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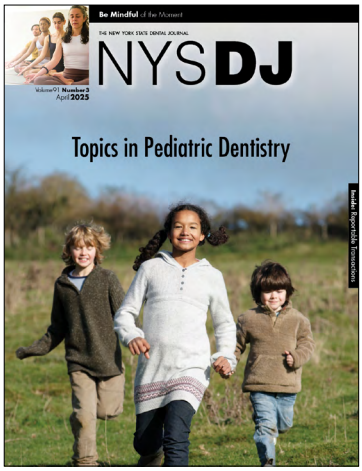

Cover: From alternatives to extraction, to options for treating pre-eruptive intracoronal resorption of permanent teeth, to assessing the risk of caries in schoolchildren, contributors to this issue offer solutions to properly caring for dentistry's young patients.

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To Shred—Or Not

We may live in a disposable society, but prudence—and law—place restraints on the way we discard personal information.

Every dentist should know by now that any personal information that can be used to identify someone in New York State cannot just be thrown out with the trash. Unless, of course, it is destroyed properly. Although many dentists' offices are moving toward electronic recordkeeping, some still rely on paper charts or a hybrid. For offices that use paper, there are state laws and federal HIPAA requirements that address what needs to be done during disposal.

Many of our component dental societies offer free shredding events, where members can bring a prescribed number of containers of paper dental records for shredding, outsourcing the activity to one of the many companies that offer shredding services. Shredding services are a multi-billion-dollar industry in the U.S.[1] These companies want your business and will gladly tell you why you should be using their services.

The minimal amount of time dental records need to be stored in New York State is six years for adults. For minors, it's six years or until they turn 22, whichever is longer. Most of the offices that employ a hybrid system scan their paper records, which they then can keep indefinitely digitally while destroying the originals.

The New York Consolidated Laws, "General Business Law - GBS § 399-h. Disposal of Records Containing Personal Identifying Information," states that any "personal identifying information (PII)," such as Social Security number, driver's license or non-driver's id, bank and financial account information or any number that can identify someone must be disposed of by shredding the records, or destroying the PII within or altering the record so PII is incomprehensible. The use of acceptable industry practices is required to comply. For noncompliant, for-profit businesses in New York, there are civil penalties of up to $5,000 dollars.[2]

The Health Insurance Portability and Accountability Act (HIPAA)[3] attaches both civil and criminal penalties that can range from $100 dollars to millions of dollars and prison time.[4] Within the HIPAA rules there is discussion of the disposal of paper that contains protected health information (PHI). The rule stipulates that paper records can be placed in the trash and removed by a local garbage service as long as the documents are "rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed prior to it being placed in a dumpster or other trash receptacle." NYSDA General Counsel Lance Plunkett notes there is no mention of "shredder" or "shredding" in the HIPAA rules.

In the FAQs on disposal of PHI, the Office for Civil Rights, which enforces HIPAA rules, references the National Institute of Standards and Technology (NIST) recommendation that residual pieces of post-shredded paper be 1 mm x 5 mm or smaller. It also recommends using crosscut shredders. [5,6]

Many well-known shredding companies highlight their National Association of Information Destruction (NAID AAA) certification when showing their compliance with shredding regulations. In 2018, the NAID and PRISM International (Professional Records and Information Services Management) joined to form the International Secure Information Governance & Management Association (i-SIGMA), a nonprofit that "enforces standards and ethical compliance" of data security through its certification process.[7]

i-SIGMA does not specify a final shred particle size, only that its clients' machines are shredding to the sizes the clients have set.

The shredding companies provide you with different size locked containers that you can keep in your office for disposing your paper PII/PHI. They will pick up the containers on an agreed-upon schedule and shred it onsite within their truck or at a central location. And, of course, the more often they come, the more it will cost. Many companies will recycle your shredded PHI into paper goods.

Knowing the final allowable shred size is important if you want to shred it yourself. Most shredders are sold with a paper-based (P)-level rating, where the level corresponds to shred size and range from Level P-1 to Level P-7[8] and is defined in the DIN 66399 standard (a German national standard). (https://www.electronicofficesystems.com/2024/01/02/what-is-the-din-66399-standard-and-how-does-it-apply-to-paper-shredders/) (https://www.din.de/en/meta/search/61764!search?_csrf=d7734082-4602-4fba-b7b6-0a811db54b2c&query=din+66399)

Crosscut shredders begin at level P-4, with a maximum final shred particle size of ≤160 mm² and final width of ≤ 6 mm. The highest P-7 level meets the NIST standard of ≤ 5 mm² particle size and ≤ 1 mm particle width, which is top secret and/or government classified information. Small P-4 shredders sell for as low as $40 on Amazon Prime, while P-7 shredders sell for $1,200 and higher (as of the writing of this editorial), and you'll also need to purchase oil for the P-7s that may be applied automatically or manually.

Some companies have put together an information paper on the internal costs of shredding. One of my front desk employees spends about five minutes a day shredding, which factoring in her annual salary, would run me about $660 a year. However, I'm pretty sure those five minutes spent shredding are done while multitasking.

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I asked a couple of well-known shredding companies what it would cost to pick up once every two weeks at my office; the annual fee was about $1,800 to $2,000. (NYSDA headquarters, which produces more paper than the average dental office, utilizes one of the data destruction companies monthly.) So even purchasing the best shredder and supplies, in terms of post-residual size will pay for itself in a few years, depending on the size of your practice and the amount of paper you need to shred.

You may want to shoot for the ideal NIST recommended P-7 shredder, which might be the highest level to adhere to. I personally like my micro-cut level P-4 shredder. It produces a confetti-like end product, with particle sizes that I measured at 4 mm x 13 mm. It cost me around $300, shreds about 16 pages at a time and has an eight-gallon bin. Even though I enjoy piecing together puzzles, I am unable to read or reconstruct these fragments, which makes it the ideal confetti to throw at the next ticker tape parade.


D.D.S., M.S.

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2. NYS Open Legislation | NYSenate.gov.
3. Privacy | HHS.gov.
4. https://omh.ny.gov/omhweb/hipaa/phi_protection.html.
5. https://www.hhs.gov/sites/default/files/disposalfaqs.pdf.
6. https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-88r1.pdf.
7. https://isigmaonline.org/.
8. Your Guide to The Different Shredding Security Levels.

The Department of Health Wants to Know What You're Up To

Newly enacted law requires dentists to report all material transactions.

Lance Plunkett, J.D., LL.M.

On May 3, 2023, Gov. Hochul signed into law, as part of the enacted New York State Budget, a new Article 45-a of the New York State Public Health Law known as the "Material Transactions Law."

The law took effect on Aug. 1, 2023, but it awaited promised guidance on its application and enforcement from the New York State Department of Health. In March, adhering to its usual torpor, the Department of Health finally issued such guidance. The law basically requires reporting certain transactions, like practice acquisitions, mergers and sales, to the Department of Health.

Section 4550(2) of the Public Health Law defines healthcare entities required to make these reports as follows:

> 2. "Health care entity" shall include but not be limited to a physician practice, group, or management services organization or similar entity providing all or substantially all of the administrative or management services under contract with one or more physician practices, provider-sponsored organization, health insurance plan, or any other kind of health care facility, organization or plan providing health care services in this state; provided, however, that a "health care entity" shall not include an insurer authorized to do business in this state, or a pharmacy benefit manager registered or licensed in this state. An "insurer" shall not include non-insurance subsidiaries and affiliated entities of insurance companies regulated under the insurance law or this chapter.

That definition appears to exclude private dental practices since they are not "physician" practices or typically classified as "a health care facility, organization, or plan." And the New York State Legislature knows very well how to draft laws to cover all the health professions licensed under Title 8 of the New York State Education Law instead of just stating "physician." In addition, the words "or similar entity" in the law modify only the phrase "management services organization."

Nevertheless, in March, the Department of Health's long-awaited guidance on the Material Transactions Law declared it does apply to dental practices. While this is certainly challengeable legally as contrary to the plain language of the law, it may not necessarily be an unwelcome thing for dentistry.

The law was written with physician practices and their particular problems and issues in mind. However, dental practices have a very different set of problems and issues. Ironically, as crafted, this law is most likely to affect dental service organizations (DSOs) and create more transparency and potential roadblocks for them than for the average dental practice. This is because there is a second reporting threshold that requires the transaction to involve not less than $25 million in gross annual revenue to trigger the reporting requirement even for a covered healthcare entity. Some background on the new law will help to put this in perspective.

New York Limits Its Response

Healthcare material transactions laws are sprouting up in numerous states around the country. Some of these laws require governmental approval of the transaction for the transaction to go forward, but New York State law did not go so far and is limited to just a reporting requirement. Even so, many healthcare entities consider this reporting requirement to be onerous and wonder if New York will eventually move to an approval requirement.

What is a material transaction? A material transaction includes any of the following that occur during a single transaction or in a series of related transactions within a rolling 12-month period that results in a healthcare entity increasing its total gross in-state revenues by $25 million or more:

- A merger of one or more healthcare entities.
- An acquisition of one or more healthcare entities, including the assignment, sale or other conveyance of assets, voting securities, membership or partnership interests, or the transfer of control, such as contracting for services commonly provided through a management or administrative services agreement between a practice and an MSO/DSO.
- An affiliation agreement or contract formed between a healthcare entity and another person.
- The formation of a partnership, joint venture, accountable care organization, parent organization or MSO/DSO for the purpose of administering contracts with health plans, third-party administrators, pharmacy benefit managers or healthcare providers.

What is not a material transaction? The following transactions are not considered material and are exempt from the Article 45-a notice requirement:

- Clinical affiliation of healthcare entities formed for the purpose of collaborating on clinical trials or graduate medical/dental education programs.
- Any transactions already subject to the Department of Health's Certificate of Need (CON) process or an insurance-entity approval process under Public Health Law Articles 28, 30, 36, 40, 44, 46, 46-a or 46-b.
- *De minimis* transactions, which for this purpose constitute a transaction or series of transactions that result in a healthcare entity increasing its total gross in-state revenues by less than $25 million.

The new law requires covered healthcare entities involved in material transactions to provide written notice to the Department of Health at least 30 days prior to the closing of the transaction. All notice of material transactions and any questions on reporting must be sent to MaterialTransactionDisclosure@health.ny.gov.

The Department of Health is developing a material transactions form it claims will be posted soon on its website. In the meantime, all notices of proposed material transactions must include a summary of the transaction for public posting in addition to all information and supporting documentation required by Section 4552 of the Public Health Law. The summary must include all the following items:

i. the names of the parties to the transaction, including identification of any parent organizations;
ii. anticipated transaction closing date;
iii. an executive summary of the proposed material transaction, including the nature and purpose of the material transaction;
iv. transaction's impact to groups or individuals: describe the groups or individuals most likely to be impacted by the material transaction and how;
v. transaction's impact to services: describe the health care services currently provided by the parties, and any ways in which these services are expected to be impacted by the material transaction (in terms of cost, quality, access, health equity, and competition), including any services that will be reduced or eliminated; and
vi. any commitments by the parties to mitigate any potential impacts of the material transaction (for example, commitments to continue services).

Additionally, Article 45-a directs the Department of Health to publish the proposed transaction on its website for notice and comment from the public. The website publication will include the following information:

- A summary of the proposed transaction.
- An explanation of the groups or individuals likely to be impacted by the proposed transaction.
- Information about services currently provided by the healthcare entity, commitments by the healthcare entity to continue such services, and any services that will be reduced or eliminated.

If you want to submit comments regarding a material transaction, you must send your comments to the Department of Health by email to: MaterialTransactionDisclosure@health.ny.gov. In the subject line you should indicate you are submitting a public comment and provide the transaction notice you are submitting comment for (for example, Public Comment – Dental Practice Group XYZ).

Who Must Report?

Back to what exactly is a covered entity under Article 45-a. The following entities, based on the March Department of Health guidance, are considered a covered healthcare entity subject to the reporting requirements:

- A physician practice or group;
- Dental practices;
- A management services organization (MSO/DSO) or similar entity that provides all or substantially all administrative or management services under contract with at least one physician practice;
- A provider-sponsored organization;
- A health insurance plan;
- Any other kind of healthcare facility, organization or plan that provides healthcare services in New York State;
- Clinical laboratories;
- Pharmacies;
- Wholesale pharmacies, including secondary wholesalers;
- Independent Practice Associations (IPAs); and
- Accountable Care Organizations (ACOs).

The above list is not exhaustive, but illustrative of the types of entities covered under the material transactions law. Article 45-a does not apply to insurers or pharmacy benefit managers already subject to regulation by the New York State Department of Financial Services.

Failure to notify the Department of Health of a material transaction is subject to civil penalties, and each day the violation continues constitutes a separate violation. Thus, the new law has some teeth to it. Also, the Department of Health has the ability, if deemed necessary, to notify the New York State Attorney General's office of its findings regarding a transaction.

Despite these enforcement mechanisms, the question remains whether this reporting law is just another paperwork monstrosity with little true public benefit. Will it make some entities think twice about their intended trans-

actions? It may just make them more careful to justify the transactions with pleasing language for public relations purposes.

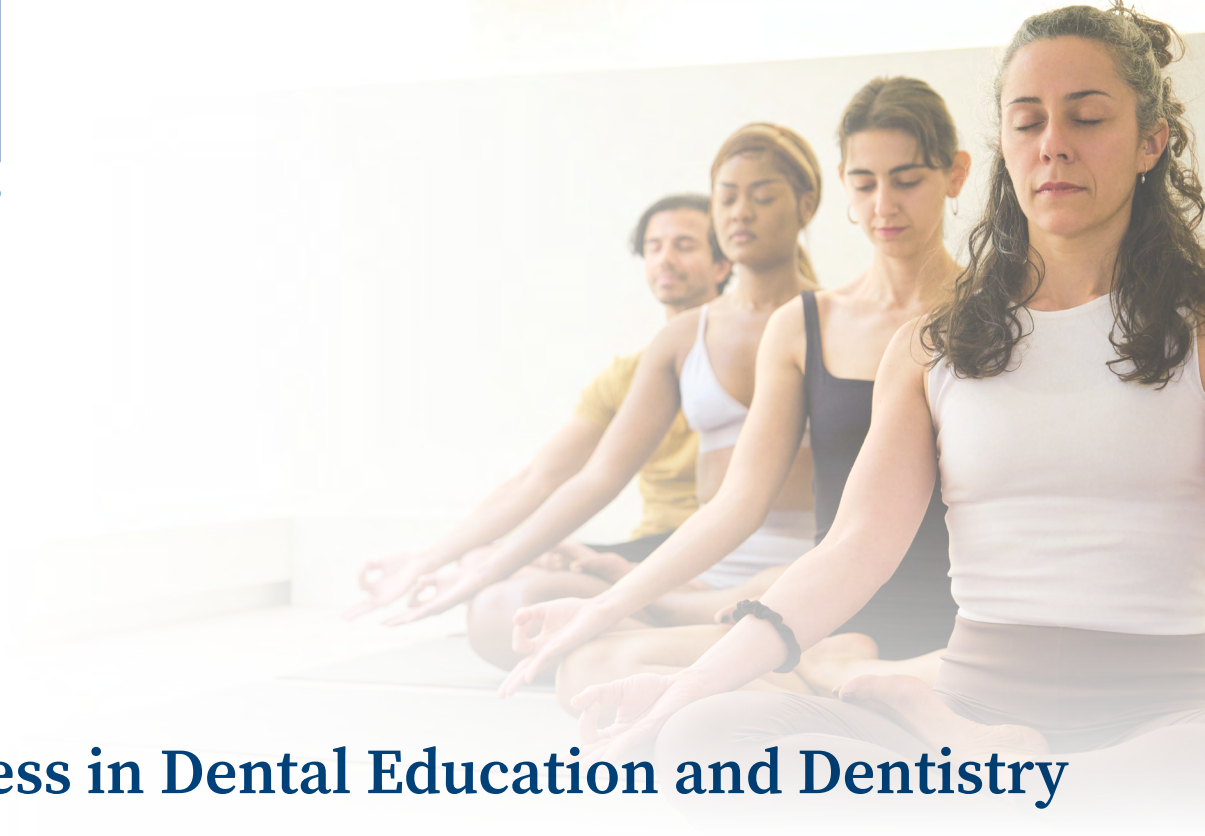
If it does eventually change to an approval system, will government taking a role in private business transactions be beneficial? Many would argue that the current healthcare CON process that government does involve itself in, and which is exempt from the new Article 45-a, is far from beneficial. The Legislature and the governor are already talking about tinkering with Article 45-a and, of course, the Department of Health wants even more power over it.

Transparent No Longer

Finally, on a completely different topic, although also involving a type of reporting law, the strange saga of the federal Corporate Transparency Act is coming to an end. The United States Financial Crimes Enforcement Network (FinCEN) on March 21 issued an interim final rule providing that all entities created in the United States, including those previously known as "domestic reporting companies," and their beneficial owners are now exempt from the requirement to report beneficial ownership information (BOI) to FinCEN. Existing foreign companies must report their BOI and have at least an additional 30 days from the date of publication of the interim final rule to do so.

The federal Corporate Transparency Act was designed to combat money laundering operations, but now money laundering seems relevant only if it involves a foreign entity. Government can be very weird at times. Remember that none of this has any effect on the New York version of this law that will take effect on Jan. 1, 2026, and which applies only to limited liability companies (LLCs and PLLCs). New York State appears to have its own issues with these particular entities.

The material contained in this column is informational only and does not constitute legal advice. For specific questions, dentists should contact their own attorney.



Mindfulness in Dental Education and Dentistry

Ellen Lee, D.D.S.; Brian Chin, M.B.A.; Melvin Lin; Jamie Chen;
Daranthea Atmadja; Hazel Hong; Celine Lee; Yeonji Lee

ABSTRACT

Healthcare professionals experience an enormous amount of stress. This can have a huge impact on their quality of life and may also affect their ability to manage patients. Mindfulness is one method that can be used to deal with stress. This method can be employed by practicing dentists, as well as dental students. Patients may also benefit from using mindfulness practices.

Mindfulness involves being focused in the present moment.[1] It is nonjudgmental to the experience of the moment, which means there is no right or wrong at that time.

Mindfulness is expected to be open, friendly and kind. It has been used to improve physical and emotional health. Examples of mindfulness-based practices include Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT).[2] Using mindfulness techniques not only has the short-term effect of making the individual better, but also the long-term effect of promoting common good.[3]

Since the use of mindfulness can improve people's physical and mental well-being,[1] it can benefit dental clinicians, dental students and dental patients.

Striking the Proper Balance

Healthcare workers must balance the demands of their work with other factors in their lives. All those who deal with patients may need to manage complex patient issues, as well as workload problems, such as technical issues and staffing problems. In order to provide the best care for their patients, workers need to be in good physical and mental health to prevent burnout.[4] Mindfulness training is one way for people to better balance all the demands in their lives. Dentists in practice have many causes of stress, including dealing with patients with pain and anxiety, scheduling problems, and their own need for perfection and financial concerns.

Mindfulness training has been used for stress reduction. This involves focusing on internal and external stimuli and may use the five-factor model: observing, describing while remaining attentive to current activities, acting with awareness, non-judging of inner experiences, and non-reacting to inner experiences.[1] Baer et al.[5] state that mindfulness can be considered multifaceted, which can be helpful in understanding its components and its relationships with other variables.

There are five facets mentioned by Baer et al.:[5] observing cognitive and physical experience, the ability to verbally describe one's experiences, acting with awareness,

non-judging of inner experiences and non-reactivity to inner experiences, meaning not becoming absorbed in one's own thoughts or feelings. Mindfulness practices involve focusing on the present moment and being nonjudgmental about the past or future. By doing so, people can be more adaptable and become more resilient. These practices can be formal or informal exercises.[6] They may include sitting meditation and yoga.[2]

Becoming Aware of the Present

Mindfulness-based interventions (MBI) include Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT).[2] By using mindfulness, individuals become more aware of their present moment and this leads to more acceptance of their situation. In turn, this may reduce anxiety and depression.[2] MBI may be useful for different disorders, such as depression, anxiety, stress and pain, and may be useful in healthcare and schools.[7] Mindfulness programs in schools may improve students' resilience to stress.[7] By using mindfulness practices, people will be able to handle stressful situations better; they will increase their resilience; and be better able to cope with different situations.

MBSR was developed by Jon Kabat Zinn[2,6] as an eight-week program for stress reduction. Mindfulness practices, including meditation, stretching and yoga, were taught. Patients could, therefore, use these skills in their daily life to adapt better to stress. MBCT uses mindfulness and cognitive therapy for depression.[2] By using mindfulness practices, patients are taught to see mood changes without reacting to them and then cognitive therapy is used to teach patients to separate from negative depressive thinking.[2] Cognitive behavior therapy helps individuals modify their thoughts and behaviors to effectively manage their challenges.

Patients with dental anxiety may postpone needed treatments, which can affect their oral health.[8] Saatchi et al.[8] reported a study where 58.8 % of patients noted dental anxiety when registering in a dental school clinic. Yao[9] recognized that practicing with mindfulness reduces dental anxiety in patients, especially when acting with awareness, one of the facets of mindfulness.

Mindfulness in Healthcare Education

The use of mindfulness has been studied in healthcare education. One study of Korean nursing students found that those who practiced mindfulness meditation reported greater decreases in depression, anxiety and stress compared to those who did not do mindfulness meditation.[10] Lovas et al.[3] reported that some medical schools have MBSR courses, and students who take these classes note less mood disturbance, suggesting they have decreased stress when compared with those who do not take these classes.

Dental students have many factors that can cause stress during their education, including learning didactics, mastering hand skills, and dealing with patients and faculty.[11] A study by Basudan et al. reported a large number of dental students noted stress (54.7 %), anxiety (66.8%) and depression (55.9%).[12] Mindfulness practices are one method to reduce stress.

Pastan et al.[13] reported that many dental students experience impostor syndrome. Students with imposter syndrome do not feel competent despite contrary evidence. Practicing mindfulness helped first-year dental students recognize impostor syndrome and was a helpful tool for them to build habits to cope with the issue. As per Pastan,[14] mind/body stress-management wellness courses are now available in schools for health professionals and have reduced students' stress. Yoga, diaphragmatic breathing and mindfulness meditation are part of the dental curriculum at Tufts University School of Dental Medicine.[14]

Mindfulness can help students become confident and resilient healthcare professionals. Incorporating mindfulness practices into dental education enhances focus, reduces anxiety and promotes overall well-being, positively influencing all aspects of students' lives. Mindfulness practice may result in better sleep, higher self-awareness and decrease in anxiety.[15] Posture practice, breath regulation and meditation are ways for students to gain stronger mental health before they enter the professional world.[14]

TABLE 1

MINDFULNESS PRACTICES
Meditation
Stretching
Yoga
Diaphragmatic Breathing

TABLE 2

MINDFULNESS-BASED INTERVENTIONS (MBI)
Mindfulness Based Stress Reduction (MBSR)
Taught mindfulness practices
Mindfulness Based Cognitive Therapy (MBCT)
Taught mindfulness practices to use cognitive therapy to deal with problems

Mindfulness in dentistry can be a valuable tool in dental practice and dental education. It may provide better patient-centered care and a better learning environment for dental students.

Lovas et al.[3] noted that the qualities promoted through mindfulness overlap with those of professionalism, a key value of becoming a competent dental practitioner. Such characteristics include self-awareness, acceptance and wisdom.[3] Self-awareness includes the ability to reflect on events. Acceptance can be seen as the ability to not be preoccupied with selfish concerns. Wisdom can be defined as being able to observe the present the way it is, without selfishness. Thus, by implementing mindfulness teaching into the dental curricula, schools may be able to improve the effectiveness of teaching professionalism as well.[3]

Lovas et al.[3] described a possible curriculum consisting of introducing mindfulness to first-year students; teaching second-year students rapid relaxation technique to manage anxiety of students and patients; developing listening skills, empathy, patience and acceptance in the third year; and emphasizing self-care, willingness to change and managing uncertainty in the fourth year.

Conclusion

According to Keng et al.,[16] mindfulness has positive psychological health benefits, including increased subjective well-being and reduced psychological symptoms. Mindfulness in dentistry can be a valuable tool in dental practice and dental education. It may provide better patient-centered care and a better learning environment for dental students. Mindfulness practices can also be used for patients to help relieve dental anxiety. Adopting mindfulness practices can improve the well-being of all involved and help create a supportive environment in oral healthcare.

All authors have disclosed no relevant relationships. Queries about this article can be sent to Dr. Lee at el84@nyu.edu.

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Ellen Lee, D.D.S., is a clinical assistant professor, Department of General Dentistry and Comprehensive Care, New York University College of Dentistry, New York, NY.

Brian Chin, M.B.A., is a graduate of New York University Stern School of Business, New York, NY.

Melvin Lin, Jamie Chen, Daranthea Atmadja, Hazel Hong, Celine Lee, and **Yeonji Lee** are dental students at New York University College of Dentistry, New York, NY.

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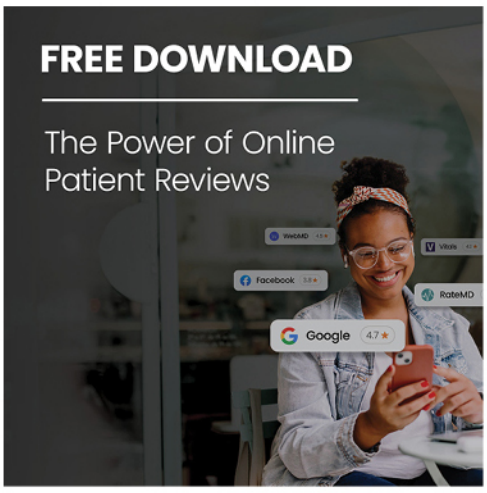

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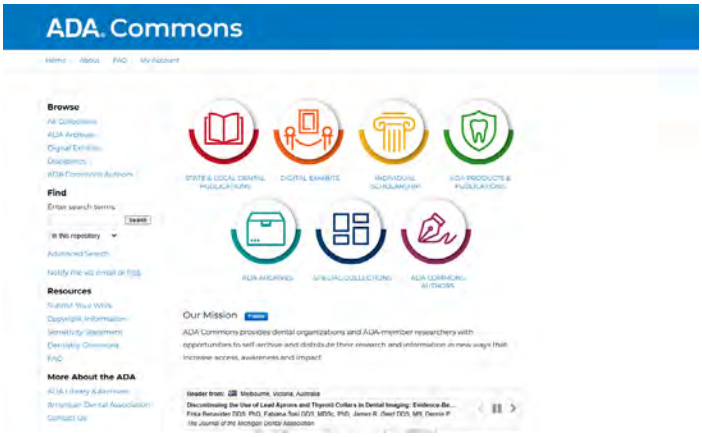

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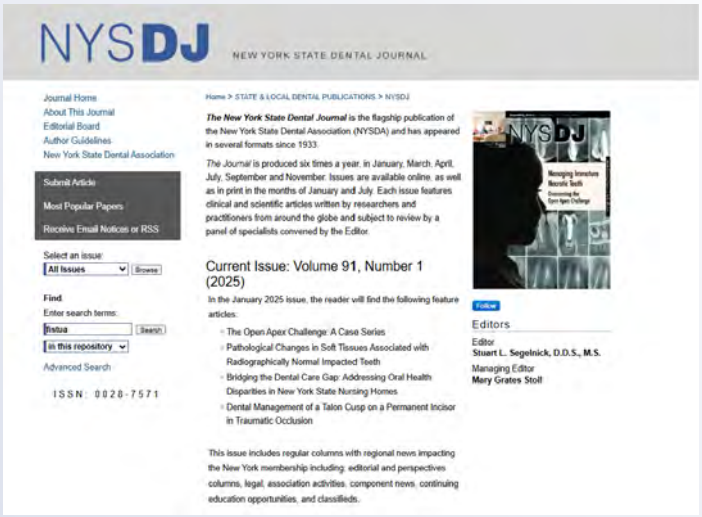

Figure 3

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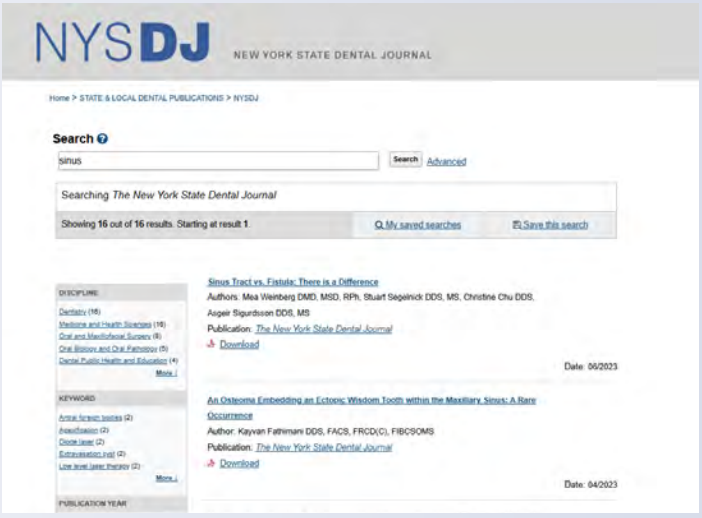

Figure 4

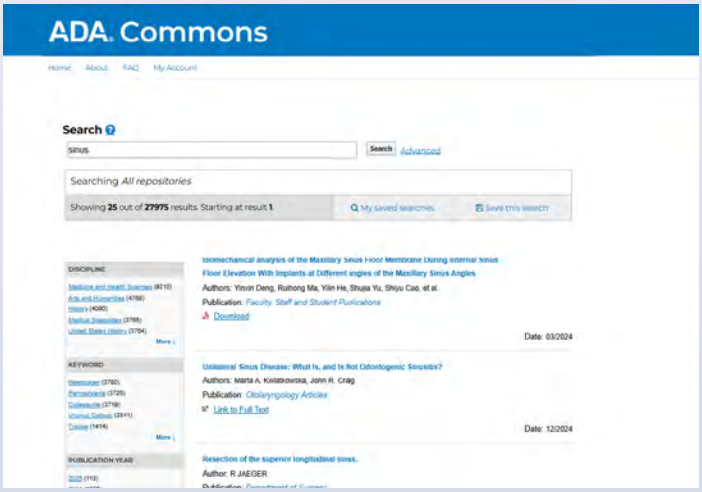

Figure 5

Figure 6

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Treatment Options for Pre-eruptive Intracoronal Resorption of Permanent Teeth

A Report of Two Cases

Dhaval Shah, D.D.S.; Bret Lesavoy, D.M.D.; Richard Yoon, D.D.S.

ABSTRACT

Pre-eruptive intracoronal resorption (PEIR) is a condition found in 2% to 8% of cases, initially seen as a radiolucent area beneath the dentino-enamel junction in unerupted teeth. This case series highlights pre-eruptive intracoronal resorption (PEIR) diagnosis and diverse management approaches for two presentations: one with symptomatic maxillary second molar PEIR and another with incidentally discovered mandibular second molar PEIR.

Often confused with traditional dental caries due to its radiolucent appearance, it was previously termed "pre-eruptive" caries. Differentiating between "progressive" and "nonprogressive" forms is crucial. Treatment options depend on radiographic extent, lesion progression and clinical symptoms.

Pre-eruptive intracoronal resorption (PEIR) refers to a dentinal defect occurring just below the dentin-enamel junction in the occlusal aspect of an unerupted tooth.[1,2] Typically discovered incidentally during routine dental radiographs, such as panoramic, periapical and bite-wing radiographs, PEIR exhibits radiolucent characteristics resembling dental caries or coronal resorption in unerupted teeth.[3] These lesions, commonly located in coronal dentin, can appear as single or multiple entities in both maxillary and mandibular arches.[4]

Notably, teeth affected by PEIR often lack detectable defects or pathways for bacterial ingress on the outer enamel surface, with minimal clinical distinctions observed between affected and adjacent/contralateral teeth.[5]

The etiology of PEIR remains uncertain, given the tooth's crypt encasement during development, making it unlikely to be infected by oral cariogenic microorganisms.[2] Local factors, such as adjacent abutting teeth or ectopic positioning, can exert pressure, prompting resorptive cells to invade dentin through enamel fissures or the cementoenamel junction.[6] Histological examinations of soft tissue in most cases reveal signs of resorption, marked by resorptive cells (macrophages, osteoclasts and multinucleated giant cells) and scalloped lesion borders. Importantly, there is no evidence of microbial invasion, dental caries or pulpal degeneration in PEIR-affected teeth.[4]

Pre-eruptive intracoronal resorption lesions are categorized as either progressive (developing) or non-progressive (static). Non-progressive lesions, characterized by their static and asymptomatic nature, often prompt a conservative approach. Practitioners may opt to allow the teeth to naturally erupt into the oral cavity, while actively

monitoring for radiographic signs of progression before considering treatment.

Conversely, urgent treatment is recommended for progressive lesions, given their advancing and symptomatic characteristics. Utilizing periodic radiographic examinations to classify the lesion as non-progressive or progressive plays a crucial role in facilitating appropriate treatment planning.[7]

Pre-eruptive intracoronal resorption lesions exhibit a prevalence ranging from 2% to 8% depending on the subject and 0.6% to 2% based on the tooth and radiograph type, with notable impact on mandibular first premolars, second permanent molars and third permanent molars.[1] Typically, individuals experience involvement of a single tooth, and approximately half of PEIR lesions extend beyond two-thirds of dentin thickness. Notably, no discernible associations have been identified between PEIR and factors such as sex, race, medical conditions, systemic factors or fluoride supplementation.[6]

The aim of this case series is to delineate the diagnosis of PEIR in permanent teeth and present diverse treatment options, guided by clinical and radiographic manifestations. The initial case details a patient with PEIR in an unerupted maxillary permanent second molar, identified through pronounced clinical signs and symptoms. The subsequent case outlines the incidental radiographic discovery of PEIR in an unerupted mandibular permanent second molar.

Figure 1. Extraoral examination revealing mild right-sided facial swelling with subtle facial asymmetry (arrow).

Case One

In December 2022, a 9-year-old female sought treatment at Children's Hospital of New York-Presbyterian Emergency Department, a large academic medical center in New York, NY, for acute dental pain on the right side and mild facial swelling. Her medical history included a recent episode of right-sided Bell's palsy in July 2022, attributed to Lyme IgM infection; it had been successfully managed with doxycycline.

Dental examination revealed mild, right-sided facial swelling, subtle asymmetry and no apparent distress (Figure 1). No erythema, trismus or lymphadenopathy was evident. Intraoral examination showed no visible caries, abscess, swelling, drainage or floor-of-mouth elevation. Partial eruption of the right mandibular second permanent molar with localized moderate gingival inflammation was observed.

Based on clinical presentation, pericoronitis of the partially erupted mandibular permanent right second molar was diagnosed. Pain management included alternating Tylenol and ibuprofen, along with continuing the prescribed amoxicillin regimen. Follow-up at the ambulatory dental clinic for further evaluation and radiographs was recommended.

At the ambulatory dental clinic the next day, a thorough evaluation was conducted, revealing no apparent changes in the patient's extraoral presentation compared to the previous day. Intraoral examination identified gingival pain upon palpation around the unerupted right maxillary permanent second molar and tenderness to percussion and palpation of the partially erupted right mandibular permanent second molar. Clinical examination indicated well-perfused, pink and stippled attached gingiva along the alveolar ridge distal to the right maxillary permanent first molar.

Panoramic and periapical radiographs displayed an unerupted maxillary permanent right second molar with a well-defined radiolucent area in the coronal portion, extending apical of the occlusal dentino-enamel junction and approximating the pulp (Figures 2A, B). Additionally, the periapical radiograph revealed a periapical radiolucency along the developing mesial and palatal root. A preliminary diagnosis of pre-eruptive intracoronal resorption with periapical involvement was established, prompting a referral for cone beam-computed tomography (CBCT) to

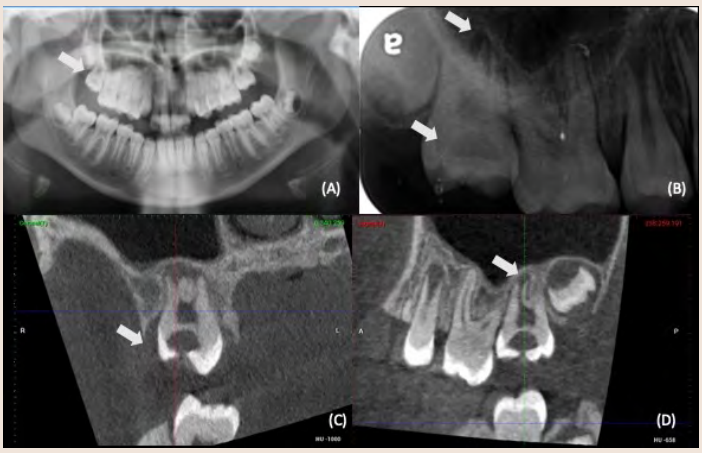

Figure 2. (A) Panoramic radiograph (B) Periapical radiograph (C) Coronal view (D) Sagittal view of CBCT describing a well-defined radiolucent lesion (arrow) in coronal portion extending apical to occlusal dentino-enamel junction to pulp present on unerupted maxillary right second molar and periapical radiolucency involving mesial root with associated external root resorption (arrow).

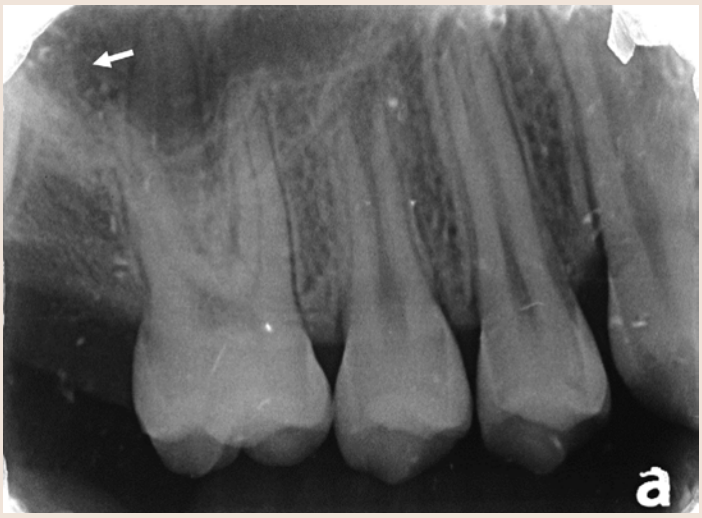

Figure 3. Periapical radiograph demonstrating normal anatomy of right maxillary permanent first molar, alveolar bone and supporting tissues with extraction site of right maxillary permanent second molar healing normally.

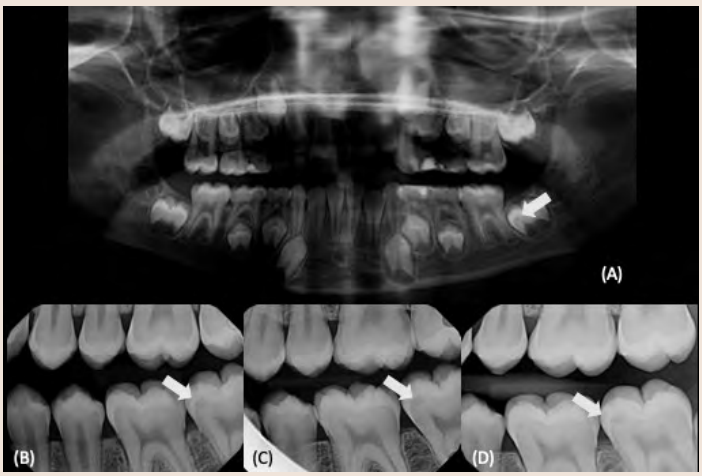

Figure 4. (A) Panoramic radiographic revealing well-circumscribed radiolucent lesion in coronal portion extending below occlusal dentino-enamel junction of affected unerupted, developing permanent mandibular left second molar (arrow) and series of bitewing radiographs from (B) December 2020 (C) March 2022 (D) February 2023 demonstrating same PEIR-affected tooth (arrow) with no obvious progression of lesion size compared to original.

confirm the diagnosis. Meanwhile, the patient was advised to use over-the-counter Tylenol and ibuprofen as needed for pain relief and to complete the earlier prescribed amoxicillin regimen.

During the interval before the scheduled CBCT appointment, the patient revisited the ambulatory dental clinic after two days, reporting escalating symptoms, which now included nocturnal pain and reduced food intake. Extraoral examination demonstrated persistent, mild facial swelling on the right side; pain upon palpation near the right zygomatic arch and coronoid process; and a newly developed limited opening of approximately 15 cm (partial trismus). Intraoral examination revealed continued pain upon palpation posterior to the right maxillary permanent first molar. Additionally, the patient maintained localized mild gingival inflammation at the right permanent mandibular second molar.

Subsequently, expedited CBCT and radiographic evaluation affirmed the diagnosis of pre-eruptive intracoronal resorption in the right maxillary permanent second molar. Imaging depicted a developing, unerupted follicle with absent enamel at the central crown and communication between the pulp and the alveolar bone encasing the tooth (Figures 2C, D). Open apices were observed on the maxillary permanent right second molar. An endodontic consultation confirmed immature root formation. Considering the lesion's proximity to the pulp and its unfavorable prognosis, surgical extraction of the maxillary permanent right second molar was recommended after consultation with the endodontist.

Extraction of the maxillary permanent right second molar took place in an outpatient setting. The tooth was exposed using a 15 blade, elevators and forceps. Microscopic examination identified curved fragments of soft tissue characterized by fibrous connective tissue containing focal rests of odontogenic epithelium. Additionally, spicules of hard tissue and focal inflammatory cells were observed. The histologic diagnosis confirmed dental follicular tissue in the right posterior maxilla.

During the patient's follow-up appointment, no signs or symptoms of odontogenic infection or pain were detected. Extraoral examination demonstrated the resolution of swelling, with the absence of pain and tenderness upon palpation of the right zygomatic and coronoid processes. Additionally, there were no indications of trismus, and the inferior border of the mandible was palpable.

Intraoral examination revealed the absence of vestibular swelling or fistula-like lesions on the gingiva, indicating apparent resolution of pericoronitis associated with the right mandibular second permanent molar. Clinical ex-

amination indicated well-perfused, pink, stippled attached gingiva along the alveolar ridge distal to the right maxillary permanent first molar, with mild plaque-induced gingivitis. Moreover, the right mandibular permanent second molar exhibited increased eruption compared to six months prior, with no overlying gingiva.

Radiographic evaluation revealed no abnormalities, including the absence of radiolucencies suggestive of caries or pathology. The anatomy of the maxillary right permanent first molar, alveolar bone and supporting tissues appeared normal (Figure 3).

Case Two

A 16-year-old male, in good health with no notable medical history or known food/drug allergies, has been a longstanding patient. He denies any prior dental injuries but has a history of restorations in both primary and permanent dentition.

In August 2015, the patient underwent extraction of the maxillary left primary first molar due to dental caries and an acute odontogenic infection. A panoramic radiograph from the same month revealed a well-circumscribed radiolucent lesion in the coronal portion of the unerupted left mandibular permanent second molar, extending below the occlusal dentino-enamel junction (Figure 4A). Despite the absence of signs or symptoms and no significant pathology in the lower left quadrant, the lesion has been regularly monitored through periodic radiographs.

Since 2015, the patient has been on a six-month recall schedule. A bitewing radiograph from December 2020 revealed an erupted mandibular left second permanent molar; the lesion size and shape were consistent with the radiograph from five years earlier (Figure 4B). Subsequent bitewing radiographs from March 2022 (Figure 4C) and February 2023 (Figure 4D) show no discernible changes in the clinical or radiographic appearance. There is no apparent progression in the size or location of the lesion across the film series.

The patient consistently attends periodic examinations for oral hygiene maintenance and remains under active monitoring due to the non-progressing and asymptomatic nature of the lesion.

Discussion

The initial case involved a progressive and symptomatic pre-eruptive intracoronal resorption affecting the maxillary right second permanent molar. Currently, there is no established treatment protocol for pre-eruptive intracoronal resorption. Existing literature proposes a conservative approach involving monitoring the tooth until complete eruption. Periodic radiographic assessments facilitate active monitoring, enabling the evaluation of lesion-size progression. Treatment intervention, such as restorative treatment or surgical measures, is considered upon eruption, contingent on the identification of lesion-size progression, advancement to the pulp, and/or the occurrence of tooth fracture.[8]

In most instances, the identification of pre-eruptive intracoronal resorption in a developing, unerupted tooth is coincidental during routine radiographic assessment. Atypical resorption typically progresses gradually until the crown emerges into the oral cavity. Following eruption, the invasion of cariogenic microorganisms into the resorbed dentin area accelerates lesion growth, rendering it more conspicuous.[9]

Despite an unknown etiology, several theories, including ectopic tooth position, have been proposed. Localized pressure induces damage to the unmineralized tooth layer, initiating intracoronal resorption. Currently, it is hypothesized that such factors (i.e., localized pressure via ectopic eruption) lead to an interruption of crown formation, allowing the invasion of resorptive cells into forming dentin.[10]

Several case reports recommend surgical exposure of the unerupted tooth to halt the resorptive process and prevent progression to the pulp through early restorative treatment. Glass ionomer restorative materials are frequently suggested postsurgical exposure due to their advantageous properties, including minimal tooth preparation, moisture tolerance and fluoride release.[8,11,12]

In one case report involving pre-eruptive intracoronal resorption of an unerupted mandibular permanent second molar, surgical retraction of the gingival tissue covering the unerupted tooth was performed. Caries-like tissue was mechanically removed and substituted with glass ionomer material. Post-eruption, the glass ionomer interim restoration was subsequently replaced with a more durable material. A six-month follow-up indicated no clinical symptoms and normal ongoing root development.[13]

While surgical gingival retraction is a viable option, its efficacy is limited in providing adequate exposure for an unerupted tooth. This limitation increases the likelihood of incomplete lesion removal, potentially resulting in acute dental pain and sensitivity after tooth eruption into the oral cavity. Immature teeth exhibit dentinal tubules that are more permeable than those in post-eruptive mature teeth, heightening the risk of swift bacterial progression into or near the pulp, ultimately causing irritability in the affected tooth. In such cases, the restorations may need replacement following eruption, and vital pulp therapy—such as excavation and partial pulpotomy—might be necessary to achieve a more favorable prognosis.[13]

If vital pulp therapy and restoration prove unsuccessful for a previously affected tooth, several alternatives can be considered. Depending on the root development and eruption status at the time of treatment failure, apexification or nonsurgical root canal treatment may be viable options. In cases where symptoms persist despite subsequent restorations and/or systemic symptoms emerge, extraction becomes a feasible choice to eliminate the source of odontogenic infection.[14]

While literature on the subject is limited, there are scarce reports of extracting permanent teeth affected by pre-eruptive intracoronal resorption due to systemic infection. In a case study involving a 2-year-old male with left-sided facial cellulitis initially diagnosed as pericoronitis, persistent symptoms of systemic infection led to further assessment by pediatric dentistry. Clinical and radiographic evaluation revealed PEIR extending to the pulp of the partially erupted left mandibular primary second molar. Due to a hopeless prognosis, the tooth was extracted.[15]

Similar to the case presented in this series, where a progressive lesion resulted in systemic signs and symptoms, including right-sided facial cellulitis secondary to PEIR, the most appropriate treatment option was determined to be the extraction of the affected unerupted maxillary right second molar.

It is advisable to seek timely orthodontic consultation for potential treatment planning involving molar substitution. In this approach, the adjacent third molar can be orthodontically shifted into the position previously occupied by the extracted molar. Additionally, an alternative and novel option, not previously reported in existing literature or studies of this kind, involves auto-transplantation of the adjacent molar. This procedure is considered viable once the molar in question has completed two-thirds of its root development.[14]

Despite various potential treatment interventions, monitoring the lesion remains an option if it is static and asymptomatic. A prior case report documented the active monitoring of a patient with non-progressive and asymptomatic pre-eruptive intracoronal resorption (PEIR) in a permanent mandibular left second molar over nine years. Due to the lesion's non-progressive and asymptomatic nature, coupled with the patient's low caries risk and regular oral hygiene maintenance, post-eruption

monitoring involved minimal intervention, specifically, sealant placement.[7]

In another case, a patient underwent regular follow-ups for a PEIR lesion on a left maxillary first premolar. After seven years of active monitoring, restorative treatment intervention was planned due to the lesion's progressive nature, increased caries risk and a higher likelihood of tooth structure loss.[16]

Similarly, the second case in this series has been consistently monitored. As the radiolucency remains static, and no signs or symptoms are evident, no treatment has been administered, and the mandibular left second permanent molar has been monitored for eight years. Considering the potential for lesion progression, however, ongoing monitoring for radiographic and/or clinical signs and the possible need for treatment intervention continues as outlined previously.

Conclusion

The initial case necessitated the extraction of the right unerupted second maxillary molar, driven by its progressive nature and the manifestation of systemic signs and symptoms, notably, right-sided facial cellulitis stemming from a PEIR-induced odontogenic infection. Conversely, the second case remains under active monitoring due to its nonprogressing and asymptomatic characteristics.

The approach to treating PEIR is contingent on factors such as lesion size, the progressive/static nature of the tooth, clinical symptoms, and the eruption status and root development. Close inspection of periodic radiographs is important for early detection and proper management. Advances in diagnostic techniques and dental materials have improved outcomes for teeth affected by PEIR. An interdisciplinary approach, incorporating specialties like endodontics, orthodontics, and oral and maxillofacial surgery, is imperative to optimize outcomes for PEIR.

The authors declare no financial, economic or professional interests that may influence positions presented in this case series. Queries about this article can be sent to Dr. Shah at dhavalshah1996@hotmail.com.

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Dr. Shah

Dr. Lesavoy

Dr. Yoon

Dhaval Shah, D.D.S., is a private practitioner in Lodi, NJ, and a former postdoctoral resident in pediatric dentistry at New York-Presbyterian and Columbia University College of Medicine, New York, NY.

Bret Lesavoy, D.M.D., is a private practitioner in Allentown, PA, and assistant clinical professor, University of Pennsylvania, School of Dental Medicine, Philadelphia, PA.

Richard Yoon, D.D.S., is professor of dental medicine, Columbia University Medical Center, New York, NY.

Successful Treatment of a 'Pedo-Endo' Lesion in a Primary First Molar

Case Report

Wayne W. Maibaum, M.A., D.M.D.; Steven R. Spitzer, D.D.S.

ABSTRACT

Patients with a mixed dentition can present for dental treatment with a nonvital primary tooth. The treatment of choice is often extraction, with the subsequent space presenting a cosmetic issue or requiring a space maintainer to preserve arch integrity for the erupting permanent teeth. Presented is a nonsurgical alternative treatment that saves the tooth, is less invasive, and may be preferred by some patients and their families. It is a procedure that may often be overlooked but can be included in the armamentarium of general dentists, pediatric dentists and endodontists.

Pulp therapy in primary teeth is a common dental treatment modality performed by general dentists, pediatric dentists and endodontists. The aim is to maintain a functional tooth and arch integrity in a growing child.[1] Pulpotomy is the treatment of choice when the pulp is vital and the diagnosis is reversible pulpitis. When the diagnosis is irreversible pulpitis or the pulp is necrotic, pulpectomy can be performed. This can allow the tooth to be retained instead of performing an extraction with the possible need for a space maintainer.[2]

Factors determining the choice between pulpectomy and extraction include the age of the child, caries risk, practitioner preference, restorability of the tooth involved, pathologic root resorption and the patient's medical history.[3,4]

Premature loss of primary teeth can result in overeruption of opposing teeth, mesial drifting of teeth distal to the lost tooth and distal drifting of teeth mesial to the lost tooth.[5] Asymmetry of the dental arch may also occur.[6]

Although there is not much controversy regarding the need for space maintenance after the early loss of a primary second molar, the need for a space maintainer after the early loss of a primary first molar is debatable.[7] There are several factors to consider when assessing the need for clinical management of space loss when a primary first molar is prematurely lost.[8] Although the current case report presents endodontic treatment of a primary first molar, the technique can be applied to other teeth in the primary arch.

Case Report

A 7-year-old male child presented to a private office for a routine exam and cleaning. Examination revealed multiple cavities, with a deep open carious lesion on the distal of #L. #L also exhibited a fluctuant swelling on the buccal gingiva near the furcation (Figure 1). A bitewing radiograph showed an apparent carious exposure in #L (Figure 2), and a panoramic radiograph suggested incipient bone loss in the furca (Figure 3). Extraction was considered, but since

an endodontist was available in the practice, a consult was scheduled to see if the tooth was salvageable. The endodontist decided to try to save the tooth at the time of the consultation.

After gaining consent from the patient's mother, tooth #L was adequately anesthetized with an infiltration injection of 1 carpule of lidocaine 2% with 1:100,000 epinephrine, which in a young child can have the same effect as a mental injection. A rubber dam was placed and secured on tooth #K with a #2A rubber dam clamp. Decay was excavated and the pulp was found to be nonvital.

Three canals were located. They were instrumented to the size of the Primary (25.07, red) Wave One Gold reciprocating file *(Dentsply Sirona, Johnson City, TN)* to a length of about 16 mm. The canals were irrigated with sodium hypochlorite, dried with paper points and filled with zinc oxide eugenol *(Dentonics, Monroe, NC)* using a vertical condensation method by tamping the filling material down with a moist cotton pellet.

The tooth was restored with IRM intermediate restorative material *(Dentsply Sirona, Charlotte, NC)*, and a postoperative periapical radiograph was taken (Figure 4). In addition, a small incision was made in the buccal swelling for decompression, and the sinus tract was gently curetted with a small spoon excavator.

The patient was very cooperative and tolerated the procedure well. He was discharged, and his mother was told to return to the office to continue his restorative work with the general dentist. She was also advised to contact the office if the patient had any problem with the treated tooth.

The patient did not return to complete his recommended treatment plan. However, at the urging of the endodontist, he returned one year later to check tooth #L. The IRM temporary filling was mostly intact, but the tooth was never properly restored. The existing caries was never treated. However, the soft tissue around #L healed well.

A one-year follow-up periapical radiograph of #L was taken (Figure 5). The film showed continued eruption of the succedaneous tooth #21, along with some resorption of the apices and some filling-in of bone in the furcation area of tooth #L. The patient's mother reported that her son had no problem with the endodontically treated tooth. She was advised that tooth #K might need similar treatment.

Discussion

When a child presents to the dental office with a nonvital pulp in a primary tooth, a choice must be made whether to extract or treat it endodontically. Extraction can be a traumatic procedure for the patient and/or the patient's family. Extraction often involves concern for space maintenance

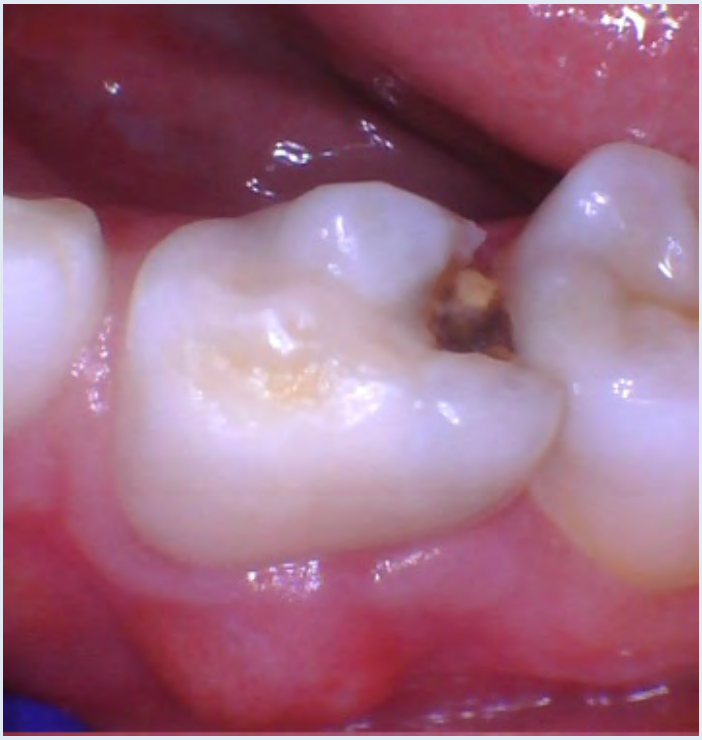

Figure 1. Preop photo #L.

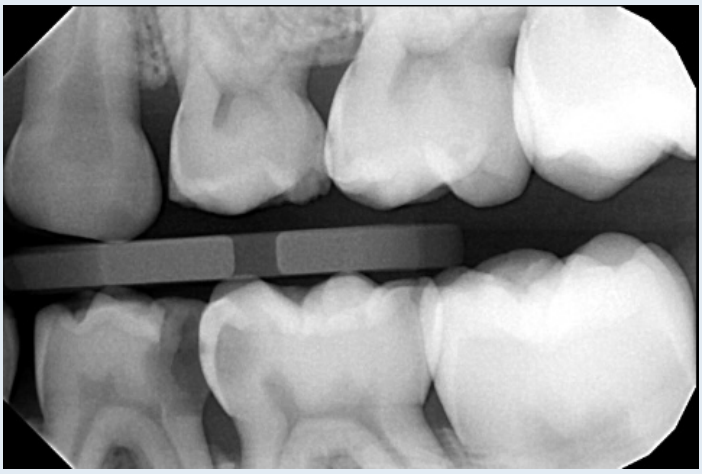

Figure 2. Preop BW #L.

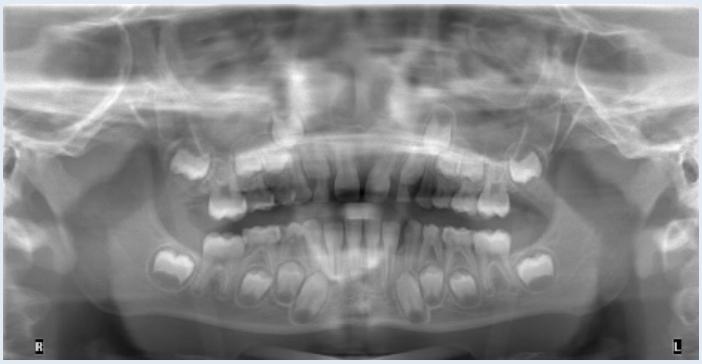

Figure 3. Preop PAN.

Figure 4. Postop PA #L.

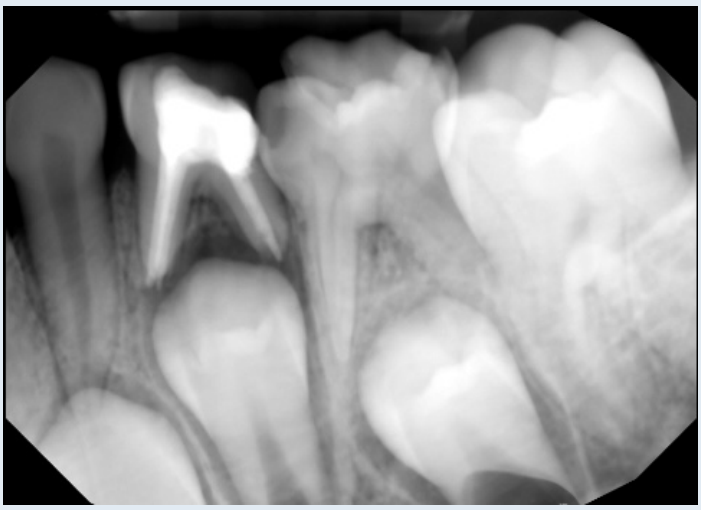

Figure 5. One-year postop PA #L.

of the extraction site to preserve the integrity of the arch as the patient grows. The placement of a space maintainer requires additional visits, often necessitating maintenance of the space maintainer itself. It is reasonable to expect that space maintainers may need replacement or repair during treatment.[9] As such, primary teeth have been described as "the best space maintainers."[10]

Different root canal filling materials have been tried to complete root canal therapy on primary teeth. The criteria for an ideal filling material includes the following: has antibacterial properties, resorbs at the same rate as the roots, lacks harm to the periapical area or succedaneous teeth, fills the canals easily, adheres to the walls of the canals, resorbs if extruded beyond the apex, is radio-opaque, doesn't cause discoloration of the tooth.[11,12] Since 1930, zinc oxide eugenol has been the conventional root canal filling material for primary teeth pulpectomy.[13]

Conclusion

Presented is a case describing the endodontic treatment of a nonvital primary tooth. A one-year follow-up demonstrates an asymptomatic tooth with normal visual and radiographic findings in an 8.5-year-old patient. Since the exfoliation of primary mandibular first molars normally occurs between the ages of 9 and 11 years, the case appears to be successful. It is presented as a viable alternative to extraction.

Queries about this article can be sent to Dr. Maibaum at WMaibaum@aol.com.

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Dr. Maibaum

Dr. Spitzer

Wayne W. Maibaum, M.A., D.M.D., FAGD, is a retired life member of the ADA. He lives in Danbury, CT.

Steven R. Spitzer, D.D.S., is a board-eligible endodontist. He is in private practice in Warwick, NY.

Comparison of Untreated Caries and Caries-Risk Improvement in an Elementary-School-Based Comprehensive Dental Care Program

John-Vincent Quiao, D.D.S.; Gavin To; DaHea Ham; Courtney Chinn, D.D.S., MPH; Liz Best, M.P.H.; Rose Amable, D.D.S.

ABSTRACT

Purpose: This retrospective chart review explored differences in initial exam caries-risk assessment and mean change in untreated carious teeth at 18-month recall.

Methods: Five years of clinical records from two school site locations were reviewed. Bivariate analysis (t-test) was used.

Results: A total of 150 charts satisfied the inclusion criteria. Average caries-risk score at initial exam was significantly higher in Asians compared to non-Asians.

Conclusions: Findings demonstrate that Asian subjects show a higher initial risk assessment score. There was no significant difference in untreated caries by treatment location, which demonstrates the efficacy of school-based programs.

Although there have been significant oral health improvements in the United States in the past decades, the caries experience and caries-risk disparities of minority groups still exist. The most significant improvements of caries experience in children appeared to be in locations where school-based caries prevention programs exist and also when children had previous dental care at baseline.[2] These findings emphasize the importance of protective factors, such as supplemental fluoride applications; establishment of a dental home to provide anticipatory guidance in areas, including oral hygiene techniques, nutritional guidance, caries treatment, etc.

The identification of protective social and behavioral factors, as well as social/behavioral risk factors and clinical risk factors, plays a crucial role in the assessment of caries-risk.[5] The purpose of this retrospective chart review was to explore differences in initial exam caries-risk assessment and mean change in untreated carious or decayed teeth at 18-month recall of children receiving comprehensive care in the school-based setting.

Methods

The Institutional Review Board of New York University Langone hospitals approved the study protocol.

Study Design

This retrospective chart review study analyzed clinical records, including treatment notes, dental charts and consent forms of the data collected during the clinical examination of 150 pediatric patients receiving comprehensive care through the New York University Dentistry "Bring-

ing Smiles" outreach program in two specific elementary schools from Jan. 1, 2018, through Jan. 31, 2023. Collected data included caries status, caries-risk, age, race/ethnic background, method of treatment (referral or treatment at school) and elementary school from existing records. All clinical data, including radiographs and intraoral images, are stored on Axium, the electronic health record system at NYU Dentistry.

Investigators reviewed each dental chart, treatment note and consent form to gather the necessary data to identify caries-risk and the number of existing carious lesions at the patient's initial comprehensive exam and a recall examination up to 18 months from initial exam.

The American Academy of Pediatric Dentistry (AAPD) caries-risk assessment tool is a care pathway algorithm used to quantitate an individual's caries disease susceptibility and allows for appropriate treatment planning decisions and preventive measures.[1] Specifically, the tool comprises 18 factors, including risk factors (clinical/social/behavioral/medical), protective factors and disease indicators. A numerical caries-risk score (0-8) was calculated using a rubric adapted from the AAPD caries-risk assessment tool. A value of 0 was given to protective factors, such as reported at-home toothbrushing, presence of a dental home, receiving fluoride from a healthcare professional, or absence of increased caries-risk factors. A value of 1 was given to existing caries-risk factors, such as reported frequent sugar exposure, presence of caries, defective restorations, intraoral appliances, white spot lesion or lack of the before-mentioned protective factors.

Eligibility

Elementary schoolchildren aged 5 to 13 years old who have received comprehensive dental care through the New York University College of Dentistry school-based Bringing Smiles outreach program at two specific elementary schools were identified. Patients must have a recorded initial visit and a one-year recall visit within 18 months of the initial exam to be included in the study.

Data Analysis

Descriptive statistics (means, frequencies) were used to determine subject demographics by race/ethnicity, treatment site, average initial exam caries-risk assessment score (0-8) and mean change in untreated carious teeth at 18-month recall.

Bivariate analysis (t-test) investigated the mean change in untreated carious teeth at 18-month recall by race/ethnicity, brushing and dietary habits (n=150) and average caries-risk score at initial exam by ethnicity, brushing and dietary habits (n=150).

All analysis was completed using statistical software. Statistical significance was assessed at an alpha of <0.05.

Results

In this study, a total of 530 patient charts were analyzed, and 75 patients from each school were included based on specific inclusion criteria.

Descriptive Statistics

Table 1 shows that of the included patients, 74 were of Asian descent and 76 were non-Asian, with 63 Latino/Hispanic, 9 Black, 2 white and 2 patients with multiple ethnicities. There was a total of 110 patients treated at the school-based site and 40 patients treated via referral to the New York University College of Dentistry Pediatric Clinic. The patients were evaluated using a caries-risk assessment that included brushing habits and dietary habits.

The average initial exam caries-risk assessment score (0-8) was 1.85 for all 150 patients. The average score of 1.85 suggests that, on average, the patients had a low-to-moderate risk of caries. At the 18-month recall, the number of car-

TABLE 1.

Subject Demographics (n=150).

Race/Ethnicity	N	%
Asian	74	49.33
Non-Asian	76	50.67
Treatment Site		
School-Based Site	110	73.33
Referral to NYU Dentistry Clinic	40	26.67
Average Initial Exam Caries-Risk Assessment Score (0-8)	1.85	
Mean Change in Untreated Carious Teeth at 18M-RC	-0.77	

TABLE 2.

Mean Change in Untreated Carious Teeth at 18M-Recall by Race/Ethnicity, Brushing and Dietary Habits (n=150).

Race/Ethnicity	Mean Change in Untreated Carious Teeth at 18M-Recall	p-value
Asian (N=74)	-1.02	
Non-Asian (N=76)	-0.53	0.18
Reported Brushing Habits		
Brushes teeth daily with F- toothpaste (N=135)	-0.73	
Does not brush daily with F- toothpaste (N=15)	-1.20	.44
Dietary Habits		
3 or more sugar-containing snacks or beverages a day (N=67)	-1.15	
Fewer than 3 sugar-containing snacks or beverages a day (N=83)	-0.31	.025

ious teeth left untreated was recorded. The mean change in untreated carious or decayed teeth at 18-month recall was -0.77 for all 150 patients. The mean change of -0.77 suggests that, on average, patients had fewer than one untreated carious tooth at the 18-month recall.

Table 2 shows the mean change in untreated carious or decayed teeth at 18-month recall based on the race/ethnicity, reported brushing habits and dietary habits. Comparing the race/ethnicity, the Asian group (N=74) exhibited a mean change of -1.02, while the non-Asian group (N=76) had a mean change of -0.53. The findings show a decrease in the number of untreated carious teeth for both groups over an 18-month period.

When comparing the mean change between the two groups, the p-value associated with this comparison was 0.18. The Asian group had a larger mean change of -1.02, which suggests a larger reduction in untreated carious teeth compared to the non-Asian group, which had a mean change of -0.53. Although the Asian group had a larger mean change, this difference was not statistically significant (p=0.18). Therefore, these results suggest that, on average, individuals within the Asian group experienced a more significant improvement in untreated carious teeth, but the difference did not reach statistical significance.

Comparing the reported brushing habits, the group that reported brushing their teeth daily with fluoride toothpaste (N=135) had a mean change of -0.73, while the group that reported not brushing daily with fluoride toothpaste (N=15) had a mean change of -1.20. The p-value associated with this comparison was 0.44. The results indicate there was no statistically significant difference in the mean change of untreated carious teeth between individuals who reported brushing their teeth daily with fluoride toothpaste and those who did not (p=0.44). Therefore, these results suggest there is no strong evidence that daily brushing with fluoride toothpaste has a significant impact on the mean change in untreated carious teeth over an 18-month period.

Comparing dietary habits, the group that reported consuming three or more sugar-containing snacks or beverages a day (N=67) had a mean change of -1.15, while the group that reported consuming fewer than three sugar-containing snacks or beverages a day (N=83) had a mean change of -0.31. The p-value associated with this comparison was 0.025. The results indicate there was a significant difference in the mean change of untreated carious teeth between individuals who reported three or more sugar-containing snacks or beverages a day and those who reported consuming fewer than three (p=0.025). Therefore, these results suggest there was a more significant negative impact on the oral health of individuals with higher sugar consumption.

Table 3 shows the average caries-risk score at initial exam based on race/ethnicity, reported brushing habits and dietary habits. Comparing the race/ethnicity, the Asian group (N=74) had an initial exam caries-risk assessment score of 2.24, and the non-Asian group (N=76) had an initial exam caries-risk assessment score of 1.47. The p-value associated with this comparison was 0.03. The results indicate there was a statistically significant difference between the mean initial exam caries-risk assessment scores of Asians and non-Asians. Therefore, these results suggest that Asians have a higher mean initial exam caries-risk assessment score compared to non-Asians.

Comparing the reported brushing habits, the group that reported brushing their teeth daily with fluoride toothpaste (N=135) had a mean initial caries-risk assessment score of 1.64, while the group that reported not brushing daily with fluoride toothpaste (N=15) had a mean initial caries-risk assessment score of 3.73. The p-value associated with this comparison was 0.001. The results indicate

TABLE 3.

Average Caries-Risk Score at Initial Exam by Ethnicity, Brushing and Dietary Habits (n=150).

Race/Ethnicity	Mean Initial Exam Caries-Risk Assessment Score	p-value
Asian (N=74)	2.24	
Non-Asian (N=76)	1.47	0.03
Reported Brushing Habits		
Brushes teeth daily with F- toothpaste (N=135)	1.64	
Does not brush daily with F- toothpaste (N=15)	3.73	.001
Dietary Habits		
3 or more sugar-containing snacks or beverages a day (N=67)	3.00	
Fewer than 3 sugar-containing snacks or beverages a day (N=83)	0.43	0.01

there was a statistically significant difference between the mean initial exam caries-risk assessment score of individuals who brush their teeth daily with fluoride toothpaste and those who did not. Therefore, these results suggest that individuals who brush their teeth daily with fluoride toothpaste have a lower mean initial exam caries-risk assessment score compared to those who do not.

Comparing dietary habits, the group that reported consuming three or more sugar-containing snacks or beverages a day (N=67) had a mean initial exam caries-risk assessment score of 3.00, while the group that reported consuming fewer than three sugar-containing snacks or beverages a day (N=83) had a mean initial exam caries-risk assessment score of 0.43. The p-value associated with this comparison

was 0.01. The results indicate there was a statistically significant difference between the mean initial exam caries-risk assessment score of individuals who consume three or more sugar-containing snacks or beverages a day and those who consume fewer than three. Therefore, these results suggest that individuals who consume three or more sugar-containing snacks or beverages a day have a higher mean initial exam caries-risk assessment score compared to those who consume fewer than three such items.

Discussion

This study was limited by the use of convenient sampling and a relatively high level of missing chart data due to the impact of COVID-19. Findings align with existing literature and community consensus on caries-risk factors with toothbrushing and sugar exposure associated with caries-risk and the need for dental services. Patients in our study who reported more frequent sugary snacks or beverages and no brushing with fluoride toothpaste were associated with a higher overall caries-risk score.

Asian subjects demonstrate a higher initial caries-risk assessment score, in comparison to non-Asians. Subjects reporting a lack of brushing at home were associated with an increased average of untreated carious or decayed teeth at the initial exam. There was no significant difference in untreated caries by treatment location, which demonstrates the efficacy of school-based programs.

Conclusion

The New York University "Bringing Smiles" outreach is an effective school-based program that has shown improvements in caries experience and caries-risk for school-age children who have been enrolled. Within the program, differences have been found among race/ethnicity, dietary and oral homecare habits. Future research is necessary to better understand the complex interrelationship of why racial and ethnic differences exist in caries-risk and caries experience in the New York City school-aged minority populations.

In conclusion, children who have an increased frequency of sugary snacks or beverages, reported poor oral homecare habits, and children of Asian descent have been associated with a disproportionate burden of caries experience and caries-risk.

Queries about this article can be sent to Dr. Quiao at jvquiao@nyu.edu.

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Dr. Quiao | Mr. To | Ms. Ham | Dr. Chinn | Ms. Best | Dr. Amable

John-Vincent Quiao, D.D.S., is a postdoctoral student, pediatric dentistry, New York University College of Dentistry, New York, NY.

Gavin To is a predoctoral student, New York University College of Dentistry, New York, NY.

DaHea Ham is a predoctoral student, New York University College of Dentistry, New York, NY.

Courtney Chinn, D.D.S., M.P.H., is clinical associate professor, Department of Pediatric Dentistry, New York University College of Dentistry, New York, NY.

Elizabeth Best, M.P.H., is grants administrator, Department of Pediatric Dentistry, New York University College of Dentistry, New York, NY.

Rose Amable, D.D.S., is clinical assistant professor, Department of Pediatric Dentistry, New York University College of Dentistry, New York, NY.

UB Study Reveals Frequent Cannabis Use Can Lead to Cavities, Severe Tooth Loss

Treating patients who use cannabis requires tact and understanding of their lifestyle.

IT'S LONG BEEN KNOWN that smoking cannabis can lead to problems in the lungs, heart and brain.

Ellyce Clonan, D.D.S., a researcher at the University at Buffalo School of Dental Medicine, has identified another health problem linked to frequent recreational cannabis (FRC) use—tooth decay and severe tooth loss.

An article detailing her findings was featured on the cover of the January 2025 issue of the Journal of the American Dental Association (ADA).

Dr. Clonan, who joined the faculty in spring 2024 as a clinical assistant professor in the Department of Pediatric and Community Dentistry, spotted the association between cannabis and tooth decay while completing her Dental Public Health Residency Program at Jacobi Medical Center in Bronx, NY.

As part of the intake questionnaire at the public clinic where she worked, patients would often answer "no" when asked if they smoked, Dr. Clonan said. However, when she gave them home instructions following a tooth extraction, such as "no fried foods and no smoking," an important truth often would be revealed.

"They'd tell me, 'Well, I do smoke cannabis,'" she said.

Study Looks at Frequent Cannabis Smokers

To explore the possible connection, Dr. Clonan, who is also a consultant for the ADA, used a cross-sectional study analyzing data obtained from 5,656 adults, ages 18 to 59, who participated in the National Health and Nutrition Examination Survey, sponsored by the Centers for Disease Control and Prevention between 2015 and 2018.

She discovered that people who reported smoking cannabis at least once a month for more than a year had a 17% higher chance of having untreated coronal caries, 55% higher odds of root surface caries and 41% higher odds of severe tooth loss compared with patients who did not smoke marijuana after controlling for age, sex, race or ethnicity, education, income or alcohol consumption.

"The surveys only focused on smoking cannabis, not other use such as edibles," Dr. Clonan said. "When you smoke cannabis, you're literally putting fire near your mouth, which is never good. It causes dry mouth, which can lead to tooth decay."

Two other factors may contribute to cavities and tooth loss—the high-fat snacks, sugary foods and drinks people typically consume when they use cannabis and poor brushing habits while under the influence, she said.

Little Research in this Area

The effect of cannabis use on oral health has been on Dr. Clonan's radar for a while, she said, since numerous states, including New York, have legalized marijuana, and recreational use has skyrocketed.

"I saw a gap in the dental research compared with the medical field," she said, "so I decided to pursue this study."

All the information was self-reported, so Dr. Clonan suspects FRC use is higher than the surveys reveal.

"Someone in New York might be more forthcoming compared to someone in Alabama, who might worry about who is looking at the survey," she said.

The average age of the study's respondent was 39. Dr. Clonan noted, however, that FRC use was reported from respondents across all ages, races and socioeconomic levels.

These findings reflect a national trend, she added.

Cannabis use in adults 65 and older jumped by 75% over a three-year period, according to a recent report in the Journal of the American Medical Association. Meanwhile, according to a 2023 study by the National Institute on Drug Abuse, the percentage of young adults (ages 19 to 30) who reported past-year marijuana use and daily marijuana use reached their highest levels ever.

While smoking cannabis may lead to oral health problems, Dr. Clonan said she doesn't want to convey that the drug is inherently bad and patients shouldn't use it. Cannabis, she pointed out, can serve as a therapeutic agent for numerous diseases and disorders—from cancer to anxiety.

"Yes, we want to educate our patients about the dangers of smoking, but we also want to treat their use with kindness and understanding," she said. "The results of the survey also indicate we need to tailor our advice." For instance, a person smoking either cigarettes or cannabis needs to drink a lot of water afterward. If their appetite increases after smoking cannabis, it's preferrable that they eat all in one sitting versus snacking over time, which Dr. Clonan said is more detrimental to oral health.

"I'd also tell them to avoid sugary, sticky foods and remember to brush after eating, even while under the influence of cannabis," she said.

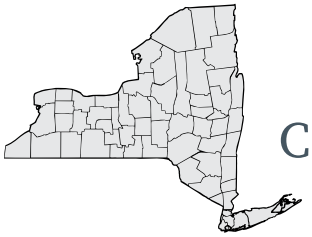
Further Study Needed for More Definitive Answers

These lifestyle changes should decrease the chances of cannabis smokers losing their teeth, she said. Also, dental offices can help by making their intake questionnaires more specific.

"In addition to asking about tobacco use, they could ask, 'Do you use cannabis?' 'How often?'" she said. "Knowledgeable providers will be better equipped to identify and address the adverse outcomes associated with FRC use and, in turn, give better advice to their patients."

In the future, Dr. Clonan said she would like to conduct a longitudinal study with more surveys and interviews with patients to gauge the effect their cannabis habits have on their oral health over a prolonged period of time.

"This recent study was just a snapshot in time, so we can't completely determine cause and effect of the cannabis use and the caries and tooth loss," she said. "More research is definitely needed."



Component NEWS

NINTH DISTRICT

Helping Kids Smile

Monica Barrera, D.D.S.

Give Kids A Smile (GKAS) is a great way to give back to the community, especially our little ones. This year, so far, we have hosted an event in March at the Brewster HeadStart for about 50 children, who we educated about good oral health.

Then, on April 28, we returned to the Virginia Road Elementary School, where we spoke to over 300 kindergarten through second graders about proper oral healthcare. We watched the Briana video and had table activities centered on becoming a dentist, learning to brush and what foods are beneficial to oral healthcare. These are great events, supported by Ninth member volunteers.

Just for Girls

Drs. Rosa Martinez and Minerva Patel participated in a Good for Girls event at the Westchester Community College on March 15. It was meant to teach the importance of oral health and highlight careers in dentistry to girls from ages 9 to 19. All 245 girls registered for the event attended.

Member Recruitment

Ninth District appeared with NYSDA at Touro Dental D4 Student Signing Day on March 27. As expected, the day yielded a good number of conversions from ASDA to ADA members.

General Session

At our General Meeting on March 12 at the Villa Borghese in Wappingers Falls, members heard Dr. Denise Foran present "Demystifying

NINTH DISTRICT

Seen at March General Meeting, from left: Executive Director Stephan Cancian, Secretary-Treasurer Monica Barrera, Vice President Michael Smith, President Renuka Bijoor, NYSDA President-Elect Maurice Edwards, Immediate Past President Duraid Sahawneh, President-Elect Bharat Joshi.

Helping Touro dental students make the conversion from ASDA to ADA membership are, from left: Dr. Alan Hall, Touro professor; D4 student Stephanie Rachaf; Executive Director Stephan Cancian; President Renuka Bijoor; Isabella Ayala, NYSDA staff.

Immediate Past President Duraid Sahawneh addresses Touro D4 students on Signing Day.

Youngsters learn the basics of oral healthcare at GKAS event at Brewster Headstart.

NINTH DISTRICT

Touro D4 students join in fun at new dentist social. They are, from left, Adam Mustafa, Hasan Kuliev, Mohammed Alomari.

the Endodontic Patient: A Recipe for Making the Diagnoses and Treatment Decisions." We also received a visit from NYSDA President-Elect Maurice Edwards, who spoke to us about what is happening at the state level and what to expect from his presidential year in 2026.

New Dentists Socialize

Our new dentist bowling social on April 7 at Bowlmor in White Plains was a success. Plans are underway for an ice cream social at Touro College of Dental Medicine in Hawthorne and for our annual New Dentist Reception in the fall.

Get Ready for Spring

Our spring General Meeting will take place on Wednesday, May 14, at the Crowne Plaza in Suffern. Arthur Volker, D.D.S., M.S.ED., will present "In-Office Digital Dentistry: Disrupting the Status Quo?" Visit ninthdistrict.org to register.

Life and Leadership Lessons

The Ninth's social event is set for Wednesday, May 21, from 6:30 to 9 p.m. at St. Andrews Golf Club in Hastings. Mingling, networking and an evening of fun can be expected. There will be vendors with wine, beer and light dining. Space is limited to the first 150 registrants. Also, Ms. Allison Lacoursiere, certified professional coach, high-performance expert, and transformational speaker dedicated to empowering clinicians and leaders, will join us.

Ms. Lacoursiere guides dental professionals toward unprecedented personal and professional growth. During her appearance before the 9th, she is expected to explore the integration of feminine and masculine energies in leadership, revealing how balancing these forces unlocks extraordinary performance and sustainable success. Through an engaging examination of neuroscience-based communication techniques and actionable insights into personal leadership, participants will learn to harness their unique strengths, elevate their professional presence, and master the mindset needed to thrive both clinically and personally.

Registration is now open. Visit ninthdistrict.org to sign up.

Get Ready to Shred

On Saturday, June 14, we will present our third annual Shredding Day for members at Ninth headquarters. Disposals will take place from 10:30 a.m. to 2:30 p.m. If you need more information about this or any other event, or if there's something else we can do to help you, please contact us at (914) 747-1199, or www.ninthdistrict.org.

BRONX COUNTY

NYSDA Vice President and BCDS member Dr. Amarilis Jacobo, second from right, is among volunteers participating in free dental health event organized by Dr. Christopher Lane, at center of photo, and St. Barnabas Health Systems for Bronx residents. Screenings were provided to adults and children.

BCDS member and NYSDA Trustee Dr. Jacqueline Samuels, second from right, represented BCDS at Give Kids A Smile event at PS 160. She was joined by dental hygiene students from Hostos Community College and Bronx Care pediatric residents in providing oral health education and gift bags to over 80 children.

FOURTH DISTRICT

Series Draws to a Close

Spring has sprung in the Fourth District, and we have wrapped up our Seminar Series, concluding with "A Pediatric Dental Refresher," presented by Drs. Carla Tornatore and Shiri Greenberg from Touro College of Dental Medicine. This course was cohosted by the Third District Dental Society and took place in Troy.

Thanks to all our members and presenters for their support, which contributed to the success of this year's lecture series.

Fourth District *cont.*

Stick It to Cancer

The Fourth District is never in short supply when volunteers are called upon. We were proud to be a part of the annual "Stick It to Cancer" oral cancer screening at our local Adirondack Thunder hockey game in late March. The event, now in its third year, is organized by the New York State Dental Foundation.

Special thanks to Drs. Adams, Cloke, Cohn, Milza and Schutze for their support of this important event.

Congress Convenes in May

Planning a big meeting takes lots of time and effort. A shoutout to our Executive Committee, which stayed late to work out last-minute details for our Saratoga Dental Congress in early May. Plan to attend if you are in town. Particularly noteworthy this year is the Cancer Prevention Summit taking place on Thursday evening as a prequel to the Congress. Register with the Fourth District or through the New York State Dental Foundation.

EIGHTH DISTRICT

Life Support Refresher

Keven J. Hanley, D.D.S.

The Erie County Dental Society will hold one of its quarterly "Basic Life Support for Health Care Providers" courses at the district office on May 5. This course will fulfill state requirements for CPR retraining. All participants will complete a skills test and written exam to qualify for recertification. Attendees will receive 4 MCE credits.

Leading the Fourth District in the coming year are, from left, Jennifer Kluth, Katherine Guilfoyle, Claire Kiehl, Edmund Wun.

Drs. David Perrino, Jacob Merryman and Vince Fuschino, left to right, with seminar speakers Drs. Shiri Greenberg and Carla Tornatore.

Call went out and volunteers responded to assist with oral cancer screenings at Adirondack Thunder hockey game.

Day Devoted to Lectures

The University at Buffalo School of Dental Medicine, Department of Orthodontics, will hold its Annual John J. Cunat Lecture on Friday, June 6, at the Westin Buffalo in downtown Buffalo. Dr. Cunat chaired the UB Department of Orthodontics from 1955 to 1995.

Dr. Jay Bowman will give three presentations: "You Can't Always Get What You Want: It's Only Orthodontics, But I Like It"; "Uno, Dos, Tres: All Screws in One Place Concept for Three-angle Classes"; and "Drastic Plastic: Improving the Predictability of Clear Aligners/ Creative Adjuncts for Clear Aligners to Improve Predictability."

Following Dr. Bowman's presentation, Dr. Won Moon will give two lectures: "Nonsurgical Management of Extreme Vertical Problems (Long and Short Vertical Face Heights) with Micro-implants;" and "Could We Advance Maxilla in Mature Patients Nonsurgically? Nonsurgical Class III Orthopedic Correction with MSE and FM: Growing vs. Nongrowing Patients."

Six hours of MCE will be awarded for the day's participation.

Golf and Learning

The 2025 William C. Knauf Jr. Memorial Golf Tournament will be held on Monday, June 9, at the Fox Valley Country Club in Lancaster. Prior to the afternoon tee time, Dr. Grace DeSouza will present "All-Ceramic Restorations: Structure, Properties and Bonding Protocols." This course will introduce the most recent developments in all-ceramic materials for indirect restoration and explain how innovation has impacted the properties of those materials. Surface treatment strategies recommended for enhanced bonding of high-crystalline and glass-based ceramics will also be explored. This lecture will award 2 MCE hours.

Following lunch, golfers will attack the challenging layout of Fox Valley in pursuit of golf supremacy in the Eighth District.

Disposal Day

The Eighth District will hold its annual Shred Day on Saturday, June 14, at the district office. Members will be able to bring paper files needing to be shredded, as well as dental X-rays requiring disposal. This is a no-cost-to-members event, as it is being sponsored by Walsh Duffield Insurance and Ivoclar.

So, clear out all those files, X-rays and any other paper that needs shredding. This is always a popular event, and members are expected to fill multiple trucks with their "contributions."

FIFTH DISTRICT

CE Opportunities

Janice Pliszczak, D.D.S., M.S., M.B.A.

The Fifth District Spring Meeting will be held at the Hampton Inn in Cazenovia on Thursday and Friday, May 1-2. There will be a meeting of the Board of Governors on Thursday evening, followed by a general membership meeting and lectures on Friday. Dr. Todd Snyder will present "Aesthetics and Occlusion" in the morning and "Cosmetics and Veneers" in the afternoon.

The Central New York Dental Conference (CNYDC) will convene Friday, Sept. 12, at the OnCenter in Syracuse. CNYDC features courses for the entire dental team, as well as an exhibit area. Nancy Dewhirst, B.S., R.D.H., will be among featured presenters. Her topic is "Lesions and Lifestyles – Is It HPV? Oral Pathology Review and Update for Dental Teams & Emerging Diseases."

Remarkable Woman

Nancy Chappell, director of the Onondaga Cortland Madison (OCM) BOCES Dental Assisting program, is winner of the Central New York Remarkable Woman award.

Nancy has experienced tragedy in her life. In 2018, her son Stephen Gudknecht was killed, along with Kristopher Hicks, while working at the Dewitt Chili's restaurant. The mothers of the two victims established a charity,

BOCES Dental Assisting Program Director Nancy Chappell.

Two Chefs from Above, to provide safety training to restaurant workers and raise money for homeless charities.

Then, in 2024, Nancy's only other child, Chris, was killed in a motorcycle accident.

SUFFOLK COUNTY

Lessons in a Lunchbox

Devin J. Klein, D.D.S., M.S.

On Feb. 11, in celebration of Children's Dental Health Month, Suffolk County Dental Society members Drs. Patricia Hanlon, Claudia Mahon-Vazquez and Maria Maranga visited Southhold Elementary School to present the Lessons in a Lunchbox program to the school's second graders. This program, developed by Dr. Winifred Booker of the Children's Oral Health Institute, exposes elementary school students to career opportunities in the dental field, as well as tools for good oral health.

The students were very engaged and asked many questions. Just another example of our ADA member dentists giving back to the community.

Stony Brook Vendor Fair

What an honor it was to be part of the 2025 Leo and Mickey Sreebny Research Symposium and ASDA Stony Brook Chapter Annual Spring Vendor Fair. It was a great event, held this year on Feb. 26, from 8:30 a.m. to 1 p.m. Several Suffolk County Dental Society leaders were there.

Suffolk County *cont.*

This symposium is an annual research day for all predoctoral students, postdoctoral residents and faculty from the School of Dental Medicine and an opportunity for the members of the American Association for Dental Research, Long Island Section, to present their research posters.

There was a wonderful turnout, great engagement from attendees and a super effort on the part of those presenting research projects. Additionally, a thought-provoking lecture on research was part of the morning's event.

We are grateful for our continued partnership with the Stony Brook School of Dental Medicine and the ASDA Stony Brook Chapter. We truly value you!

New Dentists Hear from Expert Panel

More than 40 people were on hand for our Expert Panel event on the evening of Feb. 26. Dental students and residents, new and veteran dentists participated in this great mentorship opportunity that featured a panel of experts sharing their knowledge and expertise. Panelists addressed topics, including dental employment law, tax law, malpractice law, practice acquisition and financing, personal wealth management and vendor management.

No questions were off limits. The dialogue, questions and answers flowed freely during the evening, as did the food and drink.

The event was sponsored by the American Dental Association and Suffolk County Dental Society's new dentist sponsors: Straumann, Bank of America Practice Solutions, TargetRock Wealth Management and MLMIC.

Large number of attendees proved eager to get back in classroom for first in series of seminars offered by SCDS.

Seminar Series

March 19 was a great day in dental education, as more than 50 people attended the first in our seminar series, a presentation by Dr. Georgios Romano on "Surgical Complications in Implant Dentistry." It was sponsored by Geistlich, Hiossen, Nobel, GPT Lasers, StellaLife, Dr. Laurence Schwarz Dental Office Coverage and Henry Schein Dental.

Log onto https://www.suffolkdental.org/calendar to see all future events. You can save 15% when you purchase the three remaining series events. They are taking place on May 14 ("Surgical and Restorative Solutions," by Drs. Arce and Piche); Sept.10 ("Transforming Dental Medicine Powered by Artificial Intelligence," by Dr. Nathalia Andrade); and Oct. 8 ("Precision, Productivity and Ideal Patient Care in Implant Dentistry," by Dr. Robert Vogel). Call the office (631) 232-1400 to book your place. It's that easy!

SCDS Demonstrates What is Possible

Want to know what we did to buck the national and state active licensed dentist market share trend? Email us at Contact@SuffolkDental.Org, or call us at (631) 232-1400 to get the answer. (Note: 2024 year-end datapoints are unavailable because of a Salesforce/Fonteva issue.)

Don't Miss a Thing

We continue to make a significant push to better communicate and connect with our members in methods that more easily integrate with their lifestyle. You can find us on Facebook, X, Instagram, LinkedIn and, even, Spotify, in addition to our traditional www.SuffolkDental.Org presence.

NEW YORK COUNTY

April Meeting is Special

Egidio Farone, D.M.D.

Our April General Membership Meeting took place April 7 at the New York County Dental Society headquarters. While each meeting holds its own significance, this one was particularly special, as the speaker, Dr. Ye Shi, was a former student of President Dr. Vera W.L. Tang, making the event a meaningful full-circle moment for both.

The evening began with members reconnecting with familiar faces and warmly welcoming new ones. Light refreshments were served, conversations flowed, and photos captured the night's energy and excitement. The highlight of the evening was an engaging lecture presented by Dr. Ye Shi, clinical assistant professor in the Department of Periodontics and Implantology at NYU College of Dentistry and program director of the International Summer Practicum.

Dr. Shi's presentation, "Cracking the Code of Cemental Tear: A Guide to Detection and Diagnosis," offered attendees valuable insights and clinical knowledge many may not have realized they were missing.

New York University Signing Day

On April 9-10, the New York County Dental Society (NYCDS) and the New York Dental Association (NYSDA) appeared together at NYU's Signing Day. The event focused on educating the next generation of dental professionals about the support we offer our members, including career advancement opportunities, access to valuable resources and the chance to build meaningful professional connections. NYCDS President Dr. Vera W.L. Tang was also present, encouraging these soon-to-be graduates to become members of our society and take the next step in their dental careers.

New York County *cont.*

Upcoming Continuing Education Schedule

SPRING

5/14 9:30 AM-1:30 PM
Basic Life Support/CPR Certification Course

5/16 10:00 AM-3:00 PM
Practical Oral Pathology

5/21 9:30 AM-3:30 PM
Contemporary Implant Removable Protheses: A Clinical Update

5/22 6:00 PM-8:00 PM
Workflows for Conservative Cosmetic Dentistry (Zoom)

5/30 9:30 AM-3:30 PM
Sleep Apnea: Wake Up to the Problem

SUMMER

6/09 7:00 PM-9:00 PM
To Smile or Not to Smile (Zoom)

6/10 9:00 AM-4:30 PM
Contemporary Insights into Orthodontic Practice: Investigational Studies Relating to How and Why We Do What We Do

6/18 9:30 AM-12:30 PM
Pump Up Your Practice with Improved Diagnosis and Increased Treatment Acceptance

6/25 7:00 PM-9:00 PM
OSHA-Mandated Update for Dentists and Staff; What You Need to Know to Comply with the Law (Zoom)

7/23 9:30 AM – 1:30 PM
Risk Management Course by MLMIC

8/05 9:30 AM – 1:30 PM
Basic Life Support/CPR Certification Course

New courses are added regularly so be sure to visit https://www.nycdentalsociety.org/ for the latest course schedule.

Well-attended April General Membership Meeting drew mix of leaders and rank and file.

NYCDS President Vera W.L. Tang, at center of photo, with former student and membership meeting guest speaker Dr. Ye Shi. They are joined by NYU students who also attended the meeting.

Kasey Bennett in foreground and Heather Relation from New York State Dental Association assist NYU residents at signing day.

THIRD DISTRICT

Hygiene Scholarship Recipients

Paula Tancredi, Executive Director

Robert H. Hill II, D.D.S., FAGD, FACD, chairperson of the Scholarship Committee and namesake of the Robert H. Hill II Dental Clinic at Hudson Valley Community College in Troy, awarded scholarships to student recipients.

Congratulations to first-year students Anastasia Lewitinn-Barker and Rekha Gauchan and second-year students Gina Tumminello and Kymanni Stevens. Each student received $400 from the Third District Dental Society to continue their education in the field of dental hygiene and help them remain in good academic standing.

Next month, the Third District will present scholarships to two HVCC dental assistant students to aid them in paying for their certification exams.

Dr. Robert Hill with this year's HVCC student scholarship recipients, from left, Anastasia Lewitinn-Barker, Rekha Gauchan, Gina Tumminello, Kymanni Stevens.

Members learn to compete on the ice at district-sponsored Learn to Curl outing.

Dr. Katie Rothas shares memories of ADA Advocacy Day.

Learn to Curl

The Third District started the year with one of the more exciting member events it has presented, "Learn to Curl." The Albany Curling Club offered a one-hour lesson to introduce dentists to sliding, releasing rocks and sweeping. A few even tried to "skip," that is, determining the strategy and holding the broom in the house to indicate where a teammate at the other end of the curling sheet should aim the stone.

After taking a break to warm up a bit and enjoy some treats, the group was split into two teams to play against one another. It was a great time, and curling may have scored a few new fans in time for the 2026 winter Olympics.

A big thank you to Alexa at Straumann and to the Albany Curling Club.

Roadmap to Dental School

Katie Rothas, D.D.S., and Dan Caban, D.M.D., started a webinar series to assist local predental students. The first seminar was presented last November. It gave an overview of what to be thinking about as a predental student. In March, Dr. Rothas and Dr. Caban presented a follow-up seminar specific to the application process.

Because there are no dental schools and few dental residency programs within the Third District, these efforts are important in establishing relationships with students who choose colleges within the district. Predental webinars, a dentist shadowing program and in-person clinics offer students the benefit of seeing career opportunities in the Capital District and Catskill region.

Dr. Rothas, NYSDA New Dentist Trustee, also spent a day at Columbia's

Third District *cont.*

Dental School promoting the newest AEGD residency program in the Capital District at Whitney Young Health and educating students about dental practice opportunities in the Capital Region.

ADA Advocacy Day

Dr. Katie Rothas, D.D.S., attended ADA Lobby Day in Washington, DC. An annual event, Lobby Day is a chance to learn more about issues and policies that affect the nation's oral health and to empower dentists and dental students with the skills and knowledge essential for effective advocacy. Dentists and students hear from political analysts, subject matter experts and dentists who are working with members of Congress and other federal officials to represent the dental profession.

Armed with ADA-provided data and their own personal narratives, attendees engaged with members of Congress and their staff on matters crucial to the ADA that benefit patients, dental practices and the broader dental profession.

SEVENTH DISTRICT

Resident Event is Success

Becky Herman, Executive Director

A fun event at Radio Social brought together nearly 40 new dentists and residents for bowling, networking, great food and a little competition.

Thank you to our sponsors who made the event possible: Bryan Gray, CPA, CARR, Crane Dental Lab, Empire Dental Administrators, Genesee Regional Bank, Kuraray, Vision Financial and Walsh Duffield.

Pharmacology Declassified

Dr. Tom Viola presented on "Local Anesthetics and Analgesics and Street Drugs, Substance Abuse, Clinical Considerations, and Patient Care Planning" during the Seventh District's Semi-Annual Meeting held on March 28.

A shout-out to event sponsors: DDSmatch, Empire Dental Administrators, Genesee Regional Bank, Morgenstern DeVoesick, Patterson Dental, RTG Lab, Urgent Dental, Vision Financial and Walsh Duffield.

Members Volunteer for GKAS

Seventh District members joined dental hygiene students from Monroe Community College's (MCC) Dental Studies Program to make a difference in the lives of local kids during MCC's Give Kids A Smile event on March 15. Our dentist volunteers provided complimentary screenings and education to help children and families understand the importance of good oral health.

Careers in Dentistry Students Visit UB

The Monroe County Dental Society Careers in Dentistry Program concluded with a tour of the University at Buffalo School of Dental Medicine and a presentation by Dr. Marcelo Araujo.

In his address to the local high school and college predental students, Dr. Araujo shared his personal journey back to UB, where he now serves as dean of the School of Dental Medicine. He enumerated the strengths of the UB program and spoke of the nurturing environment the school is creating for future students.

March Semi-Annual Meeting featured presentation on anesthetics, analgesics and street drugs given by Dr. Tom Viola. Seen after the lecture are President Matthew Valerio, Dr. Viola, Business Chair Jordan Antetomaso.

Volunteers from Seventh District and Monroe Community College Dental Studies program joined forces to screen and educate children assembled for Give Kids A Smile event.

CLASSIFIED
INFORMATION

Online Rates for 60-day posting of 150 words or less — can include photos/images online: Members: $200. Nonmembers: $300. Corporate/Business Ads: $400. Classifieds will also appear in print during months when Journal is mailed: Jan and July.

FOR SALE

BRONXVILLE: Home office for sale. Located 3 blocks from New York Presbyterian-Westchester Hospital at 915 Palmer Road. Great space for dental practice. Near train station, and bus stop in front of building. 5 exam rooms, office with 4 cubicles and 2 storage rooms. Includes 3 bedrooms, 3.5 baths, kitchen/dining room/conference room. 3,200 square feet. Parking lot in back for 6 cars. Contact Realtor Margaret Farren, Houlihan Lawrence at (914) 843-8030; or email: mfarran@houlihanlawrence.com.

WATERTOWN/THOUSAND ISLANDS: Dental practice for sale in beautiful northern NY. Desirable location approximately 1 hour north of Syracuse in close proximity to Thousand Islands and Canadian border. Modern, well-designed, attractive, standalone building with ample parking. 3,395 square feet. Main floor offers 9 ops with digital X-ray, CBCT, Eaglesoft, Schick Sensors, 3D printing and CEREC. Finished 1,500-square-foot basement includes conference room, laundry/locker room, kitchen and 2 additional offices. Building available for sale or lease. Reputable practice can run 1-2 dentists with gross revenue in excess of $1M annually on 4-day week. Experienced, highly motivated team of 8 willing to remain after sale. Owner retiring and willing to help with transition. Contact Robert Schonfield, DDS, by phone: (315) 771-4012; or email: rob@docschonfield.com.

NORTHEASTERN NY: Thriving general dental practice near greater Burlington, VT, metro area.14 operatories, including three hygiene chairs, and serves 4,540 active patients with 45 new patients monthly. Generating $2.7M collections and $507K EBITDA. Ideal for dentists seeking turnkey opportunity. Located in free-standing building with real estate available. Practice combines strong financials with stunning location. Contact Professional Transition Strategies by email: bailey@professionaltransition.com; or call (719) 694-8320. Reference #NY122024.

MANHATTAN: West 70s; desirable location. $350K gross for 2.5-day workweek. Currently 1 op, plumbed for 3. Molar endo, ortho, perio and oral surgery referred out. Practice and real estate for sale. Huge growth potential and great opportunity for recent grads or established dentist. Seller in practice for over 40 years and committed to aiding in very successful transition. Call or email to discuss: (212) 877-6742; or email: Barbara@schrottdentistry.com.

GREATER NYC METRO AREA: General dental practice for sale, located just 20 miles northwest of Manhattan. Well-established dental practice offers unique opportunity to serve engaged, family-oriented community. Features 6 operatories, 5 fully equipped and 1plumbed for future expansion. Strong patient base with 2,760 active patients and around 55 new patients each month. Set up for continued success with annual collections $1.5M and $400K EBITDA. Owner open to flexible transition, including 3- to 4-year phased exit or full transfer. For more details, reach out to Bailey Jones at Professional Transition Strategies via email: bailey@professionaltransition.com; or call (719) 694-8320. Reference #NJ10924.

MANHATTAN: Midtown dental practice for sale. General practice offers prime ownership opportunity. With four operatories and nearly four decades of service, practice operates 3-4 days/week, serving 570 active patients. Collections $1.2M and EBITDA $330K all on fee-for-service basis. Real estate also available for purchase. Enjoy NYC's vibrant culture and amenities while owning thriving practice. Interested? Contact Professional Transition Strategies: bailey@professionaltransition.com; or call (719) 694-8320. Reference #NY62624.

BRONX: Very well set-up and well-maintained full-time dental office for sale in Co-op City. Three operatories, lab, sterilization room, storage room. Equipment 5-years old and in excellent condition. Please call to discuss: (347) 831-3742.

JEFFERSON COUNTY: Great opportunity. Long-established, profitable practice is must-see. Located minutes from downtown Watertown. Well-equipped 4-operatory practice sits on busy road, with great curbside appeal. Large private parking lot. Practice fully digital with pano X-ray and utilizes Eaglesoft. Revenue $730K with one FT Hygienist. Doctor only works 3 days/week (20 hours max). Seller refers out all endo, ortho and oral surgery. Practice positioned for growth. Primarily FFS, with 2,000 active patients. 2-story building also for sale with vacant apartments upstairs. Contact Dental Practice Transitions Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3385.

ONTARIO COUNTY: Long-established, highly productive practice with 2022 revenue of $1.4M. Nestled in backdrop of beautiful Finger Lakes wine-making country. Fully computerized, fully digital office with 7 well-equipped treatment rooms. Utilizes Dentrix Ascend PMS; Planmeca CBCT and digital impression systems added in recent years. 3,500 active patients and combination of insurance and FFS. Strong hygiene program. Well-trained team available for transition. Contact Dental Practice Transitions Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3395.

ONEIDA COUNTY: Bright, immaculate, all-digital, 100% FFS practice with great curb appeal. Highly desirable location and convenient access to highways. $900K+ revenue on 4-day workweek. Seller in practice for 30 years and committed to aiding in very successful transition. Four well-equipped operatories and Dentrix all in efficiently designed 1,100-square-foot space. Thriving general practice averages 30+ new patients per month. Excellent turnkey opportunity. Contact Transitions Sale Consultant Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3513.

SENECA COUNTY: Charming practice in heart of Finger Lakes region. 45-minute drive to both Rochester and Syracuse city centers. Digital practice offering 3 equipped ops, with 2022 revenue $653K on 3 clinical days/week. Softdent, 2D pano and diode laser. 1,700-square-foot practice offers comprehensive dental care in welcoming environment. Full-time Hygienist and full administrative staff, all with excellent systems and training in place. 50% FFS. Refers out specialties. Real estate also available. Schedule to see this wonderful opportunity today. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3572.

WESTERN NEW YORK: Fantastic opportunity to own well-established, thriving practice in beautiful area. Well-established practice growing and has loyal patient base made up of 86% insurance and 14% FFS. Fully digital Pan, sensors, intraoral cameras and paperless charting, all integrated with Eaglesoft. Building with off-street parking and additional rental units also for sale or lease. Outstanding staff and established patient base make wonderful opportunity for new owner's future. Contact Practice Transition Consultant Brian Whalen at (716) 913-2632; or email: brian.whalen@henryschein.com. #NY3665.

CAPITAL REGION: Turnkey opportunity for well-established dental practice located in growing and desirable area, conveniently located to downtown Albany, Saratoga and Schenectady, with revenue of $800K. Attractive, efficient 2,505-square-foot space with 5 fully equipped treatment rooms. Standalone building offers excellent visibility on busy two-lane main road; also available for purchase. Digital office using Dentrix with pano X-ray, upgradable to 3D. Four dedicated full-time employees and three part-time willing to stay after transition. Doctor refers out most specialties on 39-hour week. Must-see opportunity for any interested buyer looking to acquire successful, primarily FFS dental practice. Contact Transition Sales Consultant Michael Damon: (315) 430-9224; or email: mike.damon@henryschein.com. #NY3942.

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NORTHERN NEW YORK: High-grossing, high-tech 7-op operatory general dentistry practice located in standalone building. Located near Canadian border. Beautiful practice offers great visibility and curb appeal. 3,000 square feet; 100% digital practice utilizes Eaglesoft with CBCT and CEREC. Highly trained, experienced team of professionals awaits, including 3 full-time Hygienists expected to transition with practice. Open 4 days/week with 3,300 active patients and healthy new patient flow. Doctor willing to stay to assist with transition. Great turnkey opportunity. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3673.

ONONDAGA COUNTY: Seize the opportunity to own well-established GP practice with rich 40-year history. 5-ops, spacious 2,751-square-foot office located in high-traffic area with ample parking lot. Advanced technologies, including imaging system, i/o camera, digital X-ray, digital pan and Softdent. Well-balanced revenue mix with 60% FFS and 40% PPO. Dedicated team willing to stay with 7 hygiene days and 4-day week. Located 7 miles from Micron Technologies, future site of largest semiconductor plant in NYS. Excellent growth opportunity. Don't miss out on incredible chance to own your own practice and real estate. Schedule viewing today. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY3786.

OSWEGO: General practice for sale. High-visibility, established practice with convenient access to I-81. Growing community located less than 10 miles from future Micron semiconductor plant, which will be one of country's largest. $1.1M revenue on just 28-hour week. 5 well-equipped operatories with recent addition of new hygiene room. 100% digital practice with newly added pano X-ray and iTero scanner. Refers out all specialties. Mix of FFS/PPO. Don't miss out on this growing practice with seller committed to very successful transition. Schedule visit today. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com #NY4023.

ST. LAWRENCE COUNTY: Well-established, highly profitable, 100% FFS general practice with just 52% overhead. Turnkey. Annual revenue $750K+ on 4-day week. Standalone building with large parking lot located right on main road with excellent visibility. Building also available for sale with approximately 3,000 square feet of dedicated dental space. Room to double practice size based on recent clinic vacancy on other half of building. 4 fully equipped treatment rooms in 100% digital practice with Sirona Pan/Ceph imaging. Refers out some endo and oral surgery. Doctor willing to stay for extended period of time. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com #NY4019.

MONROE COUNTY: Looking for well-established, standalone GP practice with wonderful curb appeal? Here it is. Conveniently located in front of Wegmans Plaza, 1,400-square-foot dental space with commercial renters downstairs available for sale or lease. Located in one of Rochester's fastest growing suburbs. Digital practice offers four fully equipped treatment rooms and 4-day week with 6 days of hygiene. Primarily PPO with FFS. Motivated seller refers out all specialties. Don't miss out. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY4035.

SYRACUSE: Long-established, highly visible general practice in desirable neighborhood. $725K+ revenue practice with great curb appeal and ample parking. 2,100-square-foot leased space just 10 minutes from downtown. Offers 4 well-equipped treatment rooms with ability to add 5th. 100% digital practice and CAD/CAM. Well-trained, experienced team awaits with strong full-time hygiene program. Mix of FFS/PPO. Refers out most specialties. Very motivated seller seeking retirement. To schedule visit, please contact Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY4142.

BROOME COUNTY: Amazing opportunity to purchase well-established, highly profitable general practice in desirable city. Housed in attractive standalone building with ample parking conveniently located less than one mile from shopping, restaurants and entertainment district. Spacious, 4,000 square feet, updated and well-designed for efficient workflow. 8 fully equipped treatment rooms with plumbed nitrous. 100% digital with modern technologies throughout. FFS with 3,425 active patients and steady new patient flow. Experienced, highly engaged team of 9 staff members awaits with robust hygiene program in place. Building available to buy or lease. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY4097.

OSWEGO COUNTY: Perfect opportunity to own well-established $1M GP practice residing in remodeled brick building with gorgeous riverfront views. Vibrant office located less than 20 minutes from future site of $100B state-of-the-art Micron Technologies semiconductor chip plant. Each well-equipped treatment room offers large windows overlooking river, with beautifully maintained public park surrounding office. Well-designed 2,900-square-foot leased space offers 5 updated ADec treatment rooms with 6th op plumbed. 100% digital practice. Experienced team of professionals expected to stay after transition. 100% FFS with 7 days of hygiene on 30-hour work week. Primed for growth. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY4185.

SYRACUSE AREA: Attractive general practice in desirable, vibrant suburb of Syracuse is primed for growth. Situated on busy main road with ample parking. 15 minutes to downtown Syracuse and one mile to Township 5, where shopping, dining and entertainment options abound. Top-rated school district. 4-op digital practice is a must-see, with affordable, 2,300-square-foot leased space. Room to expand to 2 more ops. Utilizes Eaglesoft PM with Schick sensors and 100% paperless. Refers out most endo, implants, perio and some extractions. Experienced team of professionals awaits post-transition. PPO-based practice open just 3.5 days per week. Very motivated seller. For more information, please contact Mike Damon at (315) 430-9224; or email: Mike.damon@henryschein.com. #NY4235.

ROCHESTER AREA: Wonderful opportunity to own well-established, profitable practice in desirable, growing part of Monroe County. Immaculate, thriving general practice situated in professional office park with ample parking and conveniently located to major highways. Spacious 5,800-square-foot leased space updated and well-designed for efficient workflow. Features 12 fully equipped treatment rooms. 100% digital, paperless practice with modern technologies throughout, including CBCT. FFS with 2,900+ active patients and steady new patient flow. Experienced, highly engaged team awaits with robust hygiene program in place. Don't let this opportunity slip away .For more information, please contact Mike Damon at (315) 430-9224; or email: Mike.damon@henryschein.com. #NY4234.

ONTARIO COUNTY: Long-established, efficiently designed 1,800-square-foot leased space with 4 fully equipped treatment rooms and plumbed room for additional 5th room. Located in scenic community described as Gateway to beautiful Finger Lakes Region and just 25 minutes from downtown Rochester. Insurance-based practice. Utilizes Eaglesoft PM software. Refers out all specialties. Averages 15-20 new patients per month with zero marketing. Strong hygiene program with practice positioned for growth. For more information, please contact Practice Transition Consultant Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY4198.

NASSAU COUNTY: Modern general practice built out less than five years ago in a standalone building. 5 operatories with plumbing in place for 6th; equipped with state-of-the-art technology, including an iTero scanner, CBCT imaging and digital X-rays. Located on high-visibility main road. Practice experiencing rapid growth, making it excellent opportunity for doctor just starting out or seasoned practitioner looking to expand their portfolio. For more information, please contact Practice Transition Consultant Jim Higgins at (914) 496-4856; or email: jim.higgins@henryschein.com. #NY4134.

JEFFERSON COUNTY: Well-established, spacious, 3,500-square-foot general practice in beautiful, historic building. 7 equipped treatment rooms with 8th op plumbed. Utilizes Dentrix PM software. FFS/PPO and only in-network with 2 insurances. Strong hygiene program with dedicated team ready to stay after transition. All specialties referred out. $837K revenue and positioned for continued growth. Stunning property also for sale, includes 4 fully occupied residential apartment units. Doctor looking to stay for extended period. For more information, please contact Practice Transition Consultant Mike Damon at (315) 430-9224; or email: Mike.damon@henryschein.com. #NY3719.

LIVINGSTON COUNTY: Wonderful opportunity to own well-established, thriving GP practice residing in beautiful historic building with great curb appeal. $1.8M practice located in heart of town center in Western NY. Located less than 1 hour from downtown Rochester. 3,0000-square-foot clinical space offers 5 updated treatment rooms. Additional 1,500-square-foot space upstairs for apartment rental. Building for sale. 100% digital practice utilizing Dentrix software and other technologies. 60% FFS/40% PPO mix. Must see. Schedule visit today. For more information please contact Mike Damon by email: Mike.damon@henryschein.com; or call (315) 430-9224. #NY4251.

ONEIDA COUNTY: Excellent opportunity to purchase bustling $1.2M general practice. Located in high-traffic shopping plaza in attractive suburb of Utica. Great visibility on main boulevard with ample free parking. 4,500-square-foot space houses 9 fully equipped operatories. Utilizes Dentrix and 100% digital practice with 3D Pan/Ceph. Robust hygiene program in place. Affordable lease. Primarily PPO practice. Schedule showing today. Contact Practice Transition Consultant Mike Damon at (315) 430-9224; or email: mike.damon@henryschein.com. #NY4269.

ONEIDA COUNTY: Wonderful opportunity to own profitable, efficiently run practice with beautiful 2-bedroom apartment upstairs. Located on main road, with attractive curb appeal. Attractive standalone building is must-see. Immaculate 3,200-square-foot space offers 5 well-appointed treatment rooms. 100% FFS, digital office utilizes Dentrix. Open 4 days/week. Refers out most specialties. Building for sale. For more information, please contact Practice Transition Consultant Mike Damon by phone: (315) 430-9224; or email: Mike.damon@henryschein.com. #NY4277.

WYOMING COUNTY: Turnkey opportunity to purchase well-established, highly profitable general practice. Office generates annual collections of $800K+ on 4-day/week. Located in Western NY in prominent, standalone building, with ample parking and situated right on main road with excellent visibility. 2,400-square-foot building with full basement and lot to expand also available for sale. Thriving practice offers 5 fully equipped treatment rooms with 6th unequipped room for future growth. 100% digital practice with CEREC, lasers and 2D Pano. 90% FFS with one in-network provider. Refers out most specialties. Incredible opportunity; schedule visit today. For more information, please contact Practice Transition Consultant Mike Damon by phone: (315) 430-9224; or email: mike.damon@henryschein.com. #NY4273.

CHEMUNG COUNTY: Wonderful opportunity to own 100% FFS general practice housed in attractive standalone building. Great visibility on busy main road, with ample parking and less than one mile from major interstate. Just 10-minute drive to nearby regional airport. Well-designed 2,500-square-foot space offers 6 fully equipped operatories with modern A-dec equipment in relaxing atmosphere. Digital practice utilizes Eaglesoft PM and CBCT. Well-trained, experienced team of professionals awaits, including 2 full-time hygienists expected to transition with practice. Building available for purchase. Schedule visit today. For more information, please contact Practice Transition Consultant Mike Damon by phone: (315) 430-9224; or email: mike.damon@henryschein.com. #NY4297.

ONEIDA COUNTY: Incredible opportunity to own well-established, $1.5M+ GP practice. Situated in newer, standalone building with great visibility on main road. Stunning, well-designed interior offers 4,600-square-foot space with eleven (11) treatment rooms; 9 equipped with updated A-dec equipment. Located 30 miles east of Syracuse and within minutes of Oneida County's largest employer. 100% digital, paperless practice and experienced team of professionals awaits. 100% FFS with 11 days of hygiene/week. Must-see. Schedule visit today. For more information, please contact Transition Consultant Mike Damon at 315-430-9224; or email: Mike.damon@henryschein.com. #NY4312.

MADISON COUNTY: General Practice nestled in great family-based community. Thriving, long-established practice in Central NY provides easy access to main highway and set-up for buyer to hit the ground running. Attractive, standalone 2,000-square-foot building, available for sale. Offers great curb appeal with ample, private parking lot. High-tech practice awaits with 7 beautifully equipped treatment rooms. 100% digital practice with CBCT, CEREC and Itero. Healthy, PPO-based practice averages 30 new patients per month. Schedule visit today! For more information, please contact Transitions Sales Consultant Mike Damon at (315) 430-9224; or email: Mike.Damon@henryschein.com. #NY4358.

FLUSHING, QUEENS: Dental/medical condo unit with active part-time FFS/PPO dental practice. Located in heart of Flushing, Queens. 880-square-foot space features three fully equipped operatories and utility/storage room. Unit boasts low common charges and offers affordable parking for rent directly in front of building. Equipment, including intraoral/desktop scanners and 3D printer, all in excellent condition. Contact us to discuss details or schedule viewing. Call: (347) 897-9699; or email: dentalofficesaleflushing@gmail.com.

CAPITAL DISTRICT: Modern and efficient dental practice located in Capital Region of New York. Office designed for patient comfort and flow with 3 operatories. Ideal for growth-minded practitioner. Seller willing to assist with financing. Please contact to discuss: maharco2@aol.com.

FOR RENT

DOWNTOWN BROOKLYN HEIGHTS: Modern, turnkey dental office available for rent. Walk in and start practicing. Downtown Brooklyn Heights with views of lower Manhattan. Available now. Fully furnished with 3 ops, A-dec chairs, Nitrous. New server and computers included. Near all trains. Call or text for more information: (347) 712-0778.

MIDTOWN MANHATTAN: Newly decorated office with windowed operatory for rent FT/PT. Pelton Crane equipment, massage chair, front desk space available; shared private office, concierge; congenial environment. Best location on 46th Street, between Madison Avenue and 5th Avenue. Please call or email: (212) 371-1999; karenjtj@aol.com.

MANHATTAN: Upper East Side op for rent. Office located at Madison Avenue & 60th Street. Modern, quiet, boutique private practice. Endodontic microscope, 2 digital scanners, materials, instruments available for rent. Inquiries by text: (646) 648-3242; or email: pyondds@gmail.com.

OPPORTUNITIES AVAILABLE

MANHATTAN: Periodontist needed for large, well-established, fee-for-service practice. One or two days per week. Position available immediately. Recent graduate acceptable. Call or email for details. Email: drjlevy@earthlink.net; or call: (212) 582-5808.

CLINICAL ASSISTANT PROFESSOR- DENTAL: Upstate Medical University, Division of Dentistry, seeks full-time dentist for performing dental care in both outpatient and inpatient areas of clinic and hospital setting. Site treats diverse patient population, including pediatrics, special needs adults and refugees. Most care will be centered on comprehensive approach in outpatient area, with scheduled opportunities for care under general anesthesia in OR setting, as well as in-house treatment of patient requiring services. GPR experience preferred, along with history of OR care but not required. Opportunity to participate in teaching aspect of program is anticipated, with some resident oversight, as well as on-call expectations as part of position. Interested candidates apply online with CV to: https://careers.upstate.edu/jobs/clinical-assistant-professor-dentist-syracuse-new-york-united-states. SUNY Upstate Medical University is an Equal Employment Opportunity (EEO) employer.

MANCHESTER, CT: General Dentist. Columbia Implant Center seeks experienced, full-time General Dentist. Must be familiar with all scopes of general dentistry. Schedule: Monday-Friday, 10am-7pm, with optional weekends. Benefits include malpractice coverage and continuing education. Interested candidates, please contact us! Call: (860) 985-2458; or email: abbas.mohammadi@columbiadental.com.

MANCHESTER, CT: Endodontist. Columbia Implant Center is seeking an ambitious, skilled part-time Endodontist in Manchester, CT. Flexible hours available. Join our dynamic team and provide top-quality care in supportive environment. Competitive compensation. Interested candidates, please contact us to apply! Call: (860) 985-2458; or email: abbas.mohammadi@columbiadental.com.

MANCHESTER, CT: Orthodontist. Columbia Implant Center is seeking an ambitious, skilled part-time Orthodontist in Manchester, CT. Flexible hours available. Join our dynamic team and provide top-quality care in supportive environment. Competitive compensation. Interested candidates, please contact us to apply! Call: (860) 985-2458; or email: abbas.mohammadi@columbiadental.com

ASTORIA/BAYSIDE/PORT WASHINGTON: General Dentist & Specialist needed. Multi-specialty offices looking for General Dentist—must provide treatment for crowns, bridges and root canals. Oral Surgeon positions available in 4 locations. Must examine, diagnose and provide treatment counseling to patients in comprehensive manner; solicit patient feedback to improve service; direct Assistants and other auxiliary personnel. Specialists must provide certificate of residency. Please email your CV to management@belldentalcare.com.

Read, Learn and Earn

Readers of *The New York State Dental Journal* are invited to earn three (3) home study credits, approved by the New York State Dental Association, by properly answering 30 True or False questions, all of which are based on articles that appear in this issue.

To complete the questionnaire, log onto the site provided below. All of those who achieve a passing grade of at least 70% will receive verification of completion. Credits will automatically be added to the CE Registry for NYSDA members.

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Click below

ONLINE CE QUIZ

Treatment Options for Pre-eruptive Intracoronal Resorption of Permanent Teeth—Page 22-27

1. Pre-eruptive intracoronal resorption (PEIR) is initially seen in unerupted teeth.
   ☐ T or ☐ F

Visit our online portal for more....

Successful Treatment of a Pedo-Endo Lesion in a Primary First Molar—Page 28-30

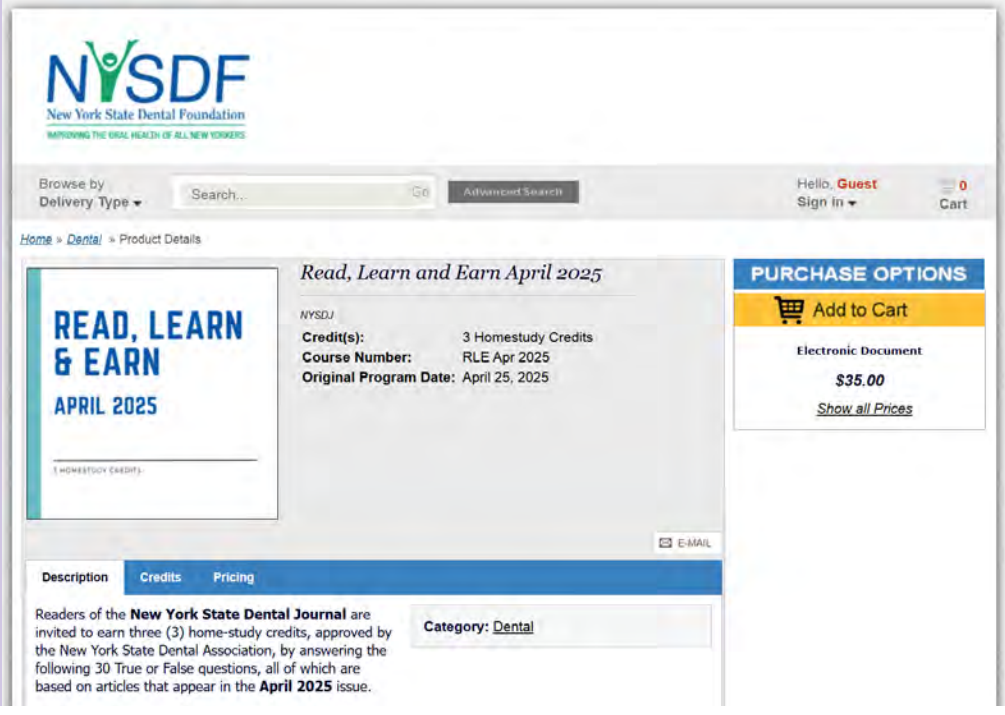
2. Pulp therapy in primary teeth provides a functional tooth and maintains arch integrity.
   ☐ T or ☐ F

Visit our online portal for more....

Comparison of Untreated Caries and Caries-Risk Improvement in an Elementary-school-based Comprehensive Dental Care Program—Page 31-35

3. The article demonstrates the efficacy of school-based dental programs.
   ☐ T or ☐ F

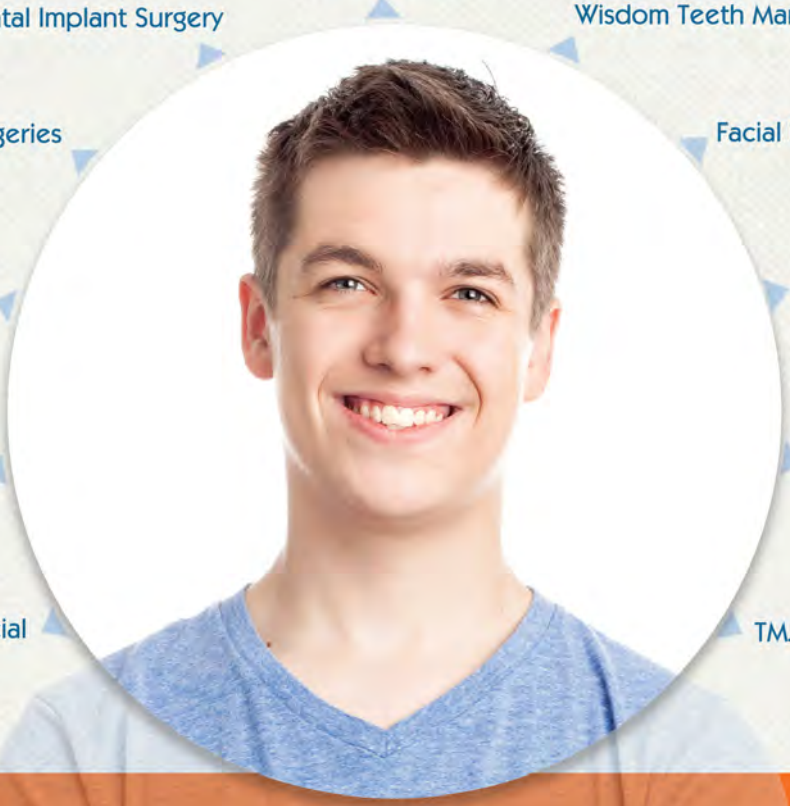
Visit our online portal for more....



Management of Wisdom Teeth

NYSS OMS
New York State Society of Oral & Maxillofacial Surgeons

- Anesthesia
- Dental Implant Surgery
- Wisdom Teeth Management
- Extractions and Other Oral Surgeries
- Facial Injury / Trauma Surgery
- Oral, Head and Neck Pathology
- Corrective Jaw Surgery
- Obstructive Sleep Apnea (OSA)
- Facial Cosmetic Surgery
- Cleft Lip/Palate and Craniofacial Surgery
- TMJ and Facial Pain



Why refer patients to an OMS even if their molars are erupted and pain-free?

Even erupted third molars can be prone to disease. An oral and maxillofacial surgeon (OMS) is well-qualified to regularly assess a patient's third molar status or, if necessary, to remove problem wisdom teeth. When it comes to wisdom teeth, pain-free does not mean problem-free. Visit MyOMS.org for more information.

AAOMS

Oral and maxillofacial surgeons:
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