

# December 2009 Newsletter

## **Clark County Dental Society Newsletter**

300 SE 120<sup>th</sup> Ave  
. Suite 100  
Vancouver, WA  
98683

**Meetings are held  
the first Thursday  
of every month,  
6 pm, at  
Royal Oaks  
Country Club**

**President**  
Dr. Mark Johnson

**Vice President**  
Dr. Steve Hokett

**Secretary**  
Dr. Dan Wilson

**Treasurer**  
Dr. Joe Lubisich

**Immediate  
Past President**  
Dr. Peter Lubisich IV

**WDSA Delegates**  
Dr. Eric Messinger  
Dr. Peter Lubisich III  
Dr. Peter Lubisich IV  
Dr. Jim Prew  
Alternate  
Delegate  
Dr. Judith Ris  
Membership Chair  
Dr. Edward Curley

**Newsletter  
Editor**  
Dr. Peter Lubisich, III  
[editorpete@yahoo](mailto:editorpete@yahoo)

**Peer Review Chair**  
Dr. Peter Lubisich, III

**Web Editor**  
Dr. Constance Brown  
[webeditor@brownorthodontics.com](mailto:webeditor@brownorthodontics.com)



## **President's Message**

Happy Holidays! As we move into the season may we all find reason to celebrate; may we be blessed by the company of family and friends, and thankful to live in this great nation of ours.

Our December speaker, Linda Frishmeyer, JD, promises to impart interesting and insightful information. Her topic, "When Things Happen In Your Workplace - How To Investigate and Respond", should provide helpful guidance and beneficial tools to implement in our individual practice(s).

If volunteering is on your mind, please consider giving of your time and of your service by participating in Children's Dental Health Day, scheduled on February 6<sup>th</sup>, 2010. Contact Dr. Peter Lubisich for more information.

I look forward to seeing you at the meeting on December 3<sup>rd</sup>.

Warmest Regards,

Dr. Mark Johnson, CCDS President

## ANNOUNCEMENTS

---

### **Check out your Clark County Dental Society Website!**

MEMBERS ONLY - This website is currently being updated with new members being added as they join. NEW members - we will add your business information only. Sometimes members add their email address and their home address so that other members can contact you, send you a card, invite you out to dinner, etc. This personal information shows up only on the member's only section and is accessed only by other members of the society. It is protected by a user name and password. ALL members - Please let us know if you wish to make changes to your listing in the website. We would encourage all members to submit a current photo in the .jpg format.

If you have ideas as to what you would like to see featured, posted or shared with other members and the community please let us know. This section also has a classified section, a calendar of events, and an access to prior newsletters.

Along with other updates the user name and password to access the Member's only section has been updated. The user ID is "clarkdentist" and the PASSWORD is "molar".

---

---

My name is Cyndi Lehnertz and I am a Senior Dental Student at OHSU. I will be graduating in June. I am interested in finding an associateship in Clark County . I grew up in Ridgefield and currently reside there with my husband and two children. We are involved in my son's school events, sports, and many other outdoor activities.

I graduated from Clark College Dental Hygiene Program in 1996, and pursued a career as an expanded function Dental Hygienist in the Vancouver/Portland area until starting at OHSU in 2006. I am interested all aspects of general dentistry, especially periodontics and oral surgery. I have experience in patient management and interpersonal dynamics within a myriad of office settings.

Thank you very much,

Cyndi Lehnertz

[lehnertz@ohsu.edu](mailto:lehnertz@ohsu.edu)

503.680.9260

**EDITORIAL**

---

## **Composites**

I don't think it will come as a surprise to anyone that resin composite is fast becoming the material of choice for restoring posterior teeth. Some dental schools no longer teach dental amalgam at all. I have been a teacher of operative dentistry for over 30 years and have followed the development of composites over that period of time. I have taught this material, personally placed thousands of restorations and genuinely love the beauty and versatility of resins.

I am now in semi-retirement and I work as a contract dentist two days per week at Parris Island Marine Recruit Depot, South Carolina. First let me say that I have tremendous respect for the fine young men and women who have volunteered to serve their country as marines. It is a privilege to serve them. I also have a renewed respect for Navy dentistry. These recruits are cared for by some of the best dentists around. Simply put, the quality of U.S. Navy dentistry is exceptional.

I have found this recruit, patient population very interesting and many of the restorations contained in their mouths disturbing. Typically, these are very healthy 18-to 22-year-old men and women from all over the country. The majority of posterior restorations in their mouths are resin composites. And in my observation, the majority is poorly placed and failing. I genuinely have become angry at what I am seeing. Recurrent decay is the norm, particularly at the gingival margin. Forget proximal contact. When I bring out the rubber dam to begin replacement of these "fillings" (they do not deserve to be called restorations), invariably the patient will ask, "What is that?" They have never seen a rubber dam. While removing these resins, many times they will simply fly out of the preparation. It appears that the dentist who placed them had no clue. It was my anecdotal

observation that most of these existing resins were failing. So I did a quick literature review of articles recently published in the Journal Of the American dental Association. Here are some quotes taken from those articles:

“...composite restorations required seven times as many repairs as did amalgam restorations.” (“The Longevity of Amalgam Versus Compomer/Composite Restorations in Posterior Primary and Permanent Teeth: Findings From the New England Children’s Amalgam Trial, “ JA Concini, et al., JADA, 2007, 138(6):763-72.)

“Risk of secondary caries was 3.5 times greater in the composite group.  
CONCLUSION: Amalgam restorations performed better than did composite restorations. The difference in performance was accentuated in large restorations and in those with more than three surfaces involved.” (“Survival and Reasons for Failure of Amalgam Versus Composite Posterior Restorations Placed in a Randomized Clinical Trial, ” M Bernardo, et al., JADA, 2007, 138(6):775-83.)

“...significantly more resin-based composite restorations in place at the initial examination will require replacement than will amalgam restorations. Multi-surface restorations had higher rates of replacement than did one-surface restorations, and subjects at high caries risk experienced significantly higher replacement rates than did those at low caries risk.” (An Evaluation of Replacement Rates for Posterior Resin-Based composite and Amalgam Restorations in U.S. Navy and Marine Corps Recruits,” JW Simecek et al., JADA, 2009;140(2):200-9.)

I know you can reference either side in the literature but these clinically based articles reflect what I am seeing every day.

It takes longer to place a posterior composite, requires exceptional isolation and a complete understanding of the dynamics of the materials involved. The dentin interfaces of even well- placed resins degrade with function and time possibly due to matrix metalloproteinases, differing coefficients of expansion and mechanical stresses. On the

other hand, margins of amalgam restorations may actually improve with time due to corrosion products, and amalgams are much less technique sensitive to place. In essence,

some clinical situations simply are not appropriate for resin-based materials but are appropriate for amalgam.

After an extensive review, the U.S. Food and Drug Administration has recently reaffirmed the safety and effectiveness of dental amalgam. (“FDA Says Dental Amalgam Safe,” Aug. 3 ADA News). I am very sorry to see some dentists and schools abandon this material that has proven its worth over so many years. I do understand the environmental issues related to mercury but these can and are being mitigated with best management practices. In my mind there is absolutely no valid scientific reason to put such a valuable material on the shelf. It simply defies reason.

I do hope more dentists and schools will rethink their use and teaching of dental amalgam as a restorative material. Our patients deserve access to this worthy material and our students are not well educated without it.

*W. Dan Sneed, D.M.D  
Professor Emeritus  
Department of Oral Rehabilitation  
Medical University of South Carolina  
College of Dental Medicine  
Charleston, S.C.*

***Editor’s note:*** The ADA News article on the FDA’s reaffirmation of the safety and effectiveness of dental amalgam, “FDA Says Dental Amalgam Safe,” is posted at [www.ada.org/goto/adnews?3675](http://www.ada.org/goto/adnews?3675)

## 2009-2010 Dental Society Calendar

<b>Date</b>	<b>Speaker</b>	<b>Topic</b>	<b>Activity</b>	<b>Sponsor</b>
<b>December 3, 2009</b>	<b>Linda Frishmeyer, JD</b>	<b>When Things Happen in Your Workplace – How to Investigate and Respond</b>		<b>Patterson Dental Supply</b>
<b>January 7, 2010</b>	<b>Dr. Sally Williams, MD</b>	<b>HIV/ Hepatitis</b>		<b>Zimmer Dental</b>
<b>February 4, 2010</b>	<b>Dr. Richard E. Mounce, DDS</b>	<b>Endodontic Update 2010, Troubleshooting Common Problems for the General Practitioner</b>		<b>Hayes Handpiece Repair Straumann USA Pacific Continental Bank</b>
<b>March 4, 2010</b>	<b>Dr. Jonathan Dykstra, MD</b>	<b>Hyperbaric oxygen wound treatment</b>	<b>Howard Memorial Table Clinic presentations</b>	<b>Advanced Dental Handpiece Repair O'Brien dental Lab</b>
<b>April 1, 2010</b>	<b>Dr. Bill Robbins San Antonio, TX</b>	<b>Dentin Bonding Agents- Which Generation?</b>	<b>Officer Elections</b>	<b>O'Brien Dental Lab RSV Construction Services</b>
<b>May 6, 2010</b>	<b>Dental Quality Assurance Commission</b>	<b>DQAC overview &amp; EFDA credentials update</b>	<b>CCDS elected officers announced</b>	<b>Artisan Dental Lab</b>