


VOLUME 100/ISSUE 8

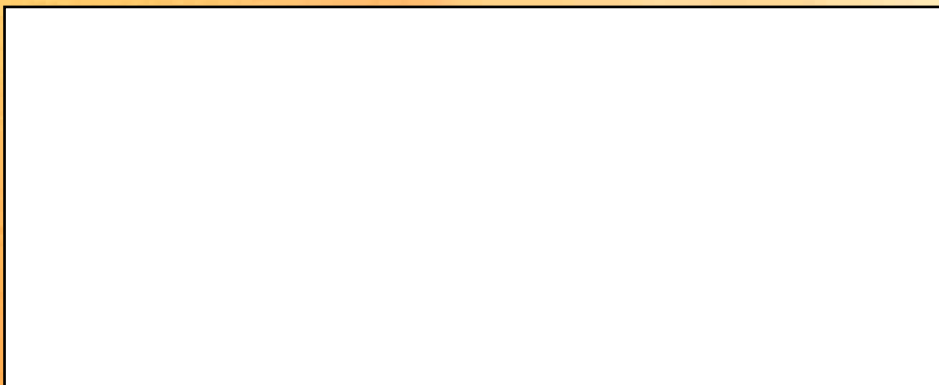
NOVEMBER 2009

ODA JOURNAL

The official publication of the Oklahoma Dental Association



**2009 ODA Dental
Leadership
Summit Review**
pg. 20.





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TABLE OF CONTENTS

VOLUME 100/ISSUE 8 NOVEMBER 2009



4 ODA Today

- 4 Editor's Message
- 5 Calendar of Events
- 5 In Memoriam
- 6 ODA Spotlight
- 7 Patient's Page - Gum Disease
- 8 ODA Legislative Loop
- 9 ODA Bulletin Board
- 11 2010 Oklahoma Mission of Mercy
- 12 2010 Awards Nomination Form
- 13 ODA Call For Nominations

14 Who & What

- 14 2010 ODA Annual Meeting CE Preview: Samuel B. Low, DDS, MS, MEd
- 16 Meet the Staff: Jerrell Welch, ODA Membership Services Manager

18 Features

- 18 Tracking Charitable Care
- 20 2009 ODA Dental Leadership Summit Review

24 Clinical

- 24 Diffuse Pigmentation of the Palate

26 Classifieds

ADVERTISERS

Inside Front Cover:

Stillwater National Bank

Inside Back Cover:

ODA Endorsed Companies

Back Cover:

Delta Dental

- 17 Alexander & Strunk
- 10 Bank of America
- 19 CoreVault
- 21 DELL
- 19 Kool Smiles
- 4 Med Tech Construction, Inc.
- 15 Office Max
- 23 Oklahoma Smiles
- 22 OU College of Dentistry
- 19 Paragon
- 23 Professional Practice Associates
- 10 Southwest Dental Conference



Message from the Editor Dr. Raymond A. Cohlma

How time flies! Just a few years ago we instituted major changes to the *ODA Journal* in order to create a better reading experience for our membership and to strengthen our Association by offering information in a more timely manner. Three years after initiating the changes, we've now accomplished the final stages of the strategic plan set for our *Journal*, which involved four major goals:

GOAL #1

Work on incorporating an annual educational DVD as a *Journal* insert to provide a unique continuing education opportunity for the readership.

We completed a DVD continuing education series for both pediatric dentistry and geriatric prosthetic dentistry. We also provided a CE opportunity in our last issue of the *Journal* that focused on special needs patients. We will continue with our series next year with an issue focusing on technology. As a side note, did you know Oklahoma leads the way on this type of production for a publication? Our DVD series has become the envy of dental associations across the country.

GOAL #2

Improve our ability to receive/review previous seminars and continuing education courses online at our Web site, using streamline video methods.

Both of our DVD continuing education seminars have been converted so that they are accessible online. This allows dentists across the country the opportunity to participate. We also participate in the ADA's online continuing education platforms and have been a key participant in its initial stages. The series continues to be available to you as a member. As we collect more and more of these programs, you will be able to access them on the ODA site. If you misplace your publications (as I do constantly) you can find them online at www.okda.org.

GOAL #3

Develop new and unique *Journal* articles with clearer and more attractive headings while maintaining the customary layout preferred by the readership.

We have received nothing but positive comments on the consistency, simplicity, and chronological sequencing of our *Journal*; many of these accolades come from the editors of other state publications, as well. I recently attended an editors conference and was honored that several journals had changed their formats to mimic ours. More than specific awards and recognitions, being a model for other publications is perhaps the highest compliment we can receive.

GOAL #4

Continue to foster the ODA's positive and symbiotic relationship with the University of Oklahoma College of Dentistry by creating a mutual

publication partnership that will keep the readership fully informed of events at the College.

We have completed a second issue that touts our alliance with the College of Dentistry. It's been said many times, but the close relationship established over the years between the academic and organized dentistry sectors in Oklahoma is the envy of many states across the country. As I travel coast to coast, one of the areas I'm most consistently asked about is our mutually beneficial partnership and how it can be emulated in other states. We should be very proud of what we've accomplished together.

There you have it – the 2006-2009 Oklahoma Dental Association *Journal* Strategic Plan – done! For any progressive and forward-thinking group, once one project is finished it is time to start another. And so it is with your editorial board. Over the next several months, we will begin to formulate our vision for the next few years. Thank you for all your support in allowing us the latitude and independence to complete our first strategic plan. We look forward to your guidance as we consider our second round of goals and plans for 2010-2012.

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Calendar of Events

December 2009

3rd

– TCDS Holiday Party: Meadowbrook, 6:00 PM

21st

– Retired Dentists Lunch: ODA, 11:30 AM

24th

– ODA Offices Closed

25th

– ODA Offices Closed

31st

– ODA Offices Closed

January 2010

1st

– ODA Offices Closed

5th

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

8th

– ODA Endorsements Committee Meeting: ODA, 9:00 AM

– ODA Council on Membership & Membership Services Meeting: ODA, 11:00 AM

– ODA Annual Meeting Planning Committee Meeting: ODA, 1:00 PM

– ODA Council on Dental Care Meeting: ODA, 3:00 PM

– ODA Council on Technology & Electronic Communications Meeting: ODA, 3:00 PM

11th

– Volunteer Registration for the Oklahoma Mission of Mercy Closes

12th

– ODA Council on Nominations and Elections Teleconference: 5:30 PM

18th

– Retired Dentists Lunch: ODA, 11:30 AM

22nd

– OCDS Installation of Officers

29th

– TCDS All-Day CE - Dr. Gordon Christensen: Tulsa Renaissance Hotel, 8:00 AM

In Memoriam

Charles Brown
September 2009

Bruce Scott
October 2009

Erastus "Judge" Foster
October 2009

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 \$18 for ODA members is included in their annual membership dues. Rates for non-members are \$40. Single copy rate is \$8, 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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ODA PATIENT'S PAGE

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

Gum Disease

Periodontal (gum) diseases, including gingivitis and periodontitis, are serious infections that, left untreated, can lead to tooth loss. The word **periodontal** literally means "around the tooth." Periodontal disease is a chronic bacterial infection that affects the gums and bone supporting the teeth. Periodontal disease can affect one tooth or many teeth. It begins when the bacteria in plaque (the sticky, colorless film that constantly forms on your teeth) causes the gums to become inflamed.

Gingivitis

Gingivitis is the mildest form of periodontal disease. It causes the gums to become red and swollen, and to bleed easily. There is usually little or no discomfort at this stage. Gingivitis is often caused by inadequate oral hygiene. Gingivitis is reversible with professional treatment and good oral home care.

Periodontitis

Untreated gingivitis can advance to periodontitis. With time, plaque can spread and grow below the gum line. Toxins produced by the bacteria in plaque irritate the gums. The toxins stimulate a chronic inflammatory response in which the body in essence turns on itself, and the tissues and bone that support the teeth are broken down and destroyed. Gums separate from the teeth, forming pockets (spaces between the teeth and gums) that become infected. As the disease progresses, the pockets deepen and more gum tissue and bone are destroyed. Often, this destructive process has very mild symptoms. Eventually, teeth can become loose and may have to be removed. There are many forms of periodontitis. The most common ones include the following:

- **Aggressive periodontitis** occurs in patients who are otherwise clinically healthy. Common features include rapid attachment loss and bone destruction and familial aggregation.
- **Chronic periodontitis** results in inflammation within the supporting tissues of the teeth, and progressive attachment and bone loss. This is the most frequently occurring form of periodontitis and is characterized by pocket formation and/or recession of the gingiva. It is prevalent in adults, but can occur at any age. Progression of attachment loss usually occurs slowly, but periods of rapid progression can occur.
- **Periodontitis as a manifestation of systemic diseases** often begins at a young age. Systemic conditions such as heart disease, respiratory disease, and diabetes are associated with this form of periodontitis.
- **Necrotizing periodontal disease** is an infection characterized by necrosis of gingival tissues, periodontal ligament, and alveolar bone. These lesions are most commonly observed in individuals with systemic conditions such as HIV infection, malnutrition, and immunosuppression.



Gum disease is an infection caused by the bacteria in plaque. It attacks the bone, ligaments and gums that support your teeth.

LEGISLATIVE LOOP

November Legislative Update

Guest Article: OK Senator Todd Lamb



Oklahoma is a state with a rich heritage and hardworking citizens who deserve an accountable, responsible government. All across our state, families elect into office those they feel will best reflect their values and work ethic during times of growth and even during the rough economic times in which we now find ourselves.

As a member of the State Legislature, I am honored to serve Oklahoma citizens and pass reforms that will have a positive impact now and in generations to come. Whether it is the passage of comprehensive tort reform that makes for a more favorable business climate, or the vast amount of resources we can contribute to the energy sector, Oklahoma continues to make great strides in seizing the opportunity to be at the forefront of moving our nation forward.

Looking to the upcoming legislative session and the challenging budget year we will face, prudent and responsible actions are necessary. We must efficiently spend taxpayer dollars and continue to improve the quality of life in Oklahoma. Ensuring the public safety of all Oklahomans, providing an exceptional education system, and cultivating a pro-business climate within our state will provide the tools needed to strengthen and prosper our state.

We will be a leader in this country, even in the light of an uncertain future. Your state legislators want to hear your thoughts as they represent you at the State Capitol. I encourage you to voice your concerns and opinions, and be confident we are working hard to move in a positive direction. Throughout history, Oklahomans have survived adversity, coming out stronger at the end. We are experiencing yet another opportunity to be the paradigm of innovation, competitiveness, and tenacity.



2009 DENPAC Capitol Club Members

- Doug Auld
- William Lee Beasley
- Tamara Berg
- David Birdwell
- Matthew Cohlma
- Raymond Cohlma
- 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 Lynn Means at
lmeans@okda.org or
800-876-8890 for more information.

SAVE THE DATE

Dentist Day at the Capitol

3.3.2010

More info to come.

bulletin
board

Looking for fans... Looking for followers...

Facebook: Oklahoma Dental Association
Twitter: OklaDentalAssoc

EMAIL! EMAIL!

In an effort to reduce operational costs, the ODA is making a concerted effort to communicate with the membership electronically. Because electronic communication is much more timely and cost-effective, please notify the ODA with your E-mail address.



On Friday October 9th, Dr. Wood presented the Oklahoma Mission of Mercy (OkMOM) to students at the University of Oklahoma College of Dentistry. There was a tremendous turnout and the students had lots of questions and interest in the upcoming mission. Dr. Wood announced that there will be transportation to and from Tulsa for the dental students who plan to participate.

You can help heal thousands by registering to volunteer today! Visit www.okda.org for more information.

Gordon Christensen:

On Friday, January 29, 2010, Tulsa County Dental Society will host Dr. Gordon Christensen for an all-day CE course. Don't miss it! Contact Rhonda at 918-451-1017 for more information.

ODA New Dentist Activities

After Hours New Dentist Program

The first New Dentist "After Hours" was held on October 9th at the ODA building in Oklahoma City. The After Hours CE program is geared toward dentists who have been out of school ten years or less. Not only is it a great opportunity to receive free CE, it is also a great time to reconnect with old classmates and new colleagues. There were 26 dentists that took part. Dr. Craig A. Wooten sponsored the CE titled "*Pearls of Oral Surgery for the General Practitioner*" and provided the beverages. Henry Schein provided a great meal. Thanks to Dr. Wooten and Henry Schein; the event was a great success! If you have been out of dental school ten years or less, check your E-mail for the next After Hours program, it's an opportunity you don't want to miss!

New Dentist Seminar

The 2009 New Dentist Seminar took place on October 23 at the ODA building in Oklahoma City. Dr. Mel Hawkins was flown in from Toronto, Canada, as part of the ADA CELL Series. Dr. Hawkins presented; "*Medical Emergencies in the Dental Office – What Situations Warrant the Status 'Emergency'?*", to a group of 21 dentists and dental students. Those in attendance received the opportunity for six hours of CE and the opportunity to network with peers. The event was sponsored in part by Alexander & Strunk, Bank of America, and CoreVault. Thanks to all those who attended and helped put on a successful event.

"Events like After Hours and the New Dentist Seminar are great examples of the many benefits of ODA membership,"
– Dr. Justin Beasley, New Dentist Committee Chair.


Oklahoma's Head Start Dental Home Initiative Receives Grant

The Oklahoma Head Start Dental Home Initiative, Give Kids a Healthy Start, has been awarded \$10,000 for its continued support. Officially launched in Oklahoma in March 2009, the initiative's underlying goal was the establishment of a dental home for each child enrolled in Head Start. A dental home is an ongoing relationship between the dentist and the patient. It includes all areas of oral health care delivered in a comprehensive, accessible, coordinated and family-centered way, and begins no later than 12 months of age. The grant is being funded by the American Academy of Pediatric Dentistry's Head Start Dental Home Initiative. For more information, please contact the state chair, Dr. Kevin Haney, at 405.271.5579 or kevin-haney@ouhsc.edu.

"A Review and Update of Clinical Oral Pathology"

A continuing education course entitled "*A Review and Update of Clinical Oral Pathology*" will be presented by Drs. Houston, Lewis, and Young from the OU College of Dentistry. The lecture series (seven hours CE credit) will be presented in Tulsa on Friday, March 26, 2010 and in Oklahoma City on Friday, April 9, 2010. Registration forms will be mailed in January 2010. For more information contact Dr. Glen Houston at (405) 271-4333 or glen-houston@ouhsc.edu.

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The Oklahoma Dental Association and the Delta Dental of Oklahoma Charitable Foundation will proudly launch the first annual Oklahoma Mission of Mercy (OKMOM), February 5-6, 2010, at the Tulsa Convention Center.

The Mission will provide two days of absolutely free dental care for up to 2,000 Oklahomans.

That's amazing!

The Oklahoma Mission of Mercy will be a 90-chair fully functional dental facility and will require over 1,000 volunteers to be successful.

This is where you come in.

MAKE A DIFFERENCE, SIGN UP TO VOLUNTEER TODAY!

How do I sign up?

Go to www.okmom.org to register. Each volunteer must register individually.

What types of volunteers do you need?

We need dentists, specialists, hygienists, assistants, and office staff!

What days will I be working?

We will need volunteers February 4th (setup), 5th and 6th (treatment).

Oklahoma Dental Association
2010 AWARDS NOMINATION FORM
DEADLINE FOR NOMINATIONS IS DECEMBER 31, 2009.

NOMINEE INFORMATION (please print clearly or type)

Name: _____ Award Nomination for:
_____ Dentist of the Year
Current Address: _____ _____ Young Dentist of the Year
_____ Thomas Jefferson (Citizenship)
City: _____ _____ Robert K. Wynne (Public Info)
_____ Dan E. Brannin (Professionalism)
State: _____ Zip: _____ _____ Richard T. Oliver (Legislative)
Phone: _____ Fax: _____ ODA Member Since: _____
Date of Birth: _____ Email: _____

NOMINATED BY

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Fax: _____

NATIONAL, STATE &/or LOCAL POSITIONS HELD

Organization/offices held: (please use additional pages as necessary)	Year
_____	_____
_____	_____
_____	_____
_____	_____

List all dental-related work experience in chronological order with dates: (please use additional pages as necessary)

Please attach letters of recommendation, references and other documentation as necessary.

Submitted by: _____ Signature: _____

DEADLINE FOR NOMINATIONS IS DECEMBER 31, 2009.

Please use a separate form for each award nomination. Photo copies of this original form will be accepted. A letter of nomination must accompany each nomination describing the nominee's accomplishments and other contributions.

Submit to: Oklahoma Dental Association, Attention: Member Awards, 317 NE 13th Street, Oklahoma City, OK 73104

CALL FOR NOMINATIONS

The Council on Nominations and Elections will meet on January 12, 2010 at 5:30 p.m. and is accepting nominations for ODA leadership positions and Council/Committee members. Nominations may be submitted to Council Chair, Dr. Tamara Berg, your component dental society's president-elect, or the ODA office.*

Print Name: _____

Component (District) Dental Society: _____

Email Address: _____

Phone Number: _____

Select the area(s) in which you are interested in serving:

- | | |
|--|---|
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Budget and Finance |
| <input type="checkbox"/> Speaker of the House of Delegates | <input type="checkbox"/> Bylaws and Rules |
| <input type="checkbox"/> ADA Delegate | <input type="checkbox"/> Dental Care |
| <input type="checkbox"/> ADA Alternate Delegate | <input type="checkbox"/> OHCA and DHS |
| | <input type="checkbox"/> Dental Education and Public Information |
| | <input type="checkbox"/> Governmental Affairs |
| | <input type="checkbox"/> Membership and Membership Services |
| | <input type="checkbox"/> Insurance |
| | <input type="checkbox"/> Technology and Electronic Communications |

*Feel free to nominate yourself!

Are you interested in becoming active in the Board of Trustees or House of Delegates? What about your local dental society? There are many ways to participate. Contact the ODA for more information about volunteering.

- Annual Meeting Planning Committee
- Oklahoma Mission of Mercy (OkMOM) Planning Committee
- Endorsed Products and Services Committee
- Board of Trustees
- House of Delegates
- DENPAC Board of Trustees
- Component (District) Office

YES! Send me more information about volunteering! Name: _____



2010 ODA Annual Meeting

CE Preview: Samuel B. Low, DDS, MS, MEd



Dr. Low is a graduate of the University of Texas (UT) Dental Branch at Houston. He received a Masters degree in Education from the University of Florida. He is a Professor of Periodontology and Associate Dean at the College of Dentistry, University of Florida. He maintains a private practice in periodontics and placement of implants. He is also a Diplomate of the American

Board of Periodontology and President-elect of the American Academy of Periodontology. Dr. Low is an Associate Faculty member of the Pankey Institute in Key Biscayne, Florida. As a clinical investigator, his interests are automated probing, refractory periodontitis, antibiotics in periodontal treatment, and development of ultrasonics. Organized dentistry activities include past-president of his affiliate and component dental societies, a member of both the Florida Dental Association and American Dental Association House of Delegates, and a consultant for the American Dental Association. He is a member of Omicron Kappa Upsilon Dental Honorary Fraternity and a fellow of the American College of Dentists. Dr. Low was honored as the Florida Dental Association's "Dentist of the Year" and Schwartz Lifetime Achievement Award. He received the Distinguished Alumnus for 1999 from the University of Texas Dental Branch at Houston. Dr. Low is a past-president of the Florida Dental Association and presently Trustee-Designate for the 17th ADA District.

Technology and Periodontal Therapy: Trays to Lasers...

Three (3) Hours of CE Available

Saturday, April 24, 2010

9:00 am – 12:00 pm

Lecture format: Dentists, specialists and hygienists

Choosing the appropriate therapy for the periodontal patient can be frustrating due to contradictory claims from multiple resources, including industry. The lack of evidence-based studies on new emerging technologies creates a level

of confusion for all dental health care professionals. By developing a balanced approach to choosing technology, the clinician will be rewarded with long-term periodontal success. Our candid translational discussion to assist in "Monday morning" decision making will fulfill the following objectives:

- Review successful parameters to determine tooth survival in short and long-term prognoses.
- Investigate computer system approaches to risk assessment determination.
- Evaluate anti-infective tray delivery systems.
- Develop decision making protocols in choosing between various forms of power instrumentation and various micro-thin tips.
- Determine the efficacy of utilizing various laser wavelengths in sulcular decontamination, degranulation, new attachment, and bone regeneration.

Utilizing Laser Technology in a Periodontal Environment

Three (3) Hours of CE Available

Saturday, April 24, 2010

2:00 pm – 5:00 pm

Lecture format: Dentists and specialists

Review various laser therapies with attention to both peri-restorative and perio-pathology uses. Explore anecdotal and scientific resources from crown lengthening procedures to treatment of periodontitis. Case reports demonstrating success will be explored along with clear contraindications. Incorporating the laser into a periodontal practice will be introduced considering patient acceptance and general dentist relations. After completing this course, participants will be able to:

- Differentiate laser technologies for periodontal indications.
- Understand indications for using the laser in crown lengthening procedures.
- Develop techniques for introducing laser therapies into practice.



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Meet the Staff

A series of articles designed to help members put a face with a name of the ODA staff.



Jerrell Welch Membership Services Manager

Jerrell joined the ODA in August 2009.

Interesting Fact: Jerrell was named after his Grandfather Jerrell "Tex" Welch.

What information/assistance does your position provide for the membership?

I work directly with members to process applications, provide access to various membership benefits and plan events, and do my best to meet any other needs they may have.

As the Membership Services Manager, what goals do you have for your area in the upcoming year?

My goals for membership this year are to maximize member retention and satisfaction, while implementing programs that increase our membership numbers, as well.

What has been the most interesting part of your job so far?

I would say the most interesting part so far has been the interaction with members, learning about their different backgrounds, passions, and specialties. It's amazing how each strength and personality come into play in this great association!

What is one dental-related thing you've learned since working at the ODA?

That chewing gum with xylitol after meals can help prevent teeth stains.

Contact Jerrell at jwelch@okda.org

What is your favorite movie?

Superman- the original with Marlon Brando as Jor-El.

Favorite book?

I can't say I have a favorite; however, John C. Maxwell's *Attitude 101* is a key read for any professional.

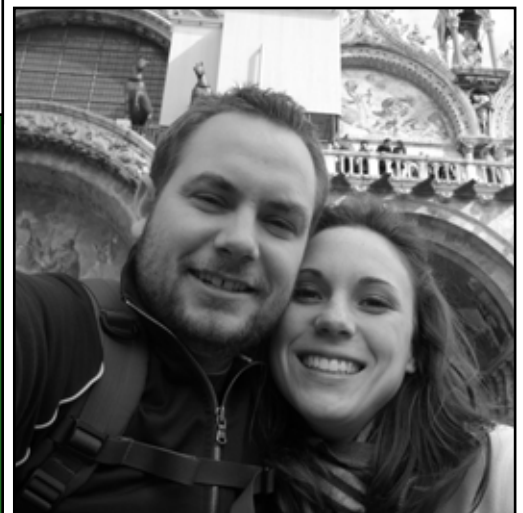
Favorite dessert?

If you were to ask my wife this about me she would tell you anything with sugar in it!

Boomer Sooner or Orange Power?

Neither, my heart belongs in Cornhusker land.

After an active college experience, I graduated from the University of Central Oklahoma (Edmond) the spring of 2008 with a bachelor's degree in Business Administration. Upon graduation, I set out to help my father start a business and then joined Northern Natural Gas Company in northwest Oklahoma. In June of 2009, I took great pride in wedding my best friend, Kristin. Kristin and I now live in Edmond, Oklahoma. Some of my hobbies are hunting, carpentry, and traveling.



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TRACKING CHARITABLE CARE

By Dr. Lisa Grimes

As a former Chair for the Mobile Dental Care Program, I have been privileged to witness the generosity and caring of the dental profession at a statewide level. The amount of donated dental services by the dentists in Oklahoma is inspirational. I am also aware that many dentists across our State donate their dental services in their own dental offices on a routine basis.

The Council on Dental Care has been asked by the House of Delegates to track the amount of charitable care donated by Oklahoma dentists every two years. It is important for our Association to be able to collect data from individual dental practices on the amount of dental services donated for many reasons, such as support for legislation and to help aid the Foundation in acquiring grants. We are relying on all Oklahoma dentists to help support this initiative by providing information regarding their charitable dental services.

Tracking charitable dental services on a statewide basis seems like it should be a fairly easy process. However, trying to determine the collective amount of donated services across the state is complicated by the mere fact that each office may track their charitable services differently—or may not track them at all.

While trying to discover the easiest way to collect this data, I spoke to several dental offices to find out how they tracked their

donated services. I have found that there is a great disparity in this effort. Surprisingly, many offices were not sure how to code donated services. With that in mind, and in an effort to create some continuity among dentists, here is a suggested method to track donated services which will also enable you to run a scan at any time to see how much dental treatment you have donated throughout the year.

Using this method assumes that most dental offices are computerized and are using dental practice software applications (i.e. Dentrix, SoftDent, EagleSoft, etc.). The first step is deciding how you would like to break down your donated services. Common categories include “Courtesy Discounts”, “Complimentary Dental Services” and, hopefully, “Charitable Care.” The charitable category should only be used to identify those services that you provide to patients that could not afford the care – patients to whom you have decided to “give”

your services as a charitable donation.

Once you have decided on the categories, you then create a “fictional” ADA-type of code to be assigned to that category. For instance, the category for “Courtesy Discounts” can then be assigned the code of “D33”, the “Complimentary Dental Services” category can be assigned a code of “D55”, and the “Charitable Care” can be assigned a code of “D77.” *I know that in Dentrix a code can consist of only letters if that is easier to remember when charging out the specific treatment at the time of services.*

The next step is to assign an amount to be charged out for each visit under that code. Every dental software company is a little bit different, but the main companies (Softdent, EagleSoft, Dentrix, etc.) should have the capability of creating this type of fictional code system without difficulty.

By codifying these unique categories, it is a lot less cumbersome to run scans and reports on different types of services. I hope that by encouraging dentists to use a system to track the amount of donated dental services in their practices, they will be able to realize exactly how generous they really are, as well as have a tool that will enable them to report accurate data to the ODA.

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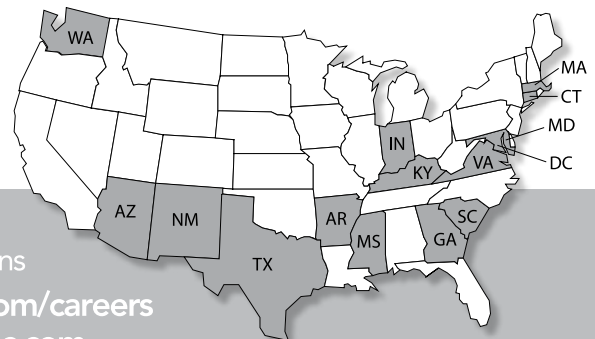
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2009 ODA Dental Leadership Summit

The 2009 Oklahoma Dental Leadership Summit was a huge success! Over 50 dental professionals came together in Norman, July 31-August 1, 2009, to discuss many issues. The main topics discussed included: tackling Oklahoma's access to care challenges, including the initiatives coming out of the Governor's Task Force on Children and Oral Health; ways the dental community can continue to support the OUCOD; and Oklahoma's many dental workforce issues, including the challenges that rural dentistry faces and expanded duties for dental auxiliary personnel. In addition, Mike Graham, ADA Lobbyist, called in from Washington to update the attendees on the latest developments in healthcare reform. The evaluations from the Summit were glowing, with most attendees recommending that we host the Summit again in the future. Thank you again to the Oklahoma Dental Foundation for co-sponsoring the event.

After panel presentations on the three main topics, attendees broke up into work groups for further discussion and to develop initiatives to tackle the issues raised during the discussions. The following are reports from the three work groups; the ODA has already begun work on many of these initiatives.

Breakout Session – Dental Education

Admissions:

- How do you get dentists interested in practicing in rural communities?
 - > If the husband and wife are both from a small town they are more likely to return.
 - > About ¼ of all applicants are from rural Oklahoma.
 - > Have a group of rural dentists and spouses come to the school to talk to first-year dental students and follow up with third year students.
 - > Push interns to more rural areas instead of keeping them local.
 - > Approach students in pre-dental clubs and talk about the benefits of rural practices.
 - > Encourage the communities to be more engaged and have them play a role in bringing dentists to their areas by offering deals on property, equipment, and/or loan repayment.
 - > Talk to the local Chambers and/or key players in the towns regarding incentives for dentists.
 - > Expand the rules on the Dental Student Loan Repayment Act to include 'rural', not only 'underserved'.

Diversity:

- How do you get minority students to apply?
 - > Talk to former minority graduates and see what appealed to them and what the best approaches/incentives would be. Recruit young, in high school.
 - > Hold meetings with organized minority groups (PharmaDent, Hispanic GP) and ask them to help encourage more applicants.
 - > More scholarship money is needed.
 - > Set up pre-programs (pipeline) to help determine science skill levels. Push back some of the classes to the pre-dental programs (time integration).
 - > Use current minority students as ambassadors to help recruit.

Faculty:

- Continue working on filling the spots, if possible. One problem being that the school has vacancies, but no money to fill those spots.
- Should the recruitment period be changed from three to five years out to qualify for the plan in order to help draw more people.

- For faculty, tap into the local retiring dentists to teach a few days a week.
- Organize a Faculty Development Program to help transition faculty.
- Build relationship between Delta and OUCOD to help pay for treatment of patients.
- Cut down amount of time the patients have to spend at school by expediting work-up time, considering evening clinics, comprehensive cone clinics, etc.

Breakout Session – Governor's Task Force

Special Needs Populations:

- General dentists should see more special needs patients and receive ongoing education of special needs issues.
- Develop elective courses for dental students with emphasis on working with special needs populations.
- Include hands-on special needs training for dental students, perhaps to be included in rotations, at locations such as the J.D. McCarty Center in Norman.
- Advance the use of fluoride varnish by dental and non-dental professionals as an alternate fluoride treatment for special needs populations.
- Allow dental hygienists to apply fluoride varnish both on- and off-site.
- Specialized facilities charges, such as hospital operating rooms, should be reimbursable.

Prevention:

- Require dental assessments/exams for entry to Oklahoma elementary schools.
 - > Board of Dentistry would need to establish separate definitions for dental assessment versus dental exam.
- Maximize use of dental clinics (such as the Health Department) and incorporate WIC, Maternal Child Health (MCHs) monies.
- Let hygienists and certified assistants perform triage at schools and other off-site locations.
- Establish a statewide varnish application program and implement fluoride varnish programs led by hygienists.
- Recommend the ODA establish a committee to address increasing avenues of access throughout the state.

Breakout Session – Dental Workforce Issues

Introducing Students to Rural Community Life:

- Create a program for students after freshman and sophomore years to work for four weeks in a rural dental office.
- Paid dental assistant position: approximately \$2,000
- To maximize the value of the assisting position student could enroll in ODF Coronal Polishing course during freshman year in order to do pedo prophylaxis or make arrangements with board of dentistry to take exam.
- Student could fabricate temporary restorations, and work chairside
- Allow student the opportunity to learn more about the rural dental office and community lifestyle.
- Housing to be arranged by dentist
 - > Benefits to Rural Dentist:
 - Mentor student
 - Expose to rural community lifestyle
 - Introduce student to mayor and leaders of community
 - CE credit
 - Potential partner or person to purchase practice
 - > OUCOD
 - Work with ODA to identify students interested in pursuing rural dental experience
 - Explore possibility of dentist to make contribution to Dean Robertson Society to cover pay
 - Robertson Society would send student to site and pay as they do other summer programs
 - > Establishing Rural Community Relations
 - Identify rural communities needing dentist
 - ODA representatives to attend state Mayor's Conference
 - Ask to give presentation on helping communities understand the dental students' perspective and problems associated with locating in rural Oklahoma
 - Contact hospitals in rural communities to study feasibility of locating dental office in unused portion of building
 - Contact chambers of commerce and economic development authorities

- Talk with communities about student loan repayment programs.

> Responsibility

- Council on Dental Care
- C.O.R.D.
- OUCOD
- Scott Adkins
- Council on Governmental Affairs

Expanded Duty Dental Assistant:

- ODA to create a task force to study expanded duty workforce programs in other states, and ADA workforce model
- Explore developing a program through OUCOD and ODF
- Courses could be via distance learning combined with lab exercises conducted by traveling instructor.
- Lab courses held in dental offices, FQHC, Etc.
- Levels of treatment based on course completion and exam by Board/Web
 - > Responsibility
 - Council on Dental Care
 - Council on Governmental Affairs
 - OUCOD
 - Board of Dentistry
 - C.O.R.D.
 - ODHA
 - ODAA

Requests to Board of Dentistry:

- Look at Texas Dental Assistant registration process
- Require certification in sterilization/infection control
- ODF could add course in infection control
- Hold meeting during ODA Annual Session with assistants to discuss expanded-duty interest
 - > Responsibility
 - Council on Dental Care
 - Council on Governmental Affairs
 - ODAA



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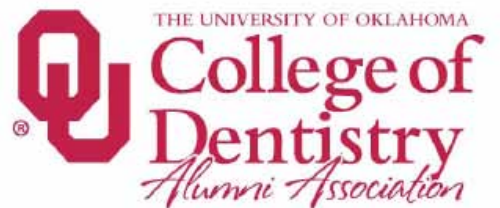
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Diffuse Pigmentation of the Palate

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

Case Report:

A 70 year-old Caucasian male presents with a diffuse gray pigmentation of the hard palate of approximately six weeks duration. The pigmentation is limited to the hard palate and is asymptomatic (Fig.1). The patient has a history of chronic myelogenous leukemia (CML) diagnosed three years ago. He is taking Pamine® (oral methscopolamine) for ulcers, Ditropan® (oxybutynin) for bladder control, and Gleevec® (imatinib mesylate), a chemotherapeutic agent.

Differential Diagnosis:

The differential diagnosis for diffuse slate gray pigmentation of the palate includes the following: physiologic (racial) pigmentation associated with systemic disease, medication-related pigmentation, post-inflammatory pigmentation, oral melanoacanthoma, hemochromatosis/hemosiderosis, and melanoma. Small, localized pigmentations such as vascular lesions, melanotic macules, melanocytic nevi, and foreign body pigmentation would not usually present in a diffuse pattern and were not considered in the differential diagnosis.¹

Physiologic (racial) pigmentation is the most common form of oral multifocal or diffuse pigmentation. It is seen most commonly in dark complexioned individuals and may involve any oral site. It is most common on the tongue, hard palate, buccal mucosa, and lips presenting as irregular symmetrical asymptomatic light to dark brown macules.² This form of pigmentation is caused by an increased amount of melanin in the basal cell layer but no increase in the number of melanocytes. In this case, physiologic pigmentation was an unlikely diagnosis because of the poorly defined margins, slate gray coloration, and the location being restricted to the palatal area.

Pigmentation associated with systemic disease includes primary adrenocortical insufficiency (Addison disease). This disease usually manifests by a bronzing of the skin and mucous membranes. Oral lesions are usually discrete macules or diffuse pigmentation of the tongue, gingiva, buccal mucosa, and hard palate. The mechanism of action relates to the similarity of adrenocorticotrophic hormone (ACTH) and alpha-melanocyte-stimulating hormone (alpha-MSH). Both are derived from a precursor protein known as pro-opiomelanocortin. Alpha-MSH represents the 13-amino acid peptide sequence of the N-terminus of ACTH; therefore, elevations in ACTH lead to increased MSH activity.³ Oral contraceptives and hormone replacement therapy have a similar mechanism by lowering the concentration of cortisol in the plasma, and stimulating an increase in ACTH and alpha-MSH activity.⁴

Hemochromatosis ("bronze diabetes") can be a genetic homozygous recessive disorder where excessive body iron is deposited in parenchymal organs such as the liver and pancreas, or secondary to excessive intake of iron usually from blood transfusions (hemosiderosis). Orally it frequently displays bluish-gray pigmentation of the hard palate, gingiva, and buccal mucosa.⁵ The pigmentation is caused by deposition of iron-containing pigments (ferritin and hemosiderin) within the skin and mucous membranes. Palatal pigmentation may also be seen in patients with beta-thalassemia when treated with repeated blood transfusions.⁶ Unfortunately, this deposition of iron throughout the tissues of the body is often associated with death.⁷

Hypermelaninosis is also found with neurofibromatosis, Albright Syndrome, and Peutz-Jeghers Syndrome. Cutaneous café au lait macules have been associated with neurofibromatosis and Albright Syndrome. While the pathogenesis in neurofibromatosis is unknown it has been suggested that since the tissues are derived from the neural crest, including melanocytes, a relative increase in the number of melanocytes causes the pigmentation.⁸ With Albright Syndrome the proposed mechanism involves a GS-alpha mutation and leads to café au lait spots.⁹ Both entities may

occasionally demonstrate café au lait macules of the oral mucosa as well as the skin. The lentiginos of Peutz-Jeghers Syndrome are believed to develop secondarily to mutation of the LKB1 gene that increases Wnt signaling, which is in turn associated with melanocyte stimulation.⁸ The macules are usually perioral; however, oral mucosal pigmentation develops with increasing age.

Medications associated with increased pigmentation have been implicated as a cause of oral mucosal discolorations with increasing frequency. These pigmentary alterations have been associated with the use of phenolphthalein, minocycline, tranquilizers, antimalarial medications, estrogen, chemotherapeutic agents, and some medications used in the treatment of patients with AIDS.⁷ The primary mechanisms of pathogenesis include increased deposition of melanin (antimalarials and hormones), hyperproduction of melanin, complexes with iron, or stained bone (Minocycline®), chelated metabolites of medication (Clotzamine®), medication/metabolites and/or accumulation of melanin (tranquilizers), granules of the metal distributed throughout blood vessels (heavy metals), and increased production of lipofuscin (Amiodorone®).² The clinical presentation of pigmentation related to drug use varies. Most agents produce a diffuse melanosis of the skin and mucosal surfaces, while others may cause a unique pattern. With many of the agents that cause increased melanin pigmentation, females are more sensitive, most likely as a result of an interaction with sex hormones.

Phenolphthalein is commonly used as a laxative and has been associated with numerous small, well-circumscribed areas of hyperpigmentation on the skin. Similar areas of oral mucosal melanosis can also occur.

Minocycline,® a semi-synthetic derivative of tetracycline, results in discoloration of the bone and developing teeth. The affected bone is dark green and creates a blue-gray discoloration as seen through the translucent oral mucosa. Usually a linear band above the facial attached gingiva or a broad zone of discoloration on the hard palate is obvious. Soft tissue pigmentation of the lips, tongue, eyes, and skin has been reported but is rare.

The classic presentation of drug-related oral pigmentation occurs with the use of antimalarial medications or tranquilizers and is a blue-black discoloration limited to the hard palate. First described in British soldiers in Singapore during the Second World War, it was also noted that these drugs had anti-inflammatory properties and they are now used in the treatment of rheumatoid arthritis, lupus, and other collagen vascular disorders.

Post-inflammatory pigmentation of the oral mucosa may be associated with smoking (smoker's melanosis) or chronic inflammatory disease including lichenoid processes. The hyperpigmentation may be the result of melanocyte stimulation by cytokines or reactive oxygen species.⁸ Involvement of the palate is rare with smoker's melanosis and it is usually restricted to the maxillary facial gingiva.

Oral melanoacanthoma is a benign, relatively uncommon acquired pigmentation of the oral mucosa characterized by dendritic melanocytes dispersed throughout the epithelium. It is an asymptomatic lesion of the oral mucosa and believed to be a reactive process. Manifesting as a black-brown lesion with abrupt onset, it may reach several centimeters in size. It is usually found in black middle-aged females in the buccal mucosa and has been reported in the palate.⁷

Malignant melanoma (mucosal lentiginous melanoma)⁷ must be included in the differential diagnosis. Early lesions present most commonly in the palate or maxillary gingiva as asymptomatic ill-defined brown or black macules. Once the vertical growth phase is initiated, a lobulated papule or nodule forms with uneven pigmentation and often ulceration.⁷ The condition is rare and has a worse prognosis than cutaneous melanoma. The symmetry and uniform coloration of the current case are inconsistent with melanoma.

Diagnosis:

After review of the medical history and laboratory findings, the patient was found to have a slightly low white blood cell count of 3.2² K/UL (normal 4.0-11.0) with a differential showing a slight increase in monocytes at 8.1% (normal 2.0-7.0). His platelet count was 189 K/UL (normal 140-400). These findings were consistent with his current chemotherapy regimen and did not rule out a biopsy procedure. On biopsy the area of pigmentation in the

palate showed a surface of parakeratinized stratified squamous epithelium and a lamina propria composed of dense fibrous connective tissue and neurovascular elements. Within the lamina propria was an accumulation of a fine granular material consistent with melanin. There was no melanin noted within the basal cell layer of the epithelium, no inflammation, and no evidence of fresh hemorrhage. These findings were consistent with a diagnosis of drug-induced oral pigmentation. (Figs. 2A and 2B)

Discussion:

Increased basilar melanization and melanin incontinence are not pathognomonic of drug-related melanosis and must be considered with the clinical picture. Increased melanization can be found in racial pigmentation, oral and labial melanotic macules, and café au lait pigmentation associated with systemic diseases (neurofibromatosis and Albright syndrome). The lack of a history of systemic disease other than the chronic myelogenous leukemia rules systemic disease out. As previously noted, physiologic pigmentation is an unlikely diagnosis because of the race of the patient, the poorly defined margins, slate gray coloration, and the location being restricted to the palatal area. Oral and labial melanotic macules have similar histologic findings but are usually solitary and rarely larger than 7mm, eliminating them from consideration. The clinical picture of pigmentation that is slate gray, restricted to the palate with a sharp line of demarcation between the hard and soft palate, and associated with increased melanization is characteristic of drug-related pigmentation. Hemochromatosis/hemosiderosis can have an identical clinical presentation, however, the presence of increased melanization eliminates this diagnosis.

Drug-induced hyperpigmentation of the hard palate was first described in soldiers stationed in the South Pacific in 1945 who were treated with quinacrine hydrochloride.⁹ The finding has since been reported by many others, is typically restricted to the hard palate, and includes a sharp line of demarcation between the soft and hard palate as seen in the current case. Other antimalarial medications implicated in palatal pigmentation include Chloroquine,[®] Hydroxychloroquine,[®] Quinacrine,[®] and Amodiaquine.^{®10} All of these agents, as mentioned earlier, have anti-inflammatory properties and are widely used to treat immune-mediated conditions. It remains unclear why the pigmentation preferentially involves the palatal mucosa with a sharp line of demarcation between the hard and soft palate.

Chemotherapeutic agents are increasingly being associated with drug-related palatal pigmentation.⁶ The patterns of pigmentation with chemotherapeutic agents are less consistent and less common than with the antimalarials. In this case the chemotherapeutic agent Gleevec[®] is the suspected cause. The patient noted the palatal pigmentation shortly after being started on Gleevec[®] at 800mg/day. Gleevec[®] is a chemotherapeutic agent that targets one cancer protein that causes Philadelphia chromosome-positive chronic myeloid leukemia (Ph+CML), another cancer protein, KIT, that is the suspected cause of gastrointestinal stromal tumor (GIST), and other proteins. Developed in the late 1990's Gleevec[®] was approved as a first line treatment for CML in 2001. Although the long-term side effects of Gleevec[®] have not yet been ascertained, research suggests that it is generally very well tolerated. Side effects such as edema, nausea, rash, and musculoskeletal pain are common but mild. The high cost of the drug (\$32,000/year for a 400mg/day dose) may limit its use. The presence of drug-related pigmentation has not been previously reported with Gleevec[®] and confirmation will require reporting of additional cases.

The patient was seen on follow-up three years later and was still on Gleevec.[®] The palatal pigmentation was unchanged and still asymptomatic. Although the discoloration of the oral mucosa by medication may be aesthetically displeasing, it appears to cause no long-term problems. In most cases, discontinuing the medication results in gradual fading of the areas of hyperpigmentation.⁷

Fig. 1. Slate gray pigmentation of the palate



Fig. 2A. Parakeratinized stratified squamous mucosa with pigmented granules in underlying connective tissue, (Hematoxylin and Eosin x100)

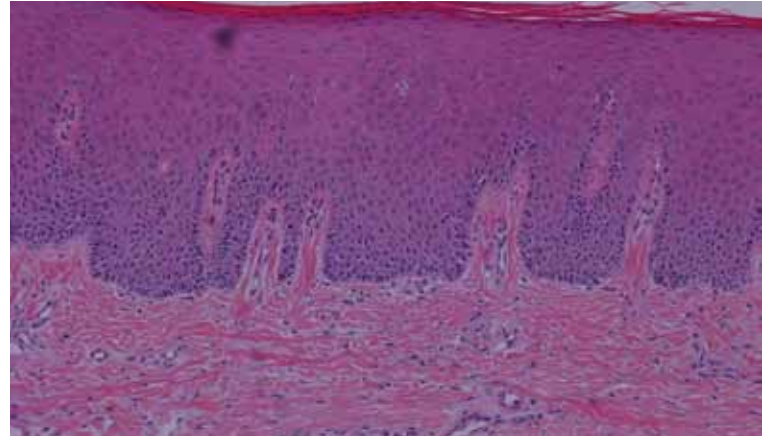
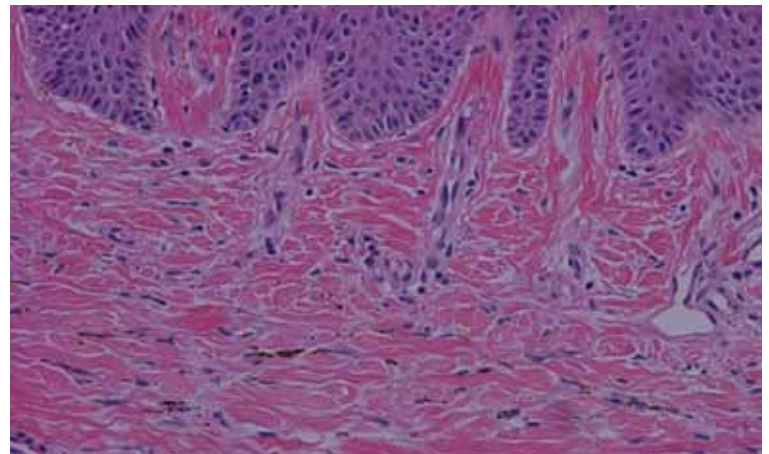


Fig. 2B. Fine granular particles in the lamina propria and no melanosis in the basal cell layer. (Hematoxylin and Eosin, x400)



References:

- Lewis, DM.: Pigmented lesion of palate. *Oklahoma Dental Journal* 2007;99 (1) 32-33.
- Lerman MA, Krimbux N, Guze KA, Woo S-B: Pigmentations of the hard palate. *Oral Surg Oral Med Oral Path Oral Radiol Endod* 2009;107:8-12.
- Maaser C, Kannengiesser K, Kuchaarzik T: Role of the melanocortin system in inflammation. *Ann N Y Acad Sci* 2006;1072:123-34.
- Perusse R, MR: Oral pigmentation induced by Premarin. *Cutis* 1991;48:61-4.
- Meleti M, Vescovi P, Wolter J, Van der Waal I: Pigmented lesions of the oral mucosa and perioral tissues: a flow-chart for the diagnosis and some recommendations for the management, *Oral Surg Oral Med Oral Path Oral Radiol Endod*, 2007;105:606-616.
- Coltran RS, Kumar V, Collins T, editors. *Robbins Pathologic Basis of Disease*. Philadelphia, Saunders 1999. P. 873-874.
- Neville BW, Damm DD, Allen CM, Bouquot JE, editors. *Oral and Maxillofacial Pathology*. St Louis, Saunders 2009. p. 580, 317, 380-381, 318, and 435-436.
- Sriwiriuanont P, Ohuchi A, Hachiya A, Visscher MO, Boissy RE: Interaction between stem cell factor and endothelin-1 effects on melanogenesis in skin xenografts. *Lab Invest* 2006;86:1115-25.
- Lippard VW, Kauer G: Pigmentation of the palate and subungual tissues associated with suppressive quinacrine hydrochloride therapy. *Am J Trop Med* 1945;25:469-471.
- Kleingegger CL, HH, Finkelstein MW: Oral mucosal hyperpigmentation secondary to antimalarial drug therapy, *Oral Surg Oral Med Oral Patol Oral Radiol Endod* 2000;90:189-94.

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