

ENDO TRIBUNE

The World's Endodontic Newspaper · U.S. Edition

Endodontists in Texas

AAE members head to the Lone Star State in a quest for knowledge. **▶ page 1B**

COSMETIC TRIBUNE

The World's Cosmetic Dentistry Newspaper · U.S. Edition

Improving a 'gummy' smile

Using two-stage esthetic crown lengthening and prosthetic rehabilitation. **▶ page 1C**

HYGIENE TRIBUNE

The World's Dental Hygiene Newspaper · U.S. Edition

Drug-endangered children

Learn how to identify and assist the drug-endangered child (DEC). **▶ page 1D**

'Everyone can have a celebrity smile'

By Fred Michmershuizen, Online Editor

In an interview with Dental Tribune, Dr. Emanuel Layliev, director of the New York Center for Cosmetic Dentistry, talks about his high-profile practice in Manhattan, his passion for cosmetic dentistry and how he is able to make a difference in people's lives — and what it's like to work with famous celebrities.



Emanuel Layliev, DDS, FAGD, FIADFE, is director of the New York Center for Cosmetic Dentistry. (Photo/New York Center for Cosmetic Dentistry)

Please tell our readers a little bit about yourself and your background.

I am one driven to create healthy, beautiful and memorable smiles, with a sincere focus on the well-being of my patients' outcome, using the most up-to-date and innovative technology producing high-quality results in a compassionate, caring and gentle atmosphere.

As one committed to this, it's important to be extremely meticulous with special attention to the intricate nature involved in the field of cosmetic dentistry. I have earned noteworthy distinctions in my field.

I am an active member in local and national professional associations, am currently the president of the New York Academy of Cosmetic Dentistry and am awaiting publi-

cation as an author in a cosmetic dentistry textbook on the subject of conservative composite bonding.

I went to New York University for undergrad and graduated from NYU College of Dentistry in 2001. I completed a full year in a hospital general practice residency and worked in multiple practices for five years before settling down to narrow my focus on cosmetic dentistry.

I have been at my practice as a

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Dental advertising on the Internet



All states have laws prohibiting false, deceptive or unsupported statements in dental advertisements, and this includes those found on the Internet. The same guidelines that apply to advertising in newspapers, magazines, telephone books, brochures, radio and TV also apply to advertising on the Internet. (Photo/Gert Vrey, www.dreamstime.com)

→ See page 4A

Healthy gums may lead to healthy lungs

Maintaining periodontal health may contribute to a healthy respiratory system, according to research published in the Journal of Periodontology. A new study suggests that periodontal disease may increase the risk for respiratory infections, such as chronic obstructive pulmonary disease (COPD) and pneumonia. These infections, caused when bacteria from the upper throat are inhaled into the lower respiratory tract, can be severely debilitating and are one of the lead-

ing causes of death.

The study included 200 participants between the ages of 20 and 60 with at least 20 natural teeth. Half of the participants were hospitalized patients with a respiratory disease such as pneumonia, COPD or acute bronchitis, and the other half were healthy control subjects with no history of respiratory disease. Each participant underwent a comprehensive oral evaluation

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partner at a distinctive and reputable office for nearly five years. I am married to a dental hygienist, and I am the father of two boys with another one on the way.

What made you choose cosmetic dentistry as a specialty area?

I adore the craft behind the detail-oriented nature expected in general as a dentist and expanding that to focus on the cosmetic aspect to ensure precision and quality. I grew up loving to draw and engaged in arts and crafts and hobbies of all sort.

I love the need to work with my hands to produce controlled results. To create dramatic smile enhancements that immediately transform one's appearance is very rewarding, and to do so in a pleasant and gentle manner is very enjoyable.

What do you like best about cosmetic dentistry?

Just about all of it. I like having the ability to have a tremendous impact on a person's life, self-esteem and self-confidence.

To practice the form of work I'm best in, in a practice that allows me to reach my maximum potential without limitations because I come across clientele who really appreciate the work and really care for their health and strive to better themselves.

I consider my patients' expectations and input in high regard and value what they ask of me in the cosmetic design to produce smiles

'As long as the simple rule of golden proportion is followed, we can create an amazing result by imparting a look of balance and symmetry.'

that complement their facial features and personality best.

You have a high-profile practice in Manhattan. What do you like best about it?

I believe I'm situated at the center of the best in health care and other public services, where quality is paramount, which serves as a standard in care worldwide. Our reputation speaks around the world, attracting clientele from around the world. Patients respect the location and enable us to deliver the best in treatment.

You have been treated a number of well-known patients. What is it like to work on famous smiles such as Hugh Jackman and others?

It is very rewarding to acknowledge the trust and confidence they have in us. They are friendly folks with established smiles that set the bar for trends in society. People look up to them as public figures and want to emulate their look and style, and it's my job to uphold that and to meet their expectations with excellent quality and expertise.

Can everyone's smile be improved upon?

Absolutely! Everyone can have a "celebrity smile" in today's age. There are various options to enhance. It can range from the dramatic to the ever so slightest change; small changes these days can have great effects. As long as the simple rule of golden proportion is followed, we can create an amazing result by imparting a look of balance and symmetry.

Are there any specific products that you find most useful in helping patients improve their smiles? Which ones?

Yes, of course. I'm always looking for the best stuff to maintain, protect and preserve natural teeth and dental work. Home care is very important to ensure long-term health. The toothpaste, mouth rinse, toothbrush, floss, among other tools, are all essential; as long as one is compliant enough and using what will enable him or her to be effective and conscientious.

Companies are always conducting tests to improve products, and with updates in technology, new products arise constantly. We should be mindful to use those that serve the greatest benefit with the least harm.

After gathering data, I find the Dentisse brand to be very effective. With toothpastes, the goal is to create the best-polished surface, without deleterious abrasion, to get the best of both worlds. Dentisse toothpaste is a premier natural non-abrasive paste that contains kaolin clay to produce the benefits.

The Dentisse mouth rinse is wonderful because it's a clear, alcohol-free, natural rinse with impressive elements. Their lip balm is effective too because it's not just the mouth, but the lips that are just as important to upkeep in cosmetic dentistry for they serve as the frame.

Is there anything you would like to add?

The trend these days is to be as natural and conservative as possible. People are asking for the least invasive procedures, and it's our job to be skillful in the conservation approach in producing smiles that will continue to impress. **DT**

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at feedback@dental-tribune.com. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

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Dental advertising on the Internet

Website advertising must comply with the American Dental Association's Principles of Ethics and Code of Professional Conduct

By Stuart J. Oberman, Esq.

Many dentists feel that advertising their practices on the Internet is essential to competing in today's evolving market. Before 1979, dentists were generally prohibited by law from advertising their dental services in order to avoid misleading the public.

Now, dental advertisements are common, but strict restrictions are in place to ensure that the public is not misled by dentists' false

claims.

All states have laws prohibiting false, deceptive or unsupported statements in dental advertisements. Violating these prohibitions could result in a fine, injunction and censure or in suspension, revocation or limitation of a dental license. Dentists should make a point to understand the applicable laws.

Dental websites are a very common form of advertisement, but dentists must ensure that they are

complying with the American Dental Association's Principles of Ethics and Code of Professional Conduct. Dentists must remember that the same guidelines that apply to advertising in newspapers, magazines, telephone books, brochures, radio and TV also apply to advertising on the Internet.

The rules apply to any statement, oral or written, that offers to perform dental services either directly or indirectly.

The rules apply to advertising of

any kind, regardless of whether it is paid advertising or free advertising. Ultimately, the dentist will be the party held responsible for the dental practices' online websites and advertisements.

This means that whether or not a web consultant designs the dental practice's webpage, the owner of the dental practice must be involved in the content of the materials posted on the Internet.

Every dentist has a duty to advertise truthfully. Section five of the American Dental Association's Principles of Ethics and Code of Professional Conduct lays out the ethical standards by stating that no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any "material" respect.

This includes misrepresentations of fact, making partial disclosures of facts, making self-praising statements, comparing the quality of one dental practice's services to another dental practice's services, and making any other statement that would cause a reasonable person to be deceived.

These guidelines have been instated as a method of protecting the public from misleading advertisements inducing the patient to seek dental services at a particular office. For example, a dentist who advertises an unearned degree or who falsely advertises that the dental practice specializes in a certain area of practice would be guilty of misleading patients in a "material" respect.

In addition, the American Dental Association's Code describes claims of superiority as misleading when the claims are not subject to reasonable substantiation.

The licensed dentist's name and the address of the dental practice should always be identified in an advertisement. If a dentist is advertising fees, a disclaimer should be included stating the description of the service, the specified period during which the fee is in effect and that the fee is a minimum fee only.

In addition, if a dentist advertises specialty services such as orthodontic, oral surgery or endodontic procedures, the dentist should also state whether the services will be performed by a general dentist or a specialist.

When advertising on the Internet, there are many phrases that should not be used. First, phrases of superiority such as "the best" should be avoided. Dentists should never claim that services are "painless" or that specific results are "guaranteed."

In addition, some states prohibit testimonials on dental websites. A

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testimonial is a quote from a past patient recommending a specific dental practice. In states that do allow testimonials, phrases such as “the best” are still prohibited.

Dentists should refrain from advertising on the Internet (or in general) that their dental practice specializes in an area that the American Dental Association or state law does not recognize.

For example, because cosmetic dentistry is not an American Dental Association recognized specialty, a dentist should not advertise that the dentist specializes in cosmetic dentistry.

In order for a dentist to advertise as a specialist, the dentist should have completed a specialty program that is approved by the American Dental Association Commission on Dental Accreditation.

However, if the dentist is recognized by a specialty accrediting organization other than one that has been recognized by the American Dental Association, then the dentist should state that the referenced organization is not recognized as a specialty accrediting organization by the American Dental Association.

In addition, dentists should not advertise on the Internet (or in general) the name of any person

who is not either an owner of the dental practice being advertised or a person who is actually involved in the practice.

However, you may identify the prior owner of the dental practice for a reasonable period of time if you have express written permission from that dentist.

Dentists should also refrain from advertising an honorary degree or a degree awarded by an unaccredited institution. Finally, a dentist should not claim to be a member of the American Dental Association in an advertisement unless the dentist is, in fact, a member of the American Dental Association.

These regulations are designed to protect patients from misleading information projected by advertising dentists. A patient is not able to make informed decisions when faced with misleading advertisements.

Honest, non-deceptive advertisements of a dental practice help patients make informed decisions regarding their dental care. False representations may result in disciplinary action by a state board and civil liability. Dentists are obligated to respect patients' trust and to communicate accurate and honest information. **DT**

About the author



Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning and other business transactions that a dentist will face during his or her career.

For questions or comments regarding this article, visit www.gadentalattorney.com.

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to measure periodontal health status.

The study found that patients with respiratory diseases had worse periodontal health than the control group, suggesting a relationship between respiratory disease and periodontal disease. Researchers suspect that the presence of oral pathogens associated with periodontal disease may increase a patient's risk of developing or exacerbating respiratory disease. However, the study authors note that additional studies are needed to more conclusively understand this link.

“Pulmonary diseases can be severely disabling and debilitating,” says Donald S. Clem, DDS, president of the American Academy of Periodontology. “By working with your dentist or periodontist, you may actually be able to prevent or diminish the progression of harmful diseases such as pneumonia or COPD. This study provides yet another example of how periodontal health plays a role in keeping other systems of the body healthy. Taking good care of your periodontal health involves daily tooth brushing and flossing. You should also expect to get a comprehensive periodontal evaluation every year,” he said. **DT**

(Source: American Academy of Periodontology)

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“Air-Flow goes subgingival,” says EMS, and brings the point home. A unique nozzle delivers the air-powder mixture deep into the pocket



Fig. 1: Perio-Flow hand-piece and nozzle for subgingival use. (Photos/ Provided by EMS)

where rinsing water washes out the eliminated biofilm. The device and consumables go hand in hand for extraordinary results without any stress or risk for the patient, according to the company.

The patented single-use Perio-Flow nozzle has been especially designed for use in deep periodontal

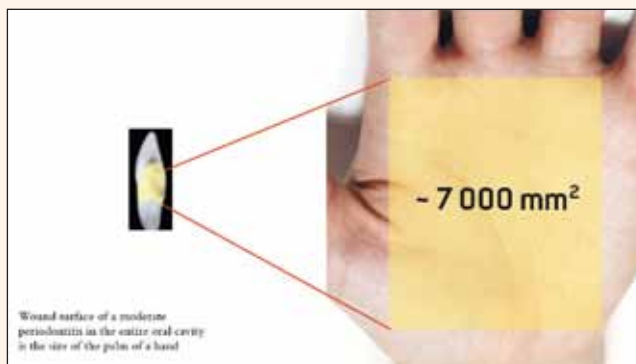


Fig. 2: Wound surface of moderate periodontitis in the entire oral cavity.

pockets (up to 10 mm). According to EMS, it creates optimum but gentle turbulence in subgingival areas and prevents soft-tissue emphysema via three horizontal nozzle outlets for air-powder mixture and one vertical nozzle outlet for water.

Abrasive — a bad idea?

There is also the Perio-Flow Meth-



Fig. 3: Implants are a poor investment without regular periodontal disease management.

od, and the company has specific features for its periodontal use. The glycine-based grain is extra-fine (25 µm). In addition, the grains have a particularly low specific density (d 50).

As a result, the original Perio-Flow Method is highly effective

→ DT page 3A

Align Technology to acquire Cadent

Align Technology announced on March 29 that it has signed a definitive agreement to acquire privately-held Cadent Holdings, a leading provider of 3-D digital scanning solutions for orthodontics and dentistry based in Carlstadt, N.J.

Cadent strengthens Align's ability to drive adoption of Invisalign by integrating Invisalign treatment more fully with mainstream tools and procedures in clinicians' practices. The combination of the two companies will help accelerate the use of intra-oral scanning in the

dental industry by leveraging Align's global sales reach, extensive professional and consumer marketing capabilities and base of more than 55 thousand users.

“We are excited about the opportunities for growth that Cadent provides, not only in terms of accelerating adoption of intra-oral scanning among dental professionals but also in creating greater value for existing Invisalign users,” said Thomas M. Prescott, Align Technology president and chief executive officer.

The acquisition builds on the

development agreement by providing a dedicated digital scanning platform for delivering Invisalign chair-side applications to dental practitioners and extends Align's presence into restorative dentistry. The combination of the two companies' market leading positions and technologies provides a significant opportunity to create growth and to build value for customers and shareholders.

As part of an ongoing program to evaluate interoperability of intra-oral scanning systems for future

use with Invisalign treatment, Align is in final beta tests with Cadent's systems and expects to announce interoperability for their scanners in the second quarter of 2011.

Under the terms of the agreement, Align will pay approximately \$190 million in cash in exchange for all shares of Cadent. The acquisition is subject to various standard closing conditions, including the expiration of the applicable waiting period under the Hart Scott Rodino Act (HSR) and is expected to close during the second quarter of 2011. DT

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Dental health tools from Patterson Dental and Kids World Productions

In an effort to help kids and parents understand the importance of dental hygiene, Patterson Dental and Kids World Productions have created toothbrushes, stickers, flossers, timers and an entertaining book called *My First Toothbrush: Quacky and Jackie Learn to Brush*.

"In building a program with the irresistible, entertaining influence of the Quacky and Jackie characters associated with this product line, dental staffs have another tool for developing rapport with young patients and building a strong foundation for lasting relationships," said Patterson Office Supplies Marketing Manager Kim McQueen.

"These unique characters make taking care of teeth fun and easy for kids and encourage proper life-long dental care."

Kids World Productions President Dr. Don M. Newman emphasized that with the prevalence of childhood cavities and the effects on overall health, it is vital that dental health professionals and parents take action.

"It is well-documented that primary tooth decay increases the occurrence of decay in the secondary teeth," he said. "Prevention is the best way to stop tooth decay." ■



Dental practices can use the dental health tools shown here to develop rapport with young patients. (Photo/Provided by Patterson Dental)

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when it comes to abrading harmful biofilm, but will not do any harm to the tooth surface or dentin, explains the company.

According to EMS, it is important to lay this misconception to rest: abrasion is not wrong, as long as, from the gingival crest to the deepest periodontal pockets, it has no adverse effects on the tooth.

A representative from EMS said that the company is very enthusiastic about the growing market acceptance of the Perio-Flow Method and that the company is proud to go beyond the boundaries of conventional periodontal disease management.

If your patients only knew

The wound surface of moderate periodontitis in the entire oral cavity equals the size of the palm of a hand. No wonder it affects the entire immune system, often with dramatic effects on the body as a whole.

Four out of five patients suffer from a form of periodontitis (30 percent severe).*

If they knew that periodontitis is the most common cause of tooth loss, wouldn't they ask for a way to prevent it?

Implants, too, come loose with the withdrawal of bone tissue. According to EMS, regular prophylactic treatment with the original Perio-Flow Method is proven to prevent peri-implantitis and its costly aftermath.

Thus, the implant patient is and continues to be a patient, too. ■

* German Oral Health Survey, 2006



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Two-stage esthetic crown lengthening

By Michael Sonick, DMD,
Stephen Rothenberg, DMD
and Debby Hwang, DMD

A smile that is perceived as unattractive mars confidence, sociability and self-regard. For some patients, the lack of visual appeal stems in large part from a "gummy smile," which a layperson begins to consider disharmonious when there is 3 to 4 mm of gingiva displayed.¹

Management of such a complaint often entails both periodontal and restorative therapy, if not also orthognathic surgery and facial plastic procedures.

The following report showcases two-stage esthetic crown lengthening and prosthetic rehabilitation for the treatment of a gummy smile.

Patient history

A medically and periodontally stable 40-year-old female presented with excessive, asymmetric gingival display of 5 to 7 mm upon smiling, short clinical crowns and incisal wear from tooth #4 to #13 (Figs. 1, 2).

Due to attrition and the relationship between the dentition and periodontal drape, the anterior teeth appear square-shaped and "masculine."

Diagnoses included (1) Coslet Type IA altered passive eruption, evidenced by a wider-than-customary dimension of keratinized gingiva and an alveolar crest at least 1.5 apical to the cemento-enamel junction (CEJ); and (2) vertical maxillary excess.^{2,5} The patient also shows a thick tissue biotype.

Treatment plan

- Consult with oral and maxillofacial surgeon regarding orthognathic surgery
- Consult with facial plastic surgeon regarding lip lowering therapy
- Consult with restorative dentist regarding ideal tooth shape set-up and fabrication of surgical guide
- Two-stage esthetic crown lengthening from tooth #4 to #13
- First stage: osseous recontouring
- 6-week healing period
- Second stage: gingivectomy
- 3-month healing period



Fig. 1a: Initial facial presentation of patient, who exhibits a gummy smile (up to 7 mm of soft-tissue display) and vertical maxillary excess.

Fig. 14: Facial view six years post-treatment.



Fig. 1b: Initial view of maxillary anterior teeth upon smiling. The clinical crowns appear short and demonstrate attrition.



Fig. 2: Excessive keratinized gingiva, a thick soft-tissue biotype and asymmetric gingival contours exist.



Fig. 3a



Fig. 3b



Fig. 4: Surgical guide in place in the mouth. The ideal tooth contours are shaded in white.



Fig. 5: Initial full-thickness flap reflection at first stage surgery. Note the apical level of the alveolar crest compared to the cemento-enamel junction.



Fig. 6a: Final bone contours after osteotomy.



Fig. 6b: The final osseous contour lies at least 3 mm from the anticipated restorative margins, as outlined by the surgical guide.