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 Richard Rubinstein Stephen Navarre
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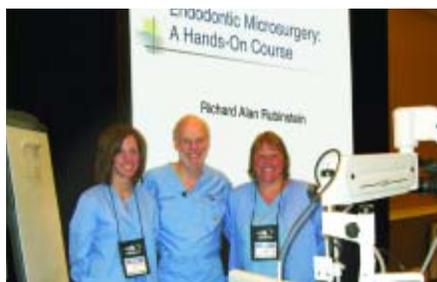
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Endodontic Associates in Dallas for the AAE Annual Meeting

Titled, *Advocating for the Advancement of Endodontics*, the 2005 American Association of Endodontists Annual Session was held at the Wyndham Anatole hotel in Dallas, Texas. The non-stop four day convention featured lectures, seminars, educational lunches, business symposiums and plenty of social events with the leading national and international endodontists.

The educational programming was structured into tracks covering the topics of pain control, surgery, practice management, implantology and trauma. Endodontic Associates Doctors and staff were well represented at many of the clinical and scientific presentations.

Dr. Richard Rubinstein, Farmington Hills office, recognized internationally



Dr. Rubinstein and his assistants Jenny and Diane pause for a picture prior to their all day hands-on microsurgical course.

as a pioneer in Endodontic Microsurgery and the use of the Surgical Operating Microscope, assisted by staff Diane and Jennifer, taught an eight-hour hands on Microsurgical workshop to a sold-out group of 50 international endodontists. This highly successful and well received course will be presented again for the third straight year at the 2006 AAE Annual Meeting in Hawaii.

Dr. Michael Hoen, Bloomfield Hills office, and Director of Graduate Endodontics at the University of Detroit-Mercy represented Endodontic Associates and the University at various national forums on specialty education. Dr. Hoen moderated oral research presentations and continued his activity reviewing lecture material for the educational affairs committee.



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AAE Meeting

Dr. Allan Jacobs, Waterford office, and National Chairperson of the Public and Professional Affairs Committee, spent the conference organizing and coordinating the upcoming launch of the new national public awareness campaign sharing information with general dentists and the patient population.

Dr. Gerald Dietz, Jr., Bloomfield office, who serves as a Trustee of the AAE Foundation attended an all day session with the Foundation board. The AAE Foundation raises and administers the investment and distribution of funds from the 15 million dollar trust fund generated to advance research and education in the field of endodontics.

Dr. Gerald Dietz, Sr. and Dr. Gerald Dietz, Jr., Bloomfield office, attended a formative meeting of endodontists interested in forming a group to share ideas for the management of larger practices. Surprisingly, 70% of national endodontists are in solo practice. Endodontic Associates philosophy is that we can better serve our referring doctors and patients by offering a network of offices spread across the metropolitan Detroit area. This seemingly intuitive concept is relatively unique in national endodontic practice and Endodontic Associates help educate endodontists to the benefits of a larger group practice philosophy.

Dr. Richard Gardner, Ann Arbor office, spearheaded the Michigan Association of Endodontists cocktail party. The party, featuring gourmet hors d'oeuvres and premium bar was well attended by Michigan and national colleagues. ■

A Pre-Columbian Root Canal

Archeologist Steven Baker was working a Sky Aerie Overlook, the site of some early Indian shelters on a hill in Rio Blanco County, Colorado, when he unearthed a stack of bones. Oddly enough, the fragmented skeletons were partially buried under a hearth. But the real surprise came when Baker forwarded the spoils to Tim White's Laboratory for Human Evolutionary Studies in Berkeley, California.

Sorting through the bones, White noticed an unusual hole on the surface of a human canine tooth, wobbly but intact in its jaw. "We've worked with a lot of skeletal material," graduate student David DeGusta recalls, "but we've never seen a hole like this." The tooth, which dates from between the years 800 and 1200, appears to be the first evidence of dentistry in the Southwest and one of only three or four prehistoric teeth in the world that bears the signs of such work.

White's team became convinced of the nature of the hole after studying it with a scanning electron microscope. Inside the hole was a series of neat, systematic striations running along its sides. "This suggested to us," says DeGusta, "that someone drilled out this hole. It didn't look like it was carved by any sort of chemical process, and it's not like a rat is going to gnaw a perfect hole on the top of the tooth." The researchers also noticed a scar on the jaw near the tooth, the impression of what must once have been a rather painful abscess.

With a motive established and evidence documented, all the researchers needed was a good reenactment. That was easily done. They took some obsidian, honed it into a drill bit, and mounted the stone on a small stick. Why obsidian? "Obsidian was a relatively common material for making tools," says DeGusta. "We also happened to have a



Ancient Dentistry: Close-up (top) of a drilled tooth and traces of an abscess (bottom).

large supply of it in the lab."

The researchers then took a modern canine tooth very similar to the prehistoric one and went at it with their obsidian drill. Using an electron microscope once again, they could see that their handiwork produced striations identical to those found in the Sky Aerie canine. Researchers in Denmark have recently found similar marks in a Neolithic tooth, suggesting the primitive dentistry was geographically widespread, although it was probably not a common practice. ■

(Reprinted from Discover, December, 1997, T. White)

Endodontics and Esthetic Dentistry

Chivian et al from Newark Beth Israel Medical Center, New Jersey, found that dentists may include endodontically treated teeth in their esthetic restorative-treatment plans. Although the healing potential of the healthy pulp following dental intervention has been well documented, the potential for complete repair has been known to decrease as the number of procedures during a tooth's lifetime accumulate. Provided there are no additional insults, a healthy pulp's survival with resolution of acute inflammation after a restoration will usually take place within a few weeks. However, extending a patient's palliative treatment beyond that time-frame is not only unjustified but also seriously threatens the patient/doctor relationship.

Normally, reparative or irregular dentin deposits form a protective barrier for the pulp tissue at the injury site. This abnormal dentin develops in response to intense and aggressive pul-

pal irritants that have reached or exhausted the limit of pulp tolerance (e.g., erosion, abrasion, caries, dentinal exposure by fracture, decay or mechanical tooth reduction, traumatic injury, caustic medicaments and harmful filling materials).

The histologic appearance of reparative dentin demonstrates dentinal tubules that are irregular, tortuous or even absent. The increased thickness of the total dentin is the likely reason for patients having decreased responses to cold stimuli as time passes following a routine dental procedure. However, quantitatively it may be noted that the greater the degree of the "insult" caused by preparations and restorative materials, the greater the amount of reparative dentin that forms. Although the deposition is not uniform in thickness, such dystrophic calcification may completely occlude the canal, reduce the blood supply, necrose the tissue and complicate the inevitable and necessary

endodontic procedure.

In earlier studies, it was shown that 0.5 mm to 2 mm dentin thickness between the floor of the cavity preparation and the pulp would provide adequate insulation against the more traumatic thermogenic operative techniques in spite of intentional abuse and most restorative materials. The more successful and predictable treatment is, when the depth of the preparation is from an estimated 0.5 mm to an exposure, would be in the authors' view an indication for endodontic therapy. This is particularly true when the patient is about to commit to an extensive and expensive restorative treatment plan. ■

Chivian N, Arens DE, Sigurdsson A. Endodontics and esthetic dentistry. In: Goldstein RE, Haywood VB; eds. Esthetics and Dentistry. 2nd Edition, Vol. II. (Hamilton, Canada: B.C. Decker Inc.) 2002;569-571.

In Memoriam

Endodontic Associates lost a good friend and respected colleague with the passing of **Dr. Phil Cohen**, D.D.S., M.S., of Root Canal Specialty Associates of Livonia and Brighton. Dr. Cohen died suddenly while attending the AAE meeting in Dallas in early April. He was a tireless worker advancing the field of endodontics and will be sadly missed. ■

Quotes of the Quarter

"If we had no winter, the spring would not be so pleasant; if we did not sometimes taste of adversity, prosperity would not be so welcome."

by Anne Bradstreet

"Nobody will believe in you unless you believe in yourself."

by Liberace, Pianist

Rochester Office – Get Your Patients to Say Yes

On Monday, May 23, the doctors of the Rochester office of Endodontic Associates hosted a small workshop on “How to Achieve Total Case Acceptance.” Organized by Dr. Michael Glass and Dr. Mark Dylewski, the seminar provided 3 continuing education credits for all attendees.

The presenting speaker was Dr. Mark Murphy, D.D.S, Director of Continuing Dental Education for DTI, a premium Dental Laboratory Company, and a practicing dentist in Rochester. Attended by 20 dentists, Mark gave a very insightful and engaging 2 hour lecture on improving the communication structure between dentist and patient. All dentists are frustrated when they know more optimal dentistry can be achieved and their patients will greatly benefit from it. Failure to present treatment plans is a universal experience, and the lecture provided the tools to expand the dentist - patient relationship and get the patient to “say yes.”

Through a series of entertaining stories and analogies from his own time tested dental practice, Mark demonstrated the power of developing trust with patients, avoiding having dentistry looked upon as a mere commodity and becoming the trusted oral health leader for his patients. He defined the values and emotions that drive patient decisions to choose optimal dentistry and explored the economic impact of increase case acceptance.

Using a typical case example, Mark lead the doctors through the process of developing a personal sequence for performing an examination including pre-clinical interview, taking records, clinical exam, and a findings review. He demonstrated how to improve the educational value of each component of the examination experience and how to leverage the behavioral and social aspects of the doctor-patient relationship during the visit. The goal of each patient experience is to develop enough



(L-R) William Chandler, Mike Glass, Brian McLean, Mark Murphy, Michael DePorre, Mark Dylewski, Walter Kubinski

trust through open communication that the patient will arrive at an informed consent and “say yes” to the optimal course of treatment.

The participating dentists were fortunate to hear Dr. Murphy speak in the intimate setting of the Rochester Endodontic Associates office conference room. Mark has lectured throughout North America on Practice Management, The Philosophy of Dental Practice, Communication, Quality Issues facing Dental Practices and Labs, Occlusion, TMD, and Esthetics. He blends a style of stand-up humor with anecdotes, clinical experience and current research findings. He is an active lecturer for the Pankey Institute and garners rave review wherever he speaks.

Although many of the dentists stayed after the formal presentation, Drs. Murphy, Glass, and Dylewski made sure that anyone who needed to catch game 1 of the Eastern Conference Finals was home in time to see the Pistons beat the Heat 90 – 81.

Endodontic Associates offices are committed to continuing to offer local dentists engaging educational opportunities. ■



(L-R) Mike Glass, Carlo Ciaramitaro, Mark Murphy, Michael DePorre, Carl Piontkowski, William Chandler, Donald Swintek