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The official publication of the Oklahoma Dental Association

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PG. 14





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CORRECTION

On page 9 of the June 2009 issue of the *ODA Journal*, we mistakenly referred to the ADA President as Dr. Mark Feldman. Please note that the photo is of the current ADA President, Dr. John S. Findley. The ODA apologizes for the mistake.



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Farewell From Dana



All good things must come to an end.

As of June 30, 2009, I resigned from my position as the ODA Executive Director. I have been fighting a three-

year battle with chronic pain in my lower back and legs. I can no longer perform the duties of the Executive Director position.

I leave the ODA with great pride and much gratitude. I am proud of the many changes that occurred during my watch. The ODA is a very effective and a well-tuned organization. The ODA's finances are strong and stable; its Annual Meeting is better than ever; the staff and the organizational structure are solid; its governing bodies are efficient and effective; DENPAC is one of the most influential PACs in the state; the ODA has a positive image and is effective in its dealings with the legislature and State agencies; the Endorsement Committee generates over \$100,000 per year to offset dues (thanks to the policies and procedures established by the ODASCO Board); the *Journal* is completely redesigned and serves as the ODA flagship;

ODA has moved into the technology age with its excellent website, videoconferencing, and paperless meetings; it has a new state-of-the-art office building that is two-thirds paid for; even though the ODA/ADA Delegation is small, it is highly respected at the national level and many of our leaders serve on ADA Committees and Councils; and ODA has countless worthwhile programs such as the new OkMOM and the establishment of the Governor's Task Force on Children and Oral Health (there are too many programs to be able to mention all of them). I hope that the ODA membership has as much pride in the ODA as I do. It is the best state dental association in the country!

I cannot adequately express the gratitude I have for the guidance, support, confidence, and love I have received from all of you. I have been privileged to work with many outstanding leaders and staff during my six and a half years at the helm. It is obvious to me that I could not have accomplished all that I did without you. It was truly a match made in heaven.

As I start my retirement I will miss the ODA tremendously. I am very humbled and gratified that I had the opportunity to serve you.

Happy trails to all of you!



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Calendar of Events

August 2009

1st

– ODA Dental Leadership Summit: Embassy Suites, Norman

4th

– TCDS Executive Committee Meeting: Tiamo's Restaurant - Tulsa, 6:00 PM

14th

– ODA Council on Technology and Electronic Communications Meeting: ODA, 8:00 AM
– ODA Annual Meeting Planning Committee Meeting: ODA, 10:00 AM
– ODA Council on Governmental Affairs Meeting: ODA, 1:00 PM

17th

– Retired Dentists Lunch: ODA, 11:30 AM

25th

– ODA Student Fall Festival: ODA, 5:00 - 7:00 PM

29th

– ADA 12th District Pre-caucus: Dallas, TX

30th

– ADA 12th District Pre-caucus: Dallas, TX

September 2009

7th

– ODA Offices Closed

8th

– TCDS Executive Committee Meeting: Tiamo's Restaurant - Tulsa, 6:00 PM

11th

– ODA Risk Management Seminar: Tulsa, 9:00 AM

15th

– TCDS Evening Meeting: Tiamo's Restaurant - Tulsa, 5:30 PM

17th

– OCDS Golf Tournament: TBA

21st

– Retired Dentists Lunch: ODA, 11:30 AM

22nd

– OCDS Board Meeting: ODA, 6:00 PM

In Memoriam

Warren Frederick Streck
April 2009

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SPOTLIGHT

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FREE AUDIO PROGRAM HELPS DENTAL TEAMS GROW THEIR PRACTICES – EVEN IN A CHALLENGING ECONOMY

ODA-endorsed CareCredit, the nation's leading patient payment program, is offering a **FREE** one-hour educational audio CD, *Three Steps to Grow Your Practice Starting Today!*, featuring Gary Kadi, founder of NextLevel Practice. Kadi is a recognized authority and author on leadership, management, organizational transformation and performance. His first book, *Million Dollar Dentistry* is currently distributed in 37 countries while the sequel, *Raise Your HDL: Healthy Deserve Level for Successful Dental Teams*, was released in early 2009.

In this informative, hour-long audio program, Gary Kadi shares his insights and proven formulas to grow a dental practice from the "inside-out" by focusing on areas the dentist and his or her team can control: patient retention, attracting new patients and case acceptance. After explaining why the average patient retention rate is only about 40 percent, Mr. Kadi shares techniques that raise retention closer to 80 percent. He also details his six steps to increased case acceptance and gives tactical ways to attract new, quality patients by leveraging the existing patient base.

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featuring

Gary Kadi

Founder, NextLevel Practice
Author, *Million Dollar Dentistry*

ODA PATIENT'S PAGE

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

How Many Times Should You Visit Your Dentist Per Year?

Regular dental visits help you stay cavity-free. Teeth cleanings remove debris that build up on the teeth, irritate the gums, and cause decay. Fluoride treatments renew the fluoride content in the enamel, strengthening teeth and preventing cavities. Hygiene instructions improve your brushing and flossing, leading to cleaner teeth and healthier gums.

Tooth decay isn't the only reason for a dental visit. Your dentist provides an ongoing assessment of changes in your oral health. For example, you may need additional fluoride, dietary changes, or sealants for ideal dental health. It's important that you see your dentist every six months to get a routine oral examination and cleaning. Remember, by seeing your dentist on a regular basis and following daily good oral hygiene practices at home, you are more likely to keep your teeth and gums healthy.



**REGULAR DENTAL
VISITS ARE
ESSENTIAL FOR
THE MAINTENANCE
OF HEALTHY
TEETH AND
GUMS.**

LEGISLATIVE LOOP

July/August Legislative Update

2009 Legislative Session Review

By: Scott Adkins, ODA Contract Lobbyist

Given the political climate and lean budget year, the ODA had a very successful legislative session. The Oklahoma Dental Student Loan Repayment Program received an additional \$125,000 appropriation to fund year four of the anticipated five-year commitment. Under the program, five new graduating dentists have received up to \$25,000 annually in student loan assistance to establish dental practices in underserved areas of Oklahoma or return to teach at the Oklahoma University College of Dentistry. We now have a revolving \$500,000 appropriation built into the state budget to fund the program each year. The Oklahoma Dental Foundation also received another \$100,000 to continue funding of the Mobile Dental Unit program.

The story of the 2009 Oklahoma legislative session began well before the opening gavel came down on the first Monday in February. The state's economy, which had fortunately lagged behind the declining national financial picture, finally began to slow down. The result of the economic restriction was a loss of state revenue that would limit the ability of the legislature and governor to provide increases in state services for the 2010 fiscal year. Had it not been for the infusion of the federal stimulus money into Oklahoma, the situation would have been much worse. As it was, the federal revenues, primarily Medicaid-matched dollars, helped offset the loss in other areas of tax collections and allowed the legislature to write a budget that included only mild cuts to most state agencies, while leaving education, public safety, transportation, and health care relatively flat compared to the previous year.

The ODA has been extremely fortunate, compared to other entities, with respect to our legislative initiatives the last few years. We were one of very few requests for an increase in appropriations granted by the legislature given the budget situation. That success is directly attributable to the involvement and participation of our member dentists from every corner of Oklahoma. DENPAC has now grown to one of the largest political action committees in the state and wields significant influence with both statewide and legislative office holders.

Congratulations on a very successful 2009 legislative session! With your support, the Oklahoma Dental Association will continue to advance our interests at the State Capitol and promote our role in protecting the oral health of our citizens.

THANK YOU to all of the members who participated in the 2009 Dentist Day at the Capitol activities. Your efforts, each and every year, help the ODA maintain good relationships at the Capitol.

Help make the 2010 legislative session just as successful as the 2009 session by joining the ODA next February for the 2010 Dentist Day at the Capitol. Look for more information soon!



2009 DENPAC Capitol Club Members

Doug Auld
William Lee Beasley
Tamara Berg
David Birdwell
Matthew Cohlmi
Raymond Cohlmi
Kurt Gibson
Mark Hanstein
Robie Herman
Steve Hogg
Krista Jones
Larry Lavelett
Jandra Mayer-Ward
Glenn Mead
Raymond Plant
Steven Powell
Jim Torchia
Scott Waugh

Join the DENPAC Capitol Club today!

Contact Stephanie Trougakos at strougakos@okda.org or 800-876-8890 for more information.



Make plans now to attend the 2009 DENTAL LEADERSHIP SUMMIT

July 31 & August 1, 2009
Embassy Suites – Norman

ALL ODA MEMBERS INVITED
NO REGISTRATION FEE / FREE TO ALL MEMBERS OF THE DENTAL TEAM
CE WILL BE AVAILABLE

If you are a member of the Oklahoma dental team and you are concerned about dentistry in Oklahoma, please plan to attend this important Summit! Bring your concerns, ideas, comments, questions! This will be a meeting of all facets of Oklahoma dentistry to create an agenda for action by all dental groups in our state. We will have open discussions about the major issues confronting all dentists in Oklahoma and we will set priorities for those issues we need to address now and in the future.

The Summit will have a retreat atmosphere, so come relaxed and willing to think and interact openly!
The dress is casual and comfortable. Please no ties and jackets!

To register, or for more information, please contact Lauryn Carter at (405) 848-8873, or email lcarter@okda.org.

Hotel Information

Embassy Suites Norman – Hotel & Conference Center
2501 Conference Drive
Norman, OK 73069
(405) 253-3547

DON'T MISS THE ADPAC GRASSROOTS TRAINING SEMINAR!

In an effort to revitalize the dental profession's grassroots efforts and get back to basics by rebuilding dentistry's activist network, ADPAC has rolled out a newly-designed grassroots/political education seminar.

The seminar's content will be individualized, combining both federal and state-specific issues, providing for maximum impact. Make plans now to attend this special seminar to learn more about politics and how to be effective advocates on behalf of dentistry!

Dinner provided by DENPAC

FREE to all ODA members!!
REGISTER TODAY

Thursday, July 30, 2009

4:00 p.m. – 8:00 p.m.
Embassy Suites - Norman
2501 Conference Dr.
Norman, Oklahoma 73069

You're Invited!



Register TODAY by contacting Stephanie Trougakos at the ODA at 405.848.8873; or email strougakos@okda.org.

DR. MICHAEL L. MORGAN: APPOINTED TO THE OKLAHOMA STATE BOARD OF HEALTH



On July 1, 2009, Dr. Michael L. Morgan assumed new duties and responsibilities as a member of the Oklahoma State Board of Health. He was appointed by Governor Brad Henry and his appointment was confirmed by the Oklahoma State Senate. The appointment is a nine-year term ending June

30, 2018. Previously, Dr. Morgan served as the Chief of Dental Health Service (the Oklahoma Public Health Dental Director) at the Oklahoma State Department of Health for many years, and in this new position, he will certainly benefit from his prior public health experience. His strengths for this new position include his extensive knowledge about public health in Oklahoma, and knowing how state agencies, state government, and county health departments operate. Additionally, his ability to work with people, his knowledge of how to provide leadership, as well as how to accomplish goals, are expected to greatly assist in achieving the important goal of improving the health of the citizens of Oklahoma.

The Oklahoma State Board of Health governs the Oklahoma State Department of Health. The Board consists of nine members. Eight of the nine members represent specific regions of the state and one member is appointed to represent the state at-large. Dr. Morgan's home is in Shawnee, and his appointment includes Pottawatomie, Creek, Lincoln, Okfuskee, Seminole, Pontotoc, Hughes, Johnson, and Coal Counties.

The Board of Health Mission Statement is: To protect and promote the health of the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy.

The Oklahoma State Department of Health Agency Vision Statement, as adopted by the Board of Health is: "Creating a State of Health". In order to achieve this vision, the Board of Health has affirmed the importance of the ten essential public health services. They include:

1. Assess the health status of the state and local level to identify and address community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Mobilize community partnerships to identify and solve health problems and to respond to disasters.
4. Provide leadership for planning and policy development to address

priority needs, taking into account scientific, economic, and political factors.

5. Inform, educate, and empower people about health issues in order to promote positive health beliefs, attitudes, and behaviors.
6. Link people to needed population-based personal health services and other community and family support services, and assure availability, access, and acceptability by enhancing system capacity, including directly supporting services.
7. Promote and enforce laws, regulations, and standards that protect health and ensure safety of the population.
8. Evaluate effectiveness, accessibility, and quality of personnel and population-based health services.
9. Assure the capacity and competency of the public health work force to effectively address health needs.
10. Conduct scientific investigations and support demonstration projects to gain new insights and innovative solutions to health problems.

The *ODA Journal* talked with Dr. Morgan and he had this to say: "I appreciate the confidence shown in me by Governor Henry and the Oklahoma State Senate for making this appointment possible. I also appreciate all of the support I have received from friends and dental colleagues, which certainly helped to achieve this appointment. Some of my major supporters include the Oklahoma Dental Association and Dr. Stephen Young, Dean of the OU College of Dentistry. A special thanks should also go to our Oklahoma Dental Association Immediate Past-President, Dr. Jandra Mayer-Ward. Additionally, a much appreciated message was received from our current Oklahoma Dental Association President, Dr. Rieger Wood, who said: 'Your appointment to the Board of Health is indicative of your outstanding dedication to dentistry and to the citizens of our state. Congratulations! It is a well-deserved position and honor. I know you will do a great job!'"

Records indicate that three other Oklahoma dentists have served as members of the Oklahoma State Board of Health: Dr. Otho Whiteneck, Dr. John Carmichael, and Dr. Ron Graves. Dr. Morgan will be the fourth dentist in state history to serve on the Oklahoma State Board of Health. As far as is known, Dr. Morgan is the only person to be appointed to the Oklahoma State Board of Health who also previously served as an employee of the State Department of Health.

Join the ODA on Facebook!

<http://www.facebook.com/home.php#/pages/Oklahoma-Dental-Association/79136037647?ref=ts>

OKMOM 2010

**February 4-7 / Treatment February 5-6
Tulsa Convention Center**

The Oklahoma Dental Association and the Delta Dental of Oklahoma Charitable Foundation are proud to launch the first annual OkMOM (Oklahoma Mission of Mercy), scheduled for February 4-7, 2010, at the Tulsa Convention Center. Treatment is scheduled for February 5-6.

What is OkMOM? Two days of absolutely FREE dental care to all who come! OkMOM will be a 90-chair, fully functional dental facility. There will be no eligibility or income requirements. OkMOM will serve both children and adults, and it will be on a first-come, first-served basis; appointments will not be taken. We anticipate treating over 1,000 patients each day.

Oklahoma dentistry has always given back. Programs like the Oklahoma Dental Foundation's mobile dental program, Dentists for the Disabled and Elderly (D-DENT), and Eastern Oklahoma Donated Dental Services, Inc. (EODDS), represent just a few of the many, many charitable programs through which Oklahoma dentistry has served the oral health needs of our state's underserved. OkMOM will continue that legacy. Oklahoma is the 14th state to launch a dental mission of mercy. The Oklahoma Dental Association and the Delta Dental of Oklahoma Charitable Foundation have already planned at least two subsequent OkMOMs: 2011 in Oklahoma City and 2012 in McAlester.



Sponsored by:
**Oklahoma Dental Association and
Delta Dental of Oklahoma Charitable Foundation**

WE NEED YOUR HELP, MARK YOUR CALENDAR!

We will be soliciting volunteer dentists, hygienists, dental assistants, nurses, pharmacists, and MANY lay volunteers. We will also be soliciting donations of dental supplies, food and beverage, oral health educational materials, sterilized water, etc.

**Volunteer registrations will be taken from
October 15, 2009 - January 11, 2010!**

For more information on how you and/or your company can volunteer or donate, please contact Michael Willis at (800) 876-8890 or okmom@okda.org.



Armed with degrees in dental hygiene and oral biology, Betsy presents scientifically-based dental and dental hygiene continuing education programs nationally and internationally. Avidly committed to making the dental sciences understandable and relevant, Betsy devotes time and energy to publishing articles designed to enlighten and inspire clinicians. Her continuing education presentations include

a variety of topics involving the biologic basis for oral and systemic disease prevention, microbiological and immunological aspects of oral disease, implications of stress on oral and systemic health, oral pathological concerns, oral piercing and body modification considerations in care delivery, head and neck anatomy, and scientific developments affecting oral health care delivery. As someone who is passionate about lowering mortality rates in women due to cardiovascular disease, Betsy is committed to presenting programs including current research involving links associated with oral inflammation and heightened risk of heart attack and stroke. Recently, Betsy relocated back to her home state of Idaho where she enjoys hiking, biking, gardening, and enjoying the breathtaking scenery with friends, family, and her two dogs.

Diet Wars: Looking at today's dieting trends and their impact on dental and systemic health

Three (3) Hours of CE Available

Friday, April 23, 2010

8:00 am – 11:00 am

Lecture format

Recommended for the entire dental team!

South Beach? Atkins? The Zone? Weight Watchers®? Jenny Craig®? CortiSlim®? Cabbage Soup? Eating Right for Your Blood Type? Caveman? Grapefruit? Russian Air Force? 7-Day All-You-Can-Eat? Confusing???? You bet! America's obsession with weight loss has led to increasingly complex diets that impact general and oral health. This course will provide participants with an overview

2010 ODA Annual Meeting

CE Preview:

Betsy Reynolds, RDH, MS

of current dieting trends in an effort to minimize confusion and maximize understanding of the effects of today's dieting revolutions. Presented in a relaxed forum, clinicians will be able to incorporate information garnered in this course to provide more comprehensive nutritional counseling to dental patients as well as recognize possible oral health problems related to dieting trends. Come prepared to learn, enjoy, and share your insights.

Microbes on Parade: The amazing roles they play in health and disease

Three (3) Hours of CE Available

Friday, April 23, 2010

2:00 – 5:00 pm

Lecture format

Recommended for the entire dental team!

Microbial organisms are phenomenal creatures capable of impacting our lives in a variety of positive and negative ways. Because the oral cavity contains the highest concentration of microbes in or on the human body, it is imperative that the oral healthcare provider understand bacterial and viral dynamics in order to render effective care and provide patients with appropriate homecare recommendations. Microbiology—an often daunting field of study to master—will be presented to course participants in a relaxed, fun, and dynamic manner that maximizes learning while providing truly amazing facts to ponder and incorporate into treatment strategies. Be prepared to be amazed by the microscopic world!

Following the course, participants will be able to:

- Understand microbial dynamics.
- Relate bacterial cell wall structure to pathological potential.
- Recognize how microbial resistance develops and impacts treatment protocols.
- Understand biofilm dynamics in recommending oral care treatment strategies.



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September 24-26, 2009
St. Charles Convention Center
St. Charles, MO

For information: Greater St. Louis Dental Society 314.569.0444 www.gslds.org

Features

By Dan Marut, DMD

By now you probably heard of Facebook and/or MySpace. If you are really techno savvy you may have written a blog and heard of Twitter. You may even have heard of NewDocs. As a dentist, you are a practitioner taking care of patients and enhancing your clinical skills. As a manager, you manage a team of health care providers. As a business owner, you are charting the course of your business and leading it into the future. The reality is most dentists don't have the time to learn what all the hoopla about social networking means and what the implication is for them personally, other dentists, and dentistry as a profession.

I wrote this to shed light on the social networking phenomenon and to be used as a guide to dentists navigating the current social networking landscape.

What is a Social Network?

For as long as humans have walked the earth we have been social creatures. We pride ourselves on family and formed groups in order to survive. These groups not only allowed us to survive, but also thrive, leading to new ideas and innovations. Social groups used to be physical and local in nature. They would encompass everything from Rotary clubs to bowling leagues. Social networking has been around for ages. With the advent of the Internet, people all of the sudden had the world at their finger tips. My dad, who is 72, said to me, "The Internet is amazing! This little box on my desk can show me the world." That about sums it up, the Internet gives you information at your finger tips and on demand. Well, the Internet, and some other factors, led to the diminishment of local groups and group activities. People became free to roam the world from their own house and do it when they wanted to.

People still yearned for connection. We need it. It has become hotwired into our development as humans. The Internet fragmented us. However, human needs will not be denied. Just as the Internet diminished human grouping, it is now bringing us together like never before. Explore how online social networking is making a difference in all facets of human life.

Components of an Online Social Networking

Online social networking has begun to garner much press in the past few years. However, it has been around in various forms for nearly a decade. There are many reasons online social networks are formed. They all exhibit a common set of characteristics.

Profiles: Each member of a social network has the opportunity to create an online profile. These profiles serve as your identity on the network. In short, they are your online CV. Some social networks are



strictly professional with only business information listed such as education and training. Others have more of a personal approach with information about personal experiences such as trips and activities. Some social networks are a blend of business and personal. Most sites give you the ability to share this information, keep it private for 'friends' only, or skip filling it in altogether. I would encourage you to only fill in that information with which you are comfortable. Social networks are about sharing and your experience will be enhanced when completing your profile.

Friends: "Friends" are the foundation of any social network. Just like in real life, your online friends become part of your social fabric. Online friends are able to keep up to date on your actions on the social network. For example, if you write a blog or comment on a picture, your friends are updated on your activity. Likewise, if your friends comment in a forum or post a picture, you are notified of these activities. This is called an "activity feed". So the more friends you have the more opportunities to connect, collaborate, share, and learn. Online social networks have features to enable you to ask people to be your 'friends' and start building relationships and social networks easily.

Groups: Online groups represent like-minded individuals coming together for collaboration, connections, sharing, and learning about a specific topic. Dentistry has been called a cottage profession because the predominant model of practice is solo practice. Organizations representing dentists are challenged by this fact because of the lack of connectivity within the profession. Online groups or online study clubs provide a way to share knowledge, meet other dentists with similar interests, access a calendar of events, share files, and upload pictures and videos. Examples of groups/study clubs would be 'extractions made simple' or 'group practice brainstorm'. For dentists, this means we can now practice solo but have the benefit of knowledge-sharing and connectivity of a specific group that is of interest to us.

Online social networks are powerful tools. They have taken the web from static web pages and Q+A forums, to a dynamic, ever-developing, connected network of individuals who willingly share knowledge, interests, and professional goals.

Examples of Online Social Networks

LinkedIn: Mostly for the corporate and business-minded crowd, LinkedIn has a mature user type who is interested in business networking. The profile reads almost like a resume so users can quickly grasp the talents of other members. When you join, you invite your business contacts to join. Once your business contacts join you, then have access to their professional contacts and they

have access to yours. It's a great way to find people that may possess skills or talents with which you are looking to work..

Facebook: Facebook started as a way for college students to stay connected and share class notes. It has since grown from the college scene to over 150 million members. It's clearly organized, for everyone, and about everything. The amount of information on Facebook is staggering: 600 million searches and 30 billion page views a month. Facebook has leaped to the forefront of the social networking revolution. I've had childhood friends find me and reconnected with high school buddies. Facebook is a great way to stay connected and reconnect with the people throughout your life. It has features like photo sharing, online chat, groups, and, of course, the ever growing "friends" list. Once you are on Facebook it is inevitable you will be contacted by someone from your past. Once your 'friend' list grows you'll be kept up-to-date of your 'friends' activity on the site and this can sometimes be overwhelming due to the amount of updates and information shared. I enjoy using Facebook to keep in contact with my personal friends. It can be used in a professional sense like LinkedIn. However, I find it difficult to sift through all of the non-dental chatter to find what I am looking for.

MySpace: If you've used MySpace, perhaps you might think it is geared toward a younger crowd. At least that is my perception. Grade school, middle school, and high school are represented well here. MySpace allows for lots of customizations to your profile page; there are many bells and whistles from which to choose. It is like having a blank slate on which you can create your own personalized look to your profile. After all, your profile is your online identity, so why not customize it to your liking? I found I preferred Facebook's organization over MySpace's organized chaos. Perhaps it's the dentist is me. ;)

Professional Social Networks

People join social networks to find commonality with others. After sifting through grade school friends, high school friends, college friends, musicians, and friends of friends on Facebook and/or MySpace, you may find some professional commonality or just get too tired of sifting through all of the non-professional chatter. What makes Facebook and MySpace so great is also what hinders professional connection. Facebook and MySpace are for everyone and about nothing in particular. Enter professional social networks.

In late 2007 and early 2008, these networks came onto the web scene to fill a very necessary niche – provide a place where professionals and professional organizations can connect, collaborate, share, form groups, make their own professional 'friends', and become part of a professional online social network. Professional social networks are focused on a particular profession and only a particular profession. You won't find any spam-filled, teenage chatter on these. This is the way of the web: At one time it was a big deal to have a web page, now even a two-year-old can have his/her own web page. Momentum once reserved for large social networks without a focus is now moving into niche social networks about specific interests.

Examples of Professional Social Networks

NewDocs: NewDocs is the professional social network for the dental profession. I say it's like Facebook but for dentists. NewDocs is about dentistry and only about dentistry. You won't find (or be found by) high school classmates here. Like Facebook, you'll find a clean and organized appearance. Your profile is a combination of your professional life and some personal interests. You can join professional 'groups' or online study clubs on NewDocs. You also have the opportunity to create your own. This group study club

feature is extremely powerful as it serves as your very own online meeting place. Think of it as your own 'mini social network'. Share files, use the calendar of events, collaborate, and discuss the topics of your choice. The 'group' feature can be open to anyone on NewDocs or you can keep it private, only inviting your 'friends'. NewDocs also gives you the opportunity to blog. If you have certain information about a particular subject matter you are able to post a blog. For those that are unfamiliar with blogs, they are basically online articles/research you can post to the site which enables others to comment on them. There is also a forum section for Q+A, open to all members. The download section on NewDocs has many useful tools, forms, sample contracts, business plans, etc.

Sermo: Sermo is the professional social network for medicine.

LawLink: Lawlink is for lawyers.

How do I Get Started in Professional Social Networking?

Getting started in professional social networking is easy. As a dentist, NewDocs is the premier site. NewDocs was created by a dentist. It's exclusively about dentistry and the dental profession. Visit www.NewDocs.com, register (it's free) and choose a profile image. Your profile image or "avatar" is your online representation of yourself. Some people use self portraits or other pictures. Feel free to get creative. I usually use portraits or some picture with me in it.

Once registered, be sure to complete your profile. Your profile is your online identity and will allow others on the site to connect with you and find common interests. Once you've established your profile, explore the site. As they say in the web world "click around" and have fun with it. You won't break anything. To see other users' profiles, click on their 'avatar'. You'll be able to see their profile, mutual friends, friends, photos, groups, and any blog or forum posts they have written. If you see something in common with other "docs" as you explore their profiles, feel free to click "add a friend" under their picture on the profile page. Making 'friends' is very important on social networks and allows you to take full advantage of all a social network has to offer.

Once you've explored the site, if you haven't already, join a group/study club, or two or three... Groups/study clubs allow you to connect, collaborate, and share with others over a common subject or cause. You can easily build your 'friend' list here and focus on what is important to you and others with similar interests. If you don't see a group/study club in which you're interested, feel free to create your own. The tools on NewDocs make it very easy to create and manage your own group or study club. NewDocs gives you the power and freedom to decide what you want and how you want it. Manage a local study club or society by keeping all of your members up-to-date on happenings, events, discussions, etc.

After you've accomplished the above, you're ready to move to the next level and invite other professional friends and colleagues to join NewDocs. The power of professional social networking lies in the users and the activity of those on the site and in your network. The more people you can connect with the more you will get out of NewDocs. In short:

1. Register on NewDocs.com and choose an 'avatar' (profile picture)
2. Fill in your profile.
3. Explore the site by "clicking around". Be sure to click on other user's avatars.
4. Make "Friends".
5. Join a group/study club or create one yourself.
6. Invite your professional friends and colleagues to join NewDocs.

(contd. on next page)

(contd. from previous page)

Social networking is here to stay and professional social networking is the natural progression of this powerful web-based tool. Take the first step and become part of a network and reap the rewards of professional collaboration on a social network. You really have nothing to lose and everything to gain. Professional social networks, like NewDocs, have made it easier for dentists to connect, collaborate and share. It has made it easier for associations to put their message in front of dentists on a social network for dentistry and exclusively about dentistry. For those dentists looking to manage a study club or a dental association, the tools on NewDocs make it not only easy, but fun for all of its members. Start today and find out why professional social networking is changing our professional world.

Dan Marut, DMD maintains a private practice in Ashland, OR. He is the founder of NewDocs, the professional social network for dentistry. Dr. Marut is available to answer any questions about the social networking phenomenon. He can be reached at: Dan@newdocs.com or just find him on NewDocs, he becomes your 1st friend!

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VERRUCOUS ORAL LESIONS: Possibly not so innocuous after all

PROVIDED BY DAVID M. LEWIS DDS MS
OUCOD DEPARTMENT OF ORAL AND MAXILLOFACIAL PATHOLOGY

Case presentation:

This 28-year-old black male presents with this verrucous/papillary lesion on the gingiva that is asymptomatic, soft, and was found on routine dental exam. He has a negative medical history and is on no medications. (Fig. 1)



Figure 1.

Differential diagnosis:

A differential diagnosis for a lesion with this clinical appearance and history should include:

- Squamous papilloma
- Verruca vulgaris
- Condyloma acuminatum
- Peripheral ossifying fibroma

All are good choices except: d. peripheral ossifying fibroma. While being a gingival lesion, peripheral ossifying fibroma usually does not present with a papillary surface and is not appropriate for this differential diagnosis. In addition to the above lesions this differential diagnosis should include some additional entities for completeness. (Table 1.)

Table 1. Differential diagnosis for focal papillary/verrucous lesions of the oral cavity

Papilloma, verruca vulgaris, and condyloma acuminatum
Verrucous leukoplakia
Squamous cell carcinoma
Verrucous carcinoma
Giant cell fibroma
Verruciform xanthoma

The first of these lesions, the squamous papilloma, is presumably caused by the human papilloma virus (HPV). HPV is a large family of double-stranded DNA viruses of the papovavirus subgroup A. Over 130 types have been isolated with approximately 24 being associated with lesions of the head and neck. Eighty one percent of normal adults have epithelial cells that contain at least one type of HPV. The virus infects the basal epithelial cells through micro-abrasions in the

epithelium and is incorporated into the host DNA. Virions can then be sloughed off in the dead squamous cells of the host epithelium and the viral life cycle continues. Once an HPV virion invades a cell an active infection occurs, and transmission can occur. A latency period of several months to years can elapse before development of lesions making it difficult to establish the mode of transmission. Transmission by sexual and nonsexual person-to-person contact, saliva, or breast milk has been proposed. Subtypes 6 and 11 have been found in up to 50% of oral papillomas. Subtypes 2, 4, 7, 10, 16, 32, and 40 have also been reported. The squamous papilloma is quite common, occurring in one in every 250 adults, and makes up about 3% of oral biopsy specimens.¹

Clinically the lesions occur equally in males and females and are usually diagnosed in patients age 30-50 years. They favor the lips and soft palate, but any oral site may be involved. They are soft, painless, usually pedunculated, exophytic nodules with numerous finger-like surface projections. The papillations can be pointed or blunted and the lesions will be white to coral pink in color depending on the amount of surface keratinization. They are usually solitary, enlarge rapidly to 0.5 cm, and then become static. Lesions as large as 3 cm in greatest dimension have been reported. Clinical differentiation from verruca vulgaris, condyloma acuminatum, and verruciform xanthoma may be difficult.¹

Verruca vulgaris is a benign, virus-induced, focal hyperplasia of squamous epithelium caused by HPV 1, 2, 3, 4, 6, 10, and 40. It is primarily a lesion of skin and rarely occurs in the oral cavity. Such lesions are painless, papular or nodular with a sessile or pedunculated base, and appear as papillary projections or a rough, pebbly surface. Oral lesions are invariably white, while cutaneous lesions may be pink, yellow, or white. Oral lesions are usually on the vermilion border, labial mucosa, or anterior tongue. They enlarge rapidly to <0.5 cm diameter and are then constant. Lesions may be clustered.¹

Condyloma acuminatum is a virus-induced proliferation of stratified squamous epithelium of the genitalia, perianal region, mouth, and larynx. One or more of the HPV subtypes 2, 6, 11, 53, and 54 or high-risk subtypes 16, 18, and 31 may be present. Condyloma acuminatum is considered to be a sexually transmitted disease (STD) and accounts for about 20% of STDs. The condyloma acuminatum is usually diagnosed in teenagers and young adults but it may present at any age. Oral lesions are usually found on the labial mucosa, soft palate, and lingual frenum. They appear as a sessile, pink, well demarcated, non-tender exophytic mass with short, blunted surface projections. They tend to be larger than papillomas and are often clustered.¹

Squamous cell carcinoma can clinically mimic many different lesions. It has the potential to present as a white lesion, a red lesion, an ulcer, or a tumor mass. Although rare on the gingiva, it may present as a verrucous mass and must be included in the differential diagnosis. Squamous cell carcinoma can be the terminal transition of verrucous leukoplakia, proliferative verrucous leukoplakia, or verrucous carcinoma.

Verrucous leukoplakia is a white lesion that has sharp or blunt projections and will usually have a greater chance of dysplastic change than a thin smooth leukoplakia. A special high-risk type of leukoplakia is proliferative verrucous leukoplakia (PVL) that frequently involves the gingiva but may involve other sites. It starts as a flat leukoplakia with persistent growth and eventually becomes exophytic and verrucous in nature and is indistinguishable from

verrucous carcinoma. The lesions usually evolve into full-fledged squamous cell carcinoma within eight years of initial diagnosis. These lesions rarely regress despite therapy and have a strong female predilection. They have little association with tobacco use.¹

Verrucous carcinoma is a rare low-grade variant of squamous cell carcinoma that is often associated with smokeless tobacco use. It has been associated with HPV types 16 and 18 in a minority of oral lesions. Most lesions are found in older males (65-70 years of age) at sites of chronic tobacco use. The lesions are usually extensive at the time of diagnosis appearing as a diffuse, well-demarcated painless thick plaque with a papillary or verrucous surface. The color is usually white but may be pink or red depending on the amount of keratinization.¹

Giant cell fibroma is a variant of the common fibroma that occurs in younger patients, often on the gingiva. It may have a surface that is papillary and is often confused with a papilloma.

Verruciform xanthoma is a hyperplastic condition of the epithelium of the mouth and genitalia characterized by accumulation of lipid-laden histiocytes beneath the epithelium. It is typically seen in patients aged 40-70 with a slight male predilection. It favors the gingiva and alveolar mucosa, but may involve other sites. It appears as a well-demarcated, soft, painless, sessile, elevated mass with a white, yellow-white, or red appearance. Most lesions are less than two cm in greatest dimension.

Clinical Management:

The appropriate treatment for this lesion would be:

- a. No treatment
- b. Observation for resolution
- c. Incisional biopsy
- d. Excisional biopsy

The correct answer would be: d. excisional biopsy. Since the differential diagnosis includes lesions that could be malignant, no treatment is inappropriate. A short period of observation would be appropriate, but if the lesion persists biopsy is still indicated. The papilloma and verruca vulgaris have been reported to spontaneously regress on rare occasion. The lesion is less than five mm in diameter and is too small for an incisional biopsy. Lesions less than five mm are difficult to orient for microscopic examination. Excisional biopsy is correct; however, if the lesion turns out to be malignant then the biopsy would be considered an incisional biopsy if further surgical treatment is required.

Diagnosis:

Based on this photomicrograph (Fig. 2) the correct diagnosis is:

- a. Squamous papilloma
- b. Verruca vulgaris
- c. Condyloma
- d. Verrucous carcinoma

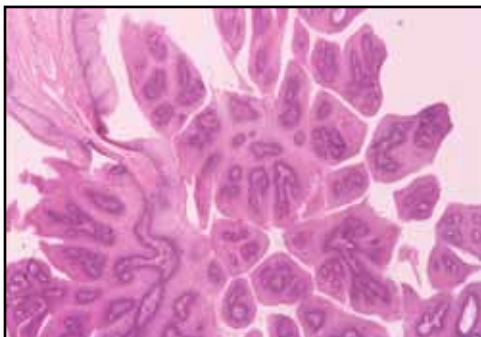


Figure 2.

Based on this histologic picture the correct diagnosis is: a. squamous papilloma. The lesion is composed of parakeratinized stratified squamous epithelium growing in an exophytic frond-like pattern. Central within the fronds are cores of fibrovascular connective tissue. Mild inflammation in the connective tissue may be observed and some lesions will show a mild basilar hyperplasia with an increased mitotic rate, which should not be confused with dysplastic changes. Occasionally koilocytes (virus-altered epithelial cells with perinuclear clear spaces and dark pyknotic nuclei) may be seen in the prickle cell layer. (Fig. 3) The oral lesions caused by HPV have no pathognomonic finding and will require clinical pathological correlation for definitive diagnosis of the three HPV-associated lesions (squamous papilloma, verruca vulgaris, and condyloma acuminatum).

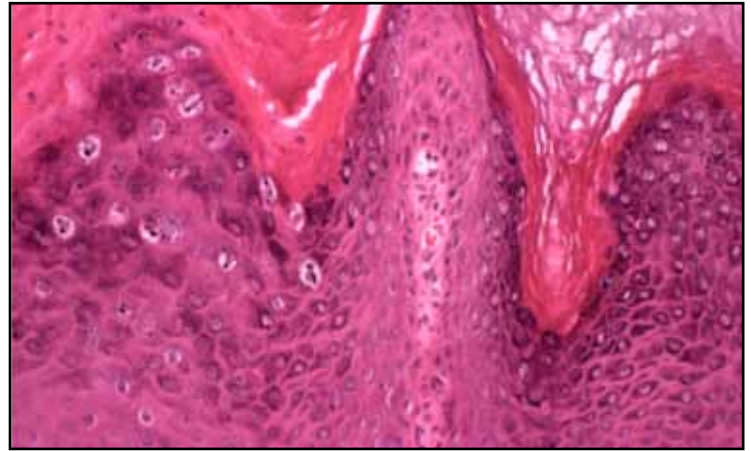


Figure 3. Koilocytes (virus-altered epithelial cells with perinuclear clear spaces and dark pyknotic nuclei in the prickle cell layer)

Treatment and Prognosis:

Conservative surgical removal is adequate treatment with little chance of recurrence. Occasionally, lesions have been left untreated for years with no reported cases of malignant transformation, enlargement, or dissemination to other areas. Spontaneous remission has been reported. Historically, high-risk HPV subtypes (16, 18, and others) that are related to cervical cancer have not been associated with oral cancer, even when types 16 and 18 are present in oral tissues.

Emerging Epidemic of HPV-Associated Cancer:

Recently an association between human papilloma virus and oropharyngeal cancer has been established.^{2,3} The oropharynx includes the base of the tongue, tonsillar region, soft palate, and the pharyngeal wall.⁴ Ninety percent of oropharyngeal cancers are HPV 16-positive.⁵ HPV 16 is found in 31% of oropharyngeal, 17% of laryngeal, and 16% of oral cavity cancers.⁶ Classically, oropharyngeal cancer has been associated with tobacco and alcohol abuse, affects men three to five times more frequently than women, and is found in patients in the fifth to seventh decades of life. While the incidence of smoking and the incidence of head and neck cancer have decreased over the past three decades, at the same time, there has been a dramatic increase in the rate of oropharyngeal cancer in adults younger than 45 years of age. Oncogenic HPV/DNA has been identified in a particularly high proportion of oropharyngeal cancers in nonsmokers, and more than 90% of these have been associated with HPV 16. The mode of transmission may be via oral-genital sex. Changing sexual practices, such as more frequent oral sex in adolescents and young adults, could be contributing to the increase in the prevalence of oncogenic HPV-associated cancer.⁷


Several studies have shown that individuals with HPV-positive tumors have significantly improved survivals.^{2,5} Poorly differentiated tumors and an oropharyngeal site independently increased the probability of HPV presence.² While HPV-induced squamous papillomas do not transition into oral cancer they may be an indication that oropharyngeal cancer may develop some time in the future.

The simple observation that nuns do not get cervical cancer and prostitutes do led to the awarding of the 2008 Nobel Prize for Medicine to Dr. Harald zur Hausen for his investigations of how cervical cancer is triggered by HPV viral infections. His research also made it possible to develop a vaccine against the third most frequent kind of cancer affecting women. Additionally, these findings have resulted in the identification of an emerging epidemic of HPV-associated cancer of the oropharyngeal area and the identification of oral sex as a new risk factor for oral cancer.

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