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## Mutilated dentition

Full-mouth fixed rehabilitation of a mutilated dentition.

▶ Section D1

## Implants displaced into the maxillary sinus

By Dov M. Almog, DMD, Kenneth Cheng, DDS &amp; Mohammad Rabah, DMD

As some have predicted,<sup>1</sup> the growth in dental implant-based procedures increased considerably in recent years. As a result, there has been a rapid increase in the number of practitioners involved in implant placement, including specialists and generalists, with different levels of expertise.

At the same time, although at a low frequency, we are witnessing a diversity of unusual complications associated with these procedures, some of which are displaced implants into the maxillary sinus.

A literature search revealed several

published reports of displaced foreign bodies into the maxillary sinus.<sup>2-6</sup> Generally speaking, foreign bodies in the maxillary sinus include multiple displaced objects. These include teeth, roots, impression materials, dental instruments, broken burs and, more recently, dental implants.

Although foreign bodies in the maxillary sinus are not common, it behooves us to familiarize ourselves with such an unusual complication and its management. Displacement of such foreign bodies into the maxillary sinus occurs following dental procedures that create an unplanned or antral perforation.

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AD



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The 122nd annual Pacific Northwest Dental Conference (PNDC) offers two days of continuing education in one of the most picturesque and family-friendly settings. (Photo/Beverly Sparks) → PND Conference, page 10A

## Washington cracks down on tobacco, and ADA approves

By Fred Michmershuizen, Online Editor

The American Dental Association (ADA) is applauding new legislation to regulate tobacco. The Family Smoking Prevention and Tobacco Control Act gives the U.S. Food and Drug Administration (FDA) the express authority to regulate the manufacture, marketing and distribution of tobacco products.

The ADA has a long-standing policy that nicotine is a drug and that cigarettes and other tobacco products are

nicotine delivery devices and, therefore, should be regulated.

"Dentists are the first line of defense in the war against oral cancer and many other tobacco-related diseases," said ADA President Dr. John S. Findley. "About nine out of 10 people who will die from oral and throat cancers use tobacco."

"Tobacco products are also associated with higher rates of gum disease, one of the leading causes of tooth loss in adults," Findley said. DT

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# Orange juice bad for teeth, scientists say

By Fred Michmershuizen, Online Editor

Scientists at the University of Rochester Medical Center who were recently studying the effects of whitening agents on human teeth discovered something alarming: acidic fruit juices markedly decreased hardness and increased roughness of tooth enamel. No significant change in hardness or surface enamel was found from whitening.

"Orange juice decreased enamel hardness by 84 percent," said YanFang Ren, DDS, PhD, of the university's Eastman Institute for Oral Health.

In the study, "Effects of tooth whitening and orange juice on surface properties of dental enamel," published in the *Journal of Dentistry* (Volume 37, Issue 6, June 2009), Ren and his team determined that the effects of 6 percent hydrogen peroxide, the common ingredient in professional and over-the-counter whitening products, are insignificant compared to acidic fruit juices.

Weakened and eroded enamel may speed up the wear of the tooth and increase the risk for tooth decay to quickly develop and spread.

"Most soft drinks, including

sodas and fruit juices, are acidic in nature," Ren said. "Our studies demonstrated that orange juice, as an example, can potentially cause significant erosion of teeth."

It's long been known that juice and sodas have high acid content and can negatively affect enamel hardness.

"There are also some studies that showed whitening can affect the hardness of dental enamel, but until now, nobody had compared the two," Ren explained. "This study allowed us to understand the effect of whitening on enamel relative to the effect of a daily dietary activity, such as drinking juices."

"It's potentially a very serious problem for people who drink sodas and fruit juices daily," said Ren, who added that dental researchers nationwide are increasingly studying tooth erosion and are investing significant resources into possible preventions and treatments.

"We do not yet have an effective tool to avert the erosive effects, although there are early indications that higher levels of fluoride may help slow down the erosion," he said. **DT**

(Source: University of Rochester Medical Center)

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The procedure associated with the removal of foreign bodies from the maxillary sinuses is considered very invasive. In this case report, the authors describe a systematic approach to the removal of two implants displaced into the right and left maxillary sinuses.

Currently, there are two accepted methods for removing foreign bodies displaced into the maxillary sinus. One method is the endoscopic transnasal maxillary sinus surgery.<sup>7-10</sup> Access to the maxillary sinus is achieved through the nose via the ostium. The foreign body is captured and removed using an urological retrieval basket through the endoscopic working channel port. The advent of endoscopic techniques has made it the preferable choice, especially for patients with chronic sinusitis.

The most commonly used technique for retrieval of foreign bodies displaced into the maxillary sinus is the Caldwell-Luc procedure. In contrast to the endoscopic technique, which involves accessing the maxillary sinus via the nose, the Caldwell-Luc procedure involves gaining access to the maxillary sinus by the fenestration of the anterior lateral wall of the maxillary sinus or canine fossa.<sup>11,12</sup>

The Caldwell-Luc procedure offers better direct visual access to the maxillary sinus as compared to the endoscopic approach, but is considered more aggressive with potentially more serious complications. Some of the possible complications are dysesthesia of the infraorbital nerve, numbness of the maxillary teeth, injury to the floor of the orbit and facial edema. This older and perhaps less conservative technique for accessing the maxillary sinus was first introduced by two otolaryngologists (American and French) in 1893.<sup>11</sup>

## Case report

A 50-year-old African-American male Vietnam veteran presented to the VA New Jersey Health Care System Dental Service at East Orange seeking dental care.

A comprehensive oral and maxillofacial examination included an intra-oral and extraoral exam, including cancer screening, full-mouth X-rays, and a cone-beam CT (i-CAT™ 3D CBCT Imaging Sciences International, Hatfield, Pa.) revealing, among other things, two implants displaced into the right and left maxillary sinuses.

Ultimately, the exam revealed a diversity of oral and maxillofacial problems, such as retained roots, decay and missing teeth, to name a few. Nevertheless, the chief complaint noted by the patient, and most profound clinical finding, was "two implants displaced into the right and left maxillary sinuses" (Figs. 1-3). The medical history was non-contributory.

Proceeding with careful assessment of all the available diagnostic information, and upon further discussion with the patient, several treatment options were developed in association with his retained roots, caries and missing teeth. As far as the patient's chief

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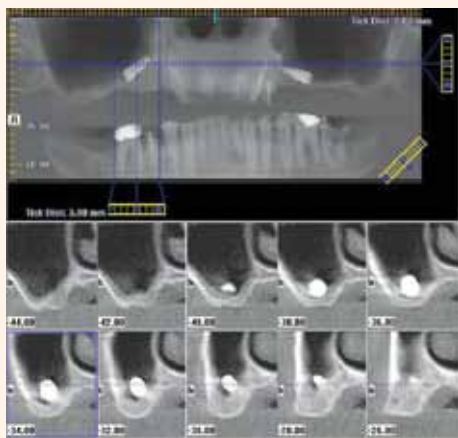


Fig. 1: Pre-operative diagnostic cone-beam CT revealing, among other things, two implants displaced into the right and left maxillary sinuses. By utilizing the i-CAT™ 3D CBCT (Imaging Sciences International, Hatfield, Pa.), which includes clear-cut panoramic and cross-sectional slices of any desired location, one obtains precise anatomical information.

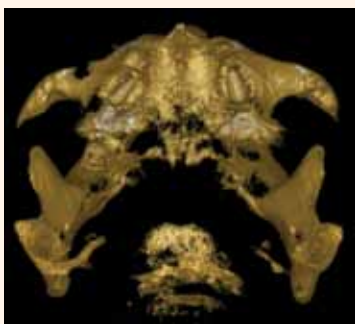


Fig. 3: Three-dimensional virtual rendering (3-DVR) of the displaced implants provides the surgeon feedback as to the surgical approach. In this case, a Caldwell-Luc procedure was performed using a bur to create an access window through the lateral wall of the maxilla, thereby gaining direct access to the displaced implant.

complaint, one treatment option was offered to him, that is, the Caldwell-Luc procedure to remove both displaced implants in his maxillary sinuses. After careful consideration, the patient chose to proceed with the proposed treatment plan.

A Caldwell-Luc procedure was performed bilaterally under general anesthesia. Specifically, the Caldwell-Luc procedure involved making an incision in the bucco-gingival sulcus in the area of the maxillary canine and bicuspid teeth, exposing the anterior lateral wall of the maxilla. Care was taken to avoid injury to the infraorbital nerve as it exits in the infraorbital foramen.

Using a bur and Kerrison's rongeurs, a window was made through the anterior lateral wall of the maxilla, thereby gaining access to the maxillary

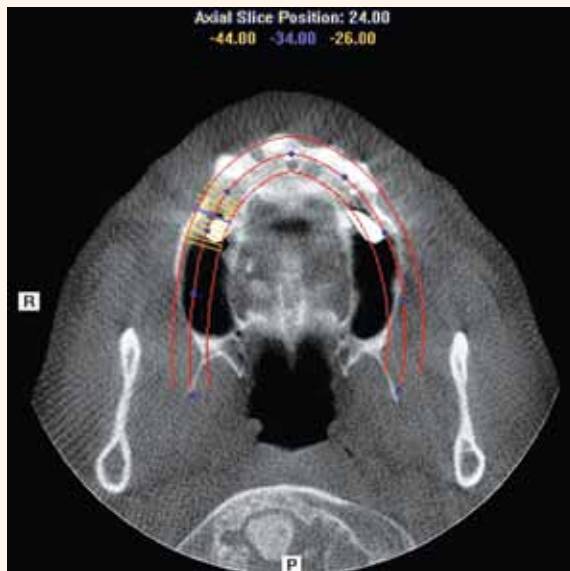


Fig. 2: Axial slice is useful for revealing the two displaced implants from a different angle.

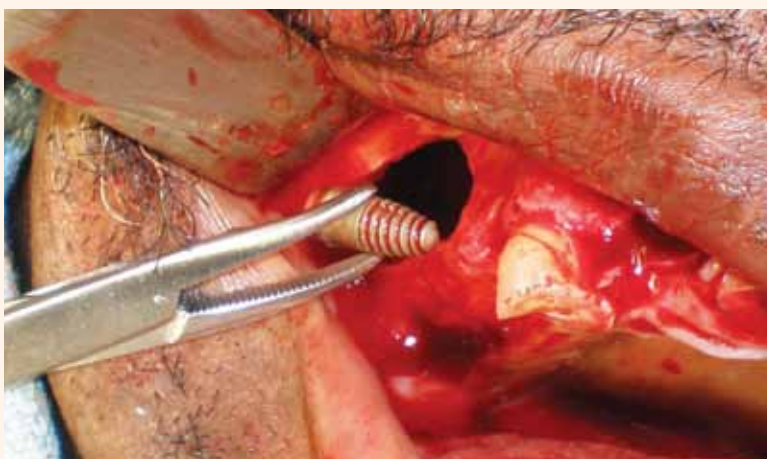


Fig. 4: Caldwell-Luc procedure is useful in gaining access to the maxillary sinus by the fenestration of the anterior lateral wall of the maxillary sinus. Note successful retrieval of implant from the maxillary right sinus through the access window.

sinus. Antral currettes and a hemostat were used to retrieve the displaced implants (Fig. 4). The sinuses were then irrigated and packed with iodoform gauze, which was later removed. The incision was closed. Postoperatively, the patient did well and no complications were reported.

**Conclusions**

As described in this case report, the clinical management associated with the removal of dental implants displaced into the maxillary sinuses is considered very invasive.

While numerous dental reports described patients treated for displaced implants into the maxillary sinuses, none illustrated those from a preventive standpoint, that is, the use of CBCT-based dental imaging before placing dental implants.

While the quantitative relationship between successful outcomes in dental implant treatment and CBCT-

based dental imaging is unknown and awaits discovery through large prospective clinical trials, the authors strongly believe that using CBCT-based dental imaging is becoming a reliable procedure from a precautionary standpoint based on a series of recent preliminary clinical studies and case reports.

Therefore, the authors strongly believe that by making a CBCT-based study prior to placing dental implants, displacement of dental implants into the maxillary sinus can be avoided. DT

*(A complete list of references is available from the publisher.)*

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# Five of the top 10 reasons why associateships fail

By Eugene W. Heller, DDS

The “American Dream” is still to own a home. The “Dentist’s Dream” continues to be the ownership of a practice. Thirty years ago, the dream was to graduate from dental school, buy equipment, hang out a shingle and start practicing. Today the road to ownership is a little different.

Due to extensive debt, most new graduates enter practice as associates to improve their clinical skills, increase their speed and proficiency and learn more about the business aspects of dentistry.

Most hope the newfound associateship will lead to an eventual ownership position. Instead, many find themselves building up the value of their host dentist’s practice, only to be forced to leave. This forced departure is the result of a non-compete agreement when the promised buy-in/buy-out doesn’t occur.

The following reveal the first five of the top 10 reasons many associateships fail to result in ownership or partnership.

### Reason No. 1: purchase price

If the purchase price has not been determined before the commencement of employment, the parties find themselves on different ends of the spectrum as to what the practice is worth and what the buy-in price should be.

When purchase price is established before the commencement of employment, three out of four

associateships lead to the intended equity position.

Conversely, if the purchase price has not been determined, nine out of 10 associateships lead to termination without achieving the ownership intended or promised.

### Reason No. 2: the details

The more items discussed and agreed to in writing beforehand, the better the chance of a successful equity ownership occurring as planned.

The written instruments should be two specific documents — an Employment Agreement detailing the responsibilities of each party for employment, and a Letter of Intent detailing the proposed equity acquisition.

### Reason No. 3: insufficient patient base

Approximately 1,000–1,200 active patients are required per dentist in a dental practice. If the senior dentist does not intend to restrict or cut back his/her number of available clinical treatment hours, then the conversion from a one-dentist to a two-dentist practice requires an active patient base of approximately 1,400–1,800 patients and a new patient flow of 25 or more new patients per month.

Many senior dentists count their number of active patients by counting the number of patient charts on a wall. However, the best way to estimate the active number



*Most hope the newfound associateship will lead to an eventual ownership position. Instead, many find themselves building up the value of their host dentist’s practice, only to be forced to leave.*

of patients involves utilizing the hygiene recall count.

Insufficient numbers of patients and/or an insufficient new patient flow signals that all expenses relating to the new dentist are coming directly out of the bottom line. The practice then begins to experience financial pressure.

Creation and maintenance of a sufficient patient base is an

extremely important aspect of the business. If the senior dentist is nearing retirement with the intent that, within one to two years, the senior dentist will turn over total ownership of the practice and intends to cut back shortly after the beginning of the second dentist’s employment, this problem is

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Chicago- 14 Ops, \$2 Mill specility office, On site lab #22121  
Chicago- Established Practice Looking for Dentist #22122  
1 Hr SW of Chicago- 5 Ops, 2007 GR \$440K, 28 years old #22123  
CONTACT: Al Brown @ 800-668-0629

Kane County- 4 Ops, building also available for purchase #22115

Rockford Area-5 ops solid practice. Very good net #22118  
CONTACT: Deanna Wright @ 800-730-8883

### INDIANA

St. Joseph County- GR \$270K on a 3 1/2 work week. #23108  
CONTACT: Deanna Wright @ 800-730-8883

### KENTUCKY

Eastern Kentucky-3 Ops, Good Hyg. Program, Growth Potent.#26101  
CONTACT: George Lane @ 865-414-1527

### MAINE

Auburn- Looking for Assoc.GR \$2 Million #28111  
Lewiston- GP Plus real estate, state of the art office #28107  
CONTACT: Dr. Peter Goldberg @ 617-680-2930

### MARYLAND

Southern- 11 Ops, 3,500 sq ft, GR \$1,840,628 #29101  
CONTACT: Sharon Mascetti @ 484-788-4071

### MASSACHUSETTS

Boston- 2 Ops, 2 Hygiene, GR \$650K. #30113  
Boston- 2 Ops, GR \$252K, Sale \$197K #30122  
Lowell- GR \$400K #30106  
Middlesex County- 7 Ops, GR Mid \$500K #30120  
Somerville- GR \$700K  
Sturbridge- 5 Ops, GR \$1,187,926 #30105  
Western Massachusetts- 5 Ops, GR \$1 Mill, Sale \$512K #30116  
CONTACT: Dr. Peter Goldberg @ 617-680-2930

New Bedford Area- 8 Ops, \$650K #30119  
CONTACT: Alex Litvak @ 617-240-2582

### MICHIGAN

Suburban Detroit- 2 Ops, 1 Hygiene, GR \$325K #31105  
Grand Rapids Kentwood Area- 3 Ops, Building available. #31102  
CONTACT: Dr. Jim David @ 586-530-0800

### MINNESOTA

Crow Wing County- 4 Ops #32104  
Hastings- Nice suburban practice with 3 Ops #32103  
Minneapolis- Looking for associate #32105  
Rochester Area- Looking for associate #32106  
CONTACT: Mike Minor @ 612-961-2132

### MISSISSIPPI

Eastern Central Mississippi- 10 Ops, 4,685 sq ft, GR \$1.9 Mill #33101  
CONTACT: Deanna Wright @ 800-730-8883

### NEVADA

Carson City- 5 Ops, 2 Hygiene, 2,200 sq ft, GR \$1 Mill #37105  
CONTACT: Dr. Dennis Hoover @ 800-519-3458

### NEW HAMPSHIRE

Rockingham County- 2 Ops, Home/Office #38102  
CONTACT: Dr. Thomas Kelleher @ 603-661-7325

### NEW JERSEY

Jersey City- 2 Ops, GR \$216K, 2 days a week #39107  
CONTACT: Dr. Don Cohen @ 845-460-3034  
Marlboro- Associate positions available #39102  
CONTACT: Sharon Mascetti @ 484-788-4071

### NEW YORK

Bronx- GR \$1 Million, Net over \$500K #41105  
Brooklyn- 4 Ops, 2 Hygiene rooms, GR \$1 Million, NR \$600K #41108  
Dutchess County- 80% Insurance, GR \$200K #41106  
CONTACT: Dr. Don Cohen @ 845-460-3034  
Oneonta- 3 Ops, Approx 1200sq ft. #41101  
CONTACT: Deanna Wright @ 800-730-8883  
Putnam County-6 Ops, GR \$1.7 Million #41102  
CONTACT: Dr. Peter Goldberg @ 617-680-2930  
Syracuse Area- 6 Ops all computerized, Dentrix and Dexis #41104  
CONTACT: Donna Bambrick @ 315-430-0643

Syracuse- 4 Ops, 1,800 sq ft, GR in 2007 over \$700K #41107  
CONTACT: Richard Zalkin @ 631-831-6924  
New York City - Specialty Practice, 3 Ops, GR \$400K #41109  
CONTACT: Marty Hare @ 315-263-1313

### NORTH CAROLINA

Charlotte- 7 Ops - 5 Equipped #42142  
Foothills- 5 Ops #42122  
Foothills- 30 minutes from Mtn. resorts #42117  
Near Pinehurst- Dental emerg clinic, 3 Ops, GR in 2007 \$373K #42134  
New Hanover Cty- A practice on the coast, Growing Area #42145  
Raleigh, Cary, Durham- Doctor looking to purchase #42127  
Wake County- 7 Ops, High end office #42123  
Wake County- Beautiful Cutting Edge Digital Office #42139  
Wake County- 4 Ops #42144  
CONTACT: Barbara Hardee Parker @ 919-848-1555

### OHIO

Akron- Excellent Opportunity, 2,300 Active Pts, 6 days of Hyg. #44141  
Columbus- 4 Ops, FFS practice for sale #44125  
Darke County- 35 yrs, 1200 Act. Pts, GR \$330K #44139  
Dayton- 10 Ops, Associateship with buy-in option #44121  
North Eastern- 2 Yr. Old Facility, State of Art Tech. GR \$830K #44143  
North of Dayton- 6 Ops, 15 days of hygiene/wk #44124  
South of Dayton- 6 Ops, 4,000 sq ft, GR \$3 Million Plus #44145  
Toledo- 2 Ops, GR \$225K, Est in 1988 #44147  
CONTACT: John Jonson @ 937-657-0657

Medina- Associate to buy 1/3, rest of practice in future. #44150  
CONTACT: Dr. Don Moorhead @ 440-823-8037

### PENNSYLVANIA

Beaver County- Ortho practice for sale. #47118  
Mon Valley Area- Practice and building for sale #47112  
Pittsburgh Area - High-Tech, GR \$425K #47135  
Pittsburgh- 4 Ops, GR over \$900K #47114  
70 Miles Outside Pittsburgh- 4 Ops, GR \$1 Million #47137  
Northeast of Pittsburgh- 3 Ops, Victorian Mansion GR \$1.2+ Mill #47140  
Robinson Township Area- GR \$300K #47108  
Somerset County- 3 Ops, 2006 GR \$275K+ #47122  
Southside & Downtown Pittsburgh- 2 practices for sale. #47110  
CONTACT: Dan Slain @ 412-855-0337

Dauphin County- 6 Ops, GR over \$1,100K, Sale price \$718K #47133  
Harrisburg- 3 Ops, GR \$383K, Listed at \$230K #47120  
Lackawanna County- 4 Ops, 1 Hygiene, GR \$515K #47138  
Lancaster County- Associate positions available #47116  
West Chester- 3 Ops, 10 years old, asking \$225K. #47134  
CONTACT: Sharon Mascetti @ 484-788-4071

### RHODE ISLAND

Southern Rhode Island- 4 Ops, GR \$750K, Sale \$456K #48102  
CONTACT: Dr. Peter Goldberg @ 617-680-2930

### SOUTH CAROLINA

Charleston Area- 8 Ops fully equipped #49101  
Columbia- 7 Ops, 2200 sq ft, GR \$678K #49102  
CONTACT: Dr. Jim Cole @ 404-513-1573

### TENNESSEE

Chattanooga- For sale #51106  
Elizabethon- GR \$400K #51107  
Loudon- GR \$600K #51108  
Spring Hill- 4 Ops, Good Hyg. Program, Fast Growing Town #51103  
Suburban Knoxville- 5 Ops #51101  
CONTACT: George Lane @ 865-414-1527

### VIRGINIA

Burgess- General practice #55101  
Danville Area- 3 Ops #55105  
Newport News- 2 Ops, GR \$804,433, Est 1980 #55109  
CONTACT: Bob Anderson @ 804-640-2373

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not as critical.

Often the senior dentist brings in an associate dentist as the answer to increasing business. A practice with insufficient new patient flow

that experiences the addition of a new practitioner may result in termination of employment for the associate.

**Reason No. 4: incompatible skills**  
The incompatibility in clinical

## identify the potential pitfalls at the beginning of the relationship

ADS

skills between practitioners may include the possibility of one practitioner's skill level being below standard, but it may also include different practice philosophies. On the surface, it would appear that having different skill levels and philosophies might be desirable. In reality, the patient base that is available to the younger practitioner may not lend itself to various types of dentistry.

**Reason No. 5: timeframe**

The failure to identify when the buy-in or buy-out is to occur and when to execute it can result in failure to achieve an ownership status.

The Letter of Intent may have stated that the buy-in was to occur in one to two years, but certain behaviors and signs during the continuing employment relationship might give an indication that the senior doctor is having difficulty honoring the intended buy-out or that the associate does not feel ready to consummate the transaction within the original timeframe outlined.

Either position might result in the demise of the buy-in as involved parties lose patience over such delays.

### Summary

This article has been aimed primarily at a one-dentist practice evolving to a two-dentist practice; however, the issues apply equally to larger group practices.

One-to-two-year associateships with the senior dentist retiring at the end of the associateship and a three-to-five-year partnership ending with the new dentist purchasing the remaining equity position of the senior dentist at the end of five years can also benefit from the insights provided in this article.

Unfortunately, nothing can guarantee a successful outcome will occur. However, by identifying the potential pitfalls at the beginning of the relationship, chances of success can be greatly improved. DT

*Look for the remaining five reasons in the next edition of Dental Tribune.*



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**Six-year followup photo**  
photo courtesy of Joseph P. O'Donnell, DMD

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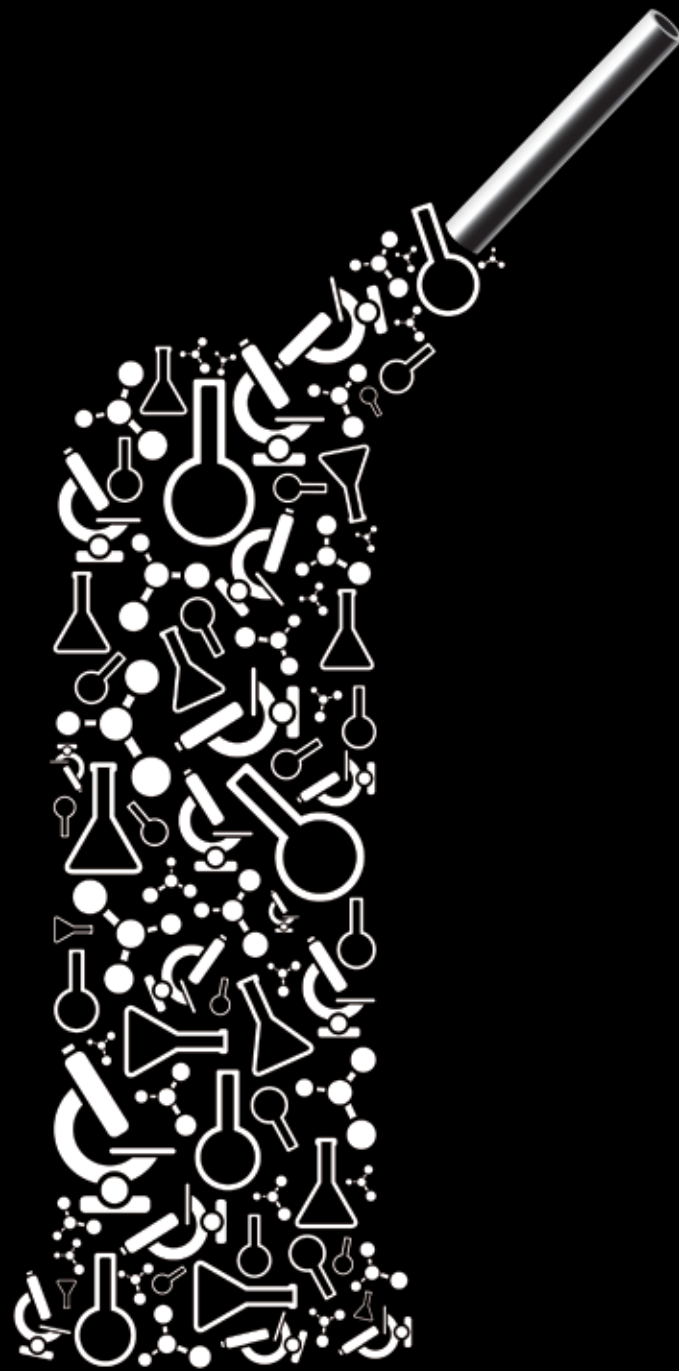
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### About the author

Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Heller is presently the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 730-8883 or send an e-mail to [hsfs@henryschein.com](mailto:hsfs@henryschein.com).





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