

# ENDO TRIBUNE

The World's Endodontic Newspaper · U.S. Edition

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## Always aim to save natural teeth, Rossman says

*AAE president reminds dentists that while implants may be the best option for many patients, the lifetime benefits of maintaining natural dentition are better than artificial replacements*

By Fred Michmershuizen, Managing Editor

Endo Tribune had the opportunity recently to interview Dr. Louis E. Rossman, president of the American Association of Endodontists. Rossman, who is in private practice in Philadelphia, discussed AAE initiatives that have significantly increased the general public's awareness of endodontists and have greatly improved their feelings toward root canal therapy. He also discussed the need to involve endodontists in treatment planning deci-

sions, and he stressed the importance of saving patients' natural teeth whenever possible.

**What is the biggest misconception that the general public has about root canal therapy, and what is the American Association of Endodontists doing to change that?**

The most common misconception the public has is that root canal treatment is painful and is a dental procedure to be feared. Surveys show that 58 percent of consumers are nervous or apprehensive about having a root canal, which is more than any other dental procedure! This presents a unique challenge to our profession and specialty.

Since 2004, the American Association of Endodontists has been focused on dispelling the myths and misconceptions about endodontic treatment through its public relations campaign. Using a combina-

tion of consumer media outreach, direct communication with general dentists and messaging to dental educators and students, we have been making progress in raising awareness of endodontists and their valuable role in providing treatment that is virtually painless to save natural teeth. We are encouraged by the fact that media coverage of the specialty has increased 560 percent since the launch of our campaign, and 89 percent of patients who have had a root canal performed by an endodontist would return to one.

**What is the role of the general practitioner?**

I must emphasize that we greatly value the role that the family dentist plays in the patient's decision-making process. Our research shows that when considering root canal treatment or an extraction, 57 percent of patients rely on their dentist's ad-



**'We have been making progress in raising awareness of endodontists and their valuable role in providing treatment that is virtually painless to save natural teeth,' says Dr. Louis E. Rossman, president of the AAE.**

vice. Accordingly, the AAE has made it our goal to serve as the most reliable and accessible source of en-

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#### Berlin Masters



Berlin Masters — featuring the annual Roots Summit and Implants Summit — will be held in Berlin June 26 and 27, 2009. Both summits, which will run parallel to one another, will feature hands-on training and lectures from the top names in dentistry worldwide.

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#### Milestone's STA System



Thanks to the Single Tooth Anesthesia (STA) System from Milestone Scientific, pain management doesn't have to be so painful anymore. The STA System is especially valuable for endodontists, who typically work on one tooth at a time.

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## Root canal performed on national TV

*Laser technology available from Biolase is showcased during 'painless' procedure*

By Fred Michmershuizen, Managing Editor

When endodontists go to work, they invariably think about things like access, working length, cyclic fatigue and obturation. But when patients think about a root canal, they are primarily concerned about one thing and one thing alone — pain.

So when Dr. Bill Dorfman and Dr. Darrell Chun presented a case for endodontic treatment on the nationally televised program "The Doctors" recently, the discussion focused on pain — specifically, the lack thereof. Dorfman explained how using Waterlase MD laser technology, available from Biolase, would make the procedure "painless" for the patient.

The program was broadcast Jan. 9. "The cool thing about this is usually there's no pain, no shots, and we're using a combination of the laser plus water to clean out the root instead of using Clorox and files like we used to use," Dorfman told view-



**Dr. Darrell Chun, seated, and Dr. Bill Dorfman perform endodontic therapy on a patient for the nationally televised program 'The Doctors.' (Photo: thedoctorstv.com.)**

ers at the beginning of the show.

In addition to alleviating viewers' concerns over the actual amount of pain involved in treatment, Dorfman also used an animation to show viewers what happens to a tooth when the pulp chamber becomes infected, and to explain the need for root canal therapy.

"When that becomes infected we need to remove the nerve, otherwise your face just blows up," Dorfman said. "So it's really important to do a root canal when you start having

pain like that."

The patient, a woman named Kenya, expressed her happiness at the conclusion of the procedure. "It was absolutely painless, and I'm not afraid to go to the dentist now," she said. "It was wonderful. I almost went to sleep, it was that painless."

Dorfman used a model of human teeth to educate viewers even further. "When you have a normal,

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# Berlin Masters to offer the best of endo and implant education

Berlin Masters — featuring the annual Roots Summit — will be held in Berlin on June 26 and 27, 2009. Clinicians from all over the world will take advantage of the opportunity to come together to learn about the lat-

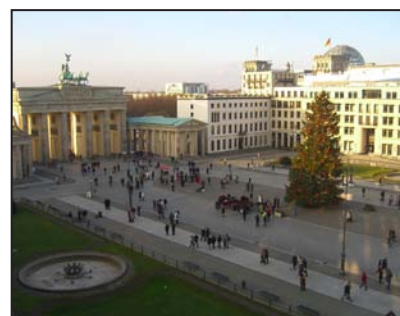
est techniques, products and innovations in the field of endodontics.

Running simultaneously will be the annual Implants Summit, which will offer the latest techniques, products and innovations in the field

of implantology.

Both summits, organized by Dental Tribune International, will feature hands-on training as well as lecture presentations from the top names in dentistry worldwide.

The event will take place in the Hotel Palace Berlin, located in the center of the city, one of the most renowned hotels in the German capital. One of the hotel's best features is its location. With the Europa Center, the Berlin Zoo, the KaDeWe Department Store, the Memorial Church and an extensive shopping district situated at its doorstep, it truly is in the heart of Berlin.



Berlin

As the cultural hub of modern Germany, Berlin is one of the most important cities in Europe and can cater to the most diverse tastes during the day and certainly provide enough highbrow entertainment to fully justify indulging in the city's nightlife later.

The two separate curricula will take place on parallel tracks, and the two groups will join for all breaks and evening events.

By participating in the Berlin Masters, you will be demonstrating your dedication to be at the forefront of dental technology. You have the unique opportunity to connect with hundreds of colleagues in an intimate setting.

To register for the event, visit [www.theberlinmasters.com](http://www.theberlinmasters.com). Those who sign up before March 1 will receive a 15 percent discount on registration fees. In the meantime, if you have any questions, please contact Julia Wehkamp at (416) 907-9836 or [j.wehkamp@dtamerica.com](mailto:j.wehkamp@dtamerica.com).

## Calendar

### Feb. 26–March 1 — Chicago

Midwinter Meeting  
Chicago Dental Society  
McCormick Place Lakeside Center  
Information: (312) 836-7300;  
[www.cds.org/mwm](http://www.cds.org/mwm)

### March 5–7 —

Vancouver, British Columbia  
Pacific Dental Conference  
Canadian Dental Association  
Vancouver Convention and  
Exhibition Centre  
Information: (604) 736-3781;  
[www.pdconf.com](http://www.pdconf.com)

### March 19–21 — Atlanta

Thomas P. Hinman Dental  
Meeting  
The Hinman Dental Society of  
Atlanta  
Georgia World Congress Center  
Information: (404) 231-1663;  
[www.hinman.org](http://www.hinman.org)

### April 1–4 — Miami

General Session  
International Association for  
Dental Research  
Information: (703) 548-0066;  
[www.iadr.org](http://www.iadr.org)

### April 29–May 2 — Orlando, Fla.

Annual Session  
American Association of  
Endodontists  
Gaylord Palms Orlando  
Information: (800) 872-3636;  
(866) 415-9020; [www.aae.org](http://www.aae.org);  
[info@aae.org](mailto:info@aae.org)

### May 14–17 — Anaheim, Calif.

CDA Presents the Art and Science  
of Dentistry  
California Dental Association  
Anaheim Convention Center  
Information: (916) 443-3382;  
[www.cda.org](http://www.cda.org)

### May 25–26 — Montreal

Journées dentaires internationales  
du Québec (JDIQ)  
Ordre Des Dentistes Du Quebec

Palais des congrès de Montréal  
Information: (514) 875-8511 ext.  
2222; [www.odq.qc.ca](http://www.odq.qc.ca)

### June 26–27 — Berlin

The Berlin Masters, featuring  
the Roots Summit and  
Implants Summit  
Dental Tribune International  
The Hotel Palace  
Information: (416) 907-9836;  
[www.theberlinmasters.com](http://www.theberlinmasters.com)

### July 8–12 — Baltimore

Annual Meeting  
Academy of General Dentistry  
Information: (888) AGD-DENT;  
<http://test.agd.org>

### Aug. 7–9 — Seattle

APICES (Advanced Programs in  
Clinical Endodontics Symposium)  
American Association of  
Endodontists  
Information: (800) 872-3636; (866)  
415-9020; [www.aae.org](http://www.aae.org);  
[info@aae.org](mailto:info@aae.org)

### Aug. 26–30 —

Niagara-on-the-Lake, Ontario  
Annual General Meeting  
Canadian Academy of Endodontics  
Queen's Landing Hotel  
Information: (204) 942-2511;  
[www.caendo.ca](http://www.caendo.ca)

### Sept. 11–15 — San Francisco

CDA Presents the Art and Science  
of Dentistry  
California Dental Association  
Information: (312) 440-2500;  
[www.ada.org](http://www.ada.org)

### Sept. 30–Oct. 4 — Honolulu

Annual Scientific Session and  
World Marketplace Exhibition  
American Dental Association  
Information: (312) 440-2500;  
[www.ada.org](http://www.ada.org)

### Nov. 27–Dec. 2 — New York

Annual Session  
Greater New York Dental Meeting  
Jacob K. Javits Convention Center  
Information: (212) 398-6922;  
[www.gnydm.org](http://www.gnydm.org)

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## ET Corrections

The caption for a photograph appearing on page 10 of the December issue of Endo Tribune contained a spelling error. Accompanying Dr. John Schoeffel was Dr. Garry Bey (not Gerry). Endo Tribune regrets the error.

Endo Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Fred Michmershuizen, managing editor, at [f.michmershuizen@dtamerica.com](mailto:f.michmershuizen@dtamerica.com).

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## Rossman

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dodontic information for general dentists.

The reality is there simply aren't enough endodontists to cover the 15 million root canal treatments performed each year. Because the majority of root canal treatment is performed by general dentists, we strive to provide them with access to the latest clinical information and resources about endodontics, and we offer our assistance as partners in providing the highest quality of patient care. The AAE's Endodontic Case Difficulty Assessment Form helps practitioners gauge their skill and comfort level at various levels of case complexity, and it allows them to easily determine when referral to an endodontic colleague would be in the patient's best interest. We also strongly encourage all dentists to build strong relationships with their local endodontists, to become better informed on the issues and advances in the specialty.

**With all the growing excitement surrounding dental implants these days, what does that say about the future of endodontics?**

There is no doubt that dental implants are a valid treatment option for many people today, especially edentulous patients. However, I've become increasingly disturbed by the speed with which many dentists are embracing implants as a replacement for natural teeth that could be saved with endodontic treatment. Our goal as dentists is to make every reasonable attempt to maintain the natural dentition. Nothing looks, feels or functions like the natural tooth. Consumer surveys conducted by the AAE show that patients increasingly prefer to have a root canal than have their tooth extracted and an implant placed.

The current debate among dental professionals regarding implants

underlines the fact that clinical studies of implant success take place under very controlled circumstances and utilize definitions of success that are far less stringent than similar studies of endodontic success rates, which are often performed in typical practice settings and consistently have equally high success rates. Just because a leading implantologist places a satisfactory implant in a laboratory study does not mean that implants are as successful as root canal treatment, but it takes a discerning evaluation of the literature to understand and appreciate this difference. With implant companies aggressively marketing their product, it's sometimes hard to separate the wheat from the chafe.

My view is that the endodontic specialty will continue to thrive because, not in spite of, dental implants. Research is increasingly showing<sup>1</sup> that significantly more implants require post-operative intervention than endodontically treated teeth, making implants a more inconvenient and costly option to the patient in addition to being less successful in the long term. As dentists begin to see the long-term outcomes of implants in the future, it will be apparent that the full spectrum of endodontic treatment, including advanced surgical techniques that can be proficiently performed by endodontists, is a far more reliable and prudent choice for the vast majority of patients.

**In your view, what are the most difficult challenges faced today by endodontists and general dentists who perform root canal therapy?**

The biggest challenge today for those who perform root canal treatment is confidence that the lifetime benefits of maintaining natural dentition are better than artificial replacements — confidence that if an endodontic procedure is necessary, the tooth will last with a proper restoration for decades and even a lifetime.

The current trend to replace teeth is a perceived permanent solution. Even if we assume that success rates might be equal in the short term, additional problems can

occur with implants later: eruption of the natural tooth next to an ankylosed implant, black triangles, screws loosening and gingival defects, for example. These are rarely discussed but are real problems. There is no question that the natural tooth does not present these pitfalls. Does that mean when the restoration is completed the success rate of restoring the natural tooth is higher in the long term? Are there ethical issues in removing the natural tooth? Are profits driving dental health care?

An honest deliberation of these issues may give dental professionals the reassurance that their commitment to preserving the natural tooth is not outdated but in fact a responsible, time-tested, clinically proven treatment decision that has lifelong benefits for the vast majority of patients in their care.

**If there is one thing you could see changed about the way dentistry is practiced today, what would it be?**

I'd like to see us bring back the days of communicating as an interdisciplinary team, which includes the endodontist in treatment planning decisions. Specialists, in concert with the restorative and general dentist, should be working together on behalf of the patient. Endodontists are in a prime position to judge the prognosis of teeth — we know what we can save, and likewise, we recognize the teeth that should not be given that effort. The patient will benefit from this approach.

**On a personal note, what do you find most rewarding about your work with the AAE?**

Occupying the presidency of the AAE has been a privilege. It is an honor to serve every one of our

members. This year of service has personally exposed me to individuals and organizations that serve their constituents and dentistry in a stellar manner. We have a wonderful profession focused on patient care and health, and the elimination of disease. It has been an opportunity granted to few to work with members and our home office and staff in Chicago. I just wish each endodontist could experience what I have this year.

**Is there anything you would like to add?**

I encourage each dental professional to be involved with and give back to organized dentistry and the profession, whether it is at the local level or the national level. Teach at a school, become a mentor, volunteer for committees — whatever you do, it will serve the profession, future generations of dentists and the patients in our care.

### Louis E. Rossman, DMD

Dr. Louis E. Rossman received his D.M.D. degree in 1975 and his certificate in endodontics in 1977 from the University of Pennsylvania School of Dental Medicine. He maintains a full-time practice limited to endodontics in center city Philadelphia and is a clinical professor of endodontics at the University of Pennsylvania School of Dental Medicine. He is chair emeritus of the I.B. Bender Division of Endodontics at the Albert Einstein Medical Center, and he works as a clinical associate professor of surgery and medicine at both Drexel University College of Medicine and Thomas Jefferson University. He also serves as a consultant in endodontics for the Children's Hospital of Philadelphia. Rossman is an accomplished author, writing numerous research papers on endodontic topics and contributing to many endodontic textbooks. He has lectured extensively throughout the world.

Rossman may be contacted at [louisrossman@hotmail.com](mailto:louisrossman@hotmail.com).

### Reference

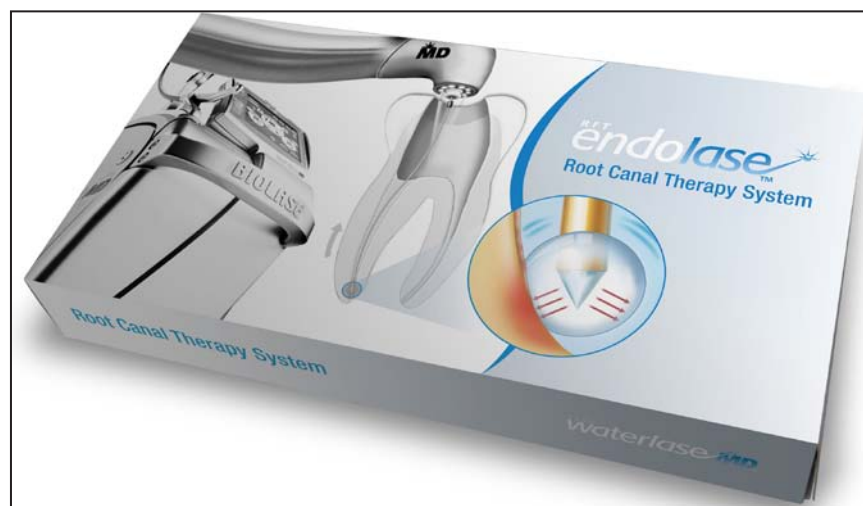
1. Hannahan, J, Eleazer, P. Comparison of Success of Implants versus Endodontically Treated Teeth. *J Endod* 2008;34:1302-1305.

## National TV

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healthy tooth, the nerve is pink and healthy," he said. "But what happened with Kenya is she started to get decay in here. That decay grew and grew and grew, and then the nerve died. Once the nerve dies, we have to take it out. If you don't take the nerve out, you get this big abscess."

He explained how Chun had removed Kenya's nerve, cleaned the area with a laser and then filled the canal with gutta-percha. "That gutta-percha is like a resin, and that will stay there for the rest of her life," Dorfman explained to viewers.



In addition to using the Waterlase laser to clean out the tooth and remove the nerve, decay and infection, the doctors also used a handheld

NOMAD Pro X-ray machine, available from Aribex. A HotShot cordless back-fill device, available from Discus Dental, was used to obturate the canal.



**Biolase equipment, which allows dentists to use lasers to treat patients endodontically, and the HotShot obturation device from Discus Dental were recently featured on the TV show 'The Doctors.'**

For more information on the televised root canal procedure and to view Dorfman's animation, visit [thedoctorstv.com/main/procedure\\_list/44](http://thedoctorstv.com/main/procedure_list/44).

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# Milestone's STA System is a 'win-win-win'

By Fred Michmershuizen, Managing Editor

Why perform a mandibular block when you don't need to? Thanks to recent advances in the field of computer-controlled local anesthesia delivery (C-CLAD), pain management doesn't have to be so painful anymore. Milestone Scientific, with its Single Tooth Anesthesia (STA) System, is a pioneer in this field.

The STA System is especially valuable for endodontists, who typically work on one tooth at a time.

Benefits of the STA System to both doctor and patient are many. The precise delivery method allows a single tooth to be made numb, so the patient does not feel any effects



Many endodontists, who typically work on one tooth at a time, find the STA System from Milestone Scientific especially valuable.

in the lip or tongue. The system offers instant onset, so a dentist can begin treatment immediately. A large volume of drug can be administered, so effects will last as long as virtually any procedure. Because of the precise delivery method, a den-

tist using STA can perform bilateral dentistry in the mandible. The dentist can also perform palatal injections that are virtually painless.

What's more, the Dynamic Pressure Sensing (DPS) technology used by the STA System allows the dentist



to precisely and accurately control and monitor needle pressure during an injection. The system provides continuous visual and audio feedback, so the dentist can optimize the rate of drug delivery.

Eugene R. Casagrande, DDS, director of international and professional relations for Milestone Scientific, pointed out that the STA System represents a "win-win-win" — for the patient, the dentist and the practice.

An injection with the STA System is a win for the patient, Casagrande said, because it is comfortable and there is no collateral numbness. It is a win for the dentist, because it is easier to give and there is less stress. And it is a win for the practice, because it increases productivity and efficiency in the office.



Dr. Eugene R. Casagrande says the STA System is a win for the patient, the dentist and the practice.

"Your patients especially will appreciate the fact that you are going out of your way to make the most difficult part of the procedure for them — the shot — as comfortable as possible," Casagrande said.

Dr. Mark Hochman, a periodontist and orthodontist who also teaches at the New York University School of Dental Surgery, shares in the responsibility for inventing much of the technology currently available from Milestone Scientific. As Dr. Hochman explained, the trick is to administer the injection below the patient's pain threshold.

"Pain is perceived through pressure, so if you can control and monitor the pressure at the tip of the needle, you will provide a better overall experience for the patient," Dr. Hochman said.

For more information on the STA System, contact the company at [www.stais4u.com](http://www.stais4u.com) or (800) 862-1125.

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