the geriatric patient. We will also review the methods of perioperative evaluation in this patient population to identify those at significant risk of complications.

*Presented by: Curt Bowman, DDS*

### Brush up on Geriatric Oral Health Care

Understanding the needs of the aging population is paramount to providing quality oral health care. This lecture will touch some of the following topics: Demographics, Age-Related Changes in the Elderly, Communication with the Elderly, Dental History and Treatment Planning, Preventive Protocol, and Hygiene. Additional discussion topics will include existing and future programs designed to help with the Access to Care problems dealing with the elderly population in Oklahoma.

*Presented by: Lisa R. Grimes, DDS*

## TOPICS OF INTEREST TO THE HYGIENIST TWISTER

Advancing communication between the general and the specialty practice: anticipating what to expect for the patient, guidelines for support and cooperation, and when to refer.

### The Pediatric Dental Office

This course presentation will include the latest recommendations on first visits and fluoride research.

*Presented by: Sarah Fox, DDS, MS*

### The Periodontal Practice

Discussion will include non-invasive periodontal treatment updates, recommendations on product and oral hygiene aids, supporting post-surgical procedures, implant care, guidelines for referrals.

*Presented by: William Wynn, DDS, MS*

### The Oral Maxillofacial Surgeon

This lecture will include post-operative care and a review of suspicious lesions.

*Presented by: Larry Lander, DDS, MS*

# ODF Benefit Raffle

**Would you like to drive away on a 2007 Artic Cat ATV or Buddy Scooter for only \$100.00?**

How about a 1 in 300 chance of winning it? Well then come visit us during the ODA Annual

Meeting or the ODF Fall Seminar to

**enter the Oklahoma Dental Foundation's benefit fundraising raffle.**

**ODA Annual Meeting Exhibit Dates April 27<sup>th</sup> & 28<sup>th</sup> – BOOTH 209**

**ODF Fall Seminar Meeting Dates September 21<sup>st</sup>**

OKLAHOMA DENTAL FOUNDATION

OFFICIAL BENEFIT RAFFLE

**----- Artic Cat ATV**



**or**

**2  
0  
0  
7**

**Buddy Scooter -----**



**-----CHANCES OF WINNING 1 IN 300-----**

Winner announcement at ODF Luncheon Banquet

Friday afternoon, September 21<sup>st</sup>

\*\*\*Attendance requested but not required\*\*\*

**ATV or Scooter will be available soon after winner is announced.**

Please note that if not enough tickets are sold to cover the sales price, the raffle reverts to a 50/50 raffle, where the winner will split the proceeds with the ODF.

Proceeds from the raffle will help benefit the Foundation's programs and mission initiatives in research, education and access to care, which includes the Mobile Dental Care Program.

**To Purchase tickets by mail, please make check payable to:**

Oklahoma Dental Foundation-Benefit Raffle

317 NE 13<sup>th</sup> Street

Oklahoma City, OK 73104

-OR-

**Credit Card transactions:**

Call the Foundation staff at 405-241-1299 / 800-876-8890 for a credit card form.

Winner responsible for all applicable income & vehicle taxes, license fees and any additional delivery costs.



## LETTER TO THE EDITOR

We received the following letter from Donald M. Smith, DDS, OKC, and I was wondering if we could run it as a Letter to the Editor:

Re: Recovery Program

Those were truly moving stories in the March '07 Journal about the Health Professionals Program. I take pride in being in a profession that provides this help. Enclosed, is my contribution to this great program.

-Donald M. Smith, DDS, OKC



Mella Glenn currently serves as chair for the 2007 AADA Leadership Conference. She has represented the ODA Alliance by serving as an AADA Delegate for three years. She joined

the ODA Alliance after marrying Dr. Steve Glenn five years ago. During her second year, Sherry Beasley called and asked if she would consider being President elect. She accepted and was then elected President for two terms. She currently serves on the AODA Board in an advisory position. She also serves on the Foundation for Dental Health Education and is the 8th District (OK, TX, LA, KS) Trustee for AADA. She has been an integral part of the DENPAC Silent Auction for the last four years and is once again helping out this year.

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# ADA SEEKS VOLUNTEERS FOR INDIAN HEALTH SERVICE DENTAL CLINICS

The American Dental Association (ADA) is currently recruiting member volunteers to serve in nine Indian Health Service dental facilities in Minnesota, North Dakota and South Dakota. Each volunteer is asked to commit at least two weeks of volunteer service to the IHS clinic. Sponsored volunteers are reimbursed for travel expenses.

A facility may contract with an individual dentist who can provide one month or more of dental care. Each contract is between an individual dentist and the clinic where he or she provides service. For more information about contracting or employment opportunities, visit the Indian Health Service Web site, [www.dentist.ihs.gov](http://www.dentist.ihs.gov).

"Together, we can share our time and talents," said Dr. Robert E. Barsley, former chair of the ADA Council on Access, Prevention and Interprofessional Relations. "We can accomplish great things. Our work will help resolve critical oral health problems; strengthen communities; create substantial and important relationships

between the dental profession and Native Americans; and transform the lives of dentists as we participate fully in community service."

The ADA's American Indian/Alaska Native Dental Placement Program is being implemented to:

- increase access to oral health care and disease prevention services for AI/AN people;
- reduce oral health disparities in AI/AN communities;
- develop, pilot and evaluate innovative, culturally responsive strategies to address the oral health needs of AI/AN communities;
- support Indian Health Service efforts to fill vacant dental positions; and
- create meaningful volunteer opportunities for ADA member dentists.

If you're interested in participating in this effort, contact Gary Podschun, manager of Community Outreach and Cultural Competence, at 1-312-440-7487 or [podschung@ada.org](mailto:podschung@ada.org).

"The dental profession has established and prolonged the reign of beauty; it has added to the charms of social intercourse, and lent perfection to the accents of eloquence; it has taken from old age its most unwelcome feature, and lengthened enjoyable human life for beyond the limit of years when the toothless and purblind patriarch might exclaim: I have no pleasure in them.

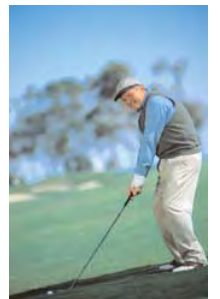
— Oliver Wendell Holmes

submitted by Larson Keso, DDS

## Is Your Practice Up To Par?

Too busy or distracted to work on your game? Frustrated with being too much over par?

Call **Melinda Lawrence** today for **YOUR** complimentary consultation - find out how her solid coaching skills can keep you in the fairway to improve your score!



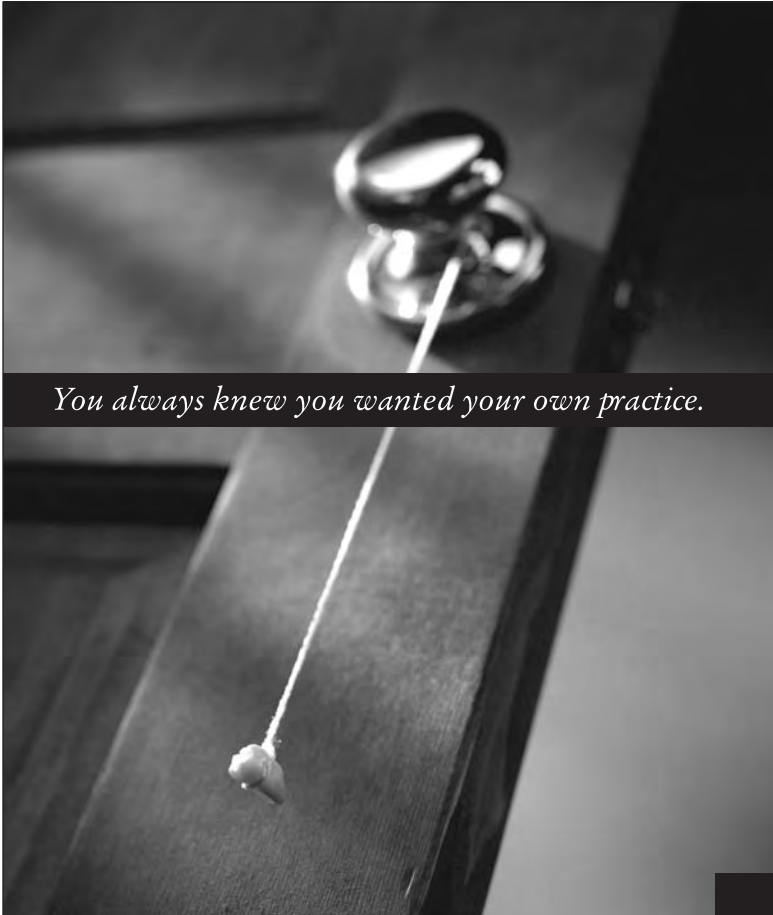
- **One-On-One Coaching:** Hands on coaching for you and your staff. You can expect personal contact from Melinda, each and every time.
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- **Leadership Development:** Melinda will teach you to lead your team with confidence, dynamic communication, clarity and consistency.

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# Advanced Restorative Series

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Master  
Complex Treatment  
Planning and  
Case Presentation

WEEKEND 1

SEPTEMBER 7-8, 2007  
*Veneers! Veneers! Veneers!*

WEEKEND 2

OCTOBER 12-13, 2007  
*Anterior Crowns / Bridges*

WEEKEND 3

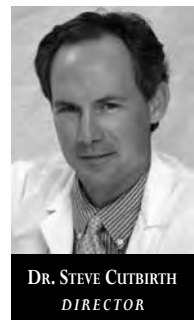
NOVEMBER 16-17, 2007  
*Function / Treatment of Facial Pain*

WEEKEND 4

JANUARY 25-26, 2008  
*Treatment of Complex  
Restorative Cases*

WEEKEND 5

MARCH 14-15, 2008  
*Secrets of the low overhead,  
highest quality, low volume,  
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Center for  
Aesthetic  
Restorative  
Dentistry

# FEATURES



In the spirit of celebrating our 100th birthday, the *ODA Journal* has been featuring articles, trivia and advertisements from past dental publications. Join us now as we take a look at a copy of the 1934 *Tri-State Dental Meeting Program*.

Features



## To our Members

**E**IGHTEEN years ago, the Kansas, Oklahoma and Missouri dentists held their initial Tri-State Meeting in Kansas City, Missouri. Four years later success again crowned their efforts. May the Sixth, Nineteen Thirty Four begins the third Tri-State Meeting. The prime motive of these meetings is to enhance the spirit and ideals of the dentist by a delineation of the basic fundamentals of his profession and teach their practical applications, that he may more effectively cope with his present day problems. The results of these past sessions together with a glimpse of this program assure us that this will be the most practical Dental Congress available to the dentists in the Mid-West this year.

JOHN L. DOUGLASS CO., KANSAS CITY, MO.

Visit the Scientific Exhibits in the Exhibition I

Two



J. J. TRAVIS

Ann Arbor, Michigan

Tuesday, 3:45 P. M.

### SUBJECT

"Inlays"

### SYNOPSIS

- Cavity preparation for gold inlays.
1. Accepted cavity form applied to cast restorations.
  2. Modifications of the typical cavity form to meet anatomical irregularities
  3. Slice preparations as a conservator of pulps in young teeth.
  4. Modification of typical form to facilitate impression taking in indirect method.
  5. Direct method of inlay work its advantages and short comings.
  6. More accurate models dimensionally for indirect work.
  7. Coefficient of shrinkage not always 1.25%.
- Dr. Travis will supplement his lecture with a series of lantern slides.

Eighteen 76th A.D.A. Meeting, St. Paul, August 6-10, 1934



# DENTAL CARE BENEFITS & PREGNANT WOMEN

The Oklahoma Health Care Authority (OHCA) is pleased to announce a new dental care benefit for pregnant women who are enrolled in SoonerCare, the state's Medicaid program.

Effective May 1st, 2007, the OHCA will implement the Perinatal Dental (P-DEN) Access Program for pregnant women enrolled in the SoonerCare (Traditional, Choice or O-EPIC Individual Plan) programs. Previously, the OHCA has been able to offer dental exams, cleanings and restorative services only to children and not adults. Dental coverage for adult SoonerCare members was limited to emergency extractions. SoonerCare pays for approximately 30,000 births a year, which is more than half of all the deliveries in Oklahoma. Based on this, the OHCA is anticipating a large number of women accessing this benefit.

Dr. Leon Bragg, the agency's director of Dental Services, noted that the children's dental health program has been successful. He said the agency is very happy to expand dental care coverage to include a package of services for the program's pregnant members. An estimated 30 percent of dentists practicing in Oklahoma participate in the SoonerCare program. The majority of participating dentists currently accept new SoonerCare patients into their practice. OHCA's administrative efficiencies have been instrumental in attracting providers to participate in the SoonerCare program. The OHCA has a very positive relationship with the Oklahoma Dental Association (ODA) and has been active with subcommittees of the ODA. Meetings have been held with the College of Dentistry with the goal of increasing access.

About half of pregnant women experience pregnancy gingivitis. This condition can be uncomfortable and cause swelling, bleeding, redness or tenderness in the gum tissues. Periodontal disease may affect the health of a pregnant woman's baby. Although results of the current research are

mixed, periodontal disease may be a factor associated with low-birth weight babies and premature births. In addition to the direct benefit to the "mom-to-be" and the potential positive impact on the pregnancy outcome, many dentists have found that this is a good time to remind the mother of the importance of early and ongoing oral hygiene care for the infant. "We are very pleased to provide dental services for women who are expecting and hope to not only positively impact their health and well-being, but the health and well-being of their babies and children," said Terrie Fritz, the director of Child Health at the OHCA. Any dentist with a current SoonerCare contract may provide care to pregnant members if they choose. Licensed dentists who do not have a contract may obtain one by following the simple steps that are listed on the OHCA Web site. The contract can be found by visiting [www.okhca.org](http://www.okhca.org). From the homepage, click on the word "enrollment" under the provider's banner; click on new contracts; click on dentist; and complete the steps listed.

The OHCA encourages you to verify eligibility for all SoonerCare members before providing care. When you check a member's eligibility, a covered member will have an additional benefit plan called "Perinatal Dental Access." If a pregnant woman 21 or older has SoonerCare but does not have "Perinatal Dental Access," she may call the SoonerCare Helpline at 1-800-987-7767 to request it. A pregnant woman 19 or older covered by O-EPIC IP may call the O-EPIC Helpline at

1-888-365-3742 to request the plan if needed. Reimbursement rates will be the same as those paid for the children in the SoonerCare program. Prior authorization is not required for this program. Treatment should begin as early in the pregnancy as possible. The pregnant woman will have this benefit for 60 days following the end of the pregnancy. The following procedures are covered benefits of this program:

- D0150 Comprehensive exam
- D0272 Intraoral bitewings, two films
- D0220 Intraoral periapical, first film
- D0230 Intraoral periapical, each additional film
- D1110 Prophylaxis
- D1204 Fluoride
- D4341, D4342 Scaling and Root Planing
- D2140, D2150, D2160, and D2161 - Amalgam
- D2330, D2331, D2332, and D2335 – Resin Composite
- D2390 and D2391 - Posterior Resin Composite

There are several questions and concerns regarding the exposure of an expectant woman to radiation. Following is a quote from the ADA: "A radiograph may be needed for dental treatment or a dental emergency that can't wait until after the baby is born. Untreated dental infections can pose a risk to the fetus, and dental treatment may be necessary to maintain the health of the mother and child. Radiation from dental X-rays is extremely low. However, every precaution should be taken to minimize radiation exposure. A leaded apron minimizes exposure to the abdomen and should be used when any dental radiograph is taken. A leaded thyroid collar can protect the thyroid from radiation, and should be used whenever possible. The use of a leaded thyroid collar is strongly recommended for women of childbearing age, pregnant women and children. Dental radiographs are not contraindicated if one is trying to become pregnant or is breast feeding." More information is available at the ADA Web site <http://www.ADA.org>.

The OHCA staff will be notifying qualified women of the new benefit and anticipates a large number of them will seek

care. The agency will maintain a list of dentists who wish to provide dental care to pregnant women in the SoonerCare programs. When a member requests help in finding a dentist in her area, the agency will provide information regarding contracted dentists. However, a dentist may request that his or her name not be on the list. Please contact 1-800-522-0114 regarding the list of participating dentists.

### Oklahoma Health Care Authority Provider Benefits

The dental unit has dedicated staff that provides assistance to inquiries about billing and policy issues. OHCA has removed preauthorization requirements on some commonly provided procedures. New dental rules that went into effect August 1, 2006, provided several small adjustments to reflect the current standards of the industry.

The OHCA has a secure website for providers. This

site gives you the opportunity to view claim status inquiry, claim summary, prior authorization inquiry and claim payment summary. The Web site is <http://www.okhca.org>

With a Provider Secure Site account, you can submit electronic claims through either direct data entry or a batch file upload. Also on the website you will find: fee schedules, special forms, OHCA Medicaid Rules, Code of Federal Regulations, HIPAA Privacy Notice (Client), HIPAA Privacy

Rules (Provider), Oklahoma Administrative Codes, guides and manuals, and much more.

Provider workshops are conducted by representatives from OHCA's Provider Services, SoonerCare, and other units with question and answer periods at the end of every session. Oklahoma Medicaid 101 is designed to educate office staff about billing and procedural aspects of Oklahoma Medicaid. These sessions are held in Oklahoma City and Tulsa on the first Thursday of every month. For more information call 1-800-522-0114 option #1 or (405) 522-6205 option #1.



# Effective May 1, 2007



## New Dental Care Program for Pregnant SoonerCare and O-EPIC Individual Plan Members

Proper dental care is important during a pregnancy and should begin as early as possible. The Oklahoma Health Care Authority reimburses you for performing the following dental services:

### ■ Comprehensive Exam

#### ■ Prophylaxis

#### ■ Scalings

#### ■ Amalgam

- Amalgam for any permanent tooth that has an opened lesion that is a food trap will be deemed medically necessary and will be allowed.

#### ■ Resin Fillings

##### Composite restorations:

- Any permanent tooth that has an opened lesion that is a food trap will be deemed medically necessary and will be allowed for all anterior teeth.
- Class I posterior fillings, composite restorations and resin are allowed in posterior teeth that qualify.



If you have any questions about this program, you may call the dental service line at 405/522-6205 or 800-522-0114

- This program does not include major restorations such as crowns, root canals, teeth replacements or implants.



# Folic Acid May Prevent Cleft Lip and Palate

A new study finds that women who take folic acid supplements early in their pregnancy can substantially reduce their baby's chance of being born with a facial cleft.

Researchers at the National Institute of Environmental Health Sciences (NIEHS), part of the National Institute of Health, found that 0.4 milligrams (mg) a day of folic acid reduced by one third the baby's risk of isolated cleft lip (with or without cleft palate). Folic acid is a B vitamin found in leafy vegetables, citrus fruits, beans, and whole grains. It can also be taken as a vitamin supplement, and it is added to flour and other fortified foods. The recommended daily dietary allowance for folate for adults is 400 micrograms or 0.4 mg.

"These findings provide further evidence of the benefits of folic acid for women," said Allen J. Wilcox, M.D. Ph.D., lead NIEHS author on the new study published online in the *British Medical Journal*. "We already know that folic acid reduces the risk of neural tube defects, including spina bifida. Our research suggests that folic acid also helps prevent facial clefts, another common birth defect." In the United States, about one in every 750 babies is born with cleft lip and/or palate.

"Folic acid deficiency causes facial clefts in laboratory animals, so we had a good reason to focus on folic acid in our clefts study," said Wilcox. "It was one of our main hypotheses."

The researchers examined the association between facial clefts and mothers' intake of folic acid supplements, multivitamins, and folates in diet. The researchers found that folic acid supplementation of 400 micrograms or more per day reduced the risk of isolated cleft lip with or without cleft palate by one-third, but had no apparent effect on the risk of cleft palate alone.

"A mother's nutrition during pregnancy is clearly an environmental factor that can affect the health of her fetus," said NIEHS Director David A. Schwartz, M.D. The NIEHS

researchers are continuing to analyze their data for evidence of the other environment exposures that increase the risk of facial clefts.

This population-based study was conducted in Norway, which has one of the highest rates of facial clefts in Europe and does not allow foods to be fortified with folic acid. The investigators contacted all families of newborn infants with clefts (either cleft lip with or without cleft palate (CLP) or cleft palate only (CPO)) born between 1996 and 2001 in Norway. The study included 377 babies with CLP and 196 CLO; as well as 763 control babies randomly selected from all live births in Norway.

The researchers mailed two questionnaires to each of the mothers participating in the study. The first questionnaire mailed soon after delivery focused on general health information, including demographics, reproductive history and information about environmental exposures including smoking, alcohol and vitamins; whereas the second questionnaire focused on nutrition and diet during pregnancy. Mothers who reported taking folic acid supplements and/or multivitamins were asked to send in their empty bottles or labels to confirm dosage.

The nutrition questionnaire included questions on mothers' fruit and vegetable consumption during the first three months of pregnancy.

The researchers estimated that 22 percent of isolated CLP cases in Norway could be averted if all pregnant women took 0.4 mg of folic acid per day.

In addition to funding from NIEHS, this research was supported by the Johan Throne Holst Foundation for Nutrition Research, and the Thematic Perinatal Nutrition at the Medical Facility of University of Oslo, Norway. Researchers at the University of Bergen, the University of Oslo, and the Departments of Plastic Surgery in Oslo and Bergen, Norway, also contributed to this study.

**DSG**

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Dental Laboratory**

A DENTAL SERVICES GROUP LABORATORY

*Presents*

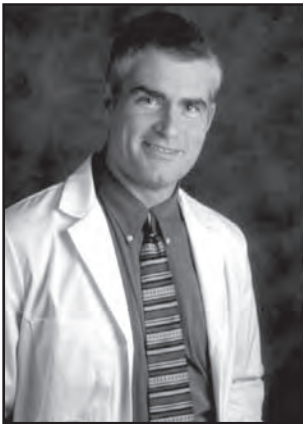
A Dental Services Group  
Continuing Education Program

**"THE 7 HABITS OF HIGHLY EFFECTIVE DENTAL PRACTICES"**

**6 CE CREDITS**

*Featuring*

**Dr. Mark Murphy, D.D.S.**



Mark Murphy is Director of Professional Relations for the Pankey Institute (a not for profit foundation) in Key Biscayne Florida, and practices general dentistry part time in Rochester Hills, Michigan, a suburb north of Detroit. Mark graduated from the University of Detroit School of Dentistry in 1981 and continued teaching Anatomy and Crown and Bridge part time for several years. He has served on the Visiting Faculty of The

Pankey Institute for Advanced Dental Education since 1991 and on its Board of Directors and Trustees until taking his current position.

Mark has lectured throughout North America on Practice Management, The Philosophy of Dental Practice,

Communication, Quality Issues facing Dental Practices and Labs Today, Occlusion, TMD, and Esthetics. He is an exciting and very entertaining speaker, blending a stand-up style of humor and anecdotes with current research and information that you can take home and use tomorrow. His style of delivery is so engaging that he has been invited to participate on the Outreach Seminar faculty of The Pankey Institute for the past 6 years and has been invited to speak at each of the last 4 meetings of The L.D. Pankey Alumni Association. Rave reviews follow his presentations wherever he goes!

Mark's influence on others and as a model for a balanced life extends well beyond the classroom. As a High School cross country and track coach, marathon runner, golfer, rock climber, and Boy Scout leader, he longs to be on the go and outside. He and Denice, his High School sweet heart and wife of 27 years, are currently enjoying the "empty nester" phase of life. They have two children, Matthew (24) and Kimberly (21).

**SEMINAR CONTENTS**

- Recognize that Communication Skills for our staffs and with the patients, our friends and families is a learned activity that can be enhanced through practice and utilization of tools.
- Develop a Shared Philosophy and Vision for the practice and understand that it is a choice not chance driven style of practice.
- Observe that a Comprehensive Initial Examination Experience is the best way to set the stage for excellence and to get to truly know your patient.
- Aspire to a higher Understanding of Occlusion and it's relative importance to predictability in restorative dentistry.
- Develop a protocol for Comprehensive Treatment Planning that leads to Total Case Acceptance.
- Execute predictable repeatable steps that ensure Comprehensive Treatment and restorative solutions that last.
- Realize that the art and science of attaining Mastery in Dentistry is the result of Continuous and Never ending Improvement and a quest to be your best. The journey becomes the objective rather than a destination.

**REGISTRATION**

To Register Call Pearce Turk Dental Lab  
at 1-800-835-2776

Registration fees; Dentist: \$175.00 Additional Staff: \$75.00

Friday, June 29th, 2007  
8:30am - 3:30pm  
Meridian Hotel & Convention Center  
737 S. Meridian  
Oklahoma City, OK 73108



# CENTENNIAL ODA ANNUAL MEETING REGISTRATION FORM

April 26 - 29, 2007 ~ Cox Convention Center, Oklahoma City



**Your registration must be postmarked on or before April 13, 2007, to qualify for the pre-registration prices. ONLY ONE REGISTRANT PER REGISTRATION FORM – DO NOT REGISTER MORE THAN ONE PERSON ON THIS FORM.** Please make copies of this form as needed. REGISTER ONLINE at [www.okda.org](http://www.okda.org) or mail completed form with payment to: Oklahoma Dental Association, P.O. Box 52606, Tulsa, Oklahoma, 74152. Forms may also be faxed with completed credit card information to 918-712-8921.

The ODA will refund registration fees, less a \$30 administration fee, if a written request is delivered to the Executive Director or postmarked no later than April 19, 2007. The ODA Annual Meeting schedule is subject to change and the ODA is not responsible for any changes to the schedule.

All persons who register for this meeting acknowledge reading and agreeing to this statement: "This function's planners claim and assume no liability for the acts of meeting suppliers nor for the safety of any attendee or spouse, child or guest of an attendee, while in transit to or from this event. Attendees and participants in any event, including but not limited to those which may require or feature physical activity, assume all risk and liability associated with such activity."

## I. REGISTRATION INFORMATION

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Name for Badge: \_\_\_\_\_  
 ADA Number (if applicable): \_\_\_\_\_  
 ODA Members, please indicate Component: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## II. RIBBONS FOR BADGES (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Centennial Section Member<br>(Building Fund) button | <input type="checkbox"/> ODA Retired State Life Member |
| <input type="checkbox"/> Smile Section Member                                | <input type="checkbox"/> ODA Past President            |
| <input type="checkbox"/> ODA Board of Trustees                               | <input type="checkbox"/> Pride Section Member          |
| <input type="checkbox"/> DENPAC Member                                       | <input type="checkbox"/> ODA House of Delegates        |
| <input type="checkbox"/> Recovery Program Section Member                     | <input type="checkbox"/> ADA Delegate                  |
| <input type="checkbox"/> Alliance Member                                     | <input type="checkbox"/> ADA Alternate Delegate        |
|  | <input type="checkbox"/> D-DENT                        |
|  | <input type="checkbox"/> EODDS                         |

## III. REGISTRATION FEES

Category	On/Before 4-13-07	On/After 4-14-07	Amount Due
ODA/ADA Member Dentist <small>Includes free scientific sessions, Exhibit Hall admission, Opening Session &amp; lunch on Friday &amp; Saturday</small>	205.00	230.00	_____
ODA/ADA Member Inclusive <small>Includes BASIC registration, one ticket to ODA Eat &amp; Learn Breakfast and one ticket to Centennial Gala/ President's Dinner</small>	268.00	293.00	_____
ODA State Life Member <small>Includes free scientific sessions, Exhibit Hall admission and Opening Session</small>	25.00	35.00	_____
ODA Retired Member <small>Includes free scientific sessions, Exhibit Hall admission and Opening Session</small>	25.00	35.00	_____
ODA Retired State Life Member <small>Includes free scientific sessions, Exhibit Hall admission and Opening Session</small>	FREE	FREE	_____
Non-ODA/ADA Dentist <small>First-Time Attendee Includes free scientific sessions, Exhibit Hall admission, Opening Session and lunch on Friday &amp; Saturday. Only available to non-members that did NOT attend the 2006 ODA Annual Meeting.</small>	275.00	300.00	_____
Non-ODA/ADA Dentist <small>Includes free scientific sessions, Exhibit Hall Admission, Opening Session and lunch on Friday &amp; Saturday. This fee is for non-members that DID attend the 2006 ODA Annual Meeting.</small>	630.00	655.00	_____
Hygienist			
ODA Associate Member	58.00	68.00	_____
Non-ODA Associate Member	82.00	92.00	_____
Assistant/Office Staff			
ODAA/ODA Associate Member	42.00	47.00	_____
Non-ODAA/ODA Associate Member	52.00	57.00	_____
Dental Lab Technician	52.00	57.00	_____
Dental Student			
Undergraduate <small>Includes dental, hygiene, assistant &amp; lab tech students</small>	16.00	26.00	_____
Graduate	32.00	42.00	_____
Spouse/Guest	32.00	42.00	_____

(turn over)

REGISTER ONLINE AT [WWW.OKDA.ORG](http://WWW.OKDA.ORG)

#### IV. PURCHASE / RESERVE EVENT TICKETS

Please check each event and CE scientific session you plan to attend.

**Friday, April 27**      **On/Before**      **On/After**      **Amount Due**  
 4-13-07                      4-14-07

##### CE COURSE TICKETS

Increase Income & Reduce Stress with Electrosurgery/Radiosurgery (Rossein) Hands-On Session/Limited to 40 Attendees 8:00-11:00 & 2:00-5:00	67.00	77.00	_____
Breakdown – The Hidden Signals of System Erosion (McKenzie) 8:00-11:00 & 2:00-5:00	FREE	FREE	_____
Esthetic Reconstructive Dentistry: Meeting the Demands of Today's Practice (Sheets & Paquette) 8:00-11:00 & 2:00-5:00	FREE	FREE	_____
The Importance of an Excellent Hygiene Practice (Brown) 8:00-11:00 & 2:00-5:00	FREE	FREE	_____
CPR Course: Basic Life Support for Healthcare Providers Limited to 30 Attendees 8:00-11:00	67.00	77.00	_____
Oklahoma Twister: Diagnostic Perspectives in Dentistry 2:00-5:00	FREE	FREE	_____
CPR Course: Basic Life Support for Healthcare Providers Limited to 30 Attendees 2:00-5:00	67.00	77.00	_____
Dental Assistants' Women's Wellness: An Oral Health Perspective Limited to 75 Attendees 9:00-11:00 & 2:00-5:00	40.00	50.00	_____

**Saturday, April 28**      **On/Before**      **On/After**      **Amount Due**  
 4-13-07                      4-14-07

##### CE COURSE TICKETS

ODA Eat & Learn Breakfast 7:30-9:00	32.00	42.00	_____
Dental Assistants' Kaleidoscope 9:00-12:00 <i>Includes breakfast</i>	30.00	40.00	_____
Oklahoma Twister: Drugs of Interest in Dentistry 9:00-12:00	FREE	FREE	_____
Oklahoma Twister: Topics of Interest to the Dental Hygienist 9:00-12:00	FREE	FREE	_____
Care and Maintenance of Dental Implants (Rossein) 9:00-12:00	FREE	FREE	_____

**Saturday, April 28**      **On/Before**      **On/After**      **Amount Due**  
 (continued)                      4-13-07                      4-14-07

CPR Course: Basic Life Support for Healthcare Providers Limited to 30 Attendees 9:00-12:00	67.00	77.00	_____
Adhesive Dentistry for the New Millennium (Kanca) 9:00-12:00 & 2:00-5:00	FREE	FREE	_____
Betting on Complete Removable Prosthetics as Your Retirement (Massad) 9:00-12:00 & 2:00-5:00	FREE	FREE	_____
Creating Practice Success with Porcelain Bonded Restorations - AM Session (Sheets & Paquette) Limited to 25 attendees 9:00-12:00	125.00	135.00	_____
Creating Practice Success with Porcelain Bonded Restorations - PM Session (Sheets & Paquette) Limited to 25 attendees 2:00-5:00	125.00	135.00	_____
Patient & Personal Stress Assessment and Management (Rossein) 2:00-5:00	FREE	FREE	_____
Oklahoma Twister: Geriatric Dentistry 2:00-5:00	FREE	FREE	_____
CPR Course: Basic Life Support for Healthcare Providers Limited to 30 Attendees 2:00-5:00	67.00	77.00	_____

##### SPECIAL EVENT TICKETS

ODA Alliance/ Spouse Luncheon 10:30-2:30	50.00	55.00	_____
Centennial Gala/ President's Dinner 6:00 pm	65.00	75.00	_____

**REGISTRATION FEE + TICKETS = TOTAL AMOUNT DUE**      \$ \_\_\_\_\_

##### V: PAYMENT INFORMATION

REGISTER ONLINE AT [www.okda.org](http://www.okda.org) -or- mail completed form with payment to: Oklahoma Dental Association, P.O. Box 52606, Tulsa, Oklahoma, 74152. Forms may also be faxed with completed credit card information to 918-712-8921.

REGISTRATION TOTAL:      \$ \_\_\_\_\_

VISA                       MasterCard                       Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

PRINT name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

ODA Office Use Only	
Date Received: _____	Method: <input type="checkbox"/> CK <input type="checkbox"/> VI <input type="checkbox"/> MC <input type="checkbox"/> DIS
Date Charged: _____	CK #: _____      Total Fees: _____
Name on CC or CK if different from reg: _____	

REGISTER ONLINE AT [WWW.OKDA.ORG](http://WWW.OKDA.ORG)

# PIERRE FAUCHARD

*"Father of Modern Dentistry"*  
1678-1761



In 1693, at the age of 15, Pierre Fauchard joined the French Navy where he came under the influence of an outstanding surgeon major who had spent years studying the diseases of the dental organ. Returning to France in 1693, he had gained skill and knowledge not found in someone so young. Even though he was using primitive instruments, he became recognized throughout France for his dedication and abilities. He shared freely of his skill in the treatment of dental disease and adapted tools from other trades which he used in dentistry. Pierre Fauchard is credited as being the first to describe himself as a "Chirurgien Dentiste" (a surgeon dentist).

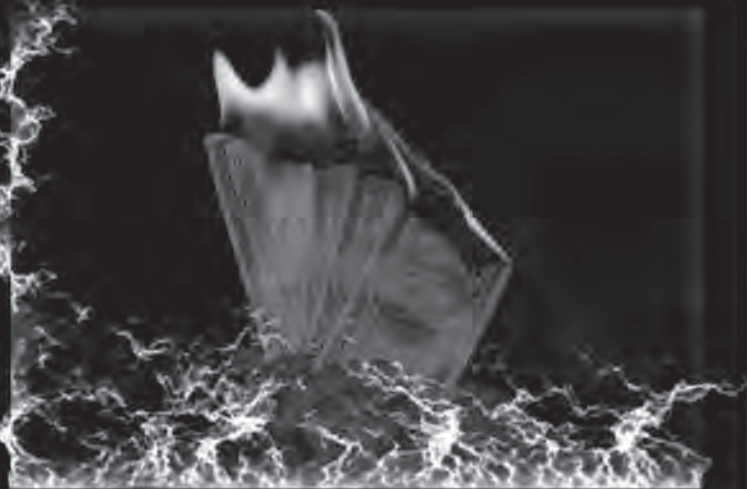
In 1718, he moved to Paris where he was called on by eminent general surgeons for dental consultations and referrals. It was during this time that he was recognized as the most outstanding dental surgeon in all of France. Dr. Fauchard realized there were no good text books describing dental techniques and that a teaching book or encyclopedia on dentistry was needed. He was determined to raise dentistry to a new height and to establish it as a science of its own. He worked diligently for years and in 1723, at the age of forty-five, he completed the manuscript for "Le Chirurgien Dentiste" consisting of 38 chapters in Volume I, and 26 chapters in Volume II. Pierre Fauchard created order out of chaos and established a profession from a craft. He lived a very active life and

practiced dentistry until his death on March 22, 1761, at the age of eighty-three.

Join us Friday, April 27, 6:00-8:00 p.m., for the Pierre Fauchard Statue Dedication and Reception. This event is in conjunction with our annual Related Organizations Reception. To commemorate ODA's Centennial, Dr. Gary Gardner, ODA Past President (1976-1977), has created an original, life-size sculpture, "Father of Dentistry", of Pierre Fauchard. The statue will be placed at the entrance of the ODA Building and will be dedicated during this special ceremony. Joining us for this milestone in ODA's history will be the OU College of Dentistry, the Baylor College of Dentistry, Eastern Oklahoma Donated Dental Services (EODDS), and Dentists for the Disabled and Elderly (D-DENT), ODA's "related organizations", and co-sponsors of the event. The reception will be held at the ODA Building, 317 NE 13th Street, in OKC. A shuttle will be provided during the event, making frequent stops at the front entrance of the Renaissance Hotel.

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## DENTINOGENESIS IMPERFECTA

PROVIDED BY DAVID M LEWIS, DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY, UNIVERSITY OF OKLAHOMA COLLEGE OF DENTISTRY

Dentinogenesis imperfecta (DI) is one of a group of inherited disorders of dentin development. The condition causes teeth to be discolored (blue-gray or yellow-brown color) and translucent. The teeth are weaker than normal, making them prone to rapid wear, breakage, and loss. These problems can affect both primary and permanent teeth. These teeth changes can be an isolated finding or associated with osteogenesis imperfecta (OI). This condition is inherited in an autosomal dominant pattern and has a prevalence of 1:8000 whites in the United States. Most cases in the United States can be traced to whites of English or French ancestry from communities close to the English Channel.<sup>1</sup>

**CASE HISTORY:** A 19-year old male patient was examined at the University of Oklahoma Health Sciences Center. He presented with a chief complaint of, "I have some problems with the color, shape, and early loss of some of my teeth. This happened to my mother and one of her brothers. I would like to know what I have and what I can do for this condition." His medical and surgical histories were unremarkable and presently he takes no prescription medications. He has allergies to various spices and is negative for the use of alcohol and tobacco.

On clinical exam his teeth were noted to have a yellow-brown coloration with translucence. (Fig. 1) Several molar teeth (3, 14, and 30) were missing. A differential diagnosis for intrinsic tooth discoloration is given in Table 1. Since the tooth changes were generalized the differential diagnosis was limited to fluorosis, tetracycline, DI, and amelogenesis imperfecta. The translucence and lack of mottling made fluorosis and tetracycline unlikely.

Radiographic exam (Fig. 2) revealed bulbous crowns with pulpal obliteration, no evidence of enamel hypoplasia, and radiolucent periapical lesions on #s 15 and 19. The radiolucency on #15 had a concurrent sinus tract and parulis on the buccal gingiva. There was also generalized horizontal bone loss.

Based on the family history, clinical and radiographic findings, and lack of evidence of systemic bone disease, a diagnosis of hereditary opalescent teeth (DI) was established.

### DISCUSSION:

Classification Problems: The current system for the classification of hereditary defects of tooth dentin is based upon clinical and radiographic findings and consists of two types of dentin dysplasia (DD) and three types of dentinogenesis imperfecta (DI).<sup>2</sup> In the 30 years since the classification system was first proposed, significant advances have been made regarding the genetic etiologies of inherited dentin defects.

DI (hereditary opalescent dentin) was probably first recognized by W. C. Barrett in 1882. The first published report was by Talbot in 1893 describing the disorder as an enamel defect. In 1905, Capdeponat described a family with "abnormal friability of tooth substance" in three generations. He believed that both the enamel and the dentin were affected. In France in 1908, Fargin-Foyelle and Malassez were the first to realize that the principal characteristics were due to abnormal development of dentin rather than enamel. Similar abnormalities in teeth were described in patients with osteogenesis imperfecta as early as 1912.<sup>3</sup> A third type of dentin defect was described by Witkop as the Brandywine isolate in 1956.<sup>4</sup> The disorder has been found to have a high incidence, 1:15 in the Brandywine isolate in Maryland, an inbred population of mixed white, black, and American Indian ancestry, where the gene has been traced to a sea captain from Liverpool, England, who arrived in Brandywine, Maryland in 1732.<sup>5</sup>

In 1973, Shields presented a new entity and proposed a classification for heritable human dentin defects.<sup>2</sup> He divided these defects into two types of DD and three types of DI based upon clinical and radiographic findings (Table 2). In developing this classification, he tried to construct and discuss a more meaningful and usable nomenclature for these heritable defects. He noted that this classification preserved terminology already in wide usage. Unfortunately, even though he separated OI (DI type I) and isolated DI (DI Type II) he felt that they would someday be proven to be the same genetic entity. He felt that the Brandywine isolate (DI Type III) was a separate process, and that his case was a second type of DD (Type II).

In 1981, Levin presented convincing evidence based on the study of extensive pedigrees of individuals with isolated DI and OI with DI that they were separate entities.<sup>6</sup> It is now recognized that OI is a defect of type I collagen, which is formed by two genes,

COL1A1 on chromosome 17 and COL1A2 on chromosome 7. Type I collagen is also the most abundant dentin protein. The collagen molecules interact with a variety of non-collagenous proteins formed by the dentin sialophosphoprotein gene (DSPP) on chromosome 4 to form dentin. There are hundreds of different mutations in the COL1A1 and COL1A2 genes that result in OI. Some will interact with products of the DSPP gene and form DI and some will not. Conversely, mutations in the DSPP gene on chromosome 4 will result in isolated forms of DI but not OI. OI with DI and isolated DI are separate and distinct entities with separate gene origins that can produce phenotypically identical changes in dentin.<sup>7,8</sup>

In 1989, Witkop reviewed the problems in classification and noted that Shields DI-II and DI-III are found on the same locus on chromosome 4. Both DI-II and DI-III appear in the same families and families not related to the Brandywine isolate. He further suggested that in Shields DD Type II the primary teeth are nearly identical to those seen in DI in color, translucency, and susceptibility to attrition. Radiographs show obliteration of pulp chambers in the deciduous teeth. In the permanent teeth, the color is normal and the pulp chambers are thistle-shaped. He felt that on the basis of clinical, radiographic, histologic, and structural protein alteration that the Shields DD-Type II should be a type of DD. However he felt that a revision of the classification of inherited defects of dentin would be impractical, as it would lead to more problems than it would solve.<sup>9</sup>

Subsequently it has been shown that Shields DI Type-II, DI Type-III, and DD Type-II are all located within an overlapping segment of chromosome 4q21.<sup>10</sup> It has now been proposed that DD-II and DI-II are milder and more severe forms, respectively, of the same disease.<sup>11</sup> To summarize these findings without causing unnecessary confusion a modification of the Shields classification and nomenclature would seem to be the best format for classification of hereditary dentin defects with Type I being DI with OI, Type II isolated DI with mild, moderate and severe types, and one type of DD. (Table 3)

**Treatment and prognosis:** There are three important defects that will compromise treatment. The dentin is soft, will wear easily, and is prone to root fracture. The bond between dentin and enamel is defective and weak leading to early and excessive attrition of dental surfaces. Pulp morphology is abnormal, making endodontic treatment difficult and predisposing to periapical abscesses. In general the deciduous dentition is usually more severely affected than the permanent dentition and the clinical spectrum of disease is quite variable. Early diagnosis is important to prevent severe attrition and loss of vertical dimension. A two-stage treatment has been proposed for restoration of primary dentition in severe cases. At age 18-20 months, the first stage covers the incisors with composite restorations and primary first molars with preformed crowns. Stage two, at age 28-30 months protects the second primary molars with preformed crowns and covers the canines with composite restorations.<sup>12</sup>

Teeth are not good candidates for full crowns because of cervical fracture. Full coverage works best on teeth with crowns and

roots that exhibit close to normal shape and size. Overdentures with teeth that are covered with fluoride-releasing glass ionomer cements have been used with some success.<sup>1</sup> Endodontics can be successfully done in some cases if done prophylactically prior to pulpal obliteration. After the pulpal obliteration, endodontics has a guarded prognosis.<sup>13</sup> The use of carbamide peroxide bleach has shown some success but may require extended use of bleaching materials.<sup>14</sup> When large kindred have been followed over a long term, most have been candidates for full dentures or implants by age 30 in spite of numerous interventions.<sup>1</sup>



**Table I - Intrinsic Discoloration of Teeth**

Intrinsic	Color
<b>Metabolic causes</b>	
Congenital erythropoietic porphyries	Purple/brown
<b>Inherited</b>	
Amelogenesis imperfecta	Yellow-brown to dark yellow affecting both dentitions
Dentinogenesis Imperfecta	Blue-brown (opalescent)
<b>Iatrogenic</b>	
Tetracycline	Banded appearance classically yellow, brown, blue, black or gray
Fluorosis	White, yellow, gray or black
<b>Traumatic</b>	
Enamel hypoplasia	Yellow-brown or white subsurface decalcification following trauma/infection
Pulpal hemorrhage products	Gray-brown to black
Internal resorption	Pink
<b>Idiopathic</b>	
Molar incisor hypomineralization (MIH)	White to yellow or brown defects
<b>Ageing</b>	Yellow

**Table 2 - Shield Classification of Heritable Dentin Defects**

**I. Dentin dysplasia**

**Type I - Normal clinical crown morphology and coloration in primary and permanent dentition, mal-aligned teeth, frequent dental abscesses. Pulp obliteration and short blunt roots in primary and permanent dentition.**

**Type II - Primary dentition has the same phenotype as dentinogenesis imperfecta; permanent dentition has normal to slight blue-gray discoloration. Pulp obliteration in primary dentition, abnormal morphology and pulp stones in permanent dentition. "Thistle tube" pulp chambers were reported by Witkop.**

**II. Dentinogenesis imperfecta**

**Type I - Osteogenesis imperfecta with opalescent teeth.**

**Type II - Dentinogenesis imperfecta with isolated opalescent teeth.**

**Type III - Isolated opalescent with open pulp chambers (Brandywine isolate).**

**Table 3 Heritable Conditions of Dentin**

Condition	Clinical presentation Pseudonyms	Clinical/Radiographic Features	Chromosome Gene Inheritance
Dentinogenesis Imperfecta Type I	Osteogenesis imperfecta with variable dentinogenesis imperfecta	Blue-gray to yellow-brown enamel fractures, excessive wear, primary teeth usually more affected than permanent, variable pulp obliteration, bulbous crowns, altered root morphology, increased risk of dentigerous cysts	7 & 17 COL1A1 COL1A2 AD
Dentinogenesis Imperfecta Type II Mild	"Thistle shaped pulps" Shields DD-II	Primary dentition has same phenotype as DI Type I, permanent dentition normal to slightly blue coloration, pulpal obliteration in primary dentition, abnormal pulp morphology and pulp stones in permanent dentition	4q21 DSPP AD
Moderate	Isolated opalescent teeth Shields DGI-II Hereditary opalescent teeth Capdepon's teeth	Same as DI Type I	4q21 DSPP AD
Severe	Isolated opalescent teeth Shields Type-III Brandywine isolate Shell teeth	Large pulp chambers, very thin dentin, bulbous crowns and diminished root structure	4q21 DSPP AD
Dentinal dysplasia	Rootless teeth Shields DD-I	Normal clinical crown morphology and color in primary and permanent teeth, frequent dental abscesses	Unknown AD&AR16

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