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## News Issues and ADA Responses

By Carter Brown, ADA Council on Communications

The Council on Communications for the American Dental Association provides volunteer input and oversight in many activities for the new Division of Communications for the ADA. The Division is less than two years old but has transformed the ADA's ability to organize, standardize and respond in all media situations.

There is a Reputation Management subcommittee that handles threats to the ADA's reputation and image. There are several levels of threats, some of which rise to the immediate response category.

In the past two weeks the ADA and dentistry has come under multiple attacks from various sources. Most of these are part of a coordinated effort by the Pew and Kellogg Foundations and Public Health. The ADA is in a difficult situation because when creating a comprehensive media piece, there are many agencies within the ADA that must review and sign off on anything released. This keeps us from being able to be as proactive as many would like to see.

That being said, the ADA does get many press releases prior to their release and can develop their own press releases which can go out almost simultaneously. These releases do not have to have the multiple sign offs if they are an immediate threat issue.

Below are some of the issues and some links to the ADA responses. On the other side, the ADA is preparing to launch a consumer website for oral health which will quickly become a major player in patient oral health information. In addition the ADA Council campaign Healthy Smiles Healthy Lives will begin this summer and will have linkages to the ADA.

### **New York Times: Oral Surgery for Toddlers** (quotes Dr. Jonathan Shenkin featured)

A story published March 6 in [The New York Times](#) based on interviews with 20 dentists indicates "more preschoolers at all income levels [are experiencing] 6 to 10 cavities or more. The level of decay...is so severe that they often recommend using general anesthesia because young children are unlikely to sit through such extensive procedures while they are awake." Our council Vice Chair, Dr. Jonathan Shenkin was interviewed and his responses ended up being quoted by the Times, were on NBC news and repeated by a dozen other media outlet. The potentially negative story allowed us to get information out that can have a positive impact on the dental community.

[Preschoolers in Surgery for a Mouthful of Cavities](#)

[ADA eMemo to Members](#)

March 9 [Leadership Update from Dr. O'Loughlin](#)

March 23 [Leadership Update from Dr. O'Loughlin](#)

### **Dental X-rays and the Risk of Meningioma**

A [study](#) published today in *Cancer*, a scientific journal of the American Cancer Society, associates yearly or more frequent dental X-rays with an increased risk of developing meningioma, the most commonly diagnosed brain tumor. This type of tumor is usually not malignant. The study has received widespread media coverage, and a number of the stories cite the ADA's dental x-ray [recommendations](#) that help dentists determine how to keep radiation exposure as low as reasonably achievable. The ADA came out with statements in press releases and created information for the members to use to answer potential questions from patients. The ADA issued a press [statement](#) about the study, noting that the findings were based on patient recall of x-rays taken years ago and citing the ADA's long-standing position that dentists should order dental X-rays for patients only when necessary for diagnosis and treatment

[American Cancer Society Study](#)

[ADA Media Statement](#)

[ADA Issues Alert to Members](#)

[ADA Recommendations](#)

[JADA Article regarding recommendations](#)

[X-ray information for patients on ADA.org](#)

### **American Heart Association: Gum Disease Related to Heart Disease and Stroke**

The scientific evidence does not establish that gum disease causes or increases rates for heart disease or stroke, according to the American Heart Association in a new scientific statement published April 18 online in its journal, *Circulation*. This panel had representation from the ADA's Council on Scientific Affairs. The Evidence Based data could show no clear linkage. The ADA's position was to be science based.

*Continued on Page 2*

Continued from Page 1

[American Heart Association press release](#)  
[American Heart Association Scientific Statement](#)  
[ADA Media Statement](#)  
[ADA Issues Alert to Members](#)  
[Page from JADA for patients](#)  
[ADA News](#)

### **Kellogg Foundation Review of Dental Therapist Literature**

The WK Kellogg Foundation released a study by Dr. David Nash. It is a review of existing global literature and oral reports pertaining to the history and practice of dental therapists worldwide; it is not a scientific systematic study. The report claims that therapists are being employed successfully and that their use in the United States should expand greatly beyond Alaska and Minnesota.

- Tuesday April 10: The W.K. Kellogg Foundation released this morning a study by Dr. David Nash that purported to be a systematic review of all literature pertaining to the practice of dental therapists worldwide. In response to this [report](#), the ADA released simultaneously a brief [critique](#) of some of the study's more glaring shortcomings. A [member bulletin](#) went out regarding the report.
- The Nash report was not a scientific study but a Policy Statement and had nothing new. Unfortunately the topic catches the media's attention so they keep running these stories. I believe this is why we need to be more proactive

Report: [A Review of the Global Literature on Dental Therapists](#)

### **Former Head of DHHS Calls for Therapists**

Monday, April 9: Louis Sullivan/NY Times: Dr. Calnon sent a [letter](#) to the Times editor last night responding to the Sullivan piece. In a nutshell, [Sullivan's piece](#) fell right in the middle of the likely outcomes: Focused only on therapists rather than on access generally, criticized dentistry but did not address the ADA's position on midlevels. A member bulletin was also distributed.

[Dr. Calnon statement](#): Dr. Calnon Addresses Former HHS Secretary's Call for Therapists in New York Times. In a letter published in the Monday New York Times, President Calnon took issue with former Health and Human Services Secretary Louis Sullivan's assertion that the nation needs to encourage the development of dental therapist models to address barriers to oral health care access. Dr. Calnon said the ADA does not agree that therapists are the answer to the problem. He emphasized the role that prevention will play in any successful strategy to address the crisis.

Other responses from Dr. Calnon: [Leadership Update from Dr Calnon](#) about Kellogg report and x-ray issue

On the Television front, Richard Green and Lydia Hall from the ADA Division of Communications have been working for months with the journalists from PBS and ABC news. They were able to modify the stories to at least include some of the ADA information about the real barriers to care and the real solutions. There will be media statements from the ADA issued.

[PBS NewsHour "The Rundown" Blog](#)

From November 2011, Two-Part PBS NewsHour Series on Dental Disparities (Dr. William R. Calnon featured)

PART I – [Millions of Americans Face Life Without Dental Care](#) (Nov. 15)

PART II - [Program Brings Dental Care to Remote Alaskans But Some Dentists Are Skeptical](#) (Nov. 16)

## **Hazard Communication Standard Amended**

By Madeline Fogg, Compliance Navigation LLC, Consulting in OSHA, HIPAA and Infection Control

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On March 26, 2012 the Occupational Safety and Health Administration published the new amended Version of the Hazard Communication Standard. This standard deals with the communication information of all hazardous substances to which any employees could be exposed. In the past manufacturers and importers have been required to provide employers with labeling and material safety data sheets in the form they designed. The new standard will require uniform documentation be provided which will follow the



Globally Harmonized System of Classification and Labeling of Chemicals (GHS) developed by the United Nations.

The new standard will require manufacturers and importers to develop new labels for products and new Safety Data Sheets. These new Safety Data Sheets will replace the Material Safety Data Sheets which they now provide. The new Safety Data Sheet must contain 16 sections in the required order with the required information. These sheets will now be required to use pictograms detailed in the GHS as well as hazard classifications and sign words. The manufacturers and importers must have changes complete by June 1, 2015. Employers must train employees on the new label elements and SDS format by December 1, 2013, and have updated alternative workplace labeling and hazard communication programs completed by June 1, 2016.

As facilities are developing their new collection of safety data sheets they must remember they must also meet other OSHA standards such as 1910.1020 Access to employee exposure and medical records. This regulations requires that information "concerning the identity of a substance or agent need not be retained for any specified period as long as some record of the identity (chemical name if known) of the substance or agent, where it was used, and when it was used is retained for at least thirty (30) years ". The easiest way to comply with this requirement is to keep the material safety data sheets. For further information about the Amended Hazard Communication Standard click [here](#). To contact Madeline Fogg 803-429-1477.

## GKAS Project Highlights

By Phil Smith

February was "Children's Dental Health Month" and "Give Kids A Smile Month" all rolled into a high profile series of events. The GKAS committee reported that after a bit of a lag last year, that 2012 was a very successful return to our SCDA dental outreach.

As you might imagine, the collation of patient visits and donated service fees is a difficult task. However, with the concerted efforts of many invested members of our dental community, the GKAS volunteers have been able to see approximately 3,113 children. The charitable service based upon current Medicaid fees is in excess of \$423,175.00!

There was a great emphasis from all comers of the dental community. Thirty returning offices that had participated in years past, and a brigade of assistants and hygienists anchored across the state in our fantastic technical colleges came together to give care where need was greatest. The dental programs served as the front line helping identify patient's needs and restorative treatment.

There were some exciting situations that elevated service to a spectacular level. The Volunteers in Medicine Clinic on Hilton Head Island has served the needy for a number of years. This year they assisted in GKAS with a "Dr. Seuss Birthday Party" that coincided with their clinic day. Both kids and Seussadental Care were celebrated. In Greenville, Dr. Dana Parker and the "Sister of Mercy" Clinics saw over 2000 patients around the Upstate. The dentistry was done in vans, in clinics and in private offices. An amazing coordinated task!

Thanks are in order to all involved! Your generosity has uplifted many into a better state of oral health.



Julie Roehrenbech, a hygienist in Hilton Head, celebrates GKAS Day at the Children's Center in Bluffton



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# National Children's Dental Health Month In May?? What's Happened!?!?

By Rocky L. Napier, DMD- Chair SCDA NCDHM Committee



As presented at the past two December House of Delegates meetings and in the most recent February SCDA Bulletin, there have been significant changes in the ADA Samuel D. Harris NCDHM grant program. February, 2013 award applications are due May 31, 2012 and are available on the [SCDA website](#).

Although last year's applications have been posted on the web site for your reference to give you a "heads up," additional changes have been recently made to the program on very short notice. As your ADA 16th District representative to the Council on Access, Prevention, and Inter-professional Relations, I have expressed my concerns regarding this new "short cycle" approach to no avail. Oral Health America runs the NCDHM program and the ADA continues to promote the grant.

Additionally, anyone anywhere (not just state dental associations) can individually apply for an award now, or SCDA members and committee members can continue to suggest projects for the SCDA at-large. With both, and especially the latter, you can give back to the kids and give recognition to the SCDA volunteers and staff that work so hard for you throughout the year!

Here are a few items of special interests under the new format taken from the current ADA announcement, which is posted on the SCDA website as noted above. This grant opportunity encourages eligible organizations to provide oral health awareness and education during February 2013 for pre-school aged children and/or K-12 grades (children 5-17 years of age). For this grant cycle, up to two \$2000 grants will be given from available grant funds. Applicants are encouraged to leverage matching funds for the requested grant amount. State (constituent) and local (components) dental societies of the ADA and/or community-based organizations providing oral health education to pre-school aged and school-aged children are eligible. Program entries are limited to those conducting programs specifically for National Children's Dental Health Month which will be observed in February 2013. Special consideration will be given to those applicants that identify the school(s) they plan to work with during NCDHM February 2013 and include a letter of support from the school administrator(s). Applications will be evaluated on the following criteria: a) originality, creativity and innovation; b) sustainability of the program past the funding period; c) ease of duplication/replication by other programs. In addition to the SCDA website as noted above, official applications are available online at the following websites: a) [American Dental Association](#) b) [Oral Health America](#). Only proposals submitted on the official grant proposal form will be considered.



If you have any questions, please contact me at [drrocky@aol.com](mailto:drrocky@aol.com) or Tina Montgomery, program specialist, ADA, at 312-440-4600 or [montgomeryt@ada.org](mailto:montgomeryt@ada.org) or National Children's Dental Health Month Team at [ncdhm@ada.org](mailto:ncdhm@ada.org). For more information about the NCDHM program, please visit the SCDA website as noted above or the [ADA](#).

In addition to the NCDHM program awards, there is a separate Samuel Harris Fund for Children's Dental Health Grants Program, which operates on a broader annual schedule and focuses on a much younger age-group. Grants of up to \$5,000 each are offered to non-profit organizations and agencies that sponsor oral health instruction for mothers/caregivers to help reduce the incidence of early childhood caries. Approximately 17 grants will be awarded in 2012. The application deadline is the third Monday in April each year and can be found on the SCDA website as noted above, or the [ADA website](#).

Please don't hesitate to submit an application for these grants or make a suggestion to the SCDA NCDHM Committee, as we currently submit at least three applications annually. Now, more than ever, the kids need our help. With your help, legislators and other policymakers will continue to see.....

*"Dentistry in SC is healthcare that works!" And, "when the kids win, we all win!!"*

## 2012 Dental Access Days



Have you registered to be apart of the 2012 DAD project? This year's project will be held at the South Carolina State Fairgrounds on August 16-18, 2012. Please consider donating your time and talents to help ensure a bright future for good oral health in South Carolina. If you are interested in volunteering for this great project [click here!](#)

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**E. Gary Jeffords, D.M.D. (Bamberg, SC)**

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& Rachel Dean

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## SCDA Mission

The South Carolina Dental Association represents member dentists in order to promote and provide optimal oral health care to all citizens of the state of South Carolina by serving as an advocate to advance the profession of dentistry.

## Are You Retiring? Please Notify the SCDA

Call the SCDA office and ask for a retired affidavit so that you can continue to receive all the member benefits you've come to enjoy and expect, but at a quarter of the cost! You can also request a free copy of "Closing a Dental Practice" or click here to go to the SCDA's website to download a copy. Contact Christy Meador at 800-327-2598 or by emailing her at [meadorc@scda.org](mailto:meadorc@scda.org).

## 1 out of every 10 dentists will suffer from alcohol or drug abuse at some time in their lives.

If you or someone you know needs help, contact the SCDA's Dental Assistance and Advocacy Committee: 800.327.2598

## Are Your Workplace Posters Current?

Visit <http://www.llr.state.sc.us/aboutUs/index.asp?file=Posters.htm> to make sure!

## The Count Down is On!

By Heather Barker

Get your calendars out and make your plans now-- Be thinking... warm, sunny, balmy South Carolina coast. Our Annual Session will again be convening in Myrtle Beach at Kingston Plantation. The dates are Thursday, May 3 through Sunday, May 6. Make plans to enjoy a beautiful setting and great continuing education opportunities, not to mention wonderful seafood and the perfect atmosphere for renewing or continuing great relationships with friends and classmates and families.

You can be as busy or relaxed as you choose. The planned continuing education courses are excellent and offered in morning and afternoon sessions on Thursday, Friday, and Saturday. For those of you traveling with your families, be sure to check out all the children's activities offered by the hotel. A link is provided on our [website](#) that will allow all the scheduled events to be viewed. Please note, you must register through the hotel for your child to participate and some events require a small fee. A 5K Run/3K Walk (6:30 am registration, 7:00 am start time) and golf tournament (tee times begin at 1:00 pm) have been planned for Friday. We'll conclude our sports day with the Palmetto Pavilion Tailgate Party (6:00-10:00 pm). There will be dinner, an awards ceremony to recognize our athletes from earlier in the day, and live music provided by the band Back9. On Saturday, we will celebrate the 138th running of the Kentucky Derby with our own red carpet-style Derby Party (4:30-7:30 pm). We will gather at Thoroughbred's Chophouse and Seafood Grill for what is often heralded as the greatest two minutes in sports. Televisions will provide both pre-race and race coverage from Churchill Downs. Awards will be given for several categories, including Best Dressed (Male and Female) and Best Hat (Overall and Most Creative).



Kentucky Derby

Sponsors who work with the SCDA and all of you during the year help to subsidize this meeting. Make a list of the supplies and materials you need and bring your list to the Exhibit Hall. Place your orders there and get convention specials. This is a great opportunity to see the latest and greatest. Though the Exhibit Hall will be open Thursday and Friday throughout the day, make sure to drop in during two special events. A Welcome Reception will be held on Thursday (4:30-6:00 pm) and an Ice Cream Social on Friday (2:30-3:30 pm).

For those of you who have never attended, call your friends and classmates and start a new tradition. And to those of you who are "regulars," we'll see you again soon. Your Annual Session Committee has been working hard to insure that everyone will have a wonderful time again this year. This will be a great Annual Session and we look forward to seeing you there! Please visit our [website](#) for more information and the latest updates.

## Master Calendar

May 3-6	143rd SCDA Annual Convention	Embassy Suites, Kingston Plantation	
May 5	Nitrous Oxide Monitoring Class	MUSC	8:30 AM

## HR Corner

### Protecting Your Business's Confidential Information

By Kris Cato, Esq., Rogers Townsend & Thomas, PC



Kris Cato

Let's face it. Some employees have no concern about leaving their employer and taking client and customer names, contact information, pricing information and all sorts of other information that the employer considers to be confidential.

Typically, when that happens, the employer is unprepared and has not really taken any steps to maintain the confidentiality of the information. The employee then uses the information to solicit the employer's clients for their own or another employer's benefit.

Such actions can cripple a business, and force it to spend expenses, resources and valuable time to rectify the situation.



#### What should businesses do to protect their information and property?

1. Identify what they consider to be confidential - whether it is client or customer contact information, business plans, financial information, profit and loss information, costing information;
2. Take steps to actually maintain the confidentiality of that information - limit access, password protect, limit disclosure, identify the information as confidential or proprietary;
3. Develop a policy regarding trade secrets and confidential information and employees' duties regarding disclosure;
4. Require employees to enter into non-solicitation and non-disclosure agreements.

Without such vehicles in place, employers may be virtually helpless in recovering from such actions by employees. Please contact [kris.cato@rtt-law.com](mailto:kris.cato@rtt-law.com) or call her directly at 803-744-5270 for any assistance with these issues.

### First HITECH Act Enforcement Action Alerts Care Providers of the High Cost of HIPAA Non-Compliance

By Darra Coleman, Shareholder, Rogers Townsend & Thomas, PC

On March 13, 2012, the U.S. Department of Health and Human Services (HHS) entered a **\$ 1.5 Million** settlement with Blue Cross Blue Shield of Tennessee (BCBS) in the first enforcement action resulting from a breach notification required by the Health Information Technology for Economic and Clinical Health (HITECH) Act. The HITECH breach notification rule requires covered entities to report breach, impermissible use, unauthorized acquisition or disclosure of protected health information (PHI) of 500 individuals or more to HHS and the media.

BCBS reported that 57 unencrypted computer hard drives were stolen from a leased facility. The stolen hard drives contained PHI of over one million individuals, including names, social security numbers, diagnosis codes, birth dates and other health plan-related information. The Office of Civil Rights (OCR) concluded that BCBS failed to implement basic and appropriate safeguards to protect the PHI at the leased facility and failed to implement physical safeguards required by the HIPAA Security Rule to secure the facility.

Leon Rodriguez, director of OCR, said, "This settlement sends an important message that OCR expects health plans and healthcare providers to have in place a carefully designed, delivered and monitored HIPAA compliance program."

Although this is the first settlement under the breach notification requirement of HITECH, previous non-HITECH violations of HIPAA have resulted in steep penalties or settlements. In July 2011, the University of California at Los Angeles Health System entered a settlement for \$865,000. In February 2011, the Massachusetts General Hospital settled for \$1 Million and OCR fined Cignet Health a \$4.3 Million civil penalty, the largest fine for such violations. In July 2010, Rite Aid reached a \$1 Million settlement. CVS Caremark Co. settled for \$2.25 Million in February 2009.

Covered entities must understand OCR will vigorously use the HITECH breach notification rule enforcement tool to protect patients' rights and should regularly review their HIPAA compliance programs to ensure the integrity of private health information is preserved.

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## Oral Pathology Quiz: Case #1

By Angela C. Chi, Division of Oral Pathology, College of Dental Medicine, MUSC

Mark McEntire, Periodontist, Private Practice, Columbia, SC

Brad W. Neville, Division of Oral Pathology, College of Dental Medicine, MUSC

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A 62-year old female presented with this well-circumscribed radiolucency distal to #31 (Figure 1). The lesion measured 0.6 x 0.6 cm and was asymptomatic. The patient reported that all of her third molars had been extracted many years ago. Upon intraoral examination, the mucosa overlying the lesion appeared purplish blue with a normal surface texture. No swelling or bony expansion was evident. Upon surgical exploration, black, tarlike material was observed. The tissue was submitted for histopathologic examination, and a photomicrograph is shown here (Figure 2).



Figure 1. Well-circumscribed, mandibular radiolucency distal to #31.

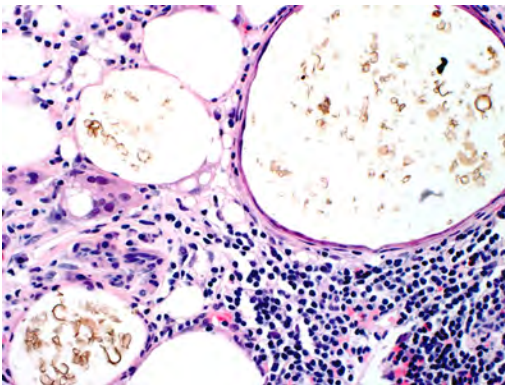


Figure 2. Histopathologic examination shows rounded, cystlike spaces containing brown spherules. Within the surrounding connective tissue, there is a chronic inflammatory infiltrate, which includes lymphocytes, histiocytes, and focal multinucleated giant cells. (hematoxylin and eosin, 400x magnification)

What is the diagnosis?

- A. Ameloblastoma
- B. Myospherulosis
- C. Odontogenic keratocyst
- D. Intraosseous mucoepidermoid carcinoma
- E. Primordial cyst

*See Page 10 for the Answer*

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# President's Message

I hadn't thought about courage when I volunteered with several colleagues to help with the ethics summit at MUSC, much less courage to lead, but standing in front of a room full of students puts another slant on public speaking and speaking from the hip and leadership.

As our 'leader', the esteemed Dr. David Watson, namesake of the David Watson Ethics Summit and speaker extraordinaire began the introductions he alluded to the fact that this was a talented class even though the dean tells us that the credentials of each successive class increases, making this graduating class the, ahem, least stellar in the school presently. Gracious they were, as they laughed at his joke. This is one of the reasons I was looking forward to this event, not poking fun at David, well, sort of, but I was looking forward to the interaction with the students, and I really do love to witness David and Hal Fair trading barbs. We were not disappointed in that regard either.



Dr. Betsy Jabbour

The students may have attended due to a free lunch, always a guarantee of attendance when I was in dental school, or perhaps they feared the evil eye of the faculty, either way, they filled every open seat in the room and even better, they brought their attention and well informed intellect. As various ethical dilemmas were discussed and in several cases, various modes of thought and solutions brought to light, I think the silvering heads were again impressed by the thorough contemplation of the nearly new graduates.

To let you in on a little more on the process required of the students, an ethical dilemma was presented. They were then to choose a solution based on the ADA code of Ethics and/or the American Academy of Dentists Code of Ethics, both of which they were given a copy. They discussed each as a small group and then presented their thoughts to the entire class. I have to tell you, there were few shy ones in this 4th year class! I mean that as a sincere compliment, it is increasingly important for each and every one of South Carolina's dentists to be able to consider a situation, come to an ethical solution with the patient's best interest at heart and here is the challenge guys, clearly and concisely communicate it to our patients and the public at large.

Just as we may often assume that our patients know and can perform the correct technique to brush and floss their teeth, we may just as often be assuming incorrectly. It may be a conscience choice, it may not. It may also be true that we have not clearly communicated the importance of water fluoridation, good nutrition, best practices with respect to restorative material choices, use of diagnostic radiographs, the list continues (see Carter's article!).

"Just as we may often assume that our patients know and can perform the correct technique to brush and floss their teeth, we may just as often be assuming incorrectly"

I am amazed daily at how much repetition is needed before a patient even begins to understand oral health in a way that will lead to meaningful positive change in their own mouth or the mouth of their child. We are all creatures of habit, all of us. It is very difficult to manipulate an unhealthy habit into a healthy one. And I do mean manipulate- sometimes we have to theoretically manhandle a bad habit repeatedly in order to mold it into something remotely better. I write this as I look at an empty Reese's dark mini peanut butter cup wrapper! I am most certainly efficient at manipulating those...

The Dark Side (chocolate, the darker the better) has distracted me yet again, but back to my point...the courage to continually attempt improvement in our own lives and our practices even taken a step further - to lead and inspire others to attempt the same in their lives and practices is a most worthy quest.

I hope you find some inspiration and armamentarium in this issue to aid you in such a quest, worthy of some of the most knowledgeable dentists in the country to become even more impressively capable at delivering the very best oral care in the country right here in our beloved South Carolina. I know each of you inspire and mentor me! (As does the little knight in the picture!)

Oh- AND MAY THE FORCE BE WITH YOU (that's for you, Eric!)



Chaz the knight

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## Oral Pathology Quiz: Case #1 Answers

By Angela C. Chi, Division of Oral Pathology, College of Dental Medicine, MUSC

Mark McEntire, Periodontist, Private Practice, Columbia, SC

Brad W. Neville, Division of Oral Pathology, College of Dental Medicine, MUSC

**ANSWER:** B. Myospherulosis

### DISCUSSION:

Myospherulosis represents an unusual type of foreign body reaction, resulting from the interaction of extravasated erythrocytes with lipid substances. The lesion typically is induced iatrogenically by the placement of antibiotics within a petrolatum base into a surgical site. Myospherulosis may occur in either bone or soft tissue. In the oral cavity, the lesion often arises within extraction sites, where an antibiotic has been placed in an attempt to prevent alveolar osteitis. Several cases also have been described in the sinonasal region subsequent to surgical procedures during which gauze packing impregnated with antibiotic ointment was used.

Most cases reported in the oral cavity have presented as an asymptomatic swelling, although pain or purulent drainage are possible. Radiographic examination typically shows a well-delineated, unilocular radiolucency. The radiographic appearance may mimic that of an odontogenic cyst or neoplasm. Upon surgical exploration, black, tarlike material characteristically is observed.

The histopathologic appearance may be likened to a "bag of marbles." That is, there are typically multiple cystlike spaces containing golden brown- or black-staining spherules. These cystlike structures are not lined by epithelium but may be surrounded by an outer membrane referred to as a "parent body." The spherules represent altered erythrocytes. The surrounding fibrous connective tissue is often densely collagenized with scattered inflammatory cells. The inflammatory infiltrate may include histiocytes and multinucleated giant cells.

Myospherulosis is treated by conservative surgical removal with histopathologic examination. Most cases do not recur. Most authorities suggest caution when using topical antibiotics during oral surgical procedures; if such agents must be used, close clinical and radiographic follow-up to ensure appropriate healing is recommended.

### REFERENCES:

1. Dunlap CL, Barker BF. Myospherulosis of the jaws. *Oral Surg Oral Med Oral Pathol* 50:238-43, 1980.
2. Fisher SC, Horning GM, Hellstein JW. Myospherulosis complicating cortical block grafting: A case report. *J Periodontol* 72:1755-9, 2001.
3. Lynch DP, Newland JR, McClendon JL. Myospherulosis of the oral hard and soft tissues. *J Oral Maxillofac Surg* 42:349-55, 1984.
4. McClatchie S, Warambo MW, Bremner MB. Myospherulosis: A previously unreported disease? *Am J Clin Pathol* 51:699-704, 1969.
5. Wallace ML, Neville BW. Myospherulosis. Report of a case. *J Periodontol* 61:55-57, 1990.

### Send us your story ideas!

Do you have an idea for a story? We'd love to hear it. We're always looking for topics of interest to our members.

If you have a suggestion, email Maie Brunson at [brunsonm@scda.org](mailto:brunsonm@scda.org) or call 800-327-2598.

Please be specific We'll let you know if and when your idea will come to fruition. Thanks for your help!



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## Summer Continuing Education

By Maie Brunson

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Course Date: May 3-6, 2012

Course Title: Courage to Lead

Location: Embassy Suites Hotel, Kingston Plantation, Myrtle Beach, South Carolina

Sponsor: Patterson Dental, SCDA Member Benefits Group, Sherer Dental Lab, Piedmont District, Henry Schein, DentaQuest, Atlanta Dental, Rogers Townsend Attorneys at Law

Total Credits: 62

Audience: Dental Assistant, Dental Hygienist, Dental Lab Technician, Dentist, General Practitioner, Specialist

Registration: <http://scdaannualsession.com/>

Tuition: \$210 SCDA Member Dentist, \$60 Team Member

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Course Date: May 17-20, 2012

Course Title: Dentistry All Stars

Location: Embassy Suites Hotel, Kingston Plantation, Myrtle Beach, South Carolina

Registration: [http://www.ncdental.org/ncds/Annual\\_Session1.asp](http://www.ncdental.org/ncds/Annual_Session1.asp)

Tuition: \$550 Non-NCDS Dentist, \$165 Team Member

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Course Date: June 14-16, 2012

Course Title: 29th Annual Dental Review

Course Description: This year's program will feature a broad potpourri of practical topics, highlighted by an excellent line-up of speakers including Dr. John Cranham, our featured speaker, as well as guest speakers.

Location: The Kingston Plantation, Myrtle Beach, South Carolina

Sponsor: The University of North Carolina School of Dentistry

Total Credits: 12

Audience: Dental Assistant, Dental Hygienist, Dental Lab Technician, Dentist, General Practitioner, Specialist

Registration: <http://www.dentistry.unc.edu/ce/cde/listcourse.cfm?MeetingCode=12-OP-003>

Tuition: \$485 Dentist, \$285 Team Member

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Course Date: June 15, 2012, 8 a.m. to 12:30 p.m.

Course Title: Full-arch Implant Restorations Made Simple, Predictable, and Cost-effective

Course Description: The conference will feature four speakers: Dr. James Rivers of the MUSC prosthodontics department, Henry Morgan of Restorative Arts Dental Lab, Dr. Lon Doles and Dr. Dan Carson of OMSA.

Location: Doubletree Hotel, Charleston, South Carolina

Sponsor: OMSA

Total Credits: 4

Audience: Restoring Dentists and Prosthodontists

Registration: Call 843-554-5003 or email [oralsurgerysc@gmail.com](mailto:oralsurgerysc@gmail.com)

Tuition: \$95

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Course Date: July 23-28, 2012

Course Title: 28th Annual Prosthodontics for General Practitioners

Location: The Westin Resort, Hilton Head, South Carolina

Sponsor: The University of North Carolina Department of Prosthodontics

Total Credits: 24

Audience: Dental Assistant, Dental Hygienist, Dental Lab Technician, Dentist, General Practitioner, Specialist

Registration: <http://www.dentistry.unc.edu/ce/cde/listcourse.cfm?MeetingCode=13-PR-001>

Tuition: \$895 Dentist, \$395 Team Member

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Course Date: September 20-23, 2012

Course Title: SCAGD Annual Meeting

Location: Marriott Grande Dunes, Myrtle Beach, South Carolina

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# Executive Director's Notes



Mr. Phil Latham

We are only weeks away from the 143<sup>rd</sup> Annual Session in Myrtle Beach. Upon my last review, the registration numbers for SCDA member dentists were less than 300. If this number holds, it will be the lowest turnout of member dentists in over 20 years. Many factors play into the declining numbers including time of year, other family obligations, school events, etc. However, these factors would come into play no matter what time of year the convention was held.

The SCDA Board of Governors, Convention Committees and the Strategic Planning Committee have been discussing this issue for several years and a time is coming where some major revisions will need to be made. In my opinion, we can't sit back and wait hoping the numbers will increase. We need to be proactive and think of ways to change our Convention.

Although the House of Delegates will be the ultimate decision makers in this process, we need everyone to think about changing the current way the Convention is held and submit their ideas. Some have expressed that we need to open discussions with the North Carolina Dental Society and combining the two meetings. There have been discussions about the format of the SCDA meeting. Do we even need a Convention every year? Maybe another DAD project should be planned rather than a Convention? I don't think there is a wrong answer, but it will soon be time to make some major decisions. Remember, hotels continue to increase their cost, food and drink costs continue to rise and special event planning continues to increase. The SCDA Annual Session will soon hit a major cross road and the decisions made will be very important to the SCDA and its future.

"We need everyone to think about changing the current way the Convention is held and submit their ideas..."

On another note, have you visited the South Carolina State Board of Dentistry's website lately? They have done a great job developing a website that is user friendly and full of useful information for all dental offices.

Once you visit their site at <http://www.llr.state.sc.us/POL/Dentistry/> you will find loads of information. You can click on Laws/Policies on the left hand side to see the current dental Practice Act and Regulations. Better than that, you can view many policies developed by the Board that can assist in your office. You will find policies on nitrous oxide, Botox and other injections, continuing education, CPR requirements, licensure information and much more. So place the above website in your favorites and click on it often to get the latest information.

It's not too late to register for the Convention. On behalf of the full staff, we look forward to seeing many of you in a few weeks!

## Nominations Needed for the 5th Annual Carlos Salinas Award

To Recognize a South Carolina Dentist Serving Patients with Special Health Care Needs

The South Carolina Dental Association (SCDA) and the South Carolina Oral Health Coalition (SCOHACC) have established an award to honor a dentist for excellence in providing care to and advocacy for individuals with special health care needs. This is the fifth year of the award, co-sponsored by Specialized Care Company, and nominations are now being accepted. The winner will receive special recognition at the Medical University of South Carolina (MUSC) in Charleston and at the annual SCOHACC Oral Health Forum; will receive an engraved award from the SCDA and SCOHACC; and the recipient's name will be placed on a perpetual plaque displayed at the MUSC Dental College.

### Requirements:

- The nominee must be a dentist licensed to practice dentistry in the State of South Carolina.
- Nominations can be submitted by anyone in the community other than the provider receiving the nomination. (Author must include name and contact information).
- A formal letter written by the person submitting the nomination; stating why the nominee should be selected.
- The letter should cite at least three specific examples that demonstrate how the nominee has provided exceptional care for patients with special needs.
- **Deadline for nomination letter receipt (or postmark) is June 29, 2012.** (Electronic submissions are preferred).

### Past Recipients:

2008	Dr. Kenneth Lowry
2009	Dr. Richard Cross
2010	Dr. Richard Bryant
2011	Dr. John Sowell

**For more information, please contact:** Mary Kenyon Jones; SC Department of Health and Environmental Control- Division of Oral Health; Mills-Jarrett Complex-Box 101106; Columbia, SC 29211; (803) 898-1353; [kenyonm@dhec.sc.gov](mailto:kenyonm@dhec.sc.gov)





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## SCDA Glove Program Unveils New Website



Mr. Mark Brown

Improving the quality of South Carolina Dental Association members' online shopping experience is the goal of the SCDA glove program's new website. Easy sample requests and recurring order program set-up, more detailed information, great personal account management and simplified comparison shopping are all improvements featured on the new Association Gloves website, the administrator of your association's glove program.

Still located at [www.scdagloves.com](http://www.scdagloves.com), the new Web store allows you to search by brand name and glove type, and to request free sample gloves with just a few clicks. You can view specifications for each glove and write a review.

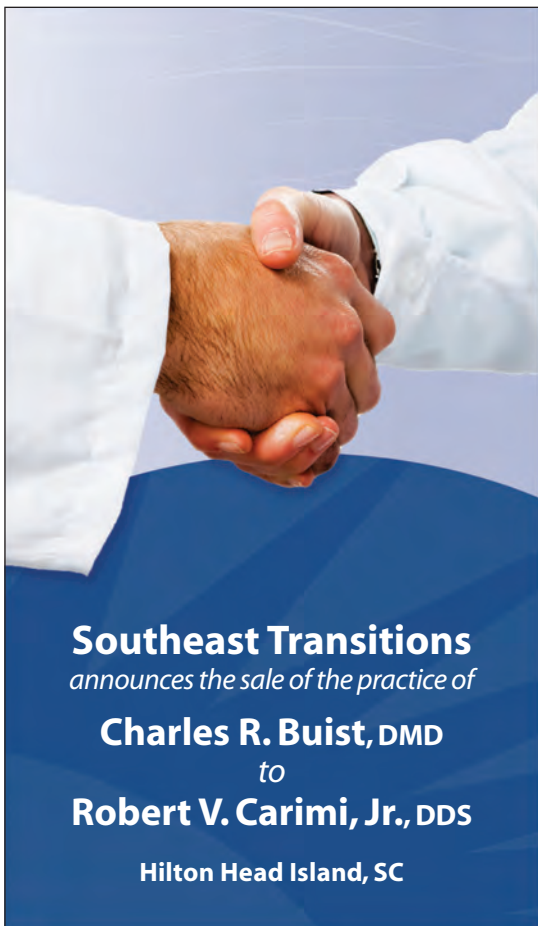
The new Association Gloves website features a faster, safe and secure check-out process. You'll be able to create an account to speed your future glove purchases, review your order history and transactions, and keep track of your wish list. Learn about gloves in their new Education section, where you'll find FAQs, a glossary, and links to regulatory information and glove standards.

Visit their new glove blog and be sure to make comments and suggestions for topics. And, Association Gloves now has a Facebook presence. You're invited to like them on Facebook to stay current with news and share your thoughts.

"Association Gloves strives to exceed our customers' expectations on a daily basis," says Darren Zwick, director of Association Gloves. "We're excited about our new Web store and think it will better serve the members of our 15 endorsing dental and medical associations, who are our core customers. Let us know what you think about the new site. We're open to ideas for improvements and input from site users."

The new website enhances the value of the glove program for SCDA members and represents their continued commitment to provide exceptional service and wide selection of high-quality gloves at great prices.

Association Gloves, established in 2007, is a distributor of powder-free latex, powdered latex, nitrile, chloroprene and synthetic exam gloves, located in Okemos, MI. It is endorsed by 12 state dental associations and three medical associations.



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Full-arch Implant Restorations Made Simple, Predictable, and Cost-effective- **June 15, 2012 8 AM- 12:30 PM. Doubletree Hotel Downtown Charleston \$95.00, 4 CE credits.** Speakers: Dr. James Rivers (MUSC), Henry Martin (Restorative Arts), Dr. Lon Doles (OMSA), Dr. Dan Carson (OMSA), to register call 843-554-5003 or email [oralsurgerysc@gmail.com](mailto:oralsurgerysc@gmail.com)

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Dentist needed **2-2 1/2 days weekly in Columbia, SC.** Duties to include endo and anterior. Please contact Karen 803-738-2424 and/or email resume to [cdcsmls@live.com](mailto:cdcsmls@live.com).

**Associate General Dentist** Great associate position in Anderson and Rock Hill, SC. Could lead to a partnership. Great benefits! Please contact Deborah Hammert at 216-310-1847 for more information. Please submit CV to [Deborah.Hammert@dentalonepartners.com](mailto:Deborah.Hammert@dentalonepartners.com).

**Dentists-5 years experience needed** - state of art practices needed full and part time positions in the Myrtle Beach area. Please call 843-353-0328 or fax resume to Dr. David Quick.

**General dentist needed** for busy, growing Columbia office. Immediate FT or PT opportunity available. State of the art facility near I-77 with digital x-rays, Dentrix software and excellent support staff. Please email CV to [abramsg2000@yahoo.com](mailto:abramsg2000@yahoo.com)

New Horizon Family Dental Care, Greenville, SC is seeking a **FT general dentist** responsible for providing patients with a full range of dental services to optimize oral health. Must have SC license, and residency or 1 year experience. As a community health center, we have provided superior medical, dental, pharmacy, and behavioral health services to our patients. If interested please forward your cover letter and salary requirements and CV to [hrdept@newhoizonfhs.com](mailto:hrdept@newhoizonfhs.com) or contact HR at 864-312-6001

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**Dentist with experience wanted for part-time position** with a group practice near Columbia, SC, eventually full-time; possible buy-in for the right person; minimal endo or surgery, primarily restorative and crown and bridge; email information to [southerndentalsc@gmail.com](mailto:southerndentalsc@gmail.com).

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**Lab Tech** - experience with removeable prosthetic a must (fix crown and bridge a plus) state-of-the-art practice in the Myrtle Beach area. Please call 843-353-0328 or fax resume to Dr. David Quick.

Immediate need for **FT front desk coordinator** for family dental practice in NE area. Eaglesoft and dental experience required. Great people with phone skills

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**\*NEW\*FLORENCE, SC** General dentistry practice for sale north of Florence, SC. There are 5 operatories in a 3000 sq ft office with great equipment, all digital. The practice is collecting between \$800,000-\$1M annually on 3 days per week. Excellent staff to stay on. For more information call 678-482-7305, email [info@southeasttransitions.com](mailto:info@southeasttransitions.com) or visit [www.southeasttransitions.com](http://www.southeasttransitions.com).

**Dental Office**- 1447 Ebenezer Rd, Rock Hill, SC. 2,700 sq brick with 6 operatories, pan room, lab, large reception and business office, file room, 2 private offices, large lounge with kitchen. Located near hospital. Now leased through Oct, 2012 with option to renew through 2016.

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or [Teresa@greenvillebraces.com](mailto:Teresa@greenvillebraces.com)

- Classified advertising is \$35 on a per issue basis. There is no charge for Help Wanted/Job Wanted (Job Bank) ads for members. The public can place ads for \$35 on a per issue basis. Ads are posted to the SCDA website during the month(s) of publication at no additional charge. Please use **no more than 50 words**.
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- Job Bank ads can be kept confidential if so desired. If you are interested in receiving information from or submitting information to the Job Bank, please call the SCDA office.
- If you have registered with us previously and have found work or filled your position, please let us know so that we can take your name out of our files.
- Contact: SCDA Bulletin, ATTN: Maie Brunson, 120 Stonemark Lane, Columbia, SC 29210; call 800-327-2598; fax 803-750-1644; email [brunsonm@scda.org](mailto:brunsonm@scda.org).

## Other News

To keep up with other goings on within the dental profession, just follow the links below:

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