CDA meeting topics include forensic dentistry, oral pathology, pharmacology

More than 150 lectures and workshops for dentists and their teams are lined up for CDA Presents The Art and Science of Dentistry, to be held Sept. 6-8 in San Francisco. Nearly all courses are eligible for C.E. credit and span topics in clinical care, practice management and beyond. Highlighted here are just a few expert speakers and their courses.

"Facial Reconstruction to Facial Transplantation: Success Through a Team Approach" by Lawrence E. Brecht, DDS, is the San Francisco convention’s featured lecture. Brecht is the director of maxillofacial prosthetics at New York University College of Dentistry and the director of dental services at the Institute of Reconstructive Plastic Surgery of New York University Langone Medical Center.

Through the development of a surgical-prosthetic-industrial team approach and advances in digital technologies, many previously unimaginable facial reconstructions are now possible and are achieved through fewer and more efficient surgical procedures that also facilitate improved prosthetic restorations and functional outcomes.

Brecht’s presentation will discuss the advantages of using this team approach in reconstruction, from the simplest examples to the most complex, such as facial transplantation. (Read more about Brecht’s lecture in article on page A2.)

Forensic dentistry and practitioners’ duties as mandated reporters
Anthony R. Cardoza, DDS, chief forensic dentist for San Diego and Imperial counties, is teaching several courses in forensic dentistry and laser-assisted dentistry.

"The entire dental team can benefit from working as a team to simplify complex interdisciplinary treatments as well as how to collaborate as a team," Cardoza said. "They will learn about the use of implants.

Other courses will focus on oral cancer awareness, oral rehabilitations, oral medicine specialist and oral and maxillofacial pathologist, will give two presentations on oral pathology. One seminar will discuss the aspects of oral cancer that are important to an oral health care provider and will introduce technologies such as visualization devices and quantitative cytology.

Attendees will leave the courses under-stand how to identify the treatment algorithms associated with them.

The entire dental team can benefit from Ritt’s second workshop, also sponsored by TDIC. Through interactive hands-on simulations using the SimMan, teams will learn the proper assessment and management of medical emergencies and complications that can occur in the dental office.

The course will emphasize the importance of dental organization and team dynamics, and the simulations will call on participants to work as a team to make critical decisions and deliver appropriate therapies to patients. Attendees will also learn what emergency equipment and instrumentation are essential for the dental office.

Oral cancer awareness, oral rehabilitations
Samson Ng, BSc(Pharm), MSc, DMD, an oral medicine specialist and oral and maxillofacial pathologist, will give two presentations on oral pathology. One seminar will discuss the aspects of oral cancer that are important to an oral health care provider and will introduce technologies such as visualization devices and quantitative cytology.

Attendees will leave the course understanding the clinical science, presentation and epidemiology of oral cancer and learn screening and diagnostic work-up for oral precancerous lesions.

Two lectures by George F. Priest, DMD, a former professor in graduate prosthodontics at Emory University, will discuss oral rehabilitations — one exploring the use of crowns and veneers and the other the use of implants.

Specifically, Smile Line Rehabilitation with Implants will teach attendees impression and intraoral scanning techniques as well as how to collaborate as a team to simplify complex interdisciplinary treatment plans for optimal implant esthetics.
From facial reconstruction to transplantation: Prosthodontist to discuss importance of teamwork

When people working at the top of their professions make a concerted effort to know what their colleagues need, the whole represents the greater outcomes of the parts and exceptional things can be created. In other words, teamwork can accomplish so much more, especially in the field of prosthodontics and dentistry in general.

That’s the idea Lawrence E. Brecht, DDS, hopes to convey in his lecture “Facial Reconstruction to Facial Transplantation: Success Through a Team Approach” at CDA Presents The Art and Science of Dentistry in San Francisco in September. Brecht is the director of maxillofacial prosthedics at New York University College of Dentistry and has a joint appointment in the Hansjoegh Wyss Department of Plastic Surgery of New York University Langone Medical Center, where he also serves on the cleft palate, craniofacial, ear anomalies and facial transplant teams.

Brecht’s presentation will review and stress the importance of the surgical-prosthetic-industrial team approach in reconstruction, from the simplest examples to the most complex, including facial transplantation. In his lecture, he will also discuss how the culmination of the team concept can be seen in the advances in tissue allograft surgery (facial transplantation) for the severest of facial deformities.

“We'll begin with how a team approach can benefit children with a cleft palate and the simplest of ‘reconstruction’ of a smile for a baby and move up through jaw reconstruction for cancer and trauma patients — utilizing the ‘jaw in a Day’ procedure — and move outside the oral structures, to the orbit, nose and ear, and the technology that is used to create those prosthetics,” he said. The lecture will end with a discussion of what Brecht calls the “worst-case scenario” — when facial transplantation becomes necessary.

Brecht’s interest in prosthodontics and its subspecialty, maxillofacial prosthodontics, began when he was a student at New York University, where he earned his DDS. “You’re dealing with reconstituting portions of the face beyond the oral structures, and it seemed to me that it was not a difficult thing to reconstruct a tooth as a tooth,” he said. “I enjoy the challenge and the fact that you have to work with your colleagues to get the best possible result for a patient.”

After completing a residency at Boston’s Brigham and Women’s Hospital and a fellowship at the Harvard School of Dental Medicine, Brecht went on to earn certificates in both prosthodontics and maxillofacial prosthodontics from the Department of Veterans Affairs Medical Center in New York, N.Y. He maintains a practice in New York City limited to prosthodontics and maxillofacial prosthodontics.

Many previously unimaginable reconstructions are now possible and achieved following fewer and more efficient surgical procedures that also facilitate improved prosthetic restorations and functional outcomes. While facial transplantation may be an option in some cases, it should not be the “first thing you go to,” according to Brecht. He said many problems are associated with facial transplants, such as the need for lifelong anti-rejection medications that increase the potential for various cancers and the procedure’s extreme cost. Often, reconstructions are successful and make facial transplants unnecessary. Case in point: A successful reconstruction of one of his patients who was originally a facial-transplant candidate.

“There’s a boy we’re taking care of who had a gunshot wound and was considered to have a face transplant but was able to be reconstructed” Brecht said. “Using leg bones, we made dental implants and were able to make dental prostheses to restore him to a fairly whole status.”

When facial transplants do become necessary, Brecht and a team of professionals plan out what structures to remove from the donor to be accepted in the recipient. But the team also strives to maintain a level of dignity for the donor throughout the procedure, including making molds of the donor’s face, Brecht said. The molds are used to create a lifelike silicone replica of the face to be draped over the donor’s remains. “That keeps a sense of there being a humanity of the donor,” he said.

Brecht credits a team approach and advances in digital technologies for the success of reconstructions and facial transplants. He enjoys the intellectual stimulation of being part of a team, which in his field may include computer engineers, microsurgeons and dental laboratory specialists. He says one person does not have all the answers to provide the care that patients need. But with the team approach, everybody pulls together, teaches each other and becomes amateur experts in their teammates’ specialties.

“With the onset of some really new and creative technologies, we’re able to do things that we could not have done five years ago and it’s constantly evolving,” Brecht said. “Embracing technology and being part of a team that’s greater than just myself have led to great personal growth and satisfaction. And that gives me a different perspective on what I do.”

“Facial Reconstruction to Facial Transplantation: Success Through a Team Approach” takes place from 11:30 a.m. to 1 p.m., Thursday, Sept. 6, and is open to the entire dental team.

(Source: California Dental Association)

Pharmacology
Harold L. Crosby, DDS, PhD, professor emeritus at the University of Maryland Dental School in Baltimore, will present four courses that explore the intersection of pharmacology and dentistry. One course will provide the “nuts and bolts” of pharmacology that are useful in the dental office. Recognizing the importance of the surgical-team approach, Crosby will also discuss how the culmination of the team concept can be seen in the advances in tissue allograft surgery (facial transplantation) for the severest of facial deformities.

“Many previously unimaginable reconstructions are now possible and achieved following fewer and more efficient surgical procedures that also facilitate improved prosthetic restorations and functional outcomes. While facial transplantation may be an option in some cases, it should not be the ‘first thing you go to,’ according to Crosby. He said many problems are associated with facial transplants, such as the need for lifelong anti-rejection medications that increase the potential for various cancers and the procedure’s extreme cost. Often, reconstructions are successful and make facial transplants unnecessary. Case in point: A successful reconstruction of one of his patients who was originally a facial-transplant candidate.

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