



Overcoming the **Stress of Dental School**

THE NEW YORK STATE DENTAL JOURNAL

# NYSDJ

Volume 91 **Number 2**  
March **2025**

## Understanding Role of MS in Patient's Dental Pain



**Inside: Is There a Way Out of Hygienist Shortage?**

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# NYS DJ

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**Cover:** Multiple sclerosis is a chronic dental as well as medical condition. Dentists should take extra care when treating MS patients and be prepared to make practical modifications to make their patients' in-office visits relaxed and comfortable.

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## **16 Manifestations of Trigeminal Neuralgia Secondary to Multiple Sclerosis in Dentoalveolar Region**

*Eliahu Zaghi, B.A.; King Chong Chan, D.M.D., MS., FRCD(C)*

Neurological symptoms of multiple sclerosis are well-known. Less frequently discussed is its affect on the dentoalveolar region, which can lead to failure to recognize it as a factor in a patient's oral pain. Authors report case, including diagnosis and treatment, of trigeminal neuralgia secondary to MS. *Case report and literature review*

## **22 Arteriovenous Malformation Presenting as a Disfigured and Throbbing Face**

*Abrar Shamim, D.D.S.; Steven Halepas, D.M.D., M.D.;*

*Alfonso Salcines, D.M.D., M.D.; Sidney B. Eisig, D.D.S.*

Maxillofacial arteriovenous malformations, while rare, pose life-threatening risk of severe bleeding if not properly diagnosed prior to commencing dental treatment. Patient in need of extraction and presenting with symptoms of possible AVM undergoes preoperative embolization to minimize intraoperative bleeding, followed by hemimandibulectomy and fibula free-flap reconstruction. *Case report*

## **28 Stress of Dental Students**

*Ellen Lee, D.D.S.; Ningshu Lyu, D.D.S.; Yixin Bao, D.D.S.; Yutong Fan, D.D.S.;*

*Yueqi Gao, D.D.S.; Bryan Gu, D.D.S.; Vicky Quach, D.D.S.*

Researchers aim to aid dental students by uncovering factors that cause them the most stress and by providing remedies for reducing their anxiety.

# An Intractable Problem

*Creative solutions are needed to solve the dental hygienist shortage in New York State.*

**T**he dental workforce shortage is well-documented. Whether it is dental assistants or dental hygienists, it hasn't been easy finding good help. The ADA and California Dental Association recommend offering higher salaries, flexible and lighter schedules, health insurance, paid holidays and vacations, retirement funds, paying for continuing education, better dental office culture and growth opportunities.<sup>[1,2]</sup> Providing these benefits and adjusting your dental practice may very well lead to success in hiring, but could be detrimental to your business. Maybe it's time we look far outside the box for solutions.

Spring Hatfield, R.D.H., in her article "Dental Hygienist Shortage: Proposed Solutions and Why Assistants Scaling Is Not the Answer," alerts us to dentists combating the dental hygienist shortage by advocating for dental assistants to perform superficial scaling. And, in fact, dental assistants in Illinois and Kansas are now able to perform supragingival scaling in certain situations on younger patients.<sup>[3]</sup>

In Massachusetts, laws are being written to allow foreign-trained dentists with sufficient training and experience to apply to become licensed dental hygienists to meet the state's dental hygienist shortage.<sup>[4]</sup>

Currently, NYSDA is in the process of reviewing the merits of joining the Dentist and Dental Hygienist Compact, which allows dentists and dental hygienists in other states to practice in New York State. The compact has been accepted so far in 10 states: Washington, Colorado, Kansas, Minnesota, Wisconsin, Iowa, Ohio, Tennessee, Virginia and Maine. Fifteen states have bills moving forward to join). [Compact Map – Dentist and Dental Hygienist Compact \(ddhcompact.org\)](http://ddhcompact.org). Dr. Linda Edgar, immediate past president of the ADA, said "...The compact will help alleviate workforce challenges in these states and in states that join in the future."<sup>[5]</sup>

Additionally, the ADA is exploring having dental students and residents work as hygienists. This may be easier for dental residents, who already have their degree and license. When I was in my periodontal residency, I moonlighted doing hygiene work in one of my professor's periodontal practices. At the time, I was already licensed pre-PGY1 requirement. Today, moonlighting is illegal in New York State, unless, of course, you are licensed and registered as a dentist.

## It's Personal

In my office, I have had a difficult time employing qualified, part-time hygienists. The temp

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agencies I use have not been helpful, because of the shortage of dental hygienists. Hiring right out of hygiene school also has its pitfalls. Each of two recent graduate dental hygienists I hired to work one or two days a week were with me for less than two months.

After all the onboard internal and government-mandated training they received, and the hand holding to get them comfortable with giving local anesthetics, they just up and left the practice. They weren't unhappy with the office culture or their salary and benefits and appreciated the training. So why leave? One said she didn't like treating adults; that it was too stressful, and she preferred to work in a pediatric office. The other said she had family problems. She asked if once she resolved her family issues, could she reapply for her position.

The U.S. military is known for recruiting. Who hasn't seen the poster illustrated by James Montgomery Flagg of Uncle Sam saying, "I Want You for US Army." Sadly, today, even Uncle Sam is suffering from inadequate hiring, as three-quarters of the armed forces did not meet their recruiting goals in 2023. However, the tide can turn at any time and new data emerging in 2024 show the four military services will meet their respective, though decreased, recruitment goals.

Using the military model, maybe dentists can entice dental hygienists to practice in their offices for a certain number of years by paying their hygiene school tuition.<sup>[6,7]</sup> The hygienist would then work for the dentist at a certain payrate for the agreed-upon time, possibly five or more years. Problems could occur if the hygiene student quits or flunks out of their program. They will then have to repay you, and further problems can arise if they default on their payments.

What happens if the hygienist is not a good fit with your office and patients? Or does something during their tenure that leads to their departure? All these situations should be stipulated in the contract you sign—with strong legal advice, including guidance concerning qualified employee educational benefits under Internal Revenue Service regulations.

Another possible strategy to increase the number of available dental hygienists would be controversial. What if we were to allow migrants to begin training as dental hygienists by accepting them into two-year programs that would permit them to earn an associate's degree and a dental hygienist certificate? Of course, there would be an application process to identify qualified applicants. In 2024, the federal government spent close to four billion dollars in New York City alone to alleviate the migrant crisis. Giving these migrants a way to earn a living that also benefits the public may be of vast value to our society. The training pro-

grams could even be created within our local and state hospitals with funding coming from the government. However, this all may be moot if mass deportations are carried out.

### Hope on the Horizon

Just when you're thinking of packing up the boxes I've shown you, Gov. Hochul may have solved our dental hygienist shortage. The governor's 2025 budget includes a section to fund a free community college education in New York State at CUNY and SUNY schools. As long as you're 25 to 55 years of age and "Pursuing an associate degree in High Demand Fields."<sup>[8]</sup> Gov. Hochul's plan will provide free tuition and cover books, supplies and other fees. This should attract a large number of applicants to dental hygiene schools.<sup>[9]</sup> Now New York State may only need to create more programs.

Thanks to Gov. Hochul, we could finally be seeing the shiny scalers at the end of the COVID-19-initiated dental hygienist work force shortage!

*Dr. Stuart Sigelich* D.D.S., M.S.

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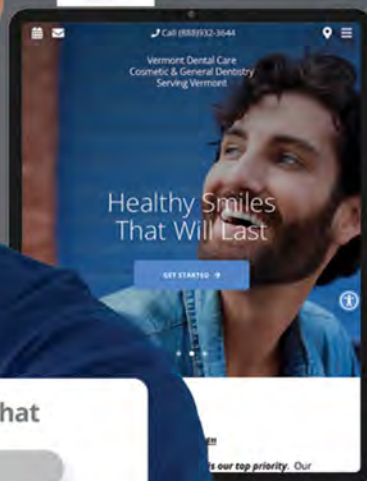
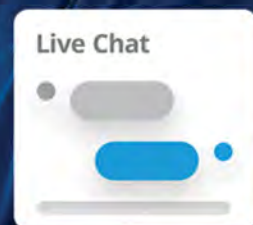
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## Be Safe Out There

*They're coming to get your most sensitive and personal information. Cyberattackers have stepped up their game and now employ highly sophisticated tactics. Be aware and be prepared.*

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

**I**n recent months, NYSDA has experienced a series of cyberattacks, where members received fake e-mails purporting to be from NYSDA Trustees. These are known as phishing attacks, a form of cyberattack that attempts to engage the recipient into falling for some scam or into clicking on a link that activates malicious software.

Such cyberattacks are much more sophisticated than the old scams of a person claiming Nigerian royal status needing money wired immediately in exchange for buying into an unbelievable investment opportunity. That would not work today because no member would believe any NYSDA Trustee had royal status.

However, members could more easily believe a NYSDA Trustee wanted to engage in a friendly chat on some important topic or even just a social event. And it has become much easier to mimic a genuine email address, even without hacking the person's actual email address, although that too can happen. The interesting fact about the recent so-called "friendly phishing" events is that none of them resulted from any hacking at all.

How do you spot such a friendly phishing scheme? Some vigilance based on the steps below can be useful.

### Not Your Friend

Even New York State has warned New Yorkers of "friendly greeting" phishing scams, which are deceptive text messages from unknown senders that can lead to a con. The New York State Department of State says that phishing is a common technique scammers use to send fraudulent communications that appear to come from a reputable or trusted source but are attempts to trick people into revealing personal information or to click on harmful links that can download malware to their devices.

Phishing scams are usually performed through text messages, emails or chats on platforms such as What's App, Signal or Facebook Messenger. "Scammers are always trying to find new ways to gain your trust so they can steal your information, and phishing scams are one of the latest techniques being used," Secretary of State Walter T. Mosley said. "They come in many different variations and can look like a friendly greeting at first glance. It's important for consumers to be aware of these scams and always be cautious when receiving messages from unknown senders."

According to the Federal Trade Commission (FTC), scammers are increasingly sending short greeting messages as a conversation starter. This is a common tactic used by scam-

mers to try to establish a connection with you and gain your trust. There are different variations of this scheme. The message may be personalized with your name or other information to make it seem that it's coming from someone you already know. If you respond to the message, they may ask follow-up questions and engage you in conversation with the goal to scam you. Examples of "friendly greeting" phishing messages are:

- "Hi, How Are You?"
- "Hello. Is this ("your name")?"
- "Do you want to play golf?"
- "How about going shopping together tomorrow?"
- "Do you want to come out to dinner tomorrow?"

If you or someone you know receives a "friendly greeting" message, take the following actions:

- Don't reply to text messages from unknown numbers. It could lead to a scam. Be wary of unsolicited messages from unknown senders that send generic or overly friendly greetings, and don't respond to the message.
- Delete and report the message using your phone's "report junk" option. Forward unwanted texts to 7726 (SPAM) and unwanted emails to your email provider. Use the reporting features that are built into devices or email platforms. Reporting suspicious phishing messages is one of the most efficient methods for protecting you, as it helps identify new or trending phishing attacks.
- Block the sender's email address or phone number.
- Remember, it's always better to be cautious. If you're unsure of the legitimacy of a message, avoid engaging with the sender.

Clicking a link from a phishing scam puts your personal information and money at risk. Scammers can:

- Install ransomware or other programs in your device that can spy on your online activity or hold your device hostage by encrypting your data and demanding payment to unscramble it.
- Steal your personal or sensitive information, including passwords, credit card numbers, banking PINs, etc. This information can be used to take out loans or credit cards in your name or perform other fraudulent financial transactions.
- Gain access to your private computer systems to steal information or impersonate you and commit other scams.

## Tis the Season

During income tax season, other forms of cyberattacks and identity theft are also prevalent. The Inter-

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nal Revenue Service (IRS) even has a special email account devoted to reporting phishing scams. Options to help protect against such cybersecurity attacks include:

- **Recognize scams and report phishing.** It's important to remember that the IRS does not use unsolicited email and social media to discuss personal tax issues, such as those involving tax refunds, payments or tax bills. Don't reply, open any attachments or click any links. To report phishing, send the full email headers or forward the email as is to [phishing@irs.gov](mailto:phishing@irs.gov); do not forward screenshots or scanned images of emails because this removes valuable information. Then delete the email.
- **Protect personal information.** Refrain from revealing too much personal information online. Birthdates, addresses, age and financial information, such as bank accounts and Social Security numbers, are among things that should not be shared freely. Encrypt sensitive files such as tax records stored on computers.
- **Use strong passwords.** Consider using a password manager to store passwords.
- **Enable multi-factor authentication (MFA).** Use this for extra security on online accounts.
- **Use and update computer and phone software.** Enable automatic updates to install critical security updates, including anti-virus and firewall protections.
- **Use a VPN.** Criminals can intercept personal information on insecure public Wi-Fi networks. Individuals are encouraged to always use a virtual private network (VPN) when connecting to public Wi-Fi.

## The Many Forms of Phishing

At the federal level, there is guidance from the United States Cybersecurity and Infrastructure Security Agency (CISA). CISA defines various forms of phishing attacks in more detail, starting with the concept of a social engineering attack. In a social engineering attack, an attacker uses human interaction (social skills) to obtain or compromise information about an organization or its computer systems. An attacker may seem unassuming and respectable, possibly claiming to be a new employee, repair person or researcher and even offering credentials to support that identity. However, by asking questions, he or she may be able to piece together enough information to infiltrate an organization's network. If an attacker is not able to gather enough information from one source, he or she may contact another source within the same organization and rely on the information from the first source to add to his or her credibility.

### Phishing

CISA considers phishing to be a form of social engineering. Phishing attacks use email or malicious websites to solicit

personal information by posing as a trustworthy organization. For example, an attacker may send email seemingly from a reputable credit card company or financial institution that requests account information, often suggesting there is a problem. When users respond with the requested information, attackers can use it to gain access to the accounts. Phishing attacks may also appear to come from other types of organizations, such as charities. Attackers often take advantage of current events and certain times of the year, such as:

- Natural disasters
- Epidemics and health scares
- Economic concerns
- Major political elections
- Holidays

### Vishing

CISA defines vishing (separate from phishing) to be a social engineering approach that leverages voice communication. This technique can be combined with other forms of social engineering that entice a victim to call a certain number and divulge sensitive information. Advanced vishing attacks can take place completely over voice communications by exploiting Voice over Internet Protocol (VoIP) solutions and broadcasting services. VoIP easily allows caller identity (ID) to be spoofed, which can take advantage of the public's misplaced trust in the security of phone services, especially landline services. Landline communication cannot be intercepted without physical access to the line; however, this trait is not beneficial when communicating directly with a malicious actor. Vishing has been used against members through sophisticated schemes impersonating the New York State Office of Professional Discipline (OPD). And that is not an agency to be trusted even when it really might be OPD contacting you.

### Smishing

CISA defines smishing (separate from both phishing and vishing) as a form of social engineering that exploits SMS or text messages. Text messages can contain links to such things as web pages, email addresses, or phone numbers that when clicked may automatically open a browser window or email message or dial a number. This integration of email, voice, text message and web browser functionality increases the likelihood that users will fall victim to engineered malicious activity.

### Telltale Signs

CISA notes that common indicators of phishing are:

- **Suspicious sender's address.** The sender's address may

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imitate a legitimate business. Cyberattackers often use an email address that closely resembles one from a reputable company by altering or omitting a few characters.

- **Generic greetings and signature.** Both a generic greeting—such as “Dear Valued Customer” or “Sir/Ma’am”—and a lack of contact information in the signature block are strong indicators of a phishing email. A trusted organization will normally address you by name and provide their contact information.
- **Spoofed hyperlinks and websites.** If you hover your cursor over any links in the body of the email, and the links do not match the text that appears when hovering over them, the link may be spoofed. Malicious websites may look identical to a legitimate site, but the URL may use a variation in spelling or a different domain (e.g., .com vs. .net). Additionally, cyberattackers may use a URL shortening service to hide the true destination of the link.
- **Spelling and layout.** Poor grammar and sentence structure, misspellings and inconsistent formatting are other indicators of a possible phishing attempt. Reputable institutions have dedicated personnel that produce, verify and proofread customer correspondence.
- **Suspicious attachments.** An unsolicited email requesting a user download and open an attachment is a common delivery mechanism for malware. A cyberattacker may use a false sense of urgency or importance to help persuade a user to download or open an attachment without examining it first.

### Be Vigilant

CISA notes that there are specific vigilance actions you can take to avoid being a victim of a cyberattack, especially phishing attacks.


- Be suspicious of unsolicited phone calls, visits or email messages from individuals asking about employees or other internal information. If an unknown individual claims to be from a legitimate organization, try to verify his or her identity directly with the organization.
- Do not provide personal information or information about your organization, including its structure or networks, unless you are certain of a person’s authority to have the information.
- Do not reveal personal or financial information in email, and do not respond to email solicitations for this information. This includes following links sent in email.
- Don’t send sensitive information over the Internet before checking a website’s security.
- Pay attention to the uniform resource locator (URL) of a website. Look for URLs that begin with “https”—an indication that sites are secure—rather than “http.”

- Look for a closed padlock icon—a sign your information will be encrypted.
- If you are unsure whether an email request is legitimate, try to verify it by contacting the organization directly. Do not use contact information provided on a website connected to the request; instead, check previous statements for contact information. Information about known phishing attacks is also available online from groups such as the Anti-Phishing Working Group at: [www.apwg.org](http://www.apwg.org).
- Install and maintain anti-virus software, firewalls and email filters to reduce some of this phishing traffic.
- Take advantage of any anti-phishing features offered by your email client and web browser.
- Enforce multifactor authentication (MFA).

### Now, What Do I Do?

Finally, what do you do if you think you are a victim of a phishing or other cyberattack?

- If you believe you might have revealed sensitive information about your organization, report it to the appropriate people within the organization, including network administrators. They can be alert for any suspicious or unusual activity.
- If you believe your financial accounts may be compromised, contact your financial institution immediately and close any accounts that may have been compromised. Watch for unexplainable charges to your account.
- Immediately change any passwords you might have revealed. If you used the same password for multiple resources, make sure to change it for each account, and do not use that password in the future.
- Watch for other signs of identity theft. CISA has resources on this at: [www.cisa.gov/news-events/news/preventing-and-responding-identity-theft](http://www.cisa.gov/news-events/news/preventing-and-responding-identity-theft).
- Consider reporting the attack to the police and file a report with the Federal Trade Commission (FTC) at: [www.reportfraud.ftc.gov](http://www.reportfraud.ftc.gov).

Fortunately, NYSDA follows all these cybersecurity recommendations to guard against phishing, but that does not prevent malicious cyberattackers from trying to inveigle our members. What better disguise than to feign being a NYSDA Trustee? Who could resist an offer to discuss dentistry, go to lunch with, go shopping with or play a round of golf with any of them? 

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

## Suffolk County Oral Surgeon Set To Receive Distinguished Service Award



Guenter J. Jonke

GUENTER J. JONKE, D.M.D., of East Setauket, Suffolk County, is this year's recipient of NYSDA's Mark J. Feldman Distinguished Service Award. Dr. Jonke, an oral surgeon, will receive his award during the opening meeting of the NYSDA House of Delegates on May 30 at the Long Island Marriott.

Dr. Jonke has had a distinguished career, spanning some 35 years, in dentistry, dental education and as a participant in organized dentistry. Engaged in private practice at Suffolk Oral Surgery Associates in Stony Brook, he has also provided his services to area hospitals, most recently serving on the staff of St. Catherine's of Siena Hospital in Smithtown.

Dr. Jonke has stepped out of his office as well to engage and interact with dental students and residents. A clinical assistant professor in the Department of Oral and Maxillofacial Surgery at Stony Brook University School Dental Medicine, Dr. Jonke focuses much of his attention on ethics in dentistry.

The former member of the ADA Council on Ethics, Bylaws and Judicial Affairs and chair of its Ethics Subcommittee is author of numerous articles and columns on all aspects of dental ethics. And he lectures before members of the Student Professionalism and Ethics Association in Dentistry, as well as senior Stony Brook Dental students.

Active at all levels of organized dentistry, Dr. Jonke currently serves as president of the New York State Society of Oral and Maxillofacial Surgeons and on the American OMS Board Commission of Professional Conduct. His previous appointments have included NYSDA Trustee, Greater Long Island Meeting Chairman, Chair of American College of Dentists New York Chapter and ADA Delegate. He is a past president of the Suffolk County Dental Society and was chair of its Ethics Committee for eight years.

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# Association *Activities*

## Council on Nominations Approves Officer Slate

THE NYSDA COUNCIL ON NOMINATIONS, meeting in March via Zoom, approved the following slate of officers, which if confirmed by the NYSDA House in May, will lead the Association in 2025-2026:

- Dr. Maurice L. Edwards of New York County, currently serving as president-elect, was advanced to the office of president.
- Dr. Amarilis Jacobo of Bronx County, currently serving as vice president, was nominated to the office of president-elect.
- Dr. Lynn Stacy of the Fifth District was nominated to serve as vice president.
- Dr. Paul R. Leary of Suffolk County was nominated to continue in the office of secretary-treasurer.

In additional action, the council certified the candidacy of three individuals for the position of ADA Trustee. They are Dr. Maurice Edwards, Dr. Payam Goudarzi of the Sixth District and Dr. Prabha Krishnan of Queens County.

## *Maria Maranga Heads Dental Foundation Board*

THE NEW YORK STATE DENTAL FOUNDATION, subsequent to approval by the NYSDA Board of Trustees, announced its leadership for 2025. Heading up the foundation are: Maria Maranga, chair; Ronald Bellohusen, vice chair; Lawrence Volland, treasurer; and Robert Peskin, secretary. All were approved to serve one-year terms.

The following trustees saw their terms on the NYSDF Board renewed for three years: Rory Ogden, Third District; Donald Tucker, Eighth District; Lawrence Volland, Eighth District; and Robert Peskin, Nassau County. Savitha Reddy of Queens County was approved to serve a one-year term on the Board.

## NSS Board Members Named

NYSDA SUPPORT SERVICES will be led in 2025 by the following Board members, all of whom were approved by the NYSDA Board of Trustees: Dimitrous Kilimitzoglou, chairman; NYSDA Executive Director Michael Herrmann, president (EO); and Mark Weinberger, Third District, treasurer.

Also: Minerva Patel, Ninth District; Roxene Gascoigne, Nassau County; Tricia Quartey-Sagaille, Second District; Mina Kim, New York County; Mario Silvestri, Sixth District; and NYSDA Secretary-Treasurer Paul Leary, Suffolk County.

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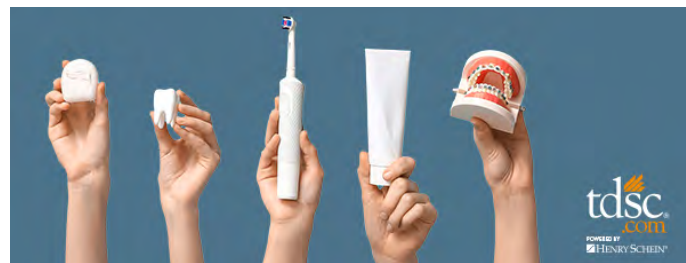
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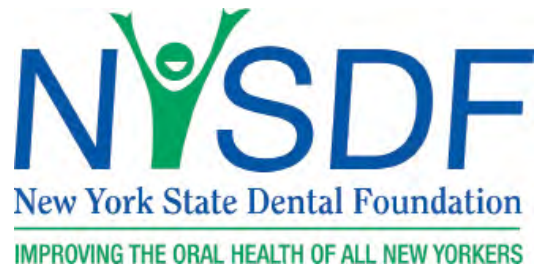
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# Volunteers Needed to Join Effort to Alleviate Pain and Restore Hope

*Hearts & Homes for Refugees offers a unique opportunity for dentists to transform lives through dental care.*

Stacy McIluff, CFRE

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The New York State Dental Foundation is pleased to share an inspiring opportunity for dentists to make a difference for one of the most underserved groups in the Hudson Valley community—approved and documented refugees who are being resettled with the help of private citizens through the community sponsorship model. Hearts & Homes for Refugees (HHR) is a grassroots organization dedicated to supporting refugee families who arrive with documentation. We are inviting dental professionals to join the effort to alleviate dental pain and restore hope for those who have endured extraordinary hardship.

For eight years, HHR has been transforming the lives of refugees in Westchester and the lower Hudson Valley. The nonprofit organization has rallied 4,000 volunteers to help more than 1,000 refugees find housing, employment, language support and other essential resources to lead independent lives in safe communities. In 2023, volunteers, community partners and stakeholders contributed their time and resources, valued at more than \$620,000. Now, with funding from Impact100 Westchester, HHR has launched a pilot program, “The World Always Looks Brighter With A Smile: A Dental Care & Education Program.”

## The Urgent Need for Refugee Dental Care

“Many of our new neighbors arrive in the U.S. having endured years of limited access to healthcare, malnutrition and unsanitary conditions,” says Kathie O’Callaghan,

founder and president of Hearts & Homes for Refugees. “This often leaves them with severe dental problems and once they arrive, they face systemic barriers to the oral care they often desperately need.”

Dental Program Coordinator for HHR Lisa Kohomban reports that these challenges vary.

“Once here, Medicaid Managed Care plans often fail to cover essential treatments like root canals.” She adds, “There is a shortage of specialist providers accepting Medicaid Managed Care plans, in addition to high out-of-pocket costs for dental care, and long wait times for specialists.”

Navigating the healthcare system is challenging for anyone in this country, but language and cultural differences make it more difficult for newly arrived refugees.

The statistics are stark. Refugees, particularly children, often carry the highest burden of untreated dental disease. According to the World Health Organization, countries like Afghanistan—where many refugees originate—have about 130 dentists serving populations of 33 million. For families who arrive in the U.S. after fleeing war or persecution, dental care often remains a distant priority amid the challenges of resettlement.

## Making an Impact with HHR

This innovative program aims to serve 200 refugees in its first 18 months by providing immediate pain relief and addressing infections, while also promoting long-term oral



Young refugee receives much-needed dental care from volunteer working through Hearts & Homes for Refugees organization.

health. Through cost sharing, dental loans and matching contributions, Impact100 funds will be stretched to serve as many individuals as possible. Additionally, the program will see to it that interpreters are available when needed at appointments, ensuring clear communication and culturally sensitive care.

A vital component of the program is the introduction of culturally relevant oral hygiene education. By empowering refugees with preventive knowledge, HHR hopes to create lasting change in these families' oral health outcomes.

### Join the Effort


This is where New York State's dental community can step in to make an extraordinary difference, one case at a time. Dentists have the unique opportunity to alleviate dental pain and restore confidence and dignity to individuals who are working to rebuild their lives. Whether you can contribute your expertise, resources or advocacy, your involvement in this program can help refugees transition from surviving to thriving.

Dr. Arielle Chassen Jacobs of Scarsdale Endo is one dental professional who has compassionately supported this initiative. An endodontist, Dr. Jacobs has donated her time to serve multiple refugee clients of Hearts & Homes for Refugees, providing free consultations and endodontic services at steeply discounted rates.

"Liam R." is one client who benefitted greatly from Dr. Jacobs's support. Liam, a 12-year-old refugee from Guatemala, enrolled along with his mother and brother in HHR's community sponsorship programming, was experiencing dental pain and infection and required a root canal. Despite hours of phone calls, HHR was unable to locate an endodontic provider in his insurance plan who would accept him as a client. Dr. Jacobs immediately offered to help when approached and performed the needed root canal at a fraction of the usual cost.

The program also serves as a model for addressing dental care disparities in refugee communities nationwide, showcasing the power of collaborative, community-driven solutions.

"Our hope is that, together with dental providers, we can shine a light on the oral health challenges faced by our new neighbors and inspire others to join us in building healthier smiles and brighter futures," says Ms. O'Callaghan.

For more information on how to get involved, please contact the New York State Dental Foundation. Let's make a transformational impact—one smile at a time. 

Ms. McIluff is executive director of the New York State Dental Foundation. She can be reached at [smcilduff@nysdental.org](mailto:smcilduff@nysdental.org).

# Manifestations of Trigeminal Neuralgia Secondary to Multiple Sclerosis in Dentoalveolar Region

## Case Report and Literature Review

Eliahu Zaghi, B.A.; King Chong Chan, D.M.D., M.S., FRCD(C)

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### ABSTRACT

**Multiple sclerosis (MS) is a chronic central nervous system disease of inflammation and demyelination. Presentation can vary tremendously but, typically, involves neurologic deficits, including weakness, pain, numbness and motor dysfunction. MS can also affect the dentoalveolar region. We describe a patient with MS who clinically presented with “electric” and “shooting, pulling” pain in the left maxillary region. The pain subsided following a course of gabapentin, leading to the diagnosis of trigeminal neuralgia secondary to MS. This report aims to review various common dentoalveolar manifestations of MS.**

Multiple sclerosis (MS) is a chronic, inflammatory, immune-mediated, demyelinating disease of the central nervous system (CNS).<sup>[1,8,11,16,25,28]</sup> The prevalence of MS in 2020 worldwide was 35.9 per 100,000 people. This estimates a total of 2.8 million people worldwide. The pooled incidence rate across 75 reporting countries is 2.1 per 100,000 persons per year, with a mean age of diagnosis of 32 years. Females were twice as likely as males to have MS.<sup>[2]</sup> In the United States, a 2019 study funded by the National MS Society estimated the prevalence to be 309<sup>[2]</sup>

per 100,000 population, representing 727,344 adults affected by MS.<sup>[3]</sup> It is characterized pathologically by perivenular inflammatory lesions, which cause plaques of demyelination and inflammatory infiltrate. MS is a two-stage disease. The key features of the earlier stage of MS are oligodendrocyte damage and demyelination due to inflammation; this accounts for the relapsing-remitting characteristic associated with the first stage. As the disease continues, irreversible axonal damage develops, leading to the non-relapsing, secondary progressive stage.

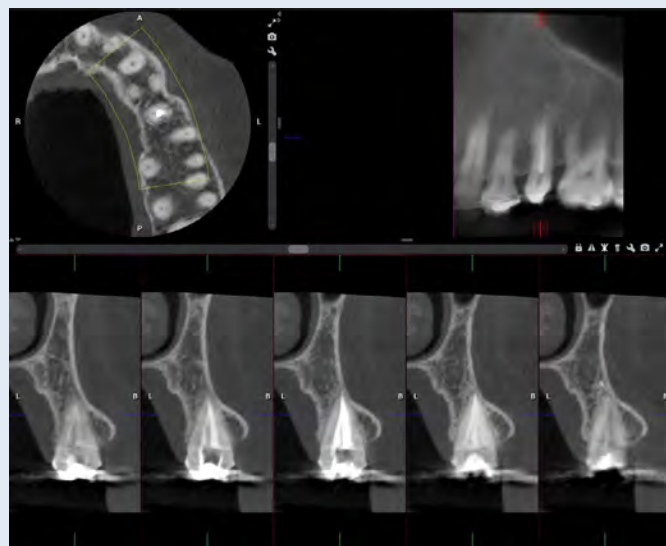
The typical presentation during a relapse consists of an episode of neurological deficits that can last several days to weeks. The relapse usually leads into a remission that can either be a full recovery or a partial recovery with some residual symptoms. The non-relapsing progressive stage typically develops 10 to 15 years later, with gradual evolution to a slow degeneration without clear episodes.<sup>[4]</sup>

One of the more common manifestations of MS in the orofacial region is trigeminal neuralgia (TN).<sup>[5]</sup> The new classification from Special Interest Group on Neuropathic Pain of the International Association for the Study of Pain now distinguishes between classic TN due to compression of the trigeminal nerve root and secondary TN due to a known neurological disease.<sup>[6]</sup> Patients with MS who fall into the latter group have a 20-fold increase of developing TN.<sup>[7]</sup>

In 2022, a systematic review and meta-analysis by Houshi et al. pooled 30,348 MS patients from 19 studies



**Figure 1.** Maxillary left premolar periapical image shows extension of gutta-percha past root apex of second premolar (tooth #13) and possible widened periodontal ligament space along its mesial root surface. Prosthetic crown of tooth #13 is lost.



**Figure 2.** Serial buccopalatal cone beam CT images of tooth #13 confirm gutta-percha extension and absence of widened periodontal ligament space. Cone beam CT volume shows no additional abnormalities, including direct and indirect signs of fracture, associated with tooth #13.

and estimated the prevalence of TN in these patients to be 3.4%.<sup>[5]</sup> Like classic TN, TN secondary to MS is more common in women and affects the right side more frequently than the left; but unlike classic TN, it occurs at an earlier age, between 40 and 50 years old.<sup>[8]</sup> In a study of 58 patients with TN secondary to MS, 30 of the 44 patients in the relapsing-remitting stage transitioned into the second stage over a mean follow-up of 18.8 years.<sup>[9]</sup>

A case of a patient with MS complaining of dental pain, which emerged to be the result of TN secondary to MS, is presented, followed by a literature review. Due to their daily encounter with the orofacial region, dental practitioners should be familiar with MS and its maxillofacial and dentoalveolar manifestations, in particular, the characteristics of pain in the form of secondary TN.<sup>[10]</sup> The goal of this case report and literature review is to raise awareness in the dental profession that patients diagnosed with MS can suffer from secondary TN in the dentoalveolar region.

### Case Report

A 39-year-old woman presented to the Division of Endodontics at the Columbia University College of Dental Medicine with a chief complaint of “tooth pain.” The pain had started in the left maxillary region the previous year, but had subsided until two weeks prior to presentation, when the patient had her maxillary left second premolar (tooth #13) restored

at an outside dental office. Since then, the patient had been experiencing frequent, spontaneous “shooting, pulling pain” of the left maxilla that lasted approximately 10 seconds per episode. At times, she noticed that the pain felt “electric.”

A review of her medical history showed that the patient was diagnosed with relapsing-remitting multiple sclerosis in 2012 but has been clinically and radiographically stable since 2018. Extraorally, the patient had no asymmetry, no swelling and no lymphadenopathy. Her temporomandibular joints had normal range of motion. Her intraoral exam revealed no significant findings. Tooth #13 tested negative for palpation and percussion, and had normal Tooth Slooth(R) test, probing depths, and overlying gingival and alveolar mucosa. Adjacent maxillary and opposing mandibular left premolars and molars were also thoroughly evaluated and deemed to be within normal limits. Pain of the left maxillary region could not be elicited throughout the clinical exam.

Periapical imaging of tooth #13 showed previous endodontic treatment and overextension of gutta-percha (Figure 1). A cone beam computed tomographic (CBCT) study limited to tooth #13 was ordered to determine if apicoectomy would be an appropriate treatment option for the patient’s complaint of pain. The CBCT confirmed that the gutta-percha extended no more than 0.5 mm past the root apex of tooth #13 within bone (Figure 2). The partially imaged left maxillary sinus was also clear.

Because gutta-percha extension is unlikely to cause “shooting, pulling pain,” the oral radiologist and referring endodontist deemed the next best course of action would be to connect with the patient and her neurologist.

A discussion with the patient’s neurologist substantiated that the patient has known pontine lesions from multiple sclerosis that are likely responsible for the recent onset of left maxillary pain. The neurologist then started the patient on a course of gabapentin. Five months later, at her follow-up with neurology, the patient reported that the gabapentin had provided relief from the “shooting, pulling pain” of the left maxilla. Consequently, a diagnosis of trigeminal neuralgia secondary to multiple sclerosis was rendered.

### Discussion

MS is a chronic disease that causes inflammation and demyelination of the central nervous system (CNS) and, therefore, has variable manifestations affecting the entire body.<sup>[11]</sup> Generally, symptoms include gait disturbances; sensory complaints; visual problems; fatigue; incoordination; bladder, bowel and sexual dysfunction; and partial or complete paralysis.<sup>[11]</sup> In the oral and maxillofacial region, MS typically presents as pain in the jaw or face during chewing, temporomandibular joint (TMJ) pain on mouth opening, TMJ sounds and clicks, sensory and motor dysfunction, and masseter atrophy.<sup>[11,12]</sup>

In a clinical analysis of 500 MS patients, 58.2% of patients presented with temporomandibular joint disorders, while 26.6% of patients had dysphagia.<sup>[10]</sup> Additional maxillofacial manifestations of MS include facial palsy and sensory neuropathy (paresthesia).<sup>[10,13,14]</sup> When MS lesions occur at the trigeminal nerve or any of its associated cisternal and brainstem components, pain can be clinically manifested in a pattern identical to TN.<sup>[5,7-9,11,12,15-24]</sup>

A literature search was performed on PubMed using “Multiple Sclerosis Trigeminal Neuralgia Jaw,” “Multiple Sclerosis Trigeminal Neuralgia Dental,” “Multiple Sclerosis Trigeminal Neuralgia Tooth,” “Multiple Sclerosis Trigeminal Neuralgia Gingiva,” and “Multiple Sclerosis Trigeminal Neuralgia Oral” as search terms. Ninety-seven records, with published dates ranging from 1968-2023, were identified. After sieving for relevance to the present case, duplications and full-text English studies, 23 studies were selected for the literature review (Table 1). Included in these studies

were seven case reports and two case series of 20 patients and 50 patients.<sup>[7,13,18,25,26]</sup>

Although the exact details of each case of TN secondary to MS differed slightly, the overwhelming similarity in presentation was a paroxysmal, “electric, shock-like,” “sharp-stabbing” pain in one or more divisions of the trigeminal nerve.<sup>[7,13,18,25,26]</sup> Although most cases depicted the paroxysmal attacks to last only a few seconds, some can last up to two minutes.<sup>[8]</sup> Danesh-Sani et al. observed visual disorders at a frequency of 80.4%, and temporomandibular disorders only at 58.2%.<sup>[10]</sup> When the maxillary or mandibular trigeminal nerve is affected, pain can be spontaneous, but is usually triggered by touching the face, brushing the teeth or being exposed to cold wind.<sup>[7,13,18,25,26]</sup>

TN secondary to MS typically presents unilaterally, but may occur bilaterally, which is uncommon in classic TN.<sup>[7,13,25,27,28]</sup> Specifically, TN may occur on both sides at different time lapses, but rarely simultaneously.<sup>[18]</sup> Some patients suffer from concurrent, unremitting, dull, burning or tingling pain between attacks.<sup>[8]</sup> In addition to pain, Cruccu et al. reported that reflexes involving the trigeminal nerve, such as the corneal reflex, the early and late blink reflex, the early and late masseter silent periods and the jaw jerk reflex, can be abnormal in some cases.<sup>[18,29]</sup>

MS can cause other cranial neuralgias, including glossopharyngeal neuralgia (GN) and occipital neuralgia (ON), albeit not as frequently.<sup>[22]</sup> For example, GN has been reported to occur in 0.5% of MS patients. Like TN, these neuralgias present as paroxysmal attacks of electric shock-like pain in their respective regions, with or without stimulus.<sup>[22]</sup> GN can present in the ear, the base of the tongue, the tonsillar fossa or beneath the angle of the jaw, whereas ON commonly affects the back of the scalp to the vertex of the head, in the distribution of the greater occipital nerve.<sup>[22]</sup> Finally, other MS-related facial presentations include headaches and painful, tonic spasms of the facial muscles.<sup>[22]</sup> While these facial manifestations of MS are not exclusive, it is hoped that discussion of them will raise awareness in the dental profession of how maxillofacial and tooth pain can present in patients diagnosed with MS.<sup>[14]</sup>

In addition to recognizing the patterns of facial and dental pain in MS, dental practitioners should take special

MS is a chronic disease that causes inflammation and demyelination of the central nervous system (CNS) and, therefore, has variable manifestations affecting the entire body.<sup>[11]</sup>

care in providing dental treatment to MS patients. First, patients affected by decreased balance and motor skills have difficulty sitting in dental chairs and cleaning their own teeth or dentures.<sup>[15]</sup> Di Stefano et al. reported that MS patients have a 21% increase in risk of developing caries.<sup>[7]</sup> Second, dentists should bear in mind the side effects of MS medications. These include cheilitis, gingivitis, stomatitis, xerostomia, candidiasis, dysgeusia, salivary gland hyperplasia and hyposalivation. Certain drugs commonly prescribed in dentistry—namely aspirin, nonsteroidal anti-inflammatories, acetaminophen, narcotics and erythromycin—have known interactions with medications used to manage MS.<sup>[13,15,20]</sup>

Third, many MS patients may experience speech problems, including slurring, changes in the strength or quality of voice, difficulty remembering words, and difficulty following long and complex conversations. Therefore, dentists should learn to adopt a flexible approach to communication with these patients.<sup>[15]</sup> Fourth, MS can present atypically. Although most MS cases involving the orofacial region present in the form of trigeminal neuralgia, trigemi-

nal paresthesia or facial palsy, Costa et al. has documented nonspecific manifestations, such as vague orofacial pain, tooth hypersensitivity and gingivitis.<sup>[20]</sup>

Fifth and last, dentists should be aware of some of the psychological effects that patients with TN secondary to MS experience, such as feelings of isolation, depression, anxiety, low mood and overall impaired quality of life.<sup>[28,30,31]</sup> Consequently, dentists should take extra care when providing treatment to MS patients. Some practical modifications include scheduling short, mid-morning appointments when patients are most relaxed, keeping the temperature of the room comfortable, using flexible straws for mouthwash, avoiding the supine position if patient has dysphagia, and finding an agreeable position for the patient in the chair.<sup>[7]</sup>

### Conclusion

Due to the diverse pathophysiologic nature of MS, its symptoms can be displayed not only in medicine, but also in dentistry. The dental and orofacial patterns of pain afflicting patients diagnosed with MS have been summarized to




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better prepare dental practitioners on when to reconsider a nondental diagnosis. Chief complaints of orofacial or dental-alveolar pain associated with any of the key descriptors, namely, “paroxysmal,” “electric,” “shock-like” or “stabbing,” should alert the dental healthcare provider to the possibility of secondary TN in a MS patient. 

*The authors have declared they have no financial, economic or professional interests that may influence positions presented in this article. Queries about this article can be sent to Dr. Zaghi at [Epz2103@cumc.columbia.edu](mailto:Epz2103@cumc.columbia.edu)/*

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# Arteriovenous Malformation Presenting as a Disfigured and Throbbing Face

## Case Report

Abrar Shamim, D.D.S., M.A.; Steven Halepas, D.M.D., M.D.; Alfonso Salcines, D.M.D., M.D.;  
Sidney B. Eisig, D.D.S.

### ABSTRACT

**Maxillofacial arteriovenous malformations (AVMs) are a rare condition in which arteries and veins are in continuity without a capillary bed in between, which poses a significant risk of severe bleeding. Intraosseous AVMs can lead to cortical bone expansion and facial deformity. Dental procedures may result in life-threatening bleeding risk if this condition is not recognized. This report describes a patient experiencing pain in the lower right side of the mouth, along with a taste of blood in the mornings and a tingling sensation in the chin and lower lip. The patient had a history of uncontrolled bleeding following a dental extraction at an adjacent site. Examination demonstrated a non-fluctuant facial enlargement, with pulsation on extraoral palpation of the mandible and buccal and lingual vestibules intraorally. CT angiogram confirmed an intraosseous AVM with multiple feeder vessels. The patient underwent preoperative embolization to minimize intraoperative bleeding followed by a hemimandibulotomy and a fibula free-flap reconstruction.**

Arteriovenous malformations (AVMs) are a rare pathologic entity, with an estimated prevalence of less than 1/100,000 person years, of which approximately half occur in the head/neck region.<sup>[1,2]</sup> The AVM is a condition in which the arterial supply anastomoses directly with the venous system without a capillary bed separating them. In the absence of a high-resistance capillary network, blood flows briskly from the arterial to the venous system. The area of this lesion is, therefore, considered a high-risk area for potentially life-threatening hemorrhage. In the absence of a capillary network supplying the associated region, this can also result in reduced nutrient and oxygen supply to the affected area.

AVMs are most often congenita; however, they may be acquired in the setting of trauma or hormonal changes, such as pregnancy.<sup>[3]</sup> The most common presenting symptom is bleeding in three-quarters of patients, which may manifest as gingival bleeding, acute oral hemorrhage or iatrogenic causes (i.e., following dental extraction). These lesions may also cause disfigurement due to changes in soft tissue or bony architecture. While not a malignant entity, these lesions display a progressive nature. This is because the vein must adapt to high arterial pressures without the protection of a capillary bed, resulting in reactive muscular hyperplasia of the vessel walls, leading to ongoing arterialization and growth of the vessel.<sup>[4]</sup>

Dental procedures in the context of an underlying AVM can result in uncontrollable hemorrhage; therefore, these

lesions must remain on the differential when appropriate physical exam findings and history of bleeding from the jaws are present.

## Case Report

### Clinical Presentation

A 23-year-old male patient presented to a dental emergency clinic with a complaint of pain and swelling on the right side of his face and neck that he noticed three to four months prior. The patient reports persistent pain from the right mandibular area, coupled with a tingling sensation around his right chin to corner of lip for the last few months. Additionally, he reports experiencing a taste of blood in his mouth upon waking on some mornings. The patient had a tooth extracted from the lower right side one year ago, complicated by bleeding from the extraction site which required hospital admission and a blood transfusion. The patient reports that he now notices a tooth adjacent to this area that is quite loose, and he thinks it requires extraction since it does not permit mastication on his right side. The patient's medical, psychosocial and family histories are noncontributory.

### Clinical Findings

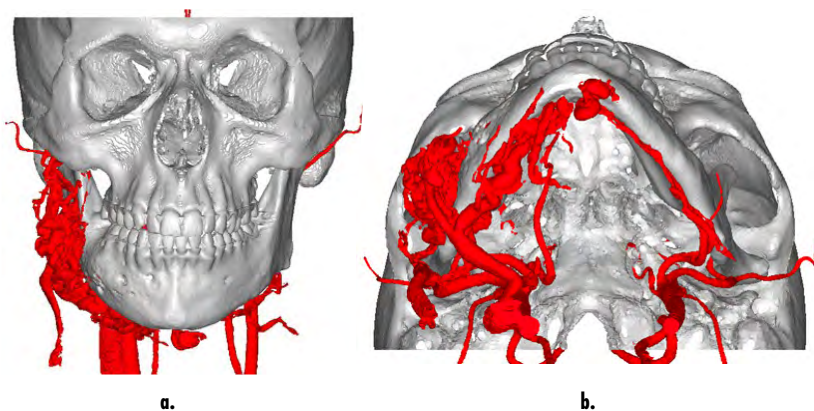
On exam, a non-fluctuant swelling in the right extraoral buccal region with fullness of the right inferior border of the mandible and submandibular triangle is detected. The inferior border is palpable; the sublingual region is not swollen intraorally; and the patient has no difficulty breathing or swallowing secretions. The lateral cortex of the mandible demonstrates bony expansion palpable extraorally.

On intraoral examination, bony expansion is palpable in the right buccal vestibule, in addition to a Grade II mobility of the first molar (tooth #30) adjacent to the healed extraction site of a second molar (tooth #31). The gingiva in the area appears hyperemic. There is a palpable thrill, which can be felt extraorally in the site of bony expansion, in addition to intraorally in the right buccal vestibule. Extraoral auscultation with a stethoscope demonstrates an audible murmur/thrill.

Teeth #27-#30 are vital to electric pulp testing and hypothermia. Hematologic workup demonstrates no abnormalities.



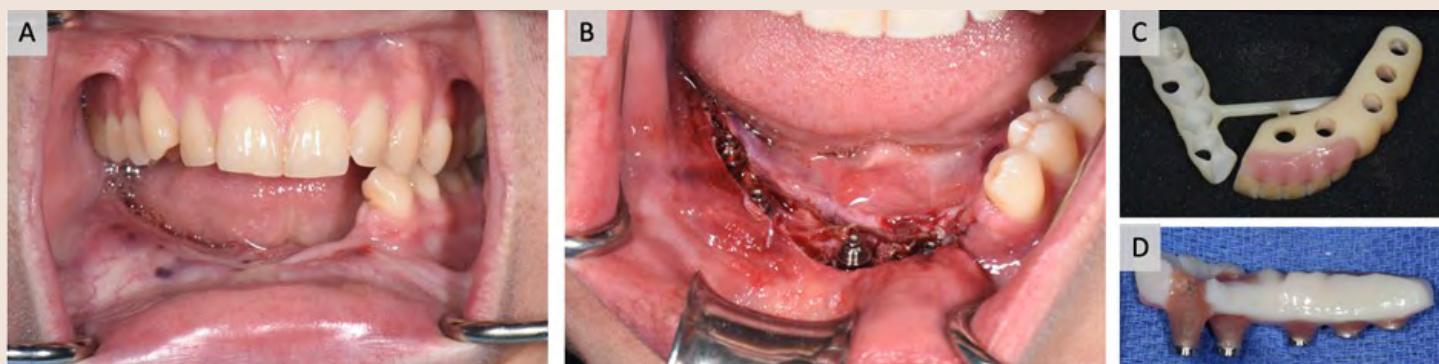
**Figure 1.** Panoramic radiograph taken at time of presentation demonstrating eroded appearance of inferior mandibular cortex, decreased trabeculation in submandibular gland fossa (compared to left side), enlargement of mental foramen and inferior alveolar canal, and resorption of roots of tooth #30.



**Figure 2.** 3D reconstruction (from virtual surgical plan) demonstrating tortuous preoperative anatomy of vascular malformation, which extends from within right mandible to masseter and to portions of right submandibular region.



**Figure 3.** Six-week postoperative panoramic radiograph showing reconstruction from right ramus to left body of mandible. Five 3.5 mm x 10mm implants are observed with healing abutments and cover screws.



**Figure 4.** (A) Five months after reconstructive flap surgery, Stage II implant exposure preoperative and (B) Intraoperative photos. (C and D) Provisional prosthesis placed via snap abutments (unloaded, not in occlusion) at time of stage II.

### Imaging

The panoramic radiograph (Figure 1) demonstrates an irregularly eroded inferior mandibular cortex compared to the left. There is a multilocular radiolucency of the right mandibular body superimposed on submandibular gland fossa region. There is unilateral widening of the right mandibular canal and an enlarged mental foramen. Tooth #30 demonstrates root resorption, although no clear odontogenic pathosis is apparent.

On CT angiogram, there is a facial arteriovenous malformation (AVM) centered within the right mandible and masseter muscle extending to portions of the right submandibular region/floor of mouth. There is a dilated vascular network within the mandible with filling defects suggestive of partial thrombosis in parts of the lesion (Figure 2). Feeding arteries are predominantly from the right external carotid artery (ECA), namely, the facial and lingual branches. There is also supply from left ECA branches. Draining veins are mostly through the internal and external jugular veins and pterygoid plexus.

### Diagnosis

Based on the physical examination findings indicating a high-flow arteriovenous malformation and confirmation of the diagnosis through a CT angiogram, dental treatment should be avoided due to risk of severe and potentially fatal hemorrhage. This patient required hospital admission, followed by comprehensive treatment planning, which in this case included embolization of the feeding vessels and resection, with subsequent microvascular fibular free-flap reconstruction.

Five endosseous dental implants were placed at the time of the reconstructive surgery (observed in the postoperative panoramic radiograph, Figure 3). Our multidisciplinary team discouraged the option of embolization

alone due to the presence of multiple arteries feeding the lesion, which significantly increases the likelihood of recurrence. The patient underwent Stage II implant exposure five months after his free-flap reconstruction and received an unloaded provisional prosthesis at that time (Figure 4).

### Discussion

This case underscores the significance of recognizing an important diagnostic entity when confronted with facial swelling, a presentation that is frequently linked to odontogenic infections and abscess formation. Failure to identify vascular malformations within the jaws can have severe consequences, including life-threatening hemorrhage. Patients with a history of uncontrollable bleeding after dental extractions should be approached with caution. It is essential to exercise prudence before initiating any interventions. The clinician must meticulously assess potential factors contributing to uncontrolled bleeding from a tooth socket.

Possible reasons for bleeding after an extraction include medications, hematologic abnormalities and vascular anomalies. Vascular anomalies are classified according to the blood vessels from which they are derived. This includes capillary, lymphatic, venous, arteriovenous or combined malformations when there are two or more blood vessel derivatives within a single lesion.<sup>[7]</sup> Any vascular malformation with an arterial component is a fast-flow lesion, whereas all others are classified as slow-flow. The pathogenesis of these lesions is unclear, although it is speculated that they are a result of embryologic disturbances in the late stages of differentiation and angiogenesis.<sup>[6,8]</sup> Efforts to identify genes and pathways associated with specific vascular lesions are underway.<sup>[9]</sup>

AVMs most often become symptomatic at the age of 20 to 40; the average age of presentation is between 19 and 22 years old.<sup>[5]</sup> In the largest known case series, AVMs of the jaws occurred at a male:female ratio of approximately 4:3.2

However, others have found higher prevalence among females or no gender predilection.<sup>[1,6]</sup> Maxillofacial AVM is significantly more common in the mandible over the maxilla, but it may also occur simultaneously in both jaws. In the mandible, the most common location (95%) is the posterior body inferior to the molar dentition, which was the case for the patient we describe here.

These lesions commonly present with hemorrhage after various oral surgeries, although they may also bleed spontaneously.<sup>[10,11]</sup> In this case, the patient noted that on some mornings he woke up tasting blood in his mouth and could also sometimes see blood on his teeth, which resulted in significant distress. In addition to various forms of bleeding, less common presenting symptoms include toothache, loose teeth, facial swelling and pain.<sup>[2]</sup> There may also be mucous membrane or cutaneous pigment changes.<sup>[2]</sup>

The non-fluctuant nature of this patient's apparent facial "swelling" was the first indicator that an odontogenic abscess is not the underlying pathology. Swelling related to dental infection presents as a fluctuant, soft, compressible or indurated swelling secondary to cellulitis or abscess formation. Odontogenic infections may demonstrate jelly-

to board-like fluctuant swelling (depending on the stage of infection, i.e., edema, cellulitis, abscess), often with a clear odontogenic offender. Additionally, a nonvital tooth in the context of radiolucency in the maxilla or mandible is often associated with odontogenic source of bone destruction and periapical pathology (granuloma or cyst); however, with nonodontogenic pathologic entities, the vitality of teeth is often preserved, as was the case for the patient described in this report.<sup>[12]</sup>

Odontogenic abscesses may also represent true medical emergencies, especially in the setting of a nonpalpable inferior mandibular border, raised tongue, difficulty swallowing secretions or difficulty breathing. Ludwig's angina is a concern, in which an odontogenic infection disseminates simultaneously into the sublingual, submandibular and submental spaces, resulting in airway compromise. If ecchymosis is present, then the clinician must be concerned about a bleeding diathesis; however, there were no hematologic abnormalities present in this patient.

Other nonodontogenic cysts and tumors can be considered in the context of facial asymmetry and a multilocular radiolucency on panoramic radiograph, such as myxoma,

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neurofibroma, eosinophilic granuloma, aneurysmal bone cyst, ameloblastoma and central giant cell granuloma. However, the physical exam findings, notably, the palpable thrill and murmur heard on auscultation on this patient indicated a vascular malformation.

On orthopantomography (OPG, panoramic radiograph) maxillofacial AVMs will typically present as a multilocular radiolucency and may also demonstrate enlargement of the mental foramen and widening of the inferior alveolar canal. The patient in this report presented with a chief complaint of pain in addition to paresthesia in the extra-oral lip and chin area, indicating involvement of the inferior alveolar and mental nerves. Dental root resorption may be present, often affecting the molars and premolars and resulting in tooth mobility.<sup>[6,13-15]</sup> Root resorption may occur secondary to disturbed blood supply due to the absence of normal vascular anatomy and capillary bed. Bony expansion of the buccal, lingual or inferior border cortices with erosion may be seen.<sup>[10,16]</sup>

Some reports have demonstrated other radiographic appearances, including pin-point punched out lytic radiolucencies, honeycombing or soap bubble appearance.<sup>[15]</sup> Incisional biopsy is contraindicated in the context of suspected vascular lesions.

A common approach to treatment involves embolization to decrease inflow to the malformation, followed by surgical resection and reconstruction within days to weeks. Other treatment options include sclerotherapy,<sup>[17]</sup> pharmacotherapy<sup>[18]</sup> and laser therapy (CM), which may be preferable for the treatment of vascular malformations approximating the skin surface due to limited laser penetration depth.<sup>[19]</sup> Smaller lesions with uncomplicated feeder vasculature may be amenable to embolization without further surgical management. Surgical resection is used primarily in lesions that may be resected completely or are bulky/have multiple feeder vessels for which embolization would lead to unfavorable prognosis.

## Conclusion

This case emphasizes the importance of appropriate work-up for patients who present to hospital emergency departments or dental clinics with facial swelling. A history of uncontrollable bleeding following dental procedure or tooth extraction is a critical component that should cause clinicians to work up the patient appropriately for hematologic abnormalities and vascular malformations. 

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# Stress of Dental Students

Ellen Lee, D.D.S.; Ningshu Lyu, D.D.S.; Yixin Bao, D.D.S.; Yutong Fan, D.D.S.; Yueqi Gao, D.D.S.;  
Bryan Gu, D.D.S.; Vicky Quach, D.D.S.

## ABSTRACT

**The purpose of this study is to assess what factors cause the most stress for students in dental school and to evaluate different ways to reduce stress. Our aim is to analyze the factors causing stress and offer strategies to help students overcome it.**

Stress is a response to change when someone is under pressure or feels overwhelmed with a situation. Dental students have many causes of stress. These include learning didactics and hands-on skills, finances, family, dealing with patients, and dealing with faculty and administration. In addition, students are also concerned about graduation requirements and have long working hours. Many dental students strive for excellence and perfection, which can also increase stress.

## Methods

The study was approved by the Institutional Review Board of New York University College of Dentistry (IRB-FY2022-6690) with exempt status. An eight-question survey was sent through Surveys (*Qualtrics*) to first-, second-, third- and fourth-year students (D1, D2, D3, D4) at New York University College of Dentistry. This voluntary, anonymous survey asked the students what year of dental school they were in and their gender. They were asked: which was most stress-

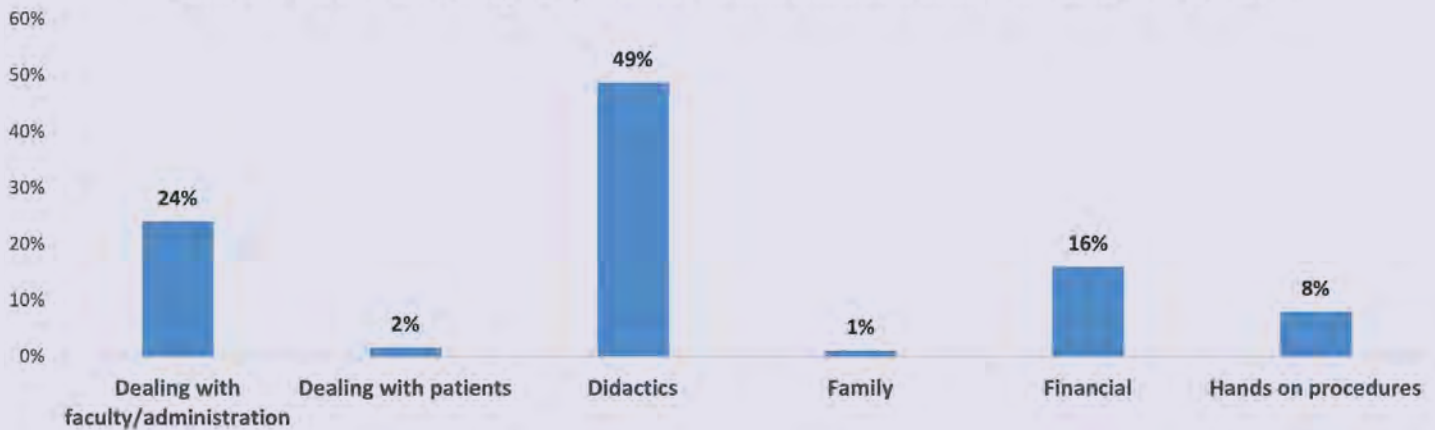
ful in dental school, what caused more stress in learning, which was more stressful in dealing with patients, which was more stressful—choice of four—and what was the best way to relieve stress. A total of 174 students responded to the survey. Each class has over 300 students.

## Results

Nearly half (49%) of the total number of students felt that didactics were the most stressful in dental school (Figure 1). Eighty-two percent of the total number of students felt that didactics were more stressful in learning compared to hands-on procedures (Figure 2). In terms of patient interaction, 52% of the total number of students felt that treating patients was most stressful (Figure 3). Sixty-two percent of the total number of students felt more stress interacting with faculty and administration compared to family, patient and peer interactions (Figure 4). And 43% of the total number of students felt that the best way to relieve stress was to get more sleep and rest (Figure 5).

In our survey, 59% of the respondents were female, 39% were male and 2% preferred not to provide their gender. The 174 students who participated in the survey were from all four of the classes; about 28.7% were D1, 23% D2, 30.4% D3 and 17.8% D4. Although only about 15% of each class responded to the survey, we did get a good distribution of responses across all classes.

## Which of the following do you feel is the most stressful in dental school?



**Figure 1.** Didactics and dealing with faculty/administration were most stressful.

### Discussion

The didactic part of dental education is very stressful. Examination and grading are factors that cause stress. In our survey, 49% of the total number of students felt that didactics were the most stressful in dental school (Figure 1). This is similar to previous reports from Elani and Basudan.<sup>[1,2]</sup> Elani<sup>[1]</sup> reported that academics were more stressful in preclinical years compared to clinical years. Narwal<sup>[3]</sup> reported that “examinations and fear of failure” were major stressors in dental students at the University of Birmingham and University of Hong Kong. In addition, when compared with hands-on procedures, 82% of our students felt that didactics were more stressful (Figure 2).

Preclinical students in particular are most stressed about examinations and grades since they are afraid of failing the course or having to repeat the academic year. The transition from undergraduate to dental school education can be challenging. There are more classes in one semester requiring student participation, and each of these classes requires learning much more information in a short amount of time. Schools could offer support, such as counseling services, to those in need and provide peer tutoring

services to students who are struggling with their courses to help alleviate their stress levels.

Hands-on procedures are an essential part of dental education. Ahmad<sup>[4]</sup> reported that students had difficulty learning manual skills, and this was noted more in senior students. Long-term, hands-on procedures caused almost 79% of dental students to experience pain, with nearly half of them experiencing pain for more than 30 days a year.<sup>[5]</sup> Teaching students good working posture while treating patients should develop during dental training. Students in our study considered hands-on procedures less stressful than didactics (Figure 2).

Dealing with patients can create much stress. Most students reported stress during pediatric patient care and panic attacks while performing dental treatments such as extractions or administering local anesthesia.<sup>[6]</sup> Regular practice can decrease the anxiety of dealing with these patients. In our study, 52% of students felt treating patients was the most stressful part of dealing with patients (Figure 3).

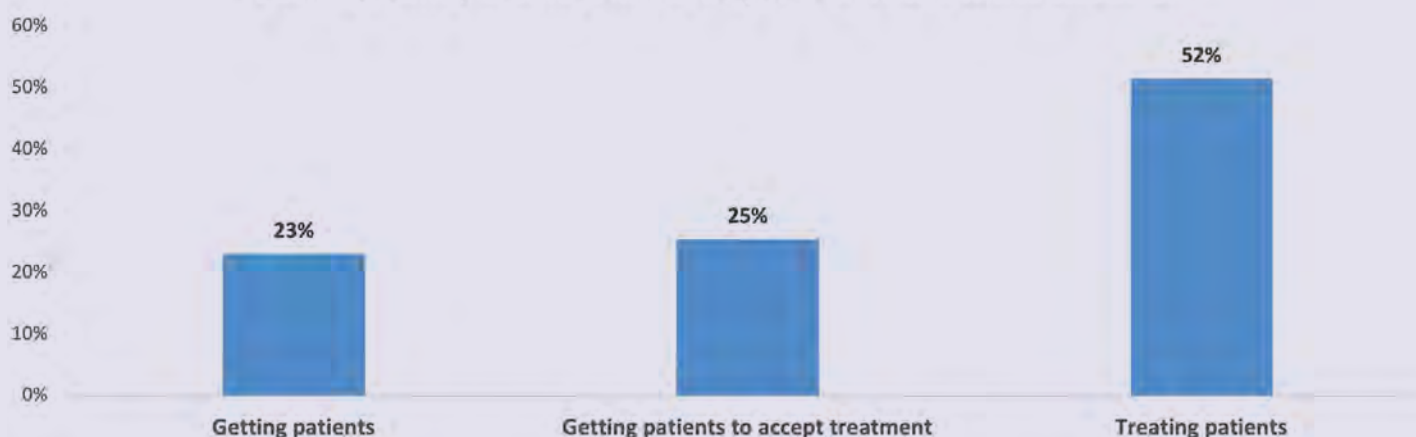
Henzi<sup>[7]</sup> reported a survey evaluating the effectiveness of clinical instruction in dental schools in North America.

## What causes more stress in learning?



**Figure 2.** For learning, students said didactics were more stressful than hands-on procedures.

### Dealing with patients which do you feel is the most stressful?



**Figure 3.** Treating patients was most stressful when dealing with patients.

The top four concerns were: patronizing and inconsistent feedback from faculty; too many miscellaneous tasks, including billing, scheduling, paperwork and other operations tasks; insufficient access to faculty feedback due to staff shortage; and ethically questionable strategies employed to meet procedural requirements.<sup>[7]</sup> Relationships with faculty greatly influence students' learning experience. Faculty can collaborate with educational specialists on strategies to improve student performance without causing stress. As shown in Figure 4, interaction with faculty/administration (62%) was more stressful than other interpersonal interactions in our study.

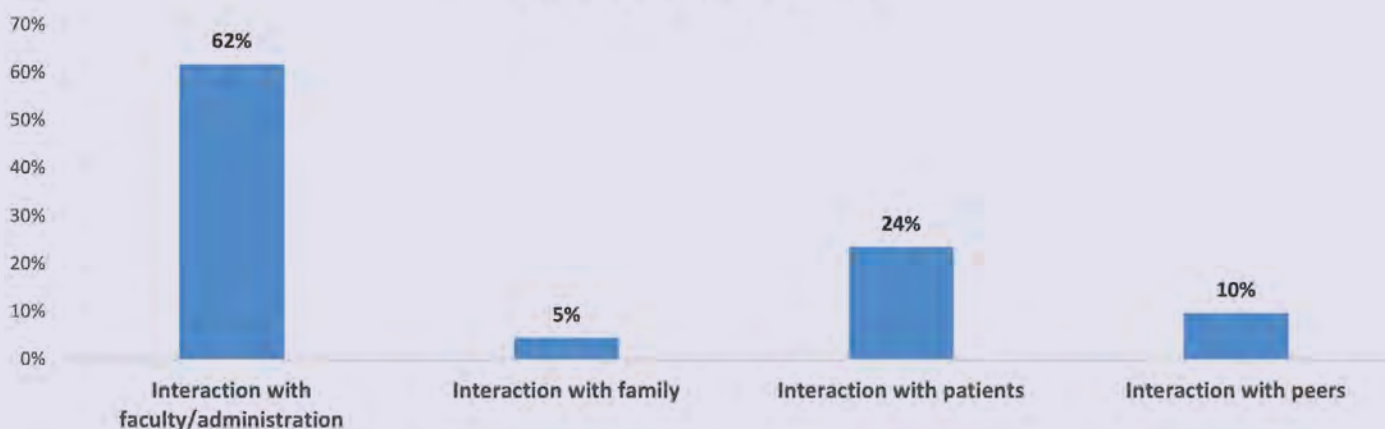
Since dental schools are quite expensive, this is, undoubtedly, one of the worries that the majority of dental students have. Students often finance through federal or bank loans. One study from Britain found students with greater debt identified with a greater amount of stress and concern about paying back their debts, while students get-

ting financial support from families reported having less stress.<sup>[8]</sup> Our study showed 16% of students felt finances were the most stressful in dental school (Figure 1).

According to medical and mental health specialists, physical activity, balanced nutrition and adequate sleep can boost mental health and wellness. The evidence is multifaceted, encompassing both neurological and psychological systems.<sup>[9]</sup> Two stress-relief techniques are yoga and meditation. A study of Indian students who did yoga prior to their first periodontal surgical procedure showed significant reduction in their anxiety state from the control group.<sup>[10]</sup> Practicing meditation was found to be effective at reducing symptoms of stress and enhancing mental and physical well-being in undergraduate dental education.<sup>[11]</sup>

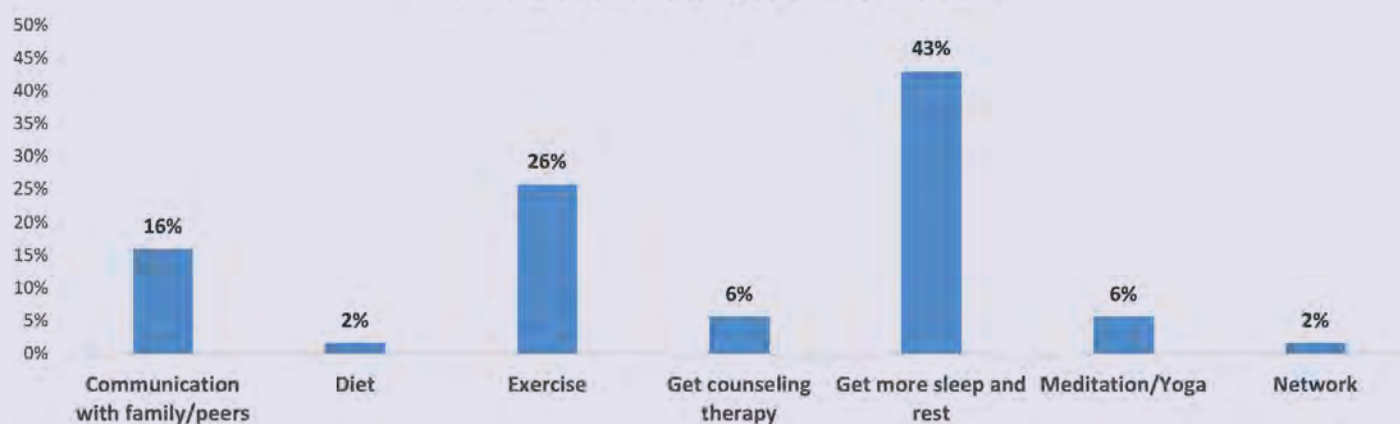
Meira<sup>[12]</sup> found that perceived stress may be a predictor of lower quality of life and that more hours of sleep could help dental students relieve their pressures. Our study found 43% of the total number of students felt the best way

### Which is more stressful?



**Figure 4.** Interaction with faculty/administration was most stressful compared to other personal interactions.

## What is the best way to relieve stress?



**Figure 5.** Getting more sleep and rest was best way to relieve stress.

to relieve stress was to get more sleep and rest (Figure 5). The study by Choi<sup>[13]</sup> noted the perception of not enough sleep may increase awareness of stress. Getting enough sleep prepares the body to tackle the stress that comes with the day and enhances learning abilities. The recommended duration of sleep is seven to nine hours.<sup>[13]</sup>

Counseling therapy provided by psychiatrists and artificial intelligence (AI) may effectively identify the root cause of stress at an earlier stage and help with treatment.<sup>[14]</sup> AI shows promise in healthcare, but is still in preliminary stages.

Limitations of the study include the small number of total responses relative to the class sizes and that the survey was given at one institution. However, there were responses from each class. We did not inquire about possible stress related to students' personality and living situation, but mainly surveyed stress related to learning in dental school. For the future, we will look to see if there is a difference in causes of stress between preclinical versus clinical years.

## Conclusion

Stress can have a detrimental effect on both physical and mental health. To succeed in dental school, it is crucial for students to learn to relieve stress themselves. Overall, students felt that didactics (82%) and interaction with faculty and administration (62%) were the most stressful in dental school. Most students felt the best way to relieve stress was to get more sleep and rest. (43%)

Dental school is extremely competitive in terms of successfully applying and doing well once students are in, and the stress level intensifies with years of study. Dental students should be aware of their stress, as it can negatively impact their mental health, and identify stress management strategies that best suit them. //

*All authors have disclosed no relevant relationships.*

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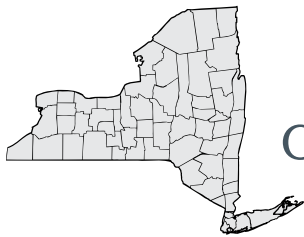
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## Component **NEWS**

### **EIGHTH DISTRICT Fink Lecture is All-Day Seminar**

Kevin J. Hanley, D.D.S.

The Eighth District held its annual fall Dr. Rick Fink Memorial Lecture, an all-day seminar, Dec. 6 at Salvatore's Italian Gardens in Depew. Dr. Brian Novy lectured on "Codependent Cariology" and "Offensive Dentistry." The first lecture helped dentists understand that telling their patients to brush, floss and rinse with a fluoridated mouthwash is only the first level of defense against caries, that CAMBRA, caries management by risk assessment, provides them with a myriad of treatment options to fight decay.

His second presentation, "Offensive Dentistry," showed attendees how the science of clinical cariology is having an impact on restorative techniques and technology and how salivary diagnostics and bioactive materials bring much more to the fight against caries.

### **Holiday Delight**

The Eighth District hosted its annual children's holiday party for members and their offspring Dec. 7 at Transit Valley Country Club in East Amherst. This is always a popular event. Santa again delighted the children with his appearance and gifts. It was another delightful holiday celebration, enjoyed by all.

### **Officers Installed**

The Eighth District and the Erie County Dental societies held a joint President's Reception at the historic Roycroft Inn in East Aurora on Jan. 25. The officers of both societies were installed. Dr. Joseph L. Rumfola was sworn in as the Eighth District President. Serving

alongside him in 2025 are Dr. Michael D. Ehlers, president-elect; Dr. Jennifer L. Frustino, vice president; Dr. Elizabeth B. Kapral, secretary; and Dr. Joseph S. Modica treasurer.

Leading the Erie County Dental Society are Dr. Martin Gorkiewicz, president; Dr. Katherine Pauly, vice president; Dr. Amanda Torsney, secretary; Dr. Kaitlyn Taylor, assistant secretary; and Dr. Karl Neuhaus, treasurer.

Nineteen members of both societies were recognized for achieving life member status. It was a wonderful evening of camaraderie, and we wish all the officers much success in the coming year.

### **Lifesaving Measures**

The Erie County Dental Society held "Basic Life Support for Health Care Providers" on Feb. 3 at the society office. ECDS sponsors this course four times a year. It fulfills the state requirements for CPR retraining. Participants completed both a skills test and written exam to become recertified. The course was presented by the American Safety and Health Institute. Those in attendance earned four hours of MCE.

### **Capital Idea**

The Eighth District Dental Foundation, in conjunction with the Eighth District Dental Society, has launched a Capital Campaign for 2025 to increase donations to the foundation. The foundation kicked off the campaign on Feb. 23 with a benefit concert at the Sportsmen's Tavern in Buffalo.

The headliner of the show was Central Groove, the area's only all-dentist band. Band members include Drs. Joe Modica, Chet Gary, Joe Rumfola, John Nasca, Jacqueline Szczupakowski and Ray Niceforo. The enthusiastic crowd made its presence known.



## **EIGHTH DISTRICT**

Installed to lead the 8th District in the coming year are, from left, President Joseph Rumfola, President-Elect Michael Ehlers, Vice President Jennifer Frustino, Secretary Elizabeth Kapral, Treasurer Joseph Modica.

Also part of the festivities were basket raffles, 50/50 drawing, food and drinks. It was a tremendous kickoff event.

### Keeping Offices Safe

On Wednesday, March 5, the Eighth District held a continuing education seminar titled “Infection Control in Dentistry: A Practical Approach” and moderated by Dr. Alyssa Tzetzio, D.D.S., M.P.H. Dental office infection control has evolved since the OSHA Bloodborne Pathogens Standard and New York State training requirement were introduced in 1992. Practices have continued to adapt and incorporate advisories from federal, state and local agencies.

The most recent challenge to dentistry was the COVID-19 pandemic. Every dental office needs to be familiar with current guidance to provide a safe environment for patients and staff. Updates from OSHA, NIOSH, CDC, FDA, EPA and ADA need to be incorporated into our daily routines. This is in addition to existing requirements from the New York State departments of Health and Education.

This course examined conventional and emerging aspects of infection control. Its completion fulfilled requirements of the state mandate and entitled attendees to two hours of MCE.

### No More Surprises

The Dr. Marshall Fagin Spring Lecture took place March 28 at Salvatore’s Italian Gardens in Depew. Dr. Lou Graham presented “Diagnostically Driven Dentistry: What’s the Reasonable Thing to Do?”

Today’s standard of care diagnostics dates back 100 years with low sensitivity and, yet, dentists are hesitant to change. This course addressed the often occurring and dreaded “dental surprise.” Dr. Graham explained how modern-day diagnostics can help prevent and guide practitioners into more predictable procedures and outcomes. Attendees received seven MCE hours.



### Risk-Free Practice

“Defending the Dental Profession: An Analysis of Closed Claims” was the topic of a CE program presented by the Eighth District on March 27 at the district office. Dr. Michael Ragan, an attorney from Miami with 25 years of experience as a defense trial attorney was the presenter. His appearance was sponsored by Fortress Insurance Co.

Dr. Ragan discussed various malpractice claims to identify strategies and resources that can help dentists improve patient safety, mitigate risk and improve the defensibility of medical professional liability claims.

## NASSAU COUNTY

### A Big Finish to the Year

Eugene G. Porcelli, D.D.S., Executive Director

We closed out 2024 on the heels of two successful fundraising events, our Walk for Oral Cancer Awareness in September, to raise money for Memorial Sloan Kettering’s Head and Neck Cancer Research, and our Casino Night in November, raising money for our Give Kids A Smile event.

In addition, we ended the year with a record offering of over 114 hours of continuing education for our members.

### A Busy Start to the New Year

We began 2025 with two large events. Our **President’s Gala and Officers Installation**, on Jan. 25 at the Crest Hollow Country Club was a fun night of dinner, dancing and awards. We installed our 2025 president, Dr. Elyse Patrella, along with Drs. Maureen Tredwell, president-elect; Kathy Leibowitz, vice president; Ed Perlow, secretary; and Howard Baylarian, treasurer.

We also saw several members recognized for their outstanding service. Dr. Doug Schildhaus, immediate past president, received a plaque, watch and pin. Dr. Michael Shreck received the Herbert Taub Distinguished Service Award. Dr. Ed Perlow received the NCDS Humanitarian Award. And Dr. Jay Fitzgerald received the NCDS Outstanding Volunteer Award.

Our gala was quickly followed by our **Give Kids A Smile** event on Feb. 7 at the Cradle of Aviation Museum in Garden City. This also broke all records as more than 300 volunteers

## Nassau County *cont.*

saw over 1,500 children from 15 local schools!

In addition to receiving dental exams, fluoride treatments and sealants, the children had eye screenings, administered by the Lion's Club "Lion's See" program, and hearing tests, provided by Comprehensive Audiology. They also received oral hygiene and nutrition instruction. After touring the museum, the children went home with a backpack filled with dental hygiene products, oral hygiene instructions and a toy, as well as an insulated lunch bag containing milk and an apple. Children identified as having acute dental needs will be followed up with to arrange for treatment and a dental home.

Overall, the value of this event in services and products approached \$250,000. As a thank you, our volunteers were offered two free tickets to an upcoming basketball game at the Nassau Coliseum, courtesy of the Long Island Nets. This offer was also extended to all the teachers and their students who attended.

### GLIDM in for a Change

On April 27, we will be holding our 59th Greater Long Island Dental Meeting at the Huntington Hilton, which we co-host with the Suffolk County Dental Society. This year's event will be more streamlined, as we completely redesign the meeting for 2026. We are offering three hands-on courses: "Botox Training with Mannequin Injections"; "My First Implant"; and "Root Canal Mastery: From Fundamentals to Finishing Touches." All courses include breakfast and lunch.

### Get Busy

Also in the works for this spring are two General Membership meetings, several

standalone courses and New Dentist/Resident events.

We are certainly keeping busy in 2025. But as Dale Carnegie said, "Inaction breeds doubt and fear. Action breeds confidence and courage. If you want to conquer fear, do not sit at home and think about it. Go out and get busy."

## BRONX COUNTY

### Career and Practice Building

Don Safferstein, D.D.S.

The Bronx County Dental Society held its annual Job Fair on Thursday, March 20. The event, sponsored by MLMIC Insurance Co., brought together dental residents from the five Bronx hospitals and our general membership with companies offering career opportunities and paths for dentists to build their practices or transition towards retirement.

### Learn over Dinner

We have several Dinner Lectures scheduled for coming months. They include the following..

- Tuesday April 8: Dr. Lauren Levy on "Dental Sleep Medicine 101-A Lecture That Won't Make You Zzz."

- Tuesday May 13: Dr. Adam Goodman on "Augmenting Tooth Morphology in Conjunction with Invisalign Orthodontic Treatment." This presentation is offered free of charge, courtesy of Align Technology, Kuraray America and Goodman Orthodontics.
- Tuesday September 9: CPR Training and Recertification.

## FOURTH DISTRICT

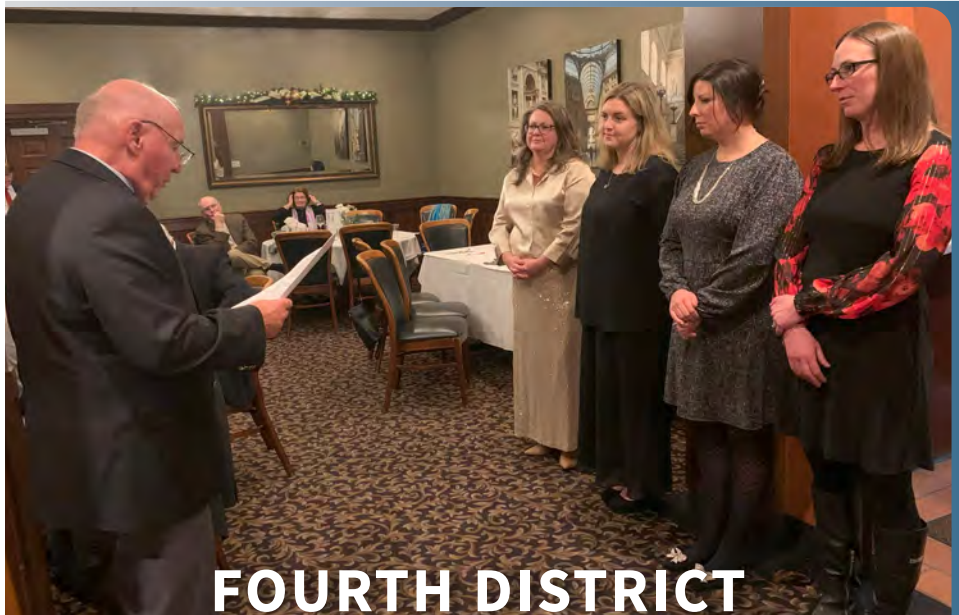
### Off to a Good Start

Crystal Arpei-McHugh, D.D.S., M.S.

The Fourth District started the year on a good note with our Officer Installation Dinner. It gave members an opportunity to thank outgoing President Dr. John Milza for his service and to welcome our new president, Dr. Jennifer Kluth, along with her fellow officers: President-Elect Dr. Edmund Wun, Vice President Dr. Claire Kiehl, Secretary Dr. Katherine Guilfoyle and Treasurer Dr. Rachel Hargraves. We appreciate their commitment to the leadership of our district.

### After the Snow, CE

We are beginning to dig out from the snow cover here in Upstate New York



Installing officer G. Kirk Gleason administers oath of office to, from left, President Jennifer Kluth, Vice President Claire Kiehl, Treasurer Rachel Hargraves, Secretary Katherine Guilfoyle. Also installed was President-Elect Edmund Wun.



and the North Country, and we are off to a great start to the 2025 continuing education program. In January, we hosted Dr. Peter Auster, who presented to a full house. In February, we offered the Child Abuse Reporting course to help our members meet the State Education Department's mandate. The course was sold out.

#### We Meet in May

And we are planning for our Annual Meeting May 8-9 in Saratoga Springs. We will partner with the New York State Dental Foundation to stage an important event—the Cancer Prevention Summit—on May 8. The two-hour summit will conclude with a reception and dinner.

## SEVENTH DISTRICT Installation of Officers and Directors

Becky Herman, Executive Director

The Monroe County Dental Society installed its 2025 officers and new directors at its January 13th Board meeting. Congratulations to Drs. Taylor Squires, president; Scott Koopman, president-

elect; Vincent Marino, vice president; Michael Grassi, treasurer; Timothy Abbamonte, secretary; and Aaron Sigona, at-large member.

The Seventh District installed its officers and new directors at its January 27 Board meeting. Congratulations to Drs. Matthew Valerio, president; Alexis Ghanem, president-elect; Nathan Glasgow, vice president; David Ramjattansingh, treasurer; and Todd Pedersen and Hunter LaRosa, voted in as new members for three-year terms.

#### Another Successful Hiring Event

Dentist employers looking to hire in their practices and resident/new dentist “applicants” participated in a hiring event—speed dating style—on Jan. 15.

This event has successfully placed dentists in our community. One former resident attendee participated this year as a practitioner looking to hire an associate.

Thank you to our sponsors, Henry Schein, Patterson Dental, Vision Financial and Walsh Duffield, Inc.

#### Calling All Future Dentists!

The Monroe County Dental Society's Careers in Dentistry program kicked off in January at the Seventh District Dental Society office. Program volunteers Drs. Gerald Cellura (general dentist), Swetha Sathasivam (pediatric dentist), Aaron Sigona (dental anesthesiologist), Taylor Squires (orthodontist) and Katie Strong (pediatric dentist) addressed



Gabriela Carranza meets with members of Steuben County Dental Society following her presentation. They are, from left, Julian Kahn, SCDS President Melissa Brown, Dr. Carranza, 7th District President Matthew Valerio and Board member Sam Pennise.



Turnout was impressive for district hiring event, connecting dentists looking to hire with hopeful applicants.

## Seventh District *cont.*

over 20 area high school and college students, who came out to learn about careers in dentistry, courses to take to prepare for dental school and tips for gaining acceptance.

Its second session was hosted by the Eastman Institute for Oral Health. Two University of Rochester dental research students; Linda Lipani, registrar; and Dr. Sean McLaren, chief quality, compliance, safety and medical director at EIOH and a Seventh District Board member, talked about pathways to dental school, residency and a future in the dental profession. Participants also received a tour of general and specialty clinics and labs.

A third event is being planned for before the program wraps up in April

with a visit to the University at Buffalo School of Dental Medicine. Here students will have the opportunity to speak with dental faculty and students and receive a tour of the school.

This program is offered to teach young students about the benefits of a career in dentistry.

### Awards Dinner Honors Dental Luminaries

Congratulations to **Dr. Peter Clement**, honored with the George D. Greenwood Award for his dedication, participation and loyalty to his fellow members. **Dr. Taylor Squires** received the Frederick J. Halik Award, which recognizes a new dentist for outstanding leadership and significant contributions to the dental community. **Dr. Sean McLaren** was recognized with the Robert E. Parker III Award, acknowledging outstanding volunteer and community service. **Dr. Richard Andolina** received a virtual Award of Merit from Congressman Joe Morelle. And **Dr. William Calnon** was recognized for his meritorious service and dedication to the members of the

dental profession and his community. His wife, **Mary Kay Calnon**, was bestowed with honorary membership in recognition of her dedication and support of the profession.

The dinner was held at Artisan Works on Feb. 1. Thank you to our sponsors, EDA, DDSmatch and Walsh Duffield, Inc.

### Social Media Campaign Recognizes Giving Dentists

"Smile Bright, Community Right" is a new social media campaign, kicked off in February to recognize member dentists impacting their communities. More than just restoring smiles, our local dentists are making a difference around town. Get It Straight Orthodontics, Drs. Timothy Calnon, Suzanne Cassata, Terry Giangreco, Marni Phillips, Lubomyr Ravlyk and Sara Sullivan have contributed to St. Joseph's Neighborhood, Rochester Breast Cancer Coalition, GiGi's Playhouse, Home Start Hope, Meg's Gift, Pittsford Youth Services and St. Peter's Kitchen, in addition to supporting programs at schools their patients attend.

### Flavored Water vs. Dental Enamel

Dr. Gabriela Carranza presented "A New Attack on Dental Enamel: Flavored Water" to over 50 attendees during the Steuben County Dental Society's (SCDS) business and dinner meeting on Feb. 7 at the Corning Country Club. Thank you to Victor Prosthodontics for sponsoring the event.





**7DDS** | Seventh District  
Dental Society



Seventh District 2025 officers: President Matthew Valerio, President-Elect Alexis Ghanem, Vice President Nathan Glasgow, Treasurer David Ramjattansingh, Board members Todd Pederson, Hunter LaRosa.



Leading Monroe County Dental Society in 2025 are: President Taylor Squires, President-Elect Scott Koopman, Vice President Vincent Marino, Treasurer Michael Grassi, Secretary Timothy Abamonte.

### Empire Dental Administrators

Congratulations to Empire Dental Administrators, Inc., new Board members Drs. Sean McLaren and Marni Phillips. They were inducted at the EDA February Board meeting.

EDA launched a new ad to promote Fortress malpractice insurance to members. EDA is a wholly owned subsidiary of the Seventh District, working in conjunction with Walsh Duffield, Inc, to recommend insurance products and services to local dentists. Thank you to Drs. Michael Grassi and Alf Bunes of Roc Pointe Endodontics, P.C.

### Rochester Dentists Volunteer at Special Olympics

Seventh District dentists, hygiene students from the Monroe Community College Dental Studies Program and Rochester Regional Health dental residents provided free, comprehensive dental screenings and education to Special Olympic athletes during the Special Smiles Winter Games Feb. 22 at the Rochester Riverside Convention Center.

Special Olympics NY is a sports organization with a strong focus on the health and wellness of its athletes. At large sports competitions, they offer free health screenings to their athletes.

There is a great disparity in the quality of healthcare that people with intellectual disabilities receive as compared to the general population. Special Olympics aims to close this gap and provide necessary baseline checks for their athletes in multiple health disciplines. They also utilize these screenings to train current and future healthcare professionals so they can utilize this knowledge and compassion treating people with intellectual disabilities in their own practices.

### NINTH DISTRICT Preparing for the Future

Monica Barrera, D.D.S.

2025 started with the future in mind as the 9th District, once again, participated in ASDA's Vendor Fair. Dental students learned about opportunities to look forward to outside of dental school.

January also began with another "Lunch & Learn" event, hosted by the 9th District at the Touro College of Dental Medicine. This was a wonderful opportunity for D2 students to meet ADA dentists of different specialties and pick their brains over lunch. And it was a terrific way to introduce these students to the many opportunities in front of them and the importance of community and camaraderie within the profession.

### Meeting in the New Year

As we near the end of a very cold winter, we look forward to our first General Meeting of 2025, at which Dr. Denise Foran will be "Demystifying the Endodontic Patient" for attendees and providing "A Recipe for Making the Diagnoses and Treatment Decisions." Based on registration numbers so far, it appears Dr. Foran is a member favorite. Once again, the meeting will be held at the Village Borghese in Wappingers Falls.

### Pint-size Messaging

Our Give Kids A Smile (GKAS) event is a great way to give back to the community, especially the little ones. This year,



## SEVENTH DISTRICT

Rochester-area dentists, dental residents and hygiene students volunteered their time to screen special Olympians participating in Winter Games in February.

## Ninth District *cont.*

so far, we will be hosting two events: March 31 at the Brewster HeadStart, for about 50 children, where we will educate them on good oral health; and April 28, when we will return to the Virginia Road Elementary School to teach over 300 kindergarten through second graders on proper oral healthcare.

These will be great events, I'm sure, supported by Ninth member volunteers.

### Member Recruitment

The 9th District, aided by NYSDA, held a Signing Day March 27 for Touro Dental D4 students. Expectations were high that the event would yield a good number of ASDA conversions to ADA members.

### Read All About It

This year's first Bulletin will be mailed soon, providing members with all the latest news from around the district and throughout the profession, as well. Circle the dates for upcoming events, such as the New Dentist Bowling outing on April 7 at Bowlero in White Plains. This is a fun social event where attendees get to meet and network with other dentists, both new and seasoned.

Also, the 9th will hold its annual social celebrating "Frills & Drills" on Wednesday, May 21, from 6:30-8:30 p.m. at St. Andrew's Golf Club in Hastings. Expect an evening of mingling, networking and fun. Wine, beer and light food will be served. And attendees will hear a presentation by Ms. Allison Lacoursiere, an executive and leadership coach.

### Expanded Learning

The 9th welcomed a new study group this year—the Continuing Education Club of Westchester. The group got off to a great start as attendance at its first meeting on Feb. 12 will attest. In fact, most of the branch/study groups are holding

monthly meetings for their members—expanding the 9th's continuing education access. And, of course, HQ has been working hard to schedule courses, both in-person and virtually this spring. Visit our website ([www.ninthdistrict.org](http://www.ninthdistrict.org)) to register, or give Diane a call.

As many of you may know, there have been issues with the new systems, which the ADA is working diligently to resolve. Call headquarters if you encounter problems, and we'll get you through them.

### Shred it Safely

This summer, the Ninth will be hosting another of its now annual shredding days. This event, which allows members to clear out old files and records in a HIPAA-compliant manner, has become a "save-the-date" occasion for many of our members.

If you need more information on any event, or if there's any way we can help you, please contact us at (914) 747-1199, or [www.ninthdistrict.org](http://www.ninthdistrict.org).



**NINTH DISTRICT**

Atmosphere was relaxed and eager at new dentist "Ask Me Anything" panel and social this past November at Sleepy Hollow Hotel, Tarrytown.

## NEW YORK COUNTY

### Installation of Officers

Egidio Farone, D.M.D.

The officers for the 2025 term of the New York County Dental Society were officially installed at the prestigious Metropolitan Club on Jan. 13. The newly installed leadership includes President Vera W. L. Tang, President-Elect Andrew Deutch, Vice President Egidio A. Farone, Secretary Jaskaren Randhawa and Treasurer Ada S. Cooper. They will serve alongside Immediate Past President Suchie Chawla.

Distinguished speakers at the event included NYSDA President Prabha Krishnan, periodontist Wayne Kye and installing officer Judge Dale Fong-Frederick. At the conclusion of the installation, Dr. Chawla expressed her deep gratitude to the Board and reflected on the privilege of serving during the 100th anniversary of the Greater New York Dental Meeting. Dr. Kye then presented Dr. Tang with a proclamation on behalf of his wife, Congresswoman Grace Meng, before installing her as president.

In her acceptance speech, President Tang shared a powerful quote: "In the silence of love, you find the spark of life." And she expressed her heartfelt appreciation for the opportunity to lead the society into its next chapter.

### Diverse Perspectives and Lasting Impressions

The New York State Dental Association and New York County Dental Society hosted an event on Feb. 26 to celebrate Black History Month, titled "Diverse Perspectives and Lasting Impressions." The evening began with appetizers and networking, followed by inspiring discussions.

The panel featured NYSDA President-Elect Maurice Edwards, Justice of the State Supreme Court Craig Walker and Brooklyn District Attorney Eric Gonzalez. Each panelist shared his unique personal and professional journey, leaving the audience deeply inspired.



Diverse Perspectives and Lasting Impressions panelists, from left, Brooklyn District Attorney Eric Gonzalez, NYSDA President-Elect Maurice Edwards, State Supreme Court Justice Craig Walker.



President Vera W.L. Tang is surrounded by well-wishers following her installation. From left, NYSDA Past President Steven Gounardes and current Vice President Amarilis Jacobo, NYS Dental Foundation Chair Maria Maranga, Dr. Tang, NYCDS Past President Mina Kim, NYSDA President Prabha Krishnan and President-Elect Maurice Edwards.



## NEW YORK COUNTY

GKAS volunteers gather for group photo at TAG Young Scholars school before treating and educating children.

## New York County *cont.*

### GKAS: An Impactful Tradition

On Feb. 7, the New York County Dental Society hosted its annual Give Kids A Smile NYCDS event, a society tradition since 2014. Held in East Harlem, the event's mission is to raise awareness about the importance of oral health, encourage good hygiene habits, and identify children in need of dental care and connect them to dental providers in their schools or community. The GKAS leadership team is collaborating closely with the New York City Department of Health to share the data collected during the event.

This year, we had over 200 volunteers providing clinical exams, preventive fluoride treatments, and essential oral health and nutrition education to more than 1,000 children. A virtual Parent Workshop was held to educate families about good oral health habits, and oral health videos were shared with an even greater number of students in the classroom to further extend the event's reach.

Community Outreach Committee Chair Anna Viron and Board Member Maggie Romao served as co-chairs of the GKAS Committee, dedicating countless hours to making the event a success. We are incredibly thankful to all the volunteers, dentists and sponsors, whose support made this day a success. GKAS NYCDS would not have been possible without their dedication and generosity.

### New Dentists Cycle at Equinox

On Jan. 23, the NYCDS New Dentists Committee hosted its second cycling event at Equinox. New dentists gathered at 6:30 p.m. to connect with one another and squeeze in a workout after their busy day in the office. Instructor Corinne brought high energy to the



NYCDS new dentists end their busy workday with high-energy cycle class at Equinox.

class, creating a fun and motivating atmosphere. After cycling, the group continued to socialize while enjoying light post-workout bites and drinks at Park Avenue Tavern.

### Upcoming Continuing Education Schedule

#### SPRING

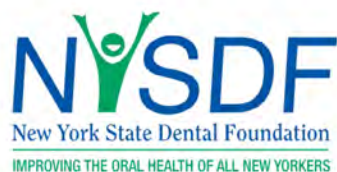
- 4/04 9:30 a.m.-12:30 p.m. "Be Your Own Prosthodontist"
- 4/23 9:30 a.m.-4:30 p.m. "Innovations in Aesthetic Dentistry: Everything You Need to Know About Veneers"
- 4/24 9:30 a.m.-4:30 p.m. "Hands-On Workshop on Veneers"
- 5/01 4:00 p.m.-7 p.m. "Better, Faster, Stronger: Tips to Up Your Game in Direct Restorative"
- 5/02 9:30 a.m.-12:30 p.m. "Please Doc, Not Another Crown! Modern Full-Coverage Alternatives"
- 5/14 9:30 a.m.-1:30 p.m. Basic Life Support/CPR Certification Course
- 5/16 10 a.m.-3 p.m. "Practical Oral Pathology"
- 5/21 9:30 a.m.-3:30 p.m. "Contemporary Implant Removable Protheses: A Clinical Update"
- 5/22 6-8 p.m. "Workflows for Conservative Cosmetic Dentistry"

- 5/30 9:30 a.m.-3:30 p.m. "Sleep Apnea: Wake Up to the Problem"

#### SUMMER

- 6/09 7-9 p.m. "To Smile or Not to Smile" (Zoom)
- 6/10 9 a.m.-4:30 p.m. "Contemporary Insights into Orthodontic Practice: Investigational Studies Relating to How and Why We Do What We Do"
- 6/18 9:30 a.m.-12:30 p.m. "Pump Up Your Practice with Improved Diagnosis and Increased Treatment Acceptance"
- 6/25 7-9 p.m. OSHA-Mandated Update for Dentists and Staff: "What You Need to Know to Comply with the Law" (Zoom)

New courses are added regularly, so be sure to visit [www.nycdentalsociety.org](http://www.nycdentalsociety.org) for the latest schedule.



# Cancer Prevention Summit

In Partnership With



**New York State  
HPV Coalition**  
Working to Prevent HPV Cancers

## CONTINUING EDUCATION, DINNER & DISCUSSION

2 Live Learning Credits (CDE)

This event is the first of its kind in New York State, uniting three vital health disciplines—pediatricians, dentists, and pharmacists—in a collaborative effort to deliver essential cancer prevention education. By reducing silos between professions, this initiative fosters a unified approach to defeating HPV-related cancers, emphasizing that cancer prevention requires teamwork and shared commitment for the health and well-being of our communities.

**April 3, 2025**

Woodcliff Hotel & Spa  
Fairport, New York

**REGISTER NOW**

**May 8, 2025**

Saratoga City Center  
Saratoga Springs, New York

Sponsored by

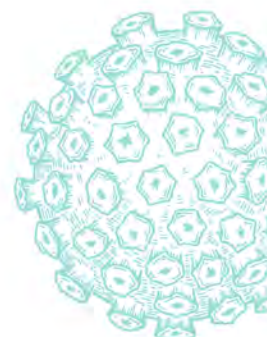
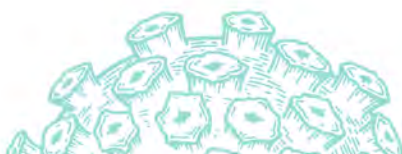


ALBANY MED Health System

GLENS FALLS HOSPITAL



**REGISTER NOW**



# Component Presidents 2025



## NEW YORK COUNTY

### Vera Tang

121 East 60th Street, New York, NY 10022

BA, New York University, 1993. DDS, New York University College of Dental Medicine, 2000. MS, University of Florida College of Dentistry, 2003. Certificate in Periodontics, University of Florida College of Dentistry, 2003. *Periodontal practice, New York, 2009.*

Vice Chair, Clinical Assistant Professor and Director, Predoctoral Periodontics, Department of Periodontology and Implant Dentistry, New York University College of Dental Medicine.

Fellow, International College of Dentists, American College of Dentists, New York Academy of Dentistry, New York Academy of Medicine. Diplomate, American Board of Periodontology. Faculty Advisor, American Student Dental Association, NYU Chapter. ADPAC Board Representative, American Academy of Periodontology. Member, Northeastern Society of Periodontists; Asian American Dental Society; Association for Dental Education; American Dental Education Association. Delegate, New York State Dental Association.

*Interests include travel, hiking, cooking, baking and theater.*



## SECOND DISTRICT

### Paul Teplitsky

One Hanson Place, #705, Brooklyn, New York 11243

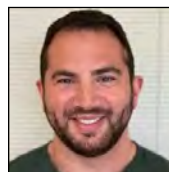
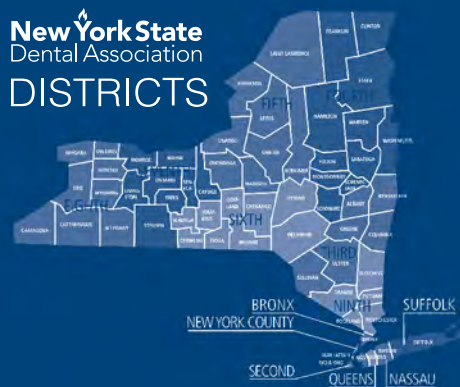
BA, Stony Brook University, 1976. DMD, University at Pennsylvania School of Dental Medicine, 1980. General Practice Residency, Long Island College Hospital, Brooklyn, 1981. Residency in Prosthodontics, Memorial Sloan Kettering Cancer Center, Manhattan, 1983. Fellowship, Maxillofacial Prosthetics at Memorial Sloan Kettering Cancer Center, 1984. *Prosthodontics practice, Brooklyn, 1984.*

Member, Organization Committee, Greater New York Dental Meeting. Chair, NYSDA Council on Ethics. Delegate, ADA House of Delegates; NYSDA House of Delegates. Member, Greater New York Dental Meeting Organization Committee.

*Interests include travelling, working out and attending pro football games.*

*Spouse: Joanne. Children: Laura, Thomas, David and Sara.*

## New York State Dental Association DISTRICTS



## THIRD DISTRICT

### Mohamed Bayoumy

2 Executive Park Drive, Albany 12203

BS, Siena College, 2010. MS, Drexel University College of Medicine, 2012. DDM, Boston University Henry M. Goldman School of Dental Medicine, 2016. Certificate of Advance Graduate Studies, Oral and Maxillofacial Surgery, Boston University Henry M. Goldman School of Dental Studies, 2020. *OMS practice, Albany.*

Member, International Association for Dental Research; American Association for Dental Research; Massachusetts Dental Society; New York State Dental Association; American Dental Association.



## FOURTH DISTRICT

### Jennifer Kluth

1542 Union Street, Schenectady, NY 12309

BS, University of California, San Diego, 1999. DMD, Tufts Dental School, 2007. General Practice Residency, Danbury Hospital, CT, 2008. *Private practice, Schenectady, 2019.*

Adjunct faculty, dental hygiene program, Hudson Valley Community College. Member, New York State Dental Association; American Dental Association.

*Interests include crafts, hiking, travel.*

*Spouse: Jon. Children: Adelina and Greg.*

# Component Presidents 2025



## FIFTH DISTRICT Donald Flihan

113 Chapel View, Clinton, NY 13323

BA, University of Rochester, 1985. DDS, University at Buffalo School of Dental Medicine, 1989. MD, University at Buffalo School of Medicine and Biomedical Sciences, 1998. General Practice Residency, Buffalo General Hospital, 1991. Oral and Maxillofacial Surgery Residency, University at Buffalo, 2001. *OMS Practice, Utica, 2003.*

Hospital staff, Mohawk Valley Health System, Utica; St. Joseph's Hospital, Syracuse. Member, American Association of Oral and Maxillofacial Surgeons; American College of Oral and Maxillofacial Surgeons; American Medical Association; American Dental Society of Anesthesiology; New York State Society of Oral and Maxillofacial Surgeons; Oneida Herkimer County Dental Society.

*Interests include outdoor activities, working out, cheering on Buffalo Bills and Syracuse University football and basketball.*  
*Spouse: Peri. Daughter: Jenna.*



## SIXTH DISTRICT Paul Weber

5920 NY-28, Cooperstown, NY 13326

BS, Case Western Reserve University, 1978. DDS, Case Western Reserve University, 1980. *General practice, Cooperstown, 2000.*

Member, New York State Dental Association Committee on Dental Medicaid; New York State Dental Association; American Dental Association.

*Interests include sailing, skiing, and playing as professional musician.*  
*Children: Sarah, Anna and Laura.*



## SEVENTH DISTRICT Matthew Valerio

3770 Mt. Read Boulevard, Rochester, NY 14616

BM, Eastman School of Music, 2009. BA, University of Rochester, 2009. DDS, University at Buffalo School of Dental Medicine, 2014. General Practice Residency, Rochester General Hospital, 2015.  
*Partner, Cornerstone Dental LLP, Greece and Henrietta, 2015.*

Member, American Dental Association; New York State Dental Association; St. Apollonian Dental Study Club; Monroe County Dental Society.

*Interests include sports and travel. Professional pianist prior to dentistry.*  
*Spouse: Barbora Valerio, DDS. Children: Valentina, Adela, Camila.*



## EIGHTH DISTRICT Joseph Rumfola

396 Waverly Street, Springville, NY 14141

BS, Cornell University, 1998. DDS, University at Buffalo School of Dental Medicine, 2002. AEGD Certificate, University at Buffalo School of Dental Medicine, 2003. Clinical Assistant Professor and AEGD Program Director, University at Buffalo School of Dental Medicine. *Private practice, Springville, 2003.*

Member and Hearing Officer, New York State Dental Association Council on Ethics. Chair, Eighth District Ethics Committee. Fellow, American College of Dentists; Academy of General Dentistry. Member, Erie County Dental Society; International Team for Implantology.

*Interests include skiing, gardening, dirt bike riding, reading and drummer for Central Groove, Western New York's Favorite Dentist Band.*  
*Spouse: Jennifer Ann. Children: Maria and Natalie.*



## NINTH DISTRICT

### Renuka Bijoor

325 South Highland Avenue, Briarcliff Manor,  
NY 10510

BDS, University of Bombay Nair Hospital Dental College, 1987. MDS, Oral Surgery, University of Bombay Nair Hospital Dental College, 1989. FDS, Royal College of Surgeons, England, 1997. FFD, Oral Surgery, Royal College of Surgeons, Ireland, 1998. DDS, Columbia University College of Dental Medicine, 2003. Pediatric Residency, Columbia University Medical Center, 2005. MPH, Columbia University Mailman School of Public Health, 2014. *Pediatric practice, Briarcliff Manor, 2005, and Bronxville, 2021.*

Assistant Clinical Professor, Columbia University College of Dental Medicine. Senior Attending, Phelps Hospital, Northwell Health. Diplomate, American Board of Pediatric Dentistry. Fellow, International Congress of Oral Implantologists; International College of Dentists; Pierre Fauchard Academy. Board Member, New York State Dental Foundation. Member, Columbia University College of Dental Medicine Admissions Committee; ADA Council on Membership; Indian Society of Oral Implantologists.

*Interests include reading, cooking and travel.*

*Spouse: Sanjay. Son: Vinay.*



## NASSAU COUNTY

### Elyse Patrella

101 Abbey Street, Massapequa Park, NY 11762

BS, St. Joseph's University, 2011. DDS, New York University College of Dentistry, 2015. General Practice Residency, Penobscot Community Health Center, 2016. *General practice, Garden City, 2024.*

Member, American Academy of Dental Sleep Medicine; New York State Dental Association; American Dental Association.

*Interests include running and travel.*



## QUEENS COUNTY

### Savitha Reddy

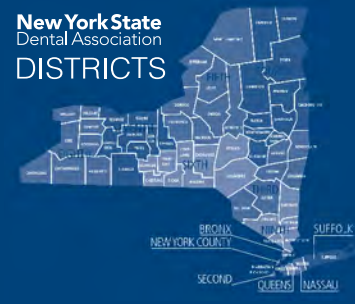
270 Round Swamp Road, Melville, NY 11747

BDS, Annamalai University, 1991. DMD, University of Pennsylvania School of Dental Medicine, 1996. *General practice, 1998.*

Member, New York State Dental Association; American Dental Association.

*Interests include music and painting.*

*Spouse: Chiran Reddy DDS. Children: Sunil, Neena.*



## SUFFOLK COUNTY

### William Bast

271 Great River Rd, Great River, NY 11739

BS, Adelphi University, 1990. DMD, Tufts University School of Dental Medicine, 1993. General Practice Residency, Flushing Hospital Medical Center, 1994. Oral and Maxillofacial Surgery Residency, New York Medical College, 1998. *Oral Surgery practice, Sayville, 2019.*

Clinical Assistant Professor of Oral and Maxillofacial Surgery, Stony Brook School of Dental Medicine. Facial Trauma Surgeon, Stony Brook University Hospital. Diplomate, American Board Oral and Maxillofacial Surgery; National Dental Board Anesthesiology. Member, New York State Dental Association; American Dental Association.

*Interests include high-performance driving instructor, golf, skiing, swimming, bicycling, running.*

*Spouse: Regina. Children: Sarah, Rebecca, Billy.*



## BRONX COUNTY

### Jerica Cook

225 E 138th Street, #608, Bronx, NY 10451

BS, University of Alabama at Birmingham, 2010. DDS, Meharry Medical College School of Dentistry, 2016. *General practice, New York, 2024.*

Chapter President, National Dental Association, Greater Metro New York. Member, New York State Dental Association; American Dental Association. Member and Immediate Past Chair, New York State Dental Association New Dentist Committee. Member, New York State Dental Association Committee of Dental Education and Licensure; New York State Dental Association Diversity Equity and Inclusion Taskforce.

*Interests include work as mental health advocate and author of diversity children's book.*

## CLASSIFIED INFORMATION

### FOR SALE

**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, attractive, standalone building with ample parking. Well-designed; 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 70's; 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; Barbara@schroutdentistry.com.

**ALBANY:** Highly profitable, modern, upgraded general practice for sale in affluent Albany suburb. PPO insurance and FFS. 6 ops, modern Midmark dental chairs and equipment. 6 X-rays, 6 digital sensors, new Carestream CBCT. Fully digital, computerized, paperless, Dentrrix. 2,300 square feet with strong long-term lease in place. Associate-driven with contract in place with restrictive covenant. Owner works 1 day/week. 2024 gross: \$2.2M; asking price \$1.75M. Prospective buyer must have preapproval from dental lender. Contact for more info: sohodontist@gmail.com; or call: (646) 423-2565.

**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 1 plumbed 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.

**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.

**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-operator 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 Dentrrix 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 Dentrrix, 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.

**WESTCHESTER:** Holistic general dental practice for sale. 4 ops in spacious 1,800-square-foot suite in medical building. FFS office on pace to gross over \$1.7M in 2023. Cone beam CT, Dentrrix software, Trios scanner, as well as digital X-rays, computers, TVs in every operator. Open only 4 days/week. Amazing opportunity to purchase profitable practice with huge growth potential in wonderful community. For details contact Transitions Sales Consultant Chris Regnier at (631) 766-4501; or email: chris.regnier@henryschein.com. #NY3641.

**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.whelan@henryschein.com. #NY3665

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**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 and 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](mailto:mike.damon@henryschein.com). #NY3942

**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](mailto: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](mailto: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](mailto: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 in 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](mailto: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](mailto: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 or for more information, please contact Mike Damon at (315) 430-9224; or email: [mike.damon@henryschein.com](mailto: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](mailto: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 semi-conductor 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 workweek. Primed for growth. Contact Transition Sales Consultant Michael Damon at (315) 430-9224; or email: [mike.damon@henryschein.com](mailto: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 await 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](mailto: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](mailto: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](mailto: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, and 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](mailto: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](mailto: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. 3,000-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 BCT. 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

## FOR RENT

**MIDTOWN MANHATTAN:** Newly renovated office for rent. Please call to learn more about this opportunity. Phone: (212) 223-3005.

**MIDTOWN MANHATTAN:** Newly decorated office with windowed operator 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: pyondsd@gmail.com.

## OPPORTUNITIES WANTED

**SEEKING PRACTICE PURCHASE ON LONG ISLAND:** GP with 20 years experience looking to purchase practice on Long Island. Open to various locations and sizes. Please email me to discuss: alla1280@icloud.com.

## OPPORTUNITIES AVAILABLE

**CLINICANS/ATTENDINGS:** Brooklyn Hospital Center, community-based hospital (located near Brooklyn Bridge in Brooklyn, NY) with longstanding, approved Oral and Maxillofacial Surgery 4-year training program. Seeking clinicians with New York State license who are Board-eligible or Board-certified by American Board of Oral and Maxillofacial Surgery and interested in direct-supervision in education of our OMS residents. No direct patient care required. Clinician should be comfortable with providing outpatient general anesthesia/sedation, as well as supervising in operating room on variety of trauma/pathology/reconstructive surgical cases. Position is all day Monday or Friday and salary is competitive. If interested, please reach out to Dr. Harry Dym via email at DrHarryDym@gmail.com.

**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 patients 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.

# Read, Learn and Earn

Readers of *The New York State Dental Journal* are invited to earn two (2) home study credits, approved by the New York State Dental Association, by properly answering 20 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.

For a complete listing of online lectures and home study CE courses sponsored by the New York State Dental Association, visit [www.nysdentalfoundation.org](http://www.nysdentalfoundation.org).

Click below

ONLINE CE QUIZ

## Manifestations of Trigeminal Neuralgia Secondary to Multiple Sclerosis in Dentoalveolar Region—Page 16-20

1. Multiple sclerosis (MS) is a chronic central nervous system disease of inflammation and demyelination.  
☐ T or ☐ F
2. Males are twice as likely as females to have MS.  
☐ T or ☐ F

Visit our online portal for more....

## Arteriovenous Malformation Presenting as a Disfigured and Throbbing Face—Page 22-26

1. Maxillofacial arteriovenous malformations (AVMs) are a common condition.  
☐ T or ☐ F
2. AVMs are defined as a condition in which artery and veins are in continuity without a capillary bed in between.  
☐ T or ☐ F

Visit our online portal for more....

The screenshot displays the NYSDF (New York State Dental Foundation) website. The header includes the NYSDF logo and navigation links. The main content area features a course titled "Read, Learn and Earn March 2025" with a credit value of 2 Homestudy Credits. The course number is RLE Mar 2025, and the original program date is March 20, 2025. A "PURCHASE OPTIONS" section shows an "Add to Cart" button and a price of \$35.00 for an Electronic Document. The description states that readers of the New York State Dental Journal can earn two home-study credits by answering 20 True or False questions based on articles from the March 2025 issue. A "Category: Dental" tag is also visible.