

# ORAL SURGERY CARE



• **BRENT L. FLORINE, D.D.S.**

4151 Knob Drive, Suite 101  
Eagan, MN 55122  
(651) 688-8592

Winter 2022/2023

Happy New Year!

The first article we review in our quarterly newsletter gives more insight about the wisdom of prophylactic antibiotics for dental work in patients with joint replacements. This is a question that will probably not go away, but more and more evidence suggests that prophylaxis is not beneficial. Each office should evaluate the available data and make an informed decision about whether to recommend prophylactic antibiotics. My policy is to follow the 2014 ADA Prosthetic Joint Guideline, which does not recommend prophylactic antibiotics for joint replacement patients, unless there is a specific recommendation otherwise from the orthopedic surgeon. When feasible, I have the prescription written by the orthopedic office, since they are recommending the antibiotic.



Oral Surgery Care

We are presenting a Bicon implant restorative course at the St. Paul Hotel on Friday, March 3. This is a no-cost opportunity to learn the basics of the Bicon system. We scan the temporary implant abutments of our Bicon implant patients and submit to the lab, which saves you the chair time needed for an implant level impression. The fit and contacts of the crowns from this digital workflow have been remarkable. We would love for you to experience the great results we have consistently seen. Contact us for details.

We appreciate the chance to be part of your patient care team. Contact me whenever I can be of any assistance.

Best Regards,

*Dr. Brent Florine*

## Quantifying the Risk of Prosthetic Joint Infections after Invasive Dental Procedures and the Effect of Antibiotic Prophylaxis

Martin H. Thornhill, Teresa B. Gibson, et al.  
*J Am Dent Assoc* 2023 Jan;154(1):43-52

**D**entists face the expectations of orthopedic surgeons and patients with prosthetic joints to provide antibiotic prophylaxis (AP) before invasive dental procedures (IDPs) to reduce the risk of late periprosthetic joint infections (LPIs), despite the lack of evidence associating IDPs with LPIs, lack of evidence of AP efficacy, risk of AP-related adverse reactions, and potential for promoting antibiotic resistance. The authors attempted to identify any association between IDPs and LPIs and whether AP reduces LPI incidence after IDPs. The authors performed a case-crossover

analysis comparing IDP incidence in the 3 months immediately before LPJI hospital admission (case period) with the preceding 12-month control period for all LPJI hospital admissions with commercial or Medicare supplemental or Medicaid health care coverage and linked dental and prescription benefits data.

Overall, 2,344 LPJI hospital admissions with dental and prescription records (n = 1,160 commercial or Medicare supplemental and n = 1,184 Medicaid) were identified. Patients underwent 4,614 dental procedures in the 15 months before LPJI admission, including 1,821 IDPs (of which 18.3% had AP). The authors analysis identified no significant positive association between IDPs and subsequent development of LPIs and no significant effect of AP in reducing LPIs. *The authors concluded from the results of their study that there is no significant association between IDPs and LPIs and no effect of AP cover of IDPs in reducing the risk of LPIs.*

## American Association of Oral and Maxillofacial Surgeons' Position Paper on Medication-Related Osteonecrosis of the Jaws-2022 Update

Salvatore Ruggiero, Thomas Dodson, et al.  
*J Oral Maxillofac Surg* 2022 May;80(5):920-943

**S**trategies for management of patients with, or at risk for, medication-related osteonecrosis of the jaws (MRONJ) - formerly referred to as bisphosphonate-related osteonecrosis *continued on back page*



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.

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## Osteonecrosis ...continued

of the jaws (BRONJ)-were set forth in the American Association of Oral and Maxillofacial Surgeons (AAOMS) position papers in 2007, 2009 and 2014. The position papers were developed by a committee appointed by the AAOMS Board of Trustees and comprising clinicians with extensive experience in caring for these patients, as well as clinical and basic science researchers.

The knowledge base and experience in addressing MRONJ continues to evolve and expand, necessitating modifications and refinements to the previous position papers. Three members of the AAOMS Committee on Oral, Head, and Neck Oncologic and Reconstructive Surgery (COHNORS) and three authors of the 2014 position paper were appointed to serve as a working group to analyze the current literature and revise the guidance as indicated to reflect current knowledge in this field. *This update contains revisions to diagnosis and management strategies and highlights the current research status. AAOMS maintains that it is vitally important for this information to be disseminated to other relevant healthcare professionals and organizations.*

## The Impact of the COVID-19 Pandemic on Orofacial Pain Practice: Perceptions from a Convenience Sample of Orofacial Pain Practitioners

Fernanda Yanez Regonesi, DDS, MS; Ghabi A. Kaspo, DDS, et al.  
*J Am Dent Assoc. 2022 Apr 25*

**C**COVID-19 has had a substantial impact on people's lives. Increasing evidence indicates that patients with chronic pain particularly are being affected; however, few articles have examined how the pandemic has affected the care or clinical presentation of patients with orofacial pain. The aim of this study was to describe COVID-19-related changes in referral patterns and numbers, in patient demographics, in patients' seeking treatment for problems, and in administrative procedures in 3 orofacial pain clinical settings. Practitioners participating in the American Academy of Orofacial Pain webinar titled "Practicing Orofacial Pain, Headache, and Sleep Care During the COVID-19 Pandemic" completed a voluntary anonymous online survey. Survey respondents completed general questions related to their orofacial pain practices and about perceptions of their patients' symptoms. For statistical analysis, the authors calculated frequencies and used analysis of variance for continuous variables or Likert scale variables and the c2 test for dichotomous or categorical variables.

Practitioners noted an increase in new patients with orofacial pain. Of the participants, 33% indicated the onset of their patients' pain was often or extremely often related to COVID-19. The 5 most common symptoms that providers felt were aggravated in

their patients were masticatory muscle myalgia, anxiety, tension-type headache, bruxism, and insomnia or fragmented sleep. The authors concluded that the COVID-19 pandemic has resulted in a marked increase in the number of patients seeking consultation for orofacial pain and an increase in reported pain symptoms across practice settings.

## Does Grafting the Jumping Gap in Immediately Placed Anterior Implants Using Vestibular Socket Therapy Influence the Labial Bone Thickness?

Abdelsalam Elaskary, Hams Adelrahman, et al.  
*J Oral Maxillofac Surg 2022 Aug;80(8):1398-1407*

**T**here is no consensus in the literature on whether grafting the jumping gap (the distance between the inner surface of the labial bone plate and the implant surface) in immediately placed implants influences the thickness of the labial bone plate. The goal of this study was to compare the efficacy of particulate bone graft filling material and spontaneous bone healing following blood clot formation when placing immediate implants in the esthetic zone. A double-blind randomized controlled clinical trial was conducted in a private practice on patients scheduled for immediate implant placement using the vestibular socket therapy between November and December 2019. Participants were assigned to 2 groups. In Group 1, the jumping gap was filled with a mixture of 75% autogenous bone chips and 25% deproteinized bovine bone mineral (DBBM). In Group 2, the gap was unfilled. The regenerated facial bone thickness was evaluated using CBCT. Measurements were taken at baseline before tooth extraction and 12 months postoperatively.

Twenty-two patients (8 men and 14 women; mean age, 45.22 years) were randomly assigned to Group 1 or Group 2, with 11 patients each. A statistically significant difference in bone thickness was found between groups. The mean (SD) overall bone thickness was 2.95 (0.97) mm for the particulate bone group compared to 1.45 (0.92) mm preoperatively. While, for the unfilled group, the mean (SD) overall bone thickness was 1.98 (0.56) mm compared to 0.79 (0.49) mm preoperatively. *The authors found that grafting the jumping gap with particulate bone graft when implementing the vestibular socket therapy enhanced the thickness of the labial bone plate of immediately placed implants in the esthetic zone.*

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4151 Knob Drive, Suite 101  
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www.oral surgery care.com  
online@oral surgery care.com