Greenberg Dental & Orthodontics

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"If everyone is moving forward together, then success takes care of itself." – Henry Ford

The Perspective

Insights From Some of Our In-House Specialists

ENDO PERSPECTIVE

Tooth #9: Thinking Outside The Box

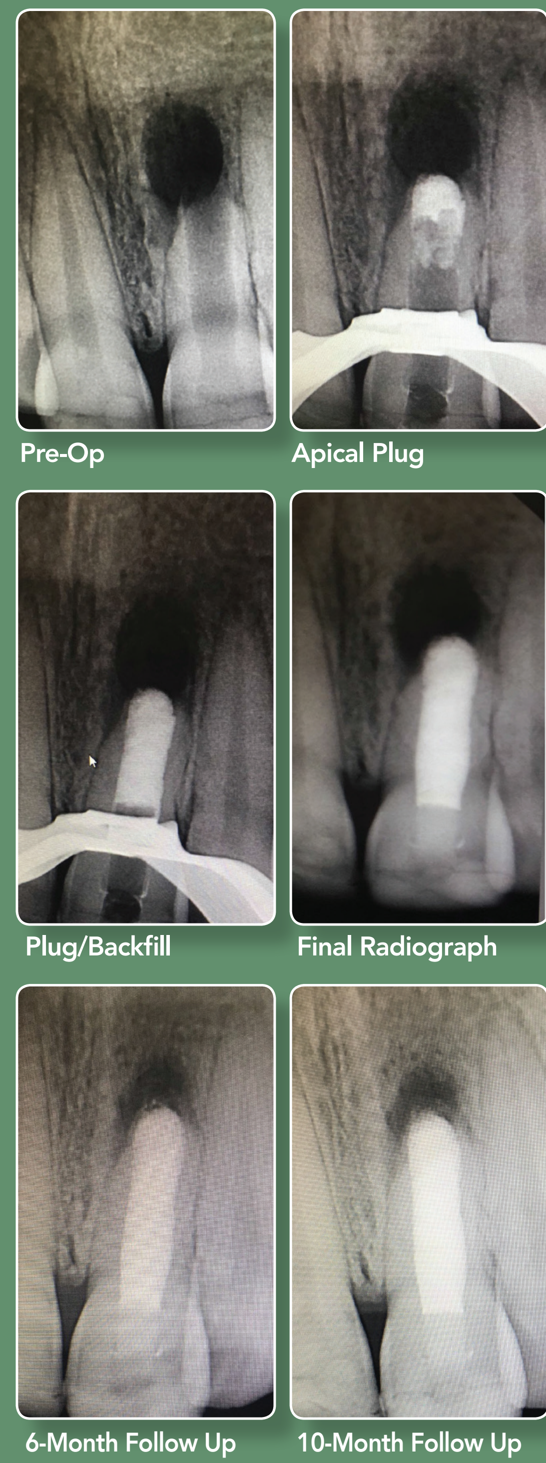
by Dr. Ashley Millstein, Endodontic Specialist

An 18-year-old patient presented with a discomfort associated with tooth #9. The patient stated she had a traumatic injury to her front tooth when she was a child but this was the first time she had any pain associated with it. The patient presented with two sinus tracts (buccal and palatal) as well as a yellowing of the clinical crown. The patient was referred from a private practice that advised the tooth be extracted and a bone graft/dental implant placed, due to lack of substantial root structure and the size of the periapical radiolucency. The patient did not wish to lose the tooth and sought an alternative treatment plan. Orthograde Endodontic Therapy was discussed at length with the patient and it's risks, benefits and possible limitations were also considered in great detail and the patient agreed to proceed. The possibility of surgical intervention was also discussed. The Root Canal Treatment was completed in two visits:

Visit 1: Access prepared and canal space fully cleaned & shaped and Calcium Hydroxide was placed for one month.

Visit 2: The Sinus Tracts closed and the tooth was obdurated in the following fashion: An Approximately 5mm Apical Plug of Bioceramic Putty was incrementally placed and the remainder of the canal was backfilled with Gutta Percha and Bioceramic Sealer. The tooth access was sealed with a core build-up and the patient was followed up closely.

The patient has remained asymptomatic and healing is evident! The original periapical radiolucency likely represented a 'through and through' lesion and an apical scar may be present at the periapex.



Look at our Dentists

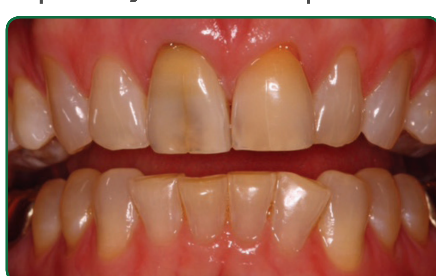
KEY TOPIC: *Achieving Esthetic Excellence*

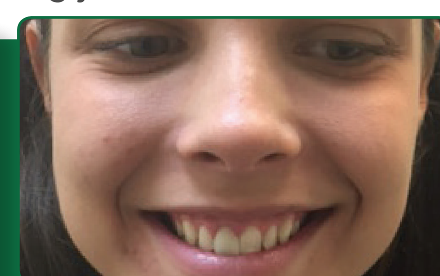
It is nearly impossible to achieve predictable esthetic and restorative outcomes without the use of a quality camera. In 2017, at Greenberg Dental, we spent more time focusing on proper photo documentation than ever before. The results are evident when we look at the increased quality and quantity of esthetic restorations patients received from us this year. It used to be incredibly hard to take consistent quality photos, yet, with the dental systems available to us today, they are virtually plug and play, with no wires and great travel cases. *(Pics 1 and 2).*

Below are comments from two of our Jacksonville doctors who recently purchased the recommended Nikon system by Dr. Barrett.

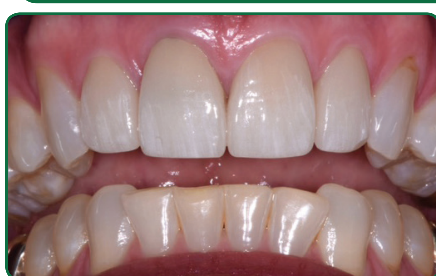
Dr. Antony: "I've been really impressed with the quality of the photos and the accuracy of the colors. The Nikon with the ring flash is very easy to use and focuses automatically. It's almost like a point-and-shoot dental camera. It improves clinical outcomes for all of my cases. Whether I'm shade matching for a single-unit anterior case or doing a more advanced anterior multi-unit case, it wouldn't be possible to get the same quality of results without a camera. There is no better way to communicate with the lab than with a photo. I can write out specific instructions so the lab can materialize the results I envision. The camera is an essential component of that process."

Dr. Chavez: "There have been a few unexpected advantages to this investment. First, it has added a level of excitement to dentistry for me. I really look forward to starting cases and being able to document every step for myself and the patient. Another benefit I didn't expect is how it has made me more critical of my own work. Pictures don't lie. This has allowed me to grow as a clinician. Lastly, from the patients' perspective, I believe having the camera legitimizes us as dental professionals especially when compared to using your iPhone."





Poor shade representation and distorted contours will result from camera not set up properly for dental.



More ideal color, translucency and contours are captured with camera set up specifically for dental.

Dr. Steve Barrett, Clinical Director.

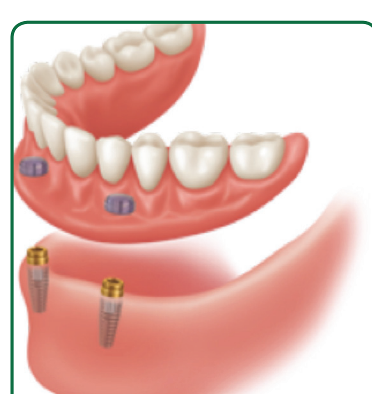
DRY SOCKET

by Dr. David Sterrett, DMD, Oral Surgeon

Dry Socket (Localized Alveolar Osteitis) is thought to occur from the premature lysis of a fully formed blood clot. The time frame occurs around 3-5 days post op after an extraction. Signs and symptoms includes pain, fetid odor, and poorly healed extraction site. Smoking, early rinsing, surgical trauma and oral contraceptives are known to cause its formation. There is no need to curettage or aggressively manipulate the socket to increase bleeding since this will only result in prolonging healing time, but rather conservative treatment is best. This treatment involves gentle rinsing of the surgical site with saline and possible placement of a sedative dressing such as the *ADM Dry Socket Treatment* to coat the affected socket. The eugenol in this product should eliminate pain as it contacts the alveolus. Application with a cotton tip applicator to coat the socket is all that is necessary. The dressing can be applied more than once if needed, but if a patient returns after two postoperative visits with continued pain, a radiograph of the surgical site is recommended to look for a root tip, sequestrum or any foreign body. Antibiotics are not necessary for a dry socket unless overt suppuration or associated lymphadenopathy is present. If you are concerned about the site, do not hesitate to refer the patient to an oral surgeon for evaluation, especially since a dry socket can possibly progress to osteomyelitis. Additional information pertaining to this topic can be found in a webinar archived Dec. 2017 on the Greenberg resource site by Dr. Scott Lawson (OS, Orlando). **http://www.kmgemployeesite.com/training/webinars**

SPECIALIST MENTOR GENERAL DENTISTS TO INCORPORATE NEW PROCEDURES

by Dr. Kathryn A. Antony (GP, Jacksonville)



For me, the best thing about being part of a group practice is being able to learn new skills from colleagues. This is especially true when these skills can be implemented right away in my own practice and increase my production. A couple years ago, Dr. Victor Yeung (Periodontist), taught me how to pick up Locator™ attachments in overdentures. We did a couple of cases together and he showed me each step chairside. It's actually a very simple process and I felt comfortable doing it on my own right away. Since then, I've generated over $25,000 in production doing nine overdenture cases. They are a great procedure to add to your toolbox as a general dentist. I feel that they make the process of doing dentures much easier since they add predictable retention to lower dentures. In addition to adding retention, the implants preserve the boney ridge making them a good option for younger denture patients as well. Any general dentist who is comfortable doing dentures should speak to their specialists about helping them incorporate overdentures into their practice.

The Structure To Perform. The Team To Help. Let Us Help You Exceed Your Expectations.

We welcome your feedback or any questions!

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