In response to growing consumer demand, DDOK has developed DeltaPatient Direct™ - our new discount referral program that allows patients to access quality dental care and pay dentists directly - at the time of treatment.

Currently, there are an estimated 1.5 million Oklahomans without access to employee-sponsored dental benefits. Delta Dental of Oklahoma has developed DeltaPatient Direct™ to benefit these Oklahomans who might not otherwise be able to access quality dental treatment. Additionally, we want to help bring additional patients to our valued participating dentists.

Here's how it works...

DeltaPatient Direct™ is not an insurance product. Individuals or families pay a low annual fee to DDOK. This fee provides access to a network of participating DeltaPatient Direct™ dentists, treatment financing options through Care Credit, vision care benefits from EyeMed, educational and treatment resources (including “Ask a Dentist”), and much more.

Dental services are offered at discounted rates that you, the provider, agree to. The patient visits your office and pays you at the time of treatment, according to the DeltaPatient Direct fee schedule.

It's that easy!

- No claim forms!
- No administrative costs!
- No verification of maximums and deductibles!

If you are currently a DeltaPreferred Option (DPO) dentist, or if you wish to add additional patients to your practice with no additional paperwork – we invite you to consider DeltaPatient Direct™.

Access 1.5 million patients while incurring no administrative costs, no network enrollment fees and no verification of maximums or deductibles. DeltaPatient Direct™ from one of the most trusted names in dental benefits – Delta Dental of Oklahoma.

Be sure to visit www.PatientDirect.NET. Should you need an enrollment package, or if you have additional questions about our new DeltaPatient Direct™ network, please contact Kim Montgomery, with our Professional Relations Department at: 405-607-2142 (OKC metro) or 800-522-0188, ext. 142 (outside the OKC metro).

An equal opportunity employer.

Only Dental. Only Delta.
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Andrea G. V. Gallegos

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Clinicals
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By: Raymond Cohlmia, DDS

At the ADA House of Delegates meeting in Orlando, new President Richard Haught convened a “live” panel session right on the house floor to discuss a very relevant topic — Access to Care.

During the panel discussion, I was constantly reminded of a presentation that former President Jim Saddoris delivered during his term in office. He spoke about the definition of a profession and how we have earned the right to call ourselves a profession, noting that a profession espouses three distinct values, the third of which is “care for the general public”.

From this stems our personal responsibility to show concern for human welfare, put service above self, and advance the art and science of dentistry for the benefit of all people everywhere. We all assumed this responsibility as soon as we chose dentistry as our career.

The primary issue presented to the panel dealt with addressing access to dental care for the underserved populations. Much of the discussion involved opinions with which you may already be familiar, but I wanted to inform you of some considerations that were unique and less commonly considered.

One panelist stated that it is critical that dental schools increase the recruitment and acceptance of a diverse group of individuals to reflect the needs of the regions around them.

He continued, “This is one of the most overlooked steps confronting the academic sector and one of the critical steps to ensure that we are meeting one of the facets of access to care in our profession.”

A second panel member referenced different practice situations that must be considered in the access to care issue, including mobile dental care, on-site dental clinics, intermediate care facilities, school-based programs, private home care, and the increasingly popular portable dental care.

These so-called “non-traditional practice settings” will become one of the fastest growing aspects for the profession and will make a positive and substantial impact in years to come in the area of access of care.

Where to learn more about this important subject? The ADA has several excellent publications that address access to care issues: Non-Traditional Practice Settings: Developing New Ways to Practice Dentistry and Providing Dental Care in Long-Term Care Facilities: A Resource Manual, to name a few.

The latter publication offers information about long-term care facilities and how to provide effective oral health care for this segment of the population. These and other reference texts can be explored through the ADA Catalog or ADA.org online services.

Other topics impacting on access to care that were discussed by the panel included manpower, increased individual productivity, new techniques and materials, and expanded duties.

I found interesting (and disheartening) that, according to the panel, less than 27% of Americans receives dental care on a regular basis. Another 20% percent receives dental care on more of an “emergency” basis. Unfortunately, the remaining 50+% receives no dental care on any basis. These statistics reinforce Dr. Saddoris’ point about the profession needing to “advance the art and science of dentistry for the benefit of all people everywhere”.

We have made some strides in the area of dental access, but we certainly have a long way to go. On a positive note, there is no doubt that exciting and unique opportunities now exist for both established practitioners as well as newly graduated dentists. One thing is for certain: From recent changes in federal legislation to the unique opportunities and methods available to facilitate dental practice in remote areas of the country, it is more enticing and exciting than ever to consider auxiliary career opportunities as a way to help address this access issue. These advances, coupled with a refocus on demographics, will most certainly help advance the art and science of dentistry for the benefit of all people everywhere and thereby help reinforce again that we are a profession. ●
SEASONS GREETINGS

The holiday season has finally arrived! I know that we are all busy preparing for the holiday’s family, professional and social activities, but I hope each of us also takes some time during the season to reflect upon this last year.

As a nation, we have been through a stressful year as the 2004 election, war in Iraq, and other global events have often seemed all-encompassing. However, we are Americans and we must stay united no matter our political beliefs. We live in a society whose freedom and opportunities are the envy of much of the world—and we must never forget this fact.

Also, we must remember that as dentists we are blessed to be part of a wonderful profession, one that allows us to be successful in so many ways. We serve a calling of providing comfort and care to our patients, and because of this we are respected and trusted. Our work provides the personal satisfaction of making a difference in the health of each of our patient’s lives, and also affords a financial reward that allows us the freedom to spend time with our family, church, and community.

I believe this has been a significant year for the ODA. We have made many changes and are in the process of completing numerous goals. But nothing is possible without an intelligent, dedicated, and generous membership, so I thank each of you for all of your help and support. While we have accomplished much together, the best part is that even greater days remain ahead.

On behalf of the ODA leadership and staff, I’d like to wish you a healthy holiday and a happy new year.

– Lee Beasley, President

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DENTAL ORGANIZATION NEWS

UNIVERSITY OF OKLAHOMA
COLLEGE OF DENTISTRY

By: Frank J. Miranda, DDS, MEd, MBA,
Senior Associate Dean

STUDENT NEWS

Three senior dental hygiene students recently received scholarships from the American Dental Hygienists’ Association’s Institute for Oral Health: Carolyn Tucker was awarded a $1,000 Sigma Phi Alpha Undergraduate Scholarship; Michelle Fitzpatrick received a $1,000 Dental Hygiene Scholarship from Oral-B Laboratories; and Krista Thompson was the recipient of a $1,500 Cadbury Adams Scholarship.

The University of Oklahoma Parents’ Association sponsored its annual Outstanding Senior Awards Reception and Ceremony on October 1 to recognize a selected senior from each undergraduate college. The Outstanding Senior from the College of Dentistry was dental hygiene student Stacy Randall.

FACULTY NEWS

Ram Nanda (Chair, Orthodontics) was the recipient of the 2004 Martin Dewey Memorial Award from the Southwestern Society of Orthodontists. The Dewey Award, established in 1953, is the highest honor bestowed by the Society on one of its members, and recognizes outstanding contributions to orthodontic advancements in education, practice, and research. The award was presented to Nanda during the Society’s Annual Session in October.

OMICRON KAPPA UPSILON

Omicon Pi, OUCOD’s chapter of OKU (national dental honor society), held its annual awards luncheon at the College on October 14th. Recognized with certificates of achievement for their outstanding academic performance during the 2003-04 academic year were: (Class of 2005) Brooke Bottom, Aaron Bulleigh, Carrie Chastain, Lori Holden, Jake Mendenhall, and Darek Ridpath; (Class of 2006) Jamie Ariana, Felipe Avery-Miranda, Lauren Avery-Miranda, Seth Evetts, Brad Hall, and Jason Knapp; (Class of 2007) Amanda Hendrickson, Grant Pitt, Spencer Sautter, Jared Smith, Kyle Vroome, and George Zakary.

TULSA COUNTY (TCDS)

By: Jeff Parker, DDS, TCDS Editor

CONGRATULATIONS TO DR. RICHARD HAUGHT, THE NEWLY ELECTED PRESIDENT OF THE AMERICAN DENTAL ASSOCIATION!

At our October 12th evening meeting, Dr. Richard Haught was honored and addressed the membership. Special guests for the evening were the new TCDS dentists from the last five years who received membership pins during a pinning ceremony in which Drs. Richard Haught, Jim Torchia, Steve Hogg, Stephen Glenn and Pam Low participated.


(continued on pg. 6)
CALANDAR OF EVENTS

DECEMBER

DECEMBER 2 – ADA Lobbyist Meeting, San Diego, CA
DECEMBER 3 – ADA Lobbyist Meeting, San Diego, CA
DECEMBER 4 – ADA Lobbyist Meeting, San Diego, CA
DECEMBER 4 – Oklahoma Association of Women Dentists Christmas Party, Home of Dr. Krista Jones
DECEMBER 9 – Tulsa County Holiday Party, Renaissance Hotel in Tulsa
DECEMBER 20 – Retired Dentist Lunch, ODA
DECEMBER 24 – ODA Office Closed
DECEMBER 31 – ODA Office Closed

* JANUARY *

JANUARY 4 – Tulsa County Dental Society Executive Meeting
JANUARY 4 – Oklahoma Association of Women Dentists Study Club, Office of Dr. Laura Ballinger
JANUARY 6 – Oklahoma County Dental Society Dinner Meeting, Clarion Meridian Convention Center
JANUARY 7 – Tulsa County Dental Society All-Day Meeting Featuring Dr. Gordon Christensen, Renaissance Hotel in Tulsa
JANUARY 7 – Oklahoma County Dental Society - George Freedman, Clarion Meridian Conv. Center
JANUARY 17 – Retired Dentist Lunch, ODA Headquarters
JANUARY 20 – SW Dental Conference, Dallas, TX
JANUARY 21 – SW Dental Conference, Dallas, TX
JANUARY 22 – SW Dental Conference, Dallas, TX
JANUARY 23 – ADA President-Elect’s Conference, Chicago, IL
JANUARY 24 – ADA President-Elect’s Conference, Chicago, IL
JANUARY 25 – ADA President-Elect’s Conference, Chicago, IL
JANUARY 25 – Oklahoma County Dental Society Board of Trustee Meeting, Junior’s, Okla. City
JANUARY 25 – Tulsa County Dental Society Dinner Meeting with Table Clinics and Elections, Renaissance Hotel in Tulsa

FEATURED SPEAKERS

featured speaker Dr. Herman Dumbrigue presented a very informative program on “Three Dimensional Treatment Planning for Implant Restorations.”

A great time was had by all 76 in attendance at our October New Dentists Party at the Tulsa Historical Society. Special thanks to the Brookside LaoThai Restaurant for a wonderful job catering the event and to Peoples State Bank for donating the unique ceramic pumpkin centerpieces that were given as door prizes!

Final touches are being made on our Dental Family Day Festival being sponsored by TCDS, the Tulsa County Dental Hygienists’ Society, the Tulsa Dental Assistants Association and the Dental Alliance. Lots of fun events, co-ed sports, hamburgers and hot dogs, kid rides, etc. are planned for all the dental teams and their families.

Plans are underway for our Thursday, December 9th Holiday Casino Party that will be held at the Tulsa Renaissance Hotel.

We want to extend a special invitation to all dentists and their staff to attend our all-day continuing education programs that are coming up at our new meeting location, the Tulsa Renaissance Hotel: Friday, January 5, 2005 will feature Dr. Gordon Christensen on “The Christensen Bottom Line-2005”; and Friday, March 18, 2005 will feature Dr. Charles Wakefield on “Current Perspectives in Restorative Materials and Cosmetic Dentistry”.

Our dental family is saddened by the loss of one of our long-time colleagues, Dr. Albert Gawey. His many years of service made a difference in the community and our dental profession. We will miss him a lot.

We want to welcome new TCDS members: Dr. Tawana Boulier, Dr. Hugh McDougall, and Dr. Joseph Shoop.

Have an event you would like listed on the ODA Calendar? Email details to events@okda.org
ARE YOU A MEMBER OF A DENTAL FAMILY?

The ODA LEGACY project is currently seeking information from ODA members who have parents, grandparents, siblings, cousins, or other family members that are also dentists.

Please contact the ODA and provide your dental family tree and photographs. This information will be used to honor dental families at the ODA Annual Meeting, in various publications, and at events related to the ODA Centennial celebration.

Contact Kay Mosley to submit your family information: 405.848.8873; kmosley@okda.org

welcome!

ODA NEW MEMBERS

1. PATRICIA HAIR – CENTRAL DISTRICT
   1414 N. Kennedy, # 102, Shawnee, OK 74801
   (405) 273-3270

2. BRYAN CARDON – OKLAHOMA COUNTY
   TAFB, Oklahoma City, OK 73145
   (405) 736-2000

3. LA TONYA SHELTON-MILLER – OK COUNTY
   701 NE 36th, Oklahoma City, OK 73154
   (405) 524-7214

4. PAUL WOOD – SOUTH CENTRAL
   3617 West Grove, #13, Lawton, OK 73505
   (580) 357-0888

5. MATTHEW BERG – TULSA COUNTY
   405 A. South Utica Ave., Tulsa, OK 74104
   (918) 599-8383

6. TAWANA BOURLIER – TULSA COUNTY
   5604 W. Skelly Drive, Tulsa, OK 74107
   (918) 447-4442

7. HUGH MCDougALL – TULSA COUNTY
   8149 E. 31 Street, Tulsa, OK 74145
   (918) 665-2676

8. JOSEPH SHOOP – TULSA COUNTY
   3547 E. 31st, Tulsa, OK 74145
   (918) 743-8539
2004 OKLAHOMA ELECTION RESULTS

SENATE
District 1, Charles Wyrick - D
District 9, Earl Garrison - D
District 11, Judy Eason McIntyre - D
District 13, Susan Paddack - D
District 15, Jonathan Nichols - R
District 19, Patrick Anderson - R
District 21, Mike Morgan - D
District 23, Ron Justice - R
District 27, Owen Laughlin - R
District 29, John Ford - R
District 31, Don Barrington - R
District 32, Randy Bass - D
District 33, Tom Adelson - D
District 37, Nancy Riley - R
District 39, Brian A. Crain - R
District 41, Clark Jolley - R
District 43, Jim Reynolds - R
District 47, Todd Lamb - R

District 14, Barbara Staggs - D
District 15, Ray Miller - D
District 16, Jerry Shoemake - D
District 17, Mike Mass - D
District 18, Terry M. Harrison - D
District 19, R.C. Pruett - D
District 20, Paul D. Roan - D
District 22, Wes Hilliard - D
District 23, Sue Tibbs - R
District 25, Bob Plunk - D
District 26, Kris Steele - R
District 27, Shane Jett - R
District 28, Ryan D. Kiesel - D
District 29, Todd Hiett - R
District 30, Brian Bingman - R
District 31, Dale DePue - R
District 32, Danny Morgan - D
District 33, Lee Denney - R
District 35, Rex Duncan - R
District 39, Marian Cooksey - R
District 40, Mike Jackson - R
District 42, Lisa Billy - R
District 44, Bill Nations - D
District 45, Thad Balkman - R
District 46, Doug Miller - R
District 47, Susan Winchester - R
District 48, Greg A. Platt - R
District 49, Terry Hyman - D
District 51, Raymond Gene McCarter - D
District 53, Randy Terrill - R
District 54, Paul Wesselhoft - R
District 55, Ryan McMullen - D
District 56, Phil Richardson - R
District 57, James E. Covey - D
District 58, Jeff Hickman - R
District 59, Rob Johnson - R
District 61, Gus Blackwell - R
District 64, Ann Coody - R
District 65, Joe Dorman - D
District 71, Daniel S. Sullivan - R
District 73, Jaber Shumate - D
District 74, John Smaligo - R
District 78, Jeannie McDaniel - D
District 81, Ken Miller - R
District 82, Guy Liebmann - R
District 84, Sally Kern - R
District 85, Odilia Dank - R
District 86, John Auffet - D
District 87, Trebor Worthen - R
District 88, Debbie Blackburn - R
District 91, Mike Reynolds - D
District 92, Richard Daniel Morrisette - D
District 93, Al Lindley - D
District 94, Kevin Calvey - R
District 96, Lance Cargill - R
District 97, Mike Shelton - D
District 99, Opio Toure - D
District 100, Mike Thompson - R

HOUSE OF REPRESENTATIVES
District 5, Doug Cox - R
District 8, Ben Sherrer - D
District 9, Ted M. Jones - R
District 10, Steve Martin - R
District 11, Mike Will - R
District 12, Wade Rousselet - D
District 13, Jerry McPeak - D
District 14, Barbara Staggs - D
District 15, Ray Miller - D
District 16, Jerry Shoemake - D
District 17, Mike Mass - D
District 18, Terry M. Harrison - D
District 19, R.C. Pruett - D
District 20, Paul D. Roan - D
District 22, Wes Hilliard - D
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District 94, Kevin Calvey - R
District 96, Lance Cargill - R
District 97, Mike Shelton - D
District 99, Opio Toure - D
District 100, Mike Thompson - R

DENPAC Contact Dentist Program

As a new legislative session approaches with many new faces in the Oklahoma legislature, the ODA is looking to update and expand its contact dentist program. The following is a list of responsibilities for contact dentists:

• Develop and maintain a relationship with the senator and representative in your district. Make contributions to the senator’s and representative’s respective campaigns when appropriate.
• Serve as the dentist your senator and representative will contact when there is legislation that impacts the practice of dentistry.
• Serve as the spokesperson for the ODA when the ODA needs to get a message to your senator and representative.
• Participate in Dentist’s Day at the Capitol.
• Assist DENPAC in determining and distributing campaign contributions.
• Participate in grassroots training sessions when offered by the ODA or Component Society. Organize a grassroots training session in your geographical area.

The ODA wants to increase the number of contact dentists for each legislative district. The more individuals we have the louder our voice will be. To volunteer to be an ODA contact dentist contact Stephanie Trougakos at the ODA office by phone at 405-848-8873 or by email at strougakos@okda.org. ODA needs you and you need visibility at the State Capitol.
ODA NEW HEADQUARTERS Building Update

In November, framing of the ODA headquarters continues and is nearly complete. As the walls of the new headquarters are completed, what was once simply a blueprint is now coming to life. The builders plan to complete the external structure of the building before the winter months, so that once the weather turns cold, work can commence on the inside of the building. The new ODA headquarters is located at N.E. 13th and Stiles.

Make your pledge to help pay for the new ODA Headquarters today. Your contribution is tax deductible as a business expense and by paying for the new headquarters now, the association will save $25,000 per year in interest payments alone.

Become an ODA Builder today by calling 800-876-8890 or by visiting www.okda.org.

hrstuart@sbcglobal.net
Dr. Albert Charles Gawey
Birth: 1918
Death: September 20, 2004
Tulsa, Okla.

Dr. Gawey received his bachelor’s degree from the University of Oklahoma and attended Loyola Dental School in New Orleans, LA, where he graduated cum laude. Dr. Gawey served his nation during World War II as a Captain in the U.S. Army. He was awarded the John Gawey Award by the Tulsa County Dental Society in 1996 as recognition of his more than 25 years of dental service. In 1998, the Oklahoma Dental Association awarded Gawey the Gold Award for 50 years of dental service. He retired at age 71.

Dr. Thad Taylor
Birth: 1918
Death: September 3, 2004
Tulsa, Okla.

Dr. Taylor was a member of the Oklahoma Dental Association. He and his wife moved to Dallas several years ago to be close to their children, Thad Jr. and Tracey.

FREE MOVIE RENTAL! The ODA currently has DVD and VHS versions of the ADA film “Protecting the Environment: Best Management Practices for Amalgam Waste." Also available to borrow is the new video (VHS) guidebook patient education package, “Dental Health: A Guide for African Americans.” To borrow any of these films, call the ODA at 800-876-8890.

EXPERIENCE THE REAL ALASKA! Alaska Dental Association is seeking volunteers to help with the epidemic of oral disease in remote Alaska villages. To volunteer or get more information, contact: James Towle, Alaska Dental Association Executive Director, 907-563-3003, jtowle@alaska.net.

CALL FOR NOMINATIONS The ADA is now awarding a Certificate of Recognition for Volunteer Service in a Foreign Country. Nominate yourself or someone you know who has spent time as a volunteer in a foreign country. Details and nomination forms are available at: www.ada.org/goto/international.

Ten Ways to Wreck an Organization

1. Don’t come to the meetings.
2. If you do come, come late.
3. If the weather does not suit you, don’t think of coming.
4. If you attend a meeting, find fault with the officers and the other members.
5. Never accept an office, as it is easier to criticize than DO things.
6. Feel hurt if you are not appointed on a committee; but if you are, do not attend committee meetings.
7. If asked by the Chair to give your opinion on some matter, tell him/her you have nothing to say; after the meeting tell everyone how things should be done.
8. Do nothing more than is absolutely necessary, but when members roll up their sleeves and willingly and unselfishly use their ability to help the organization, say that the group is run by a clique.
9. Hold back your dues as long as possible, or don’t pay them at all.
10. Don’t bother with getting new members; let someone else do it.
There are many opportunities available today to obtain continuing education. The majority of these courses utilize the one-day lecture style format. While these types of courses offer an enthusiasm for the material, little actual knowledge transfers to the operatory. CORE Dentistry has developed a comprehensive four-session continuum focused on enabling a practitioner to plan and perform esthetic restorative dentistry at its highest level.

"After 25 years of continuing education, gathering pearls here and there, this continuum provided a complete string of pearls ready immediately." – Roger Arredondo, DDS

"As an orthodontic specialist, the continuum has enabled me to take my practice to a new level, communicate better with the restorative dentist, and give my patients a higher standard of care." – Robert Norris, DDS

Spring 2005 Continuum – San Antonio, TX
March 4-5, April 1-2, May 20-21, & June 17-18

For information and registration, call 210-828-3334 or visit our website at: coredentistry.com
PROFILe: DR. MARY MARTIN, 2004 CIRCLE OF EXCELLENCE HONOREE

Dr. Mary Martin has worn many hats over the years, from wife and mother to former professor and associate dean. It’s no wonder that she was chosen, three times, as one of the Journal Record’s top 50 “Women of the Year.” Her third nomination pushed her into a category few women achieve, the “Circle of Excellence.”

Dr. Martin is currently focusing on her private practice in Midwest City, but her career has helped change many aspects of dentistry, especially for women.

Dr. Martin founded the Oklahoma Women’s Dental Society in 1985 and currently serves on the Well-Being Committee of the American Dental Association and as a director of archives for the American Association of Women Dentists.

The ODA recently spoke with Dr. Martin about her career in dentistry and the need for women dentists to support each other.

ODA: As the founder of the Oklahoma Women’s Dental Society what have you done to help the society reach its goals?

MM: Although I do carry the title of “founder” of the Oklahoma Association of Women Dentists, I view myself as being only the very fortunate instrument that happened to be available to enable this energetic group to start. A rather large group of us met at an old Shakey’s Pizza Parlor in 1985 and determined we would like to have an organization with goals consistent with our individual needs as women. Those goals have not changed. They are:

I. To promote membership in the Oklahoma Dental Association and to encourage involvement.

II. To serve as a social organization, promoting fellowship between students and graduates.

III. To serve as an educational resource for emphasis on issues pertinent to dentistry.

These goals were, and are, the goals of a vibrant group of women dentists who saw a need in organized dentistry between students and graduates.

ODA: Who inspired you or who was your mentor as you first entered a field that is predominately male-oriented?

MM: The majority of my mentors have been male. My first mentor was Dr. Dwight W. Rumsey, from Skiatook, who saw something in me that no one else did. He hired me while I was still in high school and encouraged me to continue into dental hygiene. My next mentors were Dr. Richard Reynolds and Dr. Albert Staples of OU College of Dentistry. Dr. Reynolds wanted me to pursue a career as a dentist even before I entered dental hygiene school. I worked as an assistant to Dr. Staples while in the dental hygiene program. These men encouraged me to pursue a career beyond my wildest dreams! After dental school, Dr. Richard T. Glass served as my mentor. The remainder of my inspiration has come from the many women who have crossed my path. Each time I have needed to learn something, God has provided a teacher!

ODA: What role do you see women having in the future of organized dentistry?

MM: I see women visionaries, women component presidents and a woman as an executive director of the ADA someday. I am happy to see men and women working together for the good of the patients and the profession. We still have a long way to go before there will be complete acceptance, but I am glad I have been a part of the early years and I am grateful for those pioneer women dentists who went before me and tore down a few barriers.

ODA: What life motto has helped you through the years to become the successful woman that you are today?

MM: “Life is a Journey…not a Destination.” It keeps me focused on the big picture when my tendency is to get bogged down in details.

ODA: What advice would you give to women starting their career in dentistry?

MM: Go for it, girl! When completing your education or electives, add networking and support groups to the list of necessities. People who truly understand your fatigue, your frustration and your desires are other WOMEN who have gone through the same thing. Stick together! There is strength and support in numbers.
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DR. LEE BEASLEY NAMED UCO DISTINGUISHED FORMER STUDENT

“Leading a generous life of balance, with integrity and grace, giving to his family, his patients, his profession and his community” – just a brief summary of the many kind comments of recommendation for Dr. William Lee Beasley for the University of Central Oklahoma’s Distinguished Former Student award.

Dr. Beasley, ODA President, was honored, as part of UCO’s long-standing tradition of honoring Central alumni at homecoming, for his contributions to the school and dedication to his profession and the community.

A dinner was held Thursday, October 14, 2004 to honor the 2004 recipients on the UCO campus.

Dr. Beasley, a 1969 UCO graduate, was described as “a man of integrity, who has dedicated his life to taking care of his patients and a good family man,” by Lt. Gov. Mary Fallin.

Dr. Beasley has also received several professional awards including the 2003 Richard T. Oliver Award for Outstanding Legislative Leadership, America’s Top Dentists 2003, The Best Dentist in America 2002 and Who’s Who in Executives and Professionals.

Congratulations, Dr. Beasley! ●

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Stephanie Trougakos joined the ODA in June of this year and immediately made an impact at the Association. As Publications & Advertising Manager, Trougakos has been instrumental in the redesign of the ODA Journal. By pursuing Editor Raymond Cohlmia’s vision for the new Journal, Trougakos has been consistently busy producing a magazine-quality, membership publication once a month – an accomplishment that is no small task.

In addition to the responsibility of producing the ODA Journal, Trougakos is also responsible for all ODA graphic design and mailings. She will also be instrumental in running the exhibit hall, arranging sponsorships, and coordinating scientific speakers for the 2005 ODA Annual Meeting.

If this sounds like enough for one person, it probably is, but Trougakos is also the Government Affairs and DENPAC assistant – helping Executive Director Dana Davis expand and improve the legislative arm of the ODA.

Trougakos grew up in scenic Broken Bow, Oklahoma where she had several memorable runs in the Will Rogers Follies. Trougakos attended Oklahoma State University where she received a degree in public relations and met her husband Nick.

The ODA Journal recently sat down with Trougakos to discuss her thoughts on being an ODA staff member, her philosophy of design, and to find out what the ODA has taught her.

ODA: What has been the most exciting aspect of being on the ODA staff?
ST: I’m fairly new to the Association, but I’ve seen a lot of progress in my few short months here. The opportunity to be a part of an organization that is looking forward to the future and always open to new ideas is exciting. The recent redesign of the Journal, although only a part of the ODA’s many changes, is proof that the Association is moving forward. Any time you are able to play a part in a major organizational change, the learning opportunities are endless.

ODA: What is your design philosophy?
ST: A good design is one that works - a simple concept that is often hard to achieve. Design conflicts arise with issues as simple as differing opinions or differing audiences. I try to stick with one philosophy that can carry through. Simplicity is the key. I feel that simple design communicates with both the young and the old, male and female, and effectively gets the message across. We are bombarded every day with over-the-top advertising, a million bright colors and too much text. Simplicity often catches our eye the most. If you can effectively communicate with your audience with a simple, yet compelling, design you’ve done the job right.

ODA: What have you learned from your involvement with the ODA Government Affairs efforts?
ST: Working with Dana Davis and Scott Atkins on DENPAC and governmental affairs issues has been one of my most rewarding new opportunities at the ODA. Learning more about PAC contributions, election processes and governmental processes can only enable me to become a better employee and citizen. DENPAC offers a wonderful opportunity for dentists state-wide to have a voice in matters that directly concern the future of dentistry. The past two elections have served as proof that each individual’s involvement in the political world is important. So, get involved today!

ODA: What is something you have learned about dental health since joining the ODA?
ST: If you sip all day, you’ll get decay!
In September, the House of Delegates approved a name change for the Council on Dental Education, making it the Council on Dental Education and Public Information (DEPI).

Previously, the Council had operated with a sub-council that handled public information for the ODA. However, now a single Council oversees both dental education and public information matters for the Association.

This consolidation will make the Council more efficient. Though the Council has consolidated the dental education and public information entities, the finances of both areas will remain separate.

The Council on Dental Education and Public Information is tasked with increasing the dental knowledge of the people of Oklahoma, encouraging education standards that will assure optimum dental care, and assuring that dentists and auxiliaries practicing in Oklahoma have an opportunity to achieve, maintain, and provide the public the highest level of professional ethics, proficiency, and competence.

The Council oversees several activities and events during the year. Perhaps the most exciting of these events is Give Kids a Smile! (GKAS) Day (see page 18) and National Children’s Dental Health Month (NCDHM).

Both of these events are opportunities for ODA dentists to impact the status of children’s dental health in the state of Oklahoma. Braum’s has traditionally been a strong supporter of NCDHM and will continue to work with this Council on promoting NCDHM in every Braum’s store in 2005.

During NCDHM, the Council conducts a poster contest for all 4th grade students in the state of Oklahoma. Last year, over 1,600 4th graders entered this contest.

The public information arm of the Council is also very active. In 2004, the Council participated in a Doctor’s Week campaign with KWTV-9 in Oklahoma City and KOTV-6 in Tulsa. This campaign included the development of an ODA Public Service Announcement focusing on the “Sip all day, get decay” promotion (available on the ODA website) and had ODA members interviewed on both stations participating in online dental health chats and also performing dental screenings at Boys & Girls Clubs across the state.

The DEPI Council also oversees the ODA web site development. Recent updates on the ODA site (www.okda.org) include a new “Members Only” area and a re-designed “Find a Dentist” feature.

The DEPI Council is a busy, forward-thinking entity serving both the ODA and dentistry as a whole in the state of Oklahoma. Dr. Tim Shannon chairs a council filled with energetic, engaged members, without which none of these high-profile programs or activities could be accomplished.
On Friday, February 4th, 2005, Oklahoma Dental Association member dentists will provide free oral health care services to hundreds of low-income children across the state. “Give Kids a Smile!” Day is a national children’s dental access day, during National Children’s Dental Health Month, the goal of which is to improve the oral health of large numbers of needy children.

“Give Kids a Smile!” activities also hope to highlight for policy makers the ongoing challenges that low-income and disabled children face in accessing dental care.

The overarching concept of the initiative is to create a national umbrella for the numerous charitable education, screening, prevention and comprehensive treatment programs already in existence by having as many of them as possible occur on the same day.

At the same time, the campaign provides a framework for identifying, cataloging and recognizing the many access programs that take place throughout the year.

ODA dentists will provide a range of different activities across the state during the upcoming “Give Kids a Smile!” Day. Activities vary from dentists providing brushing demonstrations and oral health discussions in schools and community groups, to dentists opening up their own practices to provide free diagnosis and treatment of children’s dental health needs.

The Oklahoma Dental Association recognizes any effort by an ODA dentist to improve the dental health of Oklahoma’s children as being pertinent to the goal of “Give Kids a Smile!” Day.

Within individual communities, Oklahoma Dental Association dentists will decide how best they can serve the children in their community during this day. “Give Kids a Smile!” Day in 2005 hopes to build on the successes of the 2002 through 2004 campaigns.

As with all grassroots campaigns, “Give Kids a Smile!” Day continues to improve every year as more dentists and children become aware of the efforts and participate in “Give Kids a Smile!” events.

Ways you can participate in “Give Kids a Smile!”

- Visit a school, Head Start program, Boys and Girls Club, or faith-based youth group and talk with children about their oral health.
- Open a free dental clinic for children in your office. Contact local schools, community groups, or churches and let them know when you are providing free dental care for children and what children should do to receive that care.
- Coordinate efforts with other dentists in your area. This can be done in two ways:
  - If multiple offices in a community are being used to provide care, one office can be selected to handle the scheduling of patients for all participating dentists. This way, children in need of dental care call a single office and are given an appointment through a rotating system involving all participating dentists.
  - Work with other dentists in your area and create a triage system. For example, one office may be used for an initial examination and assessment of each child’s oral health. Once a diagnosis is made, the child may be sent to another dental office in the community where he/she will receive treatment.
- Participate in treatment through a local college or hospital. Many facilities have the ability to treat many children at once. See if a facility in your community is participating in “Give Kids a Smile!” Day and volunteer!

If you plan on participating in GKAS or if you would like to participate but are not sure how, contact Brian Houston (405.848.8873, bhouston@okda.org) at the Oklahoma Dental Association.

The ODA will have a comprehensive list of GKAS activities and events to help you find a way to participate, and the Association will have supplies available to help with your event.
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By: Dr. Kevin Haney

For the past seven years the OU College of Dentistry has hosted a community service project specifically targeting children. This project, long preceding the ADA’s “Give Kids a Smile!” program, sought to address the dental needs of children in the Oklahoma City area, many of whose parents were unable to afford even the most basic of dental care.

Having spent many years in the Public Health Service before returning to education, I felt that I already knew a thing or two about community service (and service to children in particular).

I must confess that I initially had many doubts that a group of students could plan, organize and execute a successful service project targeting potentially large numbers of children. Particularly, I had serious concerns that a program incorporating restorative care in addition to examinations and sealant applications could be successfully implemented.

However, since the project’s beginnings seven years ago, over 1000 children have received dental treatment during the College’s annual “Kids Day” with approximately $200,000 in donated dental services having been rendered.

The costs necessary to staff and supply the clinics easily exceed $300,000 total. In addition to our student and faculty volunteers, we are truly indebted to the dental suppliers, donors, and to the University itself for allowing staff to assist in these annual efforts.

Kids Day began in 1997 as a student service project, and has continued to be operated by students. Approximately 50 children were seen during the first event and the success was so overwhelming that plans were made to make it an annual event.

Faculty of the Department of Pediatric Dentistry provide regular consultation and advice during the planning stages, but the ultimate success and credit of each year’s event belongs to our students and to the affiliated collegiate societies.

Over the years the planning process has evolved such that each year’s problems become lessons to be addressed and solved for the next year’s event.

Planning begins during the debriefing session to discuss all aspects of the program. Three junior dental students, who are slated to be the leaders, are invited to attend this session to learn what worked, what didn’t, and how to correct any noted deficiencies.

For the next eleven months these students are responsible for organizing the coming event, recruiting student, faculty and staff volunteers, soliciting donations from vendors, acquiring suppliers, contacting target schools, churches and parent groups, and in some cases, arranging for media coverage. The Oklahoma Dental Association and its membership have provided tremendous support through the years.

One benefit of having students provide care is that the varying skill levels of each class can be fully utilized. The Department of Dental Hygiene has been a leader in this regard, with first-year hygiene students serving as chairside assistants to second-year hygiene students.

This has dramatically increased our ability to provide preventive services to the children and has also served very well as a teaching tool for the new hygiene students. This same approach has been adopted by our dental students working in the restorative arena; senior students provide the majority of care, with juniors providing chairside assistance or help with patient screening. Freshman and sophomore students do the yeoman’s tasks of exposing and developing radiographs, obtaining medical histories, or serving as “runners” to escort patients to designated clinics.

In the spring of 2003, Kids Day was combined with “Give Kids a Smile!” (GKAS), a campaign organized by the American Dental Association (and constituent groups) to provide services to children with access issues.

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The 2005 ODA Annual Meeting is right around the corner! The 2005 meeting will be held April 28 through May 1 at the Cox Convention Center in Oklahoma City.

One of the highlights of the ODA Annual Meeting is the renowned Scientific Sessions that take place throughout the meeting. This year is no different. In fact, it is hard to remember an ODA meeting with a more compelling lineup of internationally-known speakers.

Between now and April, the ODA Journal will be running previews of the 2005 ODA scientific speakers, giving you an insight into the biographies of each speaker and what you can expect from their session at the 2005 meeting.

Stanley Malamed, DDS
Stanley F. Malamed, DDS is a professor and chairperson of the Section of Anesthesia & Medicine at the University of Southern California School of Dentistry in Los Angeles. Dr. Malamed is also a Diplomate of the American Dental Board of Anesthesiology, as well as recipient of the Heidebrink Award (1996) from the American Dental Society of Anesthesiology and the Horace Wells Award (1997) from the International Federation of Dental Anesthesia Societies. Dr. Malamed has authored more than 85 scientific papers and 16 chapters in textbooks, in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia.

Session: Emergency Medicine in Dentistry
Life-threatening emergencies can occur anytime, anywhere and to anyone. Such situations are somewhat more likely to occur within the confines of the dental office due to an increased level of stress experienced by some patients. At the conclusion of this seminar Dr. Malamed will discuss areas which are considered vital to a proper understanding of emergency medicine (prevention, preparation, recognition and management).

The course will help attendees:
• Prepare an office emergency kit (drugs and equipment)
• Recognize and manage specific emergency situations
• Manage unconsciousness, respiratory distress, seizures, drug-related emergencies and chest pain

This course is designed for all members of the dental office staff, not just the doctor and chairside personnel. Everyone should be prepared.

Avishai Sadan, DMD
Dr. Sadan is a graduate of Hebrew University Hadassah School of Dental Medicine in Jerusalem, Israel. He has completed an internship in maxillofacial prosthodontics and oral medicine at this university also. Dr. Sadan received his training in prosthodontics from the LSU School of Dentistry.

He has also completed a fellowship in prosthodontics emphasizing aesthetic and implant dentistry at LSU. He is the editor-in-chief of both the Quintessence International and the Quintessence of Dental Technology (QDT), has served on the editorial boards of the International Journal of Prosthodontics, Practical Periodontics and Aesthetic Dentistry, and has lectured nationally and internationally on aesthetic and implant dentistry. He is the editor of the book Nature’s Morphology by S. Kataoka and Y. Nishimura.

A member of several professional organizations including the American College of Prosthodontists, the Academy of Osseointegration, the European Academy of Esthetic Dentistry, and OKU Dental Honor Society, he maintains an intramural practice limited to fixed and implant prosthodontics.

Session: Updates in Esthetic and Implant Dentistry
The presentation will review current concepts in all-ceramic restorations and esthetic-implant restorations. Emphasis will be on linking research data to clinical procedures in esthetic dentistry, especially in the context of impressions, bonding procedures, cementation, and implant dentistry. Some of the topics to be covered:
• Current status of all-ceramic restorations--classification and indications for all-ceramic systems, from porcelain veneers to single unit crowns to full-mouth rehabilitation
• The rationale for the selection of cements, bonding agents, and impression materials for esthetic applications including materials classification and indications for use
• Esthetic implant restorations--classification and indications for currently available restorative options. Selecting the appropriate treatment plan (surgical and restorative protocols)
porter of Kids Day long before GKAS was conceived, it seemed natural to combine the efforts of both the College and the private practice community. The effort proved to be extremely successful on many fronts.

Students were excited to meet and work with providers from the “real world.” Students were able to see first-hand how chair-side organization is critical to success in the private sector. The combined Kids Day/GKAS effort in 2003 resulted in approximately 150 children receiving needed treatment.

However, combining the two programs created more than a few difficult problems, particularly organizational. Unexpected last-minute changes in practitioner plans left student organizers frantically scrambling to arrange for adequate clinical coverage. Also, some private practitioners utilized techniques or materials with which our students had not yet become familiar, or which the school did not have.

During the debriefing session, some students expressed concern that the combined program lessened their opportunity to serve the community directly. This last point was a very critical issue to the student organizers since one of the original philosophies of Kids Day was to emphasize “student” involvement in community service.

Certainly, the combined event and the lessons we learned enhanced our ability to plan a better program for coming years by providing positive relationships within the dental community – relationships that, on the whole, will continue to support the outreach efforts of the College of Dentistry.

In 2004, the Kids Day program returned to its founding purpose as a student service project, but not due to a lack of private practice volunteers. In fact, many practitioners called and wanted to know when the project would be and how they could help. Considering the scheduling and supply issues that arose during the de-briefing session following the 2003 event, as well as the philosophical foundation of the event, the student committee and I felt that the 2004 project should return to an “in-house” program.

Approximately 150 children were seen and received treatment during 2004. Though the day was completely successful, the valuable learning experience of the student working side-by-side with the private practice dentist was missing.

Planning has already begun for Kids Day 2005. Whether it remains an in-house project or a joint effort with the private sector remains to be determined.

This is a task for the new student committee to decide. If you would like to participate in some manner, please let the College of Dentistry know. Rest assured, you will be notified long in advance of what the final plans for the February, 2005 Kids Day are going to be.

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Section 179*

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<table>
<thead>
<tr>
<th>Equipment cost</th>
<th>$50,000</th>
<th>Equipment cost</th>
<th>$50,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 179 deduction</td>
<td>$50,000</td>
<td>Minus tax savings</td>
<td>$17,500</td>
</tr>
<tr>
<td>35% tax bracket x $50,000 =</td>
<td>$17,500</td>
<td>Your net equipment cost</td>
<td>$32,500</td>
</tr>
</tbody>
</table>

*You should consult with your tax advisor for your actual tax benefits. The above is a possible tax scenario, and does not alter, change or modify any other depreciation allowances available to you under applicable law. Depreciation allowances under Section 179 and other provisions of the Internal Revenue Code are available to you, regardless of whether you obtain financing from us.

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Dr. Ashmore has created a dental office that is a train lover’s utopia. From the depot design of the building and railroad signs outside to the real trains and an old conductor’s cap inside, Dr. Ashmore has created a railroad museum.

He and his wife, Arlene, started decorating with trains twenty years ago after a visit to New York City where they were inspired by trains. “Arlene saw trains running around up there (New York City) and thought it would be fun for entertaining our little and big kids here,” Dr. Ashmore said.

The search for train paraphernalia has blossomed into a new hobby for the two — antiquing. The duo drives across the state (and sometimes the country) looking for old train memorabilia to restore and use for their dental office.

“How you go to work without a train,” Ashmore joked, “we just try to make this a bright and cheery place to work.”

“The trains are something fun and different. I’m a big believer in trying to give some distraction and entertainment to something that might not be fun. The trains aren’t just a good asset for the kids, they work for adults too,” Ashmore said.

Dr. Ashmore is passing his dentistry legacy on to his children as well. His son Casey is currently a senior at the Baylor Dental School and is planning to come back and work at the Depot for starters. His daughter Cody is also pursuing a career in dentistry and is currently a freshman at the University of Oklahoma College of Dentistry.

The future for the Dental Depot looks promising as Dr. Ashmore has already built offices in the SW Oklahoma City area as well as Edmond and North Dallas.

Although he doesn’t practice at any of the other offices, he leaves no detail unfinished when designing the building. He and his wife, the interior decorator coordinator, look at train books and drawings to try and replicate the unique features of old train stations for their new buildings. No office is complete without the train memorabilia and the distant sound of choo-choos as trains run their course on the tracks above.

“It’s just a different kind of business plan for dentistry than is probably out there. We never knew where this would lead. One thing led to the next and it’s a hobby. And the most important part is that I still enjoy dentistry, even after 30 years.” Ashmore said.
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CASE HISTORY: You have been requested to evaluate a nine year old male by his pediatrician. During the oral examination, a fluctuant soft tissue mass was observed involving the mucosa of the lower lip. The parent noted that the area in question had been present for “several days” and followed a “baseball misadventure” associated with the lip and chin.

QUESTION 1:
A working differential diagnosis for this lesion might include (multiple answers):

a. Squamous cell carcinoma
b. Mucous retention phenomenon (mucocele)
c. Adenoid cystic carcinoma
d. Traumatic neuroma
e. Epidermoid cyst
f. Hemangioma (cavernous)

ANSWER:
Your differential diagnosis should include:

b. Mucous retention phenomenon (mucocele)
d. Traumatic neuroma
e. Epidermoid cyst
f. Hemangioma (cavernous)

All of these lesions can present as a fluctuant mass involving the lower lip.

The mucous retention phenomenon (mucocele) (b) most frequently occurs on the lower lip but may also involve the palate, buccal mucosa, tongue, and the floor of the mouth. This lesion is most commonly observed in children or young adults and presents as a dome-shaped mucosal swelling.

The traumatic neuroma (d) typically presents as a smooth surfaced, non-ulcerated, submucosal nodule. It can develop in any anatomic location but is most commonly observed in the mental foramen area, tongue, and lower lip. It can be seen in any age group, but is usually found in middle-aged adults.

The epidermoid cyst (e) is usually associated with the skin of the head, neck, and back. This lesion presents as a nodular, soft, fluctuant, yellow or white mass. Males tend to be affected more frequently than females.

The hemangioma (f) is primarily a tumor of childhood. The most common location for this lesion is the head and neck which accounts for almost one third of all cases. A predilection for females is also observed for this soft, fluctuant vascular lesion.

Squamous cell carcinoma (a) would not be included in the differential diagnosis because this condition typically presents in adult males who have experienced chronic ultraviolet radiation. The clinical presentation is as a crusted, non-tender, indurated ulceration that is characterized by a slow growth rate.

Additionally, adenoid cystic carcinoma (c) is not a consideration here. Although adenoid cystic carcinoma can occur in any salivary gland, the majority arise within the minor salivary glands with the palate being the most common location. The lesion typically presents as a slow-growing mass that is painful. It is rarely observed in people younger than age 20.

QUESTION 2:
Your treatment plan should include:

a. Referral back to the pediatrician for examination of all skin surfaces
b. Exfoliative cytology
c. 2 mm punch biopsy in the center of the mass
d. No surgical intervention; follow closely for 3-6 months
e. Biopsy the lesion

ANSWER:
Your treatment plan should include (e) biopsy the lesion. A solitary mass on the lower lip in a nine year old patient is best managed by an excisional biopsy (e). Referral back to the pediatrician for examination of all skin surfaces (a) will be of little benefit in this case since it is not known what the mass of the lower lip represents from a histologic standpoint. Exfoliative cytology (b) is of very limited value in the diagnosis of a mass involving the lower lip, but is primarily utilized in the diagnosis of certain viral conditions, vesiculobullous diseases, and a limited number of infectious diseases. It is an adjunct but not a substitute for a surgical biopsy procedure. A punch biopsy in the center of the mass (c) and no surgical intervention; follow closely for 3-6 months (d) are of no benefit in this case. There is nothing to be gained in the management of a fluctuant mass of the lower lip by utilizing either of these techniques. As previously stated, biopsy (excision) is indicated.

QUESTION 3:
A tissue sample is submitted to the oral histopathology center for microscopic examination. The pathology report describes a circumscribed, cystic cavity composed of a thin wall of granulation tissue surrounded by numerous lobules of accessory salivary gland tissue. The lumen of this cavity is filled with an eosinophilic, amorphous coagulum containing variable numbers of neutrophils, lymphocytes, and histiocytes. Considering the clinical presentation and microscopic
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description, the most likely diagnosis for this lesion would be:

a. Foreign body with associated foreign body reaction
b. Varix with organized thrombus
c. Epidermoid cyst
d. Mucous retention phenomenon (mucocele)
e. Mucoepidermoid carcinoma

ANSWER:

The lesion is correctly diagnosed as (d) mucous retention phenomenon (mucocele). See the “Discussion” section.

The other possibilities are not considered here because (a) foreign body with associated foreign body reaction is composed of foci of exogenous foreign material with a typical multinucleated (foreign body) giant cell reaction (granulomatous inflammation). Varix with organized thrombus (b) is an abnormally dilated, tortuous vein with secondary thrombosis within the lumen. The epidermoid cyst (c) is composed of a cavity that is lined by stratified squamous epithelium and exhibits a lumen that is filled with desquamated keratin. Selection (e), mucoepidermoid carcinoma, is a malignant salivary gland neoplasm that is composed of a mixture of mucus-producing cells and epidermoid or squamous cells.

DISCUSSION:

The mucous retention phenomenon (mucocele), which is generally believed to be traumatic in origin, is a lesion involving the salivary glands and their ducts. Traumatic severance of the salivary gland duct, such as that observed by biting the lip or buccal mucosa, precedes the development of the mucocele. Once the salivary gland duct is severed, a continuous pooling of mucus occurs in the surrounding fibrous tissue, producing a well demarcated cavity filled with mucus. The mucocele arises most frequently on the labial mucosa of the lower lip. It may also involve the floor of the mouth, buccal mucosa, palate, or the ventral surface of the tongue. Although the mucocele may occur in any age group from the newborn to the adult, it appears to be commonly observed in the first three decades of life. An equal distribution in occurrence between females and males has also been reported. The mucocele may present a variable picture in terms of the clinical appearance. The lesion in a superficial location will manifest as a circumscribed, fluctuant nodule with a bluish, translucent cast. A deeper location may also present as a fluctuant mass, but the surface appearance and color are those of normal mucosa.

This phenomenon, as mentioned above, typically occurs following a traumatic episode of the involved area. The mucocele will usually grow to a certain size and may persist for long periods of time unless treated. If the contents of the mucocele are expressed, they are usually found to consist of a thick, mucinous material.

Microscopically, the mucocele is composed of a circumscribed, cystic cavity in the fibrous connective tissue of the submucosa. The lumen of the cystic cavity is surrounded by a thin wall of granulation tissue and is filled with an eosinophilic coagulum (mucus) containing acute and chronic inflammatory cells. A “feeder duct” from the associated salivary gland tissue is usually observed.

Local excision with extirpation of the underlying lobules of minor salivary gland tissue is the treatment of choice. Failure to remove the glandular tissue may contribute to recurrence. It is of interest that the mucocele is restricted almost exclusively to the labial mucosa of the lower lip and is seldom, if ever, observed involving the upper lip. Conversely, salivary gland neoplasms are for the most part confined to the upper lip and only rarely occur on the lower lip.

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