

ORAL SURGERY CARE



Winter 2021

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Colleagues and Friends,

The coronavirus crisis has had an impact on every dental practice as well as most businesses. To support you, your team and your practice during this period of uncertainty and concern, I have arranged for a special webinar opportunity that I am certain you will find helpful. I have asked our colleague Dr. Roger Levin to deliver a live webinar for dentists in our community titled "10 Powerful Strategies to Increase Production in the Covid-19 Era" which will be held on Tuesday, February 16th at 6:30 p.m. Central Time. Production is the number one factor that will determine the length, depth, and success of a practice's recovery from the COVID-19 crisis. How quickly you and your team adapt to today's radically changed business environment will impact your practice for years to come.



Oral Surgery Care

As you may know, Dr. Levin is a 3rd-generation dentist and is the founder of Levin Group, a leading practice management and marketing consulting firm. Dr. Levin has been speaking extensively on the topic of the effect of COVID-19 on dental practices, but most importantly on what dentists can and should be doing now to bounce back and experience a strong recovery. Dr. Levin will provide an insightful, up-to-the-minute look at what is and isn't working in the post-COVID era. You won't want to miss this, so be sure to mark your calendar now. More details will follow soon.

Stay safe and healthy,

Dr. Brent Florine

Does Retaining Third Molars Result in the Development of Pathology Over Time?

Cedric Vandeplas, Myrthel Vranckx, et al.
J Oral Maxillofac Surg 2020 Nov;78(11):1892-1908

The present systematic review was conducted to assess the available literature on pathologies associated with third molar retention. A systematic literature search was conducted in MEDLINE (PubMed), Embase, and Cochrane Library and reported in accordance with the Preferred Reporting Items for Systematic reviews. Relevant reports were selected using predefined inclusion and exclusion criteria. Pathology related to third molar retention included caries, periodontal pathology, second molar external root resorption, and pathologic widening of the third molar pericoronal

space. The methodologic quality of each study was reviewed using a pathology-specific tool to assess the risk of bias.

A total of 37 studies were included for qualitative analysis. The available data showed that asymptomatic retained third molars frequently become diseased with increasing age of the patient and increased retention time. Caries and periodontal pathology were most frequently observed, especially in partially erupted third molars and mesially inclined mandibular third molars. Overall, the available data were regarded as medium to fair quality evidence. *The available data have revealed that retained asymptomatic third molars rarely remain disease-free over time. Increasing age and, thus, increasing retention time seemed associated with greater disease prevalence. Well-designed, prospective follow-up studies are needed to substantiate the clinical management of asymptomatic disease-free third molars.*

Can Surgical Management Improve Resolution of Medication-Related Osteonecrosis of the Jaw at Early Stages?

Amerigo Giudice, Selene Barone, et al.
J Oral Maxillofac Surg 2020 Nov;78(11):1986-1999

There is no clarity on which protocol is proper to use in the management of medication-related osteonecrosis of the jaw (MRONJ) at early stages (ie, stages 1 and 2) to halt disease progression. The purpose of this study was to evaluate the success of surgical treatment in terms of time to mucosal integrity and downstaging in patients with MRONJ at early stages. The study was

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Dr. Brent Florine received his undergrad degree from the University of Minnesota College of Liberal Arts and attended the University of Minnesota School of Dentistry. He received postgraduate dental and oral and maxillofacial surgery training at Louisiana State University and Charity Hospital in New Orleans, and the University of Minnesota Hospitals and Clinics. He is certified as a Diplomate of the American Board of Oral and Maxillofacial Surgery and has practiced oral surgery in Eagan since 1987.



Surgical Management ...continued

implemented as a prospective, single-center cohort study. The sample included patients who presented at Magna Graecia University of Catanzaro with a clinical diagnosis of MRONJ and underwent surgical treatment. The primary predictor variables were gender, age, medical history, drug administration, MRONJ localization, trigger factors, and stage. The outcome variables were 1) time to mucosal integrity after surgery with time-to-event analysis and 2) time to downstaging of MRONJ lesions. Descriptive, bivariate, and regression statistics were performed.

The study sample included 129 MRONJ patients (90 women and 39 men; mean age, 71.2 years), of whom 57 had stage 1 and 72 had stage 2. The mean time to achieve mucosal integrity was 71.6 days, considering the survival probability always to be 93% or greater. The mean time to achieve downstaging of the lesion was 43.6 days. Patients older than 70 years, those affected by osteometabolic disorders, and those treated with oral antiresorptive therapy showed a significantly shorter time to mucosal healing and downstaging. In patients with stage 2 MRONJ, the authors recorded a significantly longer time to mucosal integrity (56.4 days) but shorter time to lesion downstaging (33.6 days) than in patients with stage 1 MRONJ. *Surgical treatment of patients in the early stages of MRONJ guarantees benefits in outcomes such as mucosal integrity and lesion downstaging, improvement in quality of life, and faster reuptake of medication therapy, especially for oncologic patients.*

Prescribing of Antibiotic Prophylaxis to Prevent Infective Endocarditis

Martin H Thornhill, Teresa B Gibson, et al.
J Am Dent Assoc 2020 Nov;151(11):835-845

In 2007, the American Heart Association recommended that antibiotic prophylaxis (AP) be restricted to those at high risk of developing complications due to infective endocarditis (IE) undergoing invasive dental procedures. The authors attempted to estimate the appropriateness of AP prescribing according to type of dental procedure performed in patients at high risk, moderate risk, or low or unknown risk of developing IE complications. Eighty patients at high risk, 40 patients at moderate risk, and 40 patients at low or unknown risk of developing IE complications were randomly selected from patients with linked dental care, health care, and prescription benefits data in the IBM MarketScan Databases, one of the largest US health care convenience data samples. Two clinicians independently analyzed prescription and dental procedure data to determine whether AP prescribing was likely, possible, or unlikely for each dental visit.

In patients at high risk of developing IE complications, 64% were unlikely to have received AP for invasive dental procedures, and in 32 of 80 high-risk patients (40%) there was no evidence of AP for any dental visit. When AP was prescribed, several different strategies were used to provide coverage for multiple dental visits, including multiday courses, multidose prescriptions, and refills, which sometimes led to an oversupply of antibiotics.

AP prescribing practices were inconsistent, did not always meet the highest antibiotic stewardship standards, and made retrospective evaluation difficult. For those at high risk of developing IE complications, there appears to be a concerning level of underprescribing of AP for invasive dental procedures. *Some dentists might be failing to fully comply with American Heart Association recommendations to provide AP cover for all invasive dental procedures in those at high risk of developing IE complications.*

Decompression of Large Cyst Invading the Mandibular Canal Leading to Reduced Cyst Volume and Increased Mandibular Canal Length

Jin-Yong Cho, Jin-Woo Kim, et al.
J Oral Maxillofac Surg 2020 Oct;78(10):1770-1779

The mandibular canal is damaged by the growth of cysts, and remodeling of the mandibular canal is observed as the size of the cyst decreases after decompression procedures. This study intended to estimate changes in cyst volume and mandibular canal length using cone-beam computed tomography (CBCT) before and after decompression surgery. A retrospective cohort study was conducted in patients with a diagnosis of mandibular cyst invading the mandibular canal between 2012 and 2018. All patients underwent CBCT at the initial visit and after decompression. The predictor variable was the period before decompression and before enucleation surgery. The outcome variables were changes in cyst volume and mandibular canal length, which were evaluated 3-dimensionally. The initial volume of the cyst, initial length of the mandibular canal, and patient's age were set as variables of interest that affected the outcome.

Decompression was performed in 20 patients (18 male and 2 female patients), and the mean decompression duration was 8.81 months. The average volume reduction rate after decompression was 60.23%, with an average volume reduction speed of 0.72 mL/month. The average length increase rate after decompression was 50.88%, and the average speed of length increase was 2.68 mm/month. The initial volume of the cyst and initial length of the mandibular canal were the important variables affecting the results. Complete separation of the mandibular canal from the cyst was observed in 11 cases, and incomplete separation was found in 9 cases. Separation from the cyst and regeneration of the mandibular canal using decompression were observed using 3-dimensional CBCT analysis. *The results of this study suggest that decompression is effective in separating and preserving important anatomic structures invaded by the cyst.*

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