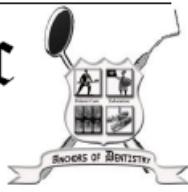




# The Practicing Academic

The Department of Periodontics and Allied Dental Programs  
(DPADP)



## "The New Year Issue"



### **Chairman's Corner:**

I would like to start out by wishing all of you a Happy 2013. A new year brings with it visions of renewal and starting anew. It also brings with it the need for change. Change is a constant for all of us. Sometimes it is important to realize that doing the same thing over and over again does not allow one to grow. In academia change is important as it allows us to reflect and review the information that we present and have been presenting. To change and update should part of every academician's plan.

I have been working on the newsletter idea for 5 years now. It was intended to be a source of information and a means of communication with our alumni. It has been a very successful attempt at achieving this outcome. During the past 5 years, I have tried to evenly highlight all the achievements of the four divisions that make up the Department of Periodontology and Allied Dental Programs. This includes the pre-doctoral and graduate divisions, the hygiene division and assisting division. The faculty and staff have been highlighted along with the residents and some pre-doctoral students. However, the amount of work that goes into getting these newsletters done on time and

## **January**

**2013**

trying to gather different pieces of information and articles of interest from people has left me exhausted. Accordingly, this will be the last issue of the Department Newsletter that I will be working on.



### **Dr. Scott Reef, DDS, MSD President, IU Periodontics Alumni Association**

Greetings Fellow IU Periodontics Alumni and Friends,

What a fantastic reception we had in Los Angeles! Around 60 people attended the event, with several dropping by to say hello before attending other events. I would like to thank Liz Ramos for putting together a double slide show that ran during the party, please send any pictures you would like to have included to Liz at [edramos@iupui.edu](mailto:edramos@iupui.edu). It was really fun to view alumni photos from the beginnings of the department to the current residents.

Many alumni were recognized at the meeting this year. Our program director, Steve Blanchard, was the recipient of the AAP Humanitarian Award. Mohammed Khaled was a finalist for the Orban prize and Sivaram Prakasam and Liz Ramos each received AAP

Foundation Fellowship Grants. Saba Khan was awarded an AAP Teaching Fellowship. Tom Kepic is now Co-Chair of the American Board of Periodontology. And Vanchit John is currently Secretary/Treasurer of the AAP Foundation and will be President in 2014. Congratulations to all on your accomplishments!

Sadly, we have lost two of our alumni this past year. Nicholas Mahon died earlier in the year and Robert Detamore passed away days before the AAP meeting. Our thoughts are with their families. On a happier note, this year the IUPAA provided current residents that attended the meeting \$1000 each in reimbursement for expenses incurred from this meeting. As an organization, we have collected over \$25,000 to date from a membership of around 35 alumni. Attached to this letter is a list of current IUPAA members. **We have over 250 alumni and would love to see you all as members. The board has set a goal of over 100 members by 2014. Please help us achieve this aspiration.**

As the year ends, I am soliciting your tax free donation so we can continue with our organization's goal of maintaining an association for our alumni and residents to network with each other and provide our residents with monetary means to attend meetings. Of course, we will also organize the alumni reception at the AAP annual meetings. If you are not already a member, the suggested donation for membership is \$100, but we do appreciate any amount you can give, especially if it is above that amount. If you are already a member, please be sure to renew your dues. Included with this letter is a card with instructions on how to get your donation to the IUPAA.

I would personally like to thank the IUPAA board: Joanne Gaydos, Steve Cook, Brady Hancock, Tom Kepic, Dennis Nishimine, Vanchit John, Liz Ramos and Mike Edwards.

They have all been very supportive of the association the past few years. I have had a great time being president but my term has come to an end. Joanne will be president for the next three years, she has been my right hand person since we started and I look forward to continuing to serve on the board as past president. We would also like to welcome our new board member, Gay Derderian.

Have a great remainder of 2012 and a Happy 2013!!

Scott Reef

**Accreditation: Ensuring Excellence in Dental Education at IUSD**

**Professor Melinda Meadows**



IUSD faculty, administration and staff are currently hard at work on the reaccreditation process which will culminate in the Commission on Dental Accreditation (CODA) site visit in September 2013. In addition to the pre-doctoral program, all three Department of Periodontics and Allied Programs components will be reviewed: graduate periodontics, dental hygiene, and dental assisting, along with five of the other IUSD specialty programs. Accreditation of U.S. dental schools follows a 7 year cycle, and IUSD has every intention of having the remarkably successful outcomes of the 2006 accreditation which resulted in no recommendations or reporting requirements and six commendations for the pre-doctoral program.

For those of you who are primarily engaged in private practice, the extent of your involvement with accreditation may be that you know your alma mater was accredited. You know this because you were able to qualify for student loans, apply for board exams, licensure, or certification, or for post-graduate programs. To those of us in academia, accreditation is the ultimate litmus test of how well we are meeting our responsibilities as a program and as a school.

### **The History of Dental Accreditation**

It is interesting to note that dentistry in Indiana and in the U.S. has a long history of striving for quality and standardization in curricula, dating back to 1918 when a ranking system to classify dental schools was created by the Dental Education Council of America at the request of the surgeon general of the Army. The focus of concern in that era was on the proliferation of proprietary schools, often little more than diploma mills. The IUSD library houses an excellent thesis written by Dr. Jack Carr in 1957 which explores the history of the Indiana Dental College, 1879-1925. Although the college was a privately owned school, Dr. Carr explains how from its inception the leaders in dental education in Indiana strove to create an excellent school with a rigorous curriculum. In 1943, the Council on Dental Education, a part of the ADA, took on the role of accrediting dental schools and in 1975, the CODA was formed. Today, CODA is recognized by the U.S. Department of Education to accredit dental and dental-related education programs and has established guidelines, referred to as Standards, which ensure the quality of those programs. These Standards cover a wide range of program structure and operation areas: institutional effectiveness, educational programs, faculty and staff, student support services, patient care and research.

### **The Process of Accreditation**

There are three steps to the accreditation process: a self-study, or internal review, a site visit by the accrediting body and a final report that is issued by the accrediting body that summarizes the results of the site visit and

confers acceptance on the school. IUSD is currently engaged in the self-study portion of the process. A self-study is the process by which we clarify our objectives, assess our strengths and weaknesses in relation to our own stated objectives and the CODA established Standards, assess resources, and use the insights gained for program improvement. It is a huge undertaking that, with full engagement of the school, is an opportunity for collecting information and evaluating our processes in a manner that is seldom possible in the busy schedules of teaching and research.

The Pre-Doctoral Standards consist of 62 specific statements distributed across 6 areas, each of which requires detailed analysis and responses. Each program has similarly detailed Standards specific to their mission. As you can imagine, it takes a village and many hours to conduct such in-depth self-studies. Our self-studies began in earnest in March and a comprehensive first draft is due October 15. At IUSD, Dr. Chris Guba, Associate Dean for Academic Affairs, is serving as the school-wide self-study and site visit coordinator, heading up teams of program steering committees for the specialty, pre-doctoral and allied programs. The pre-doctoral program alone has 12 self-study ad-hoc committees focused on various Standards, each led by members of the faculty. In most cases these ad-hoc groups also include staff and students to ensure comprehensive and inclusive collection of information and variety in perspective. Our own Periodontics department chair, Dr. Vanchit John, leads the ad-hoc committee charged with review of the clinical competencies in the Pre-Doctoral program. As Program Director, Dr. Stephen Blanchard chairs the Periodontics Graduate Program self-study team. Prof. Nancy Young, Director of Dental Hygiene, and Prof. Pamela Ford and Prof. Patricia Capps, Dental Assisting Program Directors, lead their respective self-study committees.

When the self-study is completed, each section will include a narrative outlining our internal recommendations and our discussions of what we do well, along with an extensive set of appendices that summarize our self-study

collected data. The areas we identify as needing improvement serve as our guide for process or program change and are the primary goal of the self-study process.

In February, 2013, IUSD will have a Mock site visit, which is a trial run, so to speak, with expert evaluators who provide feedback based on the written self-study and their on-site review of the school. We are fortunate to have Dr. Cecile Feldman, dean of UMDNJ –New Jersey Dental School and Dr. Stephen Stefanac, Associate Dean for patient services at University of Michigan School of Dentistry conducting our pre-doctoral mock site visit. Graduate and Allied programs have also been invited by the administration to arrange mock site visits. The feedback from these experts is invaluable as it provides insight into how others evaluate our programs.

At least 90 days before the site visit, the self-study will be offered for public comment--please look for notification that invites you to share your thoughts. So called third party comments are a key component of the self-study process; your input is especially valuable as you are a graduate of one or more IUSD programs and can offer a unique perspective. The final version of the self-study will be submitted to the Commission office in June, in preparation for the site visit in September.

The site visit is when CODA teams actually come to the school to evaluate all aspects of each of the programs under review. For the pre-doctoral, allied and graduate programs, this will be September 10-12, 2013, and will be a time when we try to put our very best foot forward so that the site visit team can see the excellent work done by the faculty, staff and students at IUSD. A part of the site visit includes an assessment of the resources, including the facility. If you have been to the school in recent months, you will have noticed there are lots of areas where we are renovating and updating, beginning with the IDA preclinical lab which was dedicated in September, 2011, and continuing with the extensive updating of the lobby and patient registration areas on the first floor and second floors.

The site visit teams will meet with administration, faculty, staff and students, visit clinics, and review additional onsite materials to gain a complete picture of our programs. At the conclusion of the site visit, the team provides an oral report to selected administrators, which is followed within a few weeks by a draft site visit report.

Schools or programs have the opportunity to formally respond to this draft report and provide documentation of any improvements that have been implemented since the site visit. IUSD had no recommendations or reporting requirements during the 2006 accreditation cycle. We anticipate that our careful self-study and attention to our self-identified areas of needed improvement will result in a similarly excellent outcome in 2013.

As a final step, the Commission prepares the assignment of accreditation status and the final site visit report which is forwarded to the school several months after the site visit is completed. While the detailed report may not be made fully public, the outcome of the accreditation status becomes public information.

At that time, we will celebrate the culmination of 18 months of hard work and the successful accreditation of our dental education programs and hope you will join us!

If you are interested in reading more about dental accreditation and its influence on the evolution of dental education, the following sites and article are suggested.

1. The CODA website:

<http://www.ada.org/117.aspx> This site has the Standards and Self-Study Guide documents for all programs.

2. Formicola A, Bailit H, Beazoglou T, Tedesco L. The Interrelationship of accreditation and dental education: history and current environment. J Dent Educ 2008: p.53-59

## **The Gender Shift: Women in Dentistry and the Impact on Dental Practice**



**Mahogany Miles, DMD (2<sup>nd</sup> Year Resident)**

This is a great time to be a woman in dentistry. There is an upsurge of women dentists here in the U.S. According to the American Dental Association's (ADA) 2010-11 Survey of Dental Education female students represented 46% of the 2010-11 U.S. D1 class. According to the ADA, only 1.1% of dentists were women in 1968. Further, the number of female D1 students is increasing quicker than the male D1 population by 26.6%, and the number of female graduates from dental schools in the U.S. has increased 38.1% from 2001 to 2010. Even in our Graduate Periodontics program at IUSD 60% of the first year residents are women, and 46.2% of all residents currently in the program are women.

### **Why the surge?**

Well, according to Dr. Lynn Carlisle, D.D.S., a well-known author of articles on the differences between the way men and women practice dentistry, states that two cultural changes caused the gender wave:

1. The women's rights and the civil rights movements of the 1960s and 1970s
  - a. As a result of the legislation passed during these times, grant

availability for educational funding of women increased their enrollment in professional health schools.

2. Birth control
  - a. Family planning became more possible because women could choose when to have children.

**There are no challenges facing women dentists now since there is federal funding and birth control for all...**

False! Women in dentistry have come a long way from the days when you could be kicked out of school for taking maternity leave. Nonetheless, women still face challenges and misconceptions about their roles in dentistry and their ability to go the long haul. Over the years women have been accused of taking up spots in dental schools , and then taking time off to have children or working only part-time to raise them---Thus, women are not helping to decrease the access to care problem...

### **Is it true?**

According to data from a national survey (1979-1999) presented in an article in JADA May 2004, indicated that women on average worked 4 hours less per week than men, and that having children significantly affected how many hours women worked, but not men. Being married did not affect the number of hours that women worked, but added an hour per work week for men! Further, the study also reports that 25% of females and 10% of males 55 years or less worked part-time from 1979-1999. This is a study that has been quoted to support statements suggesting women are not decreasing the manpower shortage with respect to access to care. However, this study didn't take in to account productivity within each hour, services billed per hour, or patients seen per hour. Moreover, the data presented did not include practice location or patient selection which will influence the hours worked on the populations'

access to care and the population's dental health.

### **What impact do women dentists actually have?**

The 2008 Distribution of Dentists in the United States by Region and State reports that women compose 21.4% of professionally active dentists and 37.3% of new professionally active dentists. 18.6% of women dentists are specialists and 2.6% of the women specialists are periodontists. Furthermore, 8% of the state dental societies' presidencies are women. Proudly, I state that the current president of the American Academy of Periodontology is Dr. Pamela McClain, DDS. She is a full-time private practitioner in Aurora, Colorado and a part-time assistant clinical professor at the University of Colorado School of Dentistry. According to 2011 AAP President Dr. Donald Clem, "Dr. McClain is uniquely qualified to help guide the Academy and specialty of periodontics into the future by helping to raise the bar on periodontal disease awareness. Her commitment to comprehensive periodontal treatment and collaborative care has already made a positive impact on the strategic direction of the AAP." Thus, women in periodontics are making a significant impact on dentistry at some of the highest levels of organized dentistry.

### **My thoughts....**

I believe that on average women dentists do work less hours per week compared to their male counterparts as the research implies, and this has also been noted in studies assessing hours worked in other professions such as medicine and pharmacy. However, I don't think that because women work less hours per week that automatically means that women are contributing less to diminishing the access to care problem. If a male dentist is working more than 40 hours a week with a wealthy population, then is he truly decreasing the access to care problem? Does that mean that this person's seat in dental school should have been given to a potential dentist sworn to working in an

impoverished urban area or a remote rural town? No, that is ludicrous and cannot be controlled! Many people go into dental school thinking they want to practice public health dentistry and later change their minds for one reason or another. Further, I would be hard pressed not to mention the increasing amounts of student loan debt accrued by dental students each year. Unfortunately to a certain extent this dictates job opportunities entertained by dental graduates, especially those that have completed post-doctoral training. Nonetheless, I believe both women and men are impacting the access to care problem in their own way while managing family life, student debt, and the various other woes of life. Diversity is important as our profession evolves with time. Personally, anyone that believes that the number of women entering into dental school should be limited because they may eventually take time off or limit their hours to raise children is sexist and a backward thinker! Women in dentistry are here to stay and dentistry overall is the better for it---CASE CLOSED.

### **An Educational Journey comes to a close at IUSD in the Department of Periodontics**



**Duane Bennett (Senior Resident)**

Life began for me in 1984 in the northwest Indiana border city of Munster. The reality is that I was only born in Indiana because that's where my mom's doctor was. My family actually lived just across the Indiana border in Lansing, Illinois. The night I was born was to be the last night I would spend in the state of

Indiana for 25 years. Growing up, I had stints ranging from 1-8 years living in suburban Chicago, Cedar Rapids (IA), Muskegon (MI), Lancaster (PA), and Kalamazoo (MI) in that order. By 2002, I was 18 years old and I headed to the University of Michigan in the city of Ann Arbor (MI) for my undergraduate studies. There I was an Anthropology-Zoology major, and a minor in French and Francophone Studies. Four years later, I entered into the School of Dentistry in Ann Arbor.

It was during my latter four years in Ann Arbor that I developed what was to become a love for Periodontics. Truthfully, I began Dental School with the idea that I was going to specialize in Orthodontics. During my first year, one of my mentors suggested that I should participate in a research project during my free time. As fate would have it, the research project I joined was conducted within the department of Periodontics. The research we were able to complete would later lead to two publications and various presentations at conferences across the country. This research also exposed me to the world of Periodontics. It just so happened that the summer I started my research was the point where our pre-doctoral curriculum focused heavily on Periodontics didactically. With the combination of what I learned in the classroom joining what I was learning through research, my interests began to shift more towards Periodontics.

Early during my third year of Dental School I decided that I was going to apply to Residency programs in Periodontics. Late in that year, I was also able to travel to Chicago for the Midwest Perio. Society's annual meeting. A chance encounter with Dr. Steven Towns introduced me to IUSD. At that point in time, I knew nothing about IUSD. In fact, up until then, I thought that IUSD was in Bloomington! Several months later and after a few externships at other programs, I visited Indianapolis and IUSD for the first time. This was the first time I had spent any time in Indiana since my birth. I vividly remember driving along I-70 and seeing the outline of the city for the first time. At that point in time, I knew something was special about my surroundings. I spent the next couple

of days in the department shadowing residents and meeting the faculty. I was amazed at how great the clinic was. I was excited about how vibrant the department was and how well it fit within the school. As I stated above, at this point in time, I had already done several externships at other programs. So, I had something against which I could compare IUSD's Perio program. Yet, IUSD's program was not left wanting. It was the complete opposite. Its facilities were impressive based on anyone's objective criteria. However, what I was more impressed by was the interaction between the students and the faculty. The faculty members were all so committed and had amazingly positive interactions with the students. A couple of months later, I returned to IUSD for my interview and shortly thereafter committed to join the entering class of 2010. Several years removed from my initial introduction to and subsequent matriculation into our program, I cannot be happier with the decision I made to attend here. When I look back over the past few years, I am amazed by how far I've really come as a person, but also as a clinician. These last few years have not been easy. However, if I were ever going to ask for a grand finale to the end of my formal education, which has stretched largely across the Midwest, I would ask for the IUSD Department of Periodontics. As I see my residency drawing to a close, I can say without a doubt that I am abundantly happy with the experiences I've had here. I'm grateful for the opportunity that was provided by Dr. Blanchard, Dr. John and the entire IU family. Furthermore, I'm greatly appreciative to the support and commitment of our faculty and alumni. Without their support, stories like mine would not be possible. While the future is left to be determined, I know I'm not the only person who can say that I can move forward knowing that my time spent here has only enhanced the greater narrative of my personal and professional lives together.



Current third year residents on our first day in clinic! [2.5 years ago]

## **Department Recognitions**

Dr. Blanchard received the AAP's Humanitarian Award at the annual meeting in Los Angeles. Dr. Blanchard was nominated for the award by Dr. Hancock. Congratulations Steve.

Dr. Blanchard was also the recipient of the IDA Outstanding Faculty Member of the year which was presented at the Teaching Conference on September 20<sup>th</sup>.

Our Department was very well represented at the conference. The focus was on incorporating CODA standards into our classes. The speakers for the morning session yesterday were as follows:

1. Vanchit John- The Vertical Learning Group Concept- A Preliminary Report
2. Lorie Coan- Reflection- The Next Level of Student Self-Assessment
3. Melinda Meadows and Joan Kowolik- Using Electronic Portfolio to Document Student Learning in Pediatric Dentistry

So 3 out of the 4 speakers were from our Department. This was good exposure to all the work that is being done by our faculty.

## **Regatta 2012**

**Team Dentistry Killed It! (thanks to the Killas)**



Kavity Killas, from left: handler Adam Elsner, D'13, and rowers Matt Rowe, periodontics grad student; alumnus Steve Powell; team captain Austin Starr, D'14; and alumnus Matt Rasche

## **Dr. Donovan Speaks**



Dr. Dirk Donovan (MSD 2004) spoke to our residents on 10-8-12. Dirk shared his experiences in private practice with the residents. Thank you Dirk! We appreciate your time and your willingness to share your experiences with us.

## **Department Publications**

1. A Clinical and Histomorphometric Study of Calcium Sulfate Compared With Freeze-Dried Bone Allograft for Alveolar Ridge Preservation Samira M. Toloue,\* Ioana Chesnoiu-Matei,† and Steven B. Blanchard\**J Periodontol* 2012;83:847-855.
2. Consensus Training: An Effective Tool to Minimize Variations in Periodontal Diagnosis and Treatment Planning among Faculty and Students. Seung-Jun Lee, Sivaraman Prakasam, George J. Eckert, Gerardo Maupomé, Vanchit John, has been accepted for publication in the *Journal of Dental Education*
3. Dr. Erez Nosrati's (MSD 2011) article from his research project "Gingival Evaluation of the Pediatric Cardiac Patient: A Controlled Cross Sectional Study" (PediaD-2012-03-2171.R2) has been accepted for publication in *Pediatric Dentistry*. Details will follow.

The article "Recruitment, Development, and Retention of Dental Faculty in a Changing Environment which was published in January 2011 in the *Journal of Dental Education* received the International Collage of Dentists **Special Citation Award**. This article came out of the ADEA's Leadership Institute Class of 2010.

The authors were;  
Vanchit John, D.D.S., M.S.D.; Maria Papageorge, D.M.D., M.S.; Leila Jahangiri, D.M.D., M.M.Sc.; Michelle Wheater, Ph.D.; David Cappelli, D.M.D., M.P.H., Ph.D.; Robert Frazer, D.D.S.; Woosung Sohn, D.D.S., Ph.D., Dr.P.H.

Dean John Williams served as the mentor for this group.

Prof. Lorie Coan will be presenting two workshops at the ADEA meeting to be held on March 16-19, 2013 in Seattle, Washington. Prof. Coan will be making these presentations along with Prof. Joyce Hudson who used to be on our

faculty. Congratulations Prof. Coan. This is wonderful news.

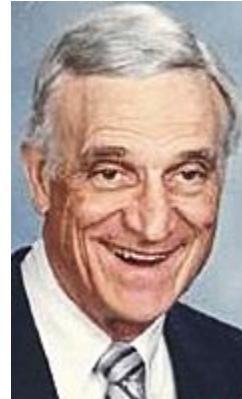
"Unnecessary Teachers: The Art of Clinical Instruction"

"Effective Test Item Construction and Blue Printing"

Dental Hygiene and Dental Assisting are doing a joint presentation at the ADEA Meeting in Seattle, Washington, March 2013. This will be presented at the Dental Assisting Education Section, Dental Hygiene Education Section and Tobacco SIG program at the ADEA annual session. It is a panel presentation from members of DA, DH and tobacco SIG. Congratulations.

## **Dr. Robert J. Detamore**

### Obituary



Dr. Robert J. Detamore

93, of Carmel, passed away

September 20, 2012. Robert

was born, March 15, 1919 in

Portland, IN. He was preceded

in death by his parents, Charles and

Ethel Detamore; wife, Helen Irene (McKinley); brother

Edward Detamore (Doris) and sister AnnaMary Humphries (Jim).

Robert is survived by his daughter, LuAnn Boots (Ron); son,

James Detamore (Charlotte Anne); grandchildren, Andrew and

Jessica Boots; nephew, David

Humphries (Louanne); nieces Cathy Lingard (Bill) and

Jeannie DeDominick (Rob).

Robert attended both Purdue and Indiana University.

He was a member of Alpha Tau Omega fraternity. He

graduated from IU with a degree in chemistry. He continued his education at [Northwestern University](#) and received his Doctorate of Dentistry followed by a degree in Periodontics from Tufts University. Robert practiced dentistry in the US Air Force and served during his career at bases in New Mexico, New York, California, Texas, Spain and Nebraska before retiring at the rank of colonel in 1970. He then moved his family home to Indiana where he taught at the IU Dental School in Indianapolis along with practicing part-time dentistry until he fully retired in 1987.

Robert was a kind, loving and thoughtful man. He enjoyed sharing the love of Christ with others. He was a member of Orchard Park Presbyterian Church. He was active in the Bill Glass/Chuck Colson prison ministry, medical ministries, mission trips, and Christian Bible studies during his retirement. His hobbies included playing the piano and trumpet, watching Purdue football, IU and Purdue basketball, playing golf, traveling and supporting his grandchildren in their many activities.

The family would like to thank the staff of Clare Bridge of Carmel for their kindness and care of Robert over the past 4 years. Services were held on Friday, September 28th at 2:00 p.m. in Flanner and Buchanan - Oaklawn Memorial

1:00 p.m. until service time. Burial followed in Oaklawn Memorial Gardens. In lieu of flowers, donations can be made to the [Alzheimer's Association](#), Boy Scouts of America, IU Dental School, Prison Fellowship, or the charity of your choice.

## **Resident Case Report**



### **Duane Bennett (Senior Resident)**

#### **Case Number 1**

23 year old white male who was a dental student presented to the graduate periodontics clinic. He had a chief complaint which described progressing, mandibular recession. He knew that he had other areas of recession, particularly 2<sup>nd</sup> PM to 2<sup>nd</sup> PM on the maxilla. However, he wanted the mandible addressed first. In addition, he reported that his father (who is an IU trained dentist) had similar recession defects that were treated via soft tissue grafts. He is extremely physically fit, but is pre-hypertensive (138/88). He has a history of orthodontics treatment and simple restorative treatment. Extraoral findings were within normal limitations. He was missing third molars and had an ortho wire bonded with composite lingual to his mandibular anteriors. His presentation was as follows:

Gardens , 9700 Allisonville Road, with visitation there from



He was diagnosed with the following :  
AAP VIII. Developmental or Acquired Deformities and Conditions Etiology  
B. Mucogingival deformities and conditions around teeth

1. Gingival/soft tissue recession
  - a. facial or lingual surfaces
2. Lack of keratinized gingiva
3. Aberrant frenum/muscle position

*Miller Class I and II*

Etiology included: Improper brushing technique, Previous orthodontic treatment (labially placed incisors), and thin gingival biotype.

There were a number of treatment options available. They were as follows:

- 1) Coronally Advanced Flap
- 2) Free Gingival Graft
- 3) Free Gingival Graft followed by Coronally Advanced flap
- 4) Subepithelial Connective Tissue Graft (left exposed)
- 5) Subepithelial Connective Tissue Graft with Coronally Advanced Flap (traditional or tunneled)
- 6) Acellular Dermal Matrix with Coronally Advanced Flap
- 7) Mucograft (left exposed)
- 8) Mucograft with Coronally Advanced Flap

Patient was extremely adamant that he was not interested in using palatal tissue for the procedure. Decision was made to use Acellular Dermal Matrix with Coronally Advanced Flap. Procedure went well.

Below is the comparison of the pre and post op (8 weeks post procedure) photographs.



As you can see, the frenula were internally dissected to address frenal pulls, the tissue was thickened, and most importantly the recession defects were addressed.

### **Case Number 2**

64 year old Afro-Panamanian female presented to the graduate periodontics clinic. She recently had scaling and root planing in the lower right quadrant. She stated that she knew she had previous periodontal treatment in the past. However, she could not remember the extent of treatment. She thought that she had previously had some form of surgery. She has a history of significant restorative treatment. Her restorative treatment included a fixed partial denture (bridge) from 29-30. In the lower right, she had persistent probing depths ranging 1-10 mm. She also had a diastema between 28 and 29. Radiographs showed vertical defects associated with 29m, 31m and 32m. Patient reports that she was interested in having the defects surgically repaired, but was not interested in further restorative therapy. (There were other quadrants that needed to be addressed surgically. However, those will not be largely discussed.)

Initial radiographs are as follows:



It appeared that there was residual graft material in the vertical defects that has not been resorbed.

Clinical photos are as follows:



Diagnosis was Localized Severe Chronic Periodontitis

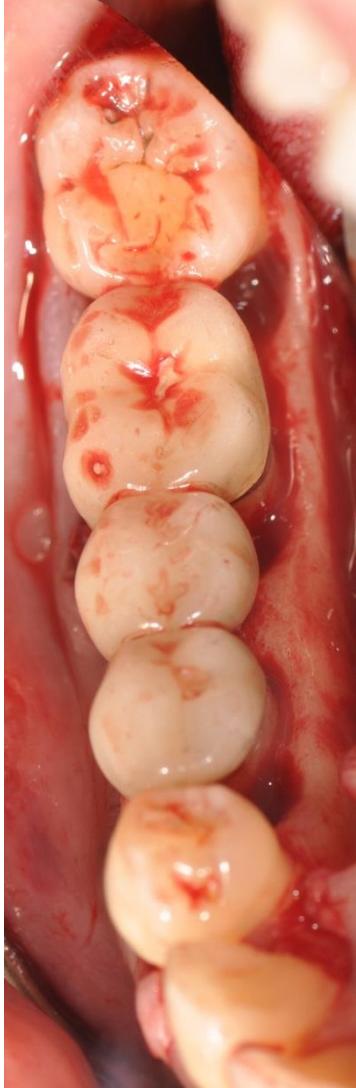
Etiology was bacterial plaque, open contacts/food impaction, poor restorative design.

Patient's treatment options included:

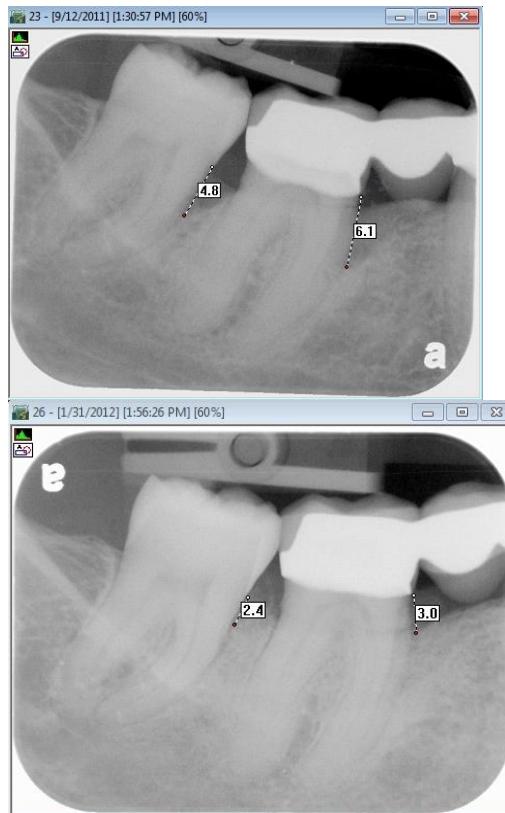
- 1) OFD
- 2) GTR
- 3) GTR with autograph, allograph, xenograph, or alloplast
- 4) OFD with Enamel Matrix derivative
- 5) GTR with Emdogain and bone graft.

Decision was made to OFD/FDBA/Emdogain #29/30/32 (LR quad)

A couple of the intraoperative photographs are as follows:

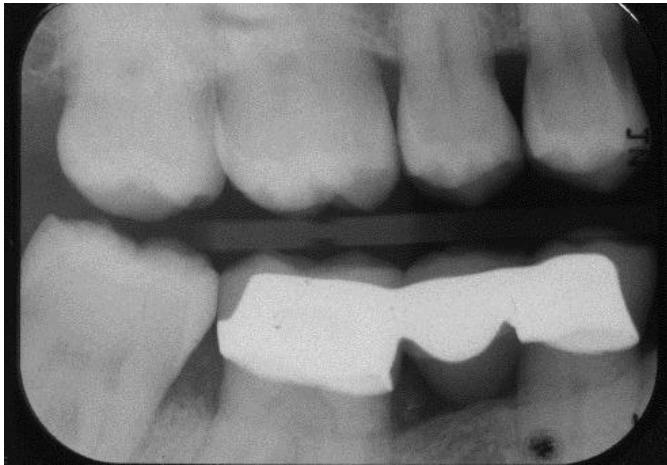


Soft tissue elevation was extremely challenging, particularly under the pontic of number 30. Notice how the defects extended lingually and were a combination of 1, 2, and 3 wall defects. The following are two radiographs taken the day of the procedure and 4 months after the procedure. Measurements were taken using calibrated electronic rule from the edge of the crowns or CEJ to the most apical extent of the defects.



Patient was referred for evaluation of previous restorative work. In particular, this includes the open contact and the bridge which is functionally in contact with the soft tissue. Patient didn't return to the school of dentistry for the restorative work nor for subsequent maintenance appointments for over 6 months despite numerous attempts to contact her. 6 months later, she presented to pre-doctoral clinics. Pre-doctoral student took bitewings, but no PA's.





### **Upcoming Events**

**Resident Case Defense Exams- November  
12<sup>th</sup> and 13th**

### **Emergency Drills**

**October 30<sup>th</sup>- Written Exam- Room 401**

**November 20<sup>th</sup> – Third Year Residents -  
Syncope and Asthmatic Attack/ Bronchospasm**

### **Calibration Sessions**

**11/20/12- Carol Walters**

