

President's Message



Melissa M. Grimaudo, DMD

In my President's Message last year, I focused on how the dental association can help you. I wrote about the support you have from our team at all levels, from the ADA to the WCDDA. But now we need YOU to give back to our great profession. Our support staff can do a lot, but we need YOUR talents and expertise.

There are volunteer opportunities to fit your style, personality and schedule. You can be involved through leadership and planning, by providing treatment or helping to supervise the practice of dentistry. They are all unique positions that only YOU can fill.

Lots of important information is disseminated at your local dental meeting. Make sure you are there to hear what is going on. New leadership in the dental association is crucial to bring fresh ideas and continually grow. Your commitment can be as limited as helping to plan an event or longer-term as an officer on the association leadership line. Do not worry if you have not done it before, we welcome diversity in experience and background.

Providing dental care for those who cannot afford it is a way to give back that is just as rewarding. Whether it is a local clinic or in your office with Donated Dental Services, there are ways you can make a difference at your own comfort level. I am sure you have heard about the Florida Mission of Mercy (FLA MOM). The fourth FLA MOM is being planned here in our district on March 9-10, 2018, in Lee county. Mark your calendars and sign up early! It is an awesome experience to be part of a huge event that has a dramatic impact on the lives of thousands of people.

Dentists are needed to regulate our profession. The FDA is looking for dentists to apply for the Florida Board of Dentistry. As a Board member you would uphold the quality of dentistry in our state. Another way to promote standards is as a Dental Board Examiner. Florida-licensed dentists are needed to moderate and evaluate those applying to practice in our state.

We all benefit from our profession. Now is your chance to pay it forward. I encourage you to be involved. With your commitment we will make our association better.

Thank you for giving me the opportunity to serve YOU.

Melissa M. Grimaudo, DMD

Welm Word on

WCDDA President

If you are interested in volunteering at local clinics or becoming more involved, visit www.floridadental.org/foundation/programs or complete the enclosed Connection Card. If you are interested in serving on the BOD as a Board Examiner, contact FDA Governmental Affairs office at (800) 326-0051.

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2017 Annual Meeting Highlights & Events

To view more meeting photos, visit http://wcddaphotoalbums.shutterfly.com/.



President, **Dr. Melissa Grimaudo** (c) pictured with Annual Meeting award receipient (l), **Dr. Terry Buckenheimer** who received the Distinguished Service Award, **Dr. Robin Nguyen** (r) who received the Daniel Bertoch Leadership Award.



Congratulations to **Dr. Madeline Berk** (pictured) for winning the
Annual Meeting Raffle - \$300 Apple
Gift Card and to **Dr. Elizabeth Perez Diaz** for winning The Ritz-Carlton
& CE package during the Summer
Meeting in Naples on August 4-6,
2017.



New Dentist Group (L: R) Dr. Brian Mannari, Dr. Jennifer Fiorica, Dr. Kristie Johnson, Dr. Jason Watts, Dr. Stephanie Mazariegos, Dr. Todd Britten, Dr. Melissa Grimaudo, Dr. John Metz and Dr. Jessica Stilley-Mallah.



Past Presidents of the WCDDA
(L: R) Dr. Larry Morgan, Dr. Leo Cullinan,
Dr. Hugh Wunderlich, Dr. Don Cadle,
Dr. Paul Palo, Dr. Paul Miller,
Dr. Terry Buckenheimer, Dr. JP and Dr. Bob Hart.



#SHOWMEYOURSMI

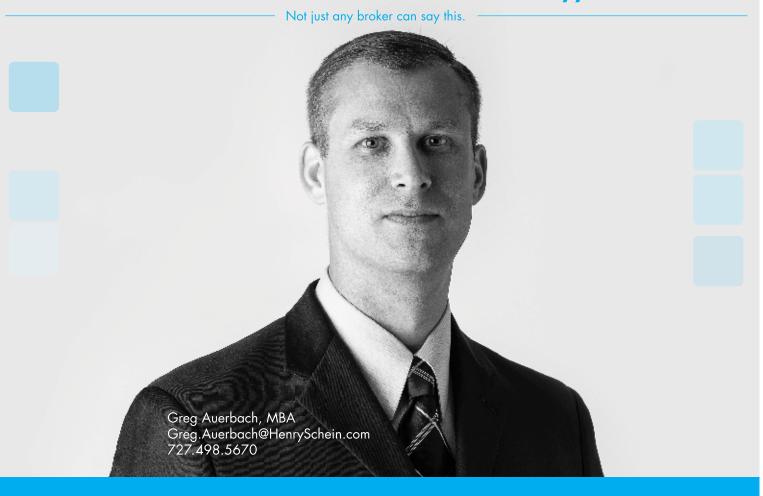


www.wcdental.org Spring 2017 '

Bradenton.

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- Greg Dickinson, DDS -

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Dentists' Day on the Hill



As a first year Collier County Dental Association Executive Council member, I had the opportunity to attend Dentists' Day on the Hill for 2017. I did not know what to expect, nor did I understand what our responsibilities were. I did not know the importance of Dentists making a presence in the Capitol.

Dr. TJ Albert and I were selected to represent Collier County Dental Association (CCDA). Dr. Albert is a past President of CCDA and has been to Dentists' Day on the Hill once before. Having an expert lead the way was very comforting. Wow! What I found at Dentists' Day on the Hill was impressive. What a wonderful experience, getting to meet our Senators and Representatives.

We discussed important dental issues such as: Community Water Fluoridation; Donated Dental Services Program; Increase Access to Dental Care in Underserved Areas; and Maintain Educational Standards for Internationally Trained Dentists. Dr. Albert and I also met with Senator Passidomo and Representatives Donalds and Rommel.

In the beginning of 2016, Collier County had a conflict with Fluoridation. Some of Collier County citizens wanted the Commissioners to take fluoride out of our public waters. CCDA came together to fight against this. It is so important that our community gets optimum fluoride in the water. An investment of only \$1 per person saves an average of \$38-\$43 of dental treatments!

Another topic that was discussed is the Donated Dental Services Program to fund full-time coordinators for Donated Dental Services. The funding will be passed through the Department of Health's budget. These coordinators will help hundredsof Florida dentists and Dental Labs to organize free comprehensive treatment and donations for people with disabilities, the elderly and patients that cannot afford dental care.

Federally underserved areas have always been a challenge for access to care. This is especially challenging for new dental graduates, with an enormous amount of student loan debt. The average student loan for a new graduate will range from \$250,000 to \$450,000. In the past, Florida implemented a program that would help dentists in repaying their student loans if they agreed to be a Medicaid provider in an underserved area. In 2016, this legislation was brought up by the Legislature; however it was vetoed by the Governor. If we can get this legislation to pass, this would be a win-win situation for all parties.

Our last topic was Maintain Educational Standards for International Trained Dentists. Currently, the law requires International Trained Dentists to complete 2 years of supplemental general dentistry program before taking the Florida licensure exam. The purpose of the supplemental education program is to ensure that the internationally trained dentists have the same skills and knowledge as our graduates and they are familiar with the oral health care delivery system. In the past, legislators have tried to make a shortcut for internationally trained dentists. If they agreed to practice and treat Medicaid patients they could bypass the supplemental education requirements. The Florida Dental Association supports our current laws that require a supplemental dentistry program for all International Dentists.

In conclusion, my experience of Dentists' Day on the Hill was fantastic. This trip was made possible by the Dan Bertoch Memorial Grant. I really appreciate all of the hard work of the FDA's political team. They were very organized. It is great to be part of our Dental community and to be able to reach out to our citizens and politicians. When we work together and help each other, we make our community a better place.



(L-R) Dr. TJ Albert, Senator Kathleen Passidomo and Dr. Queanh Phan

-Queanh Phan, DMD

To donate to the Dr. Daniel Bertoch Scholarship, mail a check to: WCDDA, 1114 Kyle Wood Lane, Brandon, FL 33511.

Memo: DDOH Bertoch Scholarship or call (813) 654-2500.

Save the Date for Dentists' Day on the Hill February 5-6, 2018!

To date: 7 WCDDA members have been sponsored by the scholarship.

Importance of Membership



Don't Delay, Renew your Dues Today! www.FloridaDental.org/dues

These are just a few things tripartite dentistry has to offer. View additional benefits by visiting, www.floridadental.org/docs/ default-source/default-documentlibrary/membership-benefitsbooklet_0816_web.pdf

For more information about membership, call (800) 260-5277 or visit www.wcdental.org of www.floridadental.org.

- **Protecting the Profession**: Local, state and national lobbying efforts and political representation.
- **Peer Review**: Avoid costly legal fees and malpractice suits by using this free service available only to members.
- **Continuing Education and Licensure Requirements**: High quality continuing education courses at a reduced rate. Courses offered by the association are uploaded into CE Broker for you for an easy license renewal.
- **Practice Enhancement**: FDA Services has researched and vetted business solutions so members can take advantage of exclusive deals and discounts through the Crown Savings program. FDASupplies. com offers deeply discounted dental supplies to members only.
- Practice Management: Contract analysis service, compliance with HIPAA and Florida privacy law, legal FAQs and answers, ethics hotline, marketing toolkit and the ADA Center for Practice Success are available to members only.
- Business and Asset Protection: FDA Services offers a wide range of insurance that is offered at affordable rates to members.
- Managed-care Handbook: You Want Me to Sign What? A Florida Dentist's Handbook on Managed-care Contracts is a comprehensive reference including information on reimbursement, risk, negotiating, and rights and duties of both parties. Request a copy, Kelsey@wcdental.org.
- Promoting the Profession and Keeping You Informed: Access to all special events, press releases, social media, ADA/FDA/WCDDA publications and referral sources.
- Fun Networking Opportunities: Join your friends and colleagues for fun networking events thorughout your district

2017 ~ Mark Your Calendar ~ 2018

WCDDA Executive Cabinet Meeting, Brandon May 19, 2017
*WCDDA Breakfast Lec. Series, Renaissance, Tampa . May 20, 2017
WCDDA Delegation Caucus, Various Sites June 6, 2017
FDC, Gaylord Palms, Orlando June 22-24, 2017
FDA House of Del., Gaylord Palms, OrlandoJune 23-24, 2017
WCDDA Summer Meeting, Naples Aug. 3-6, 2017
ADA Annual Session, Atlanta, GA Oct. 20-24, 2017
WCDDA Delegation Caucus, Various Sites Jan. 16, 2018

FDA House of Delegates, Tampa Marriott, tentativeJan. 26-27, 2018
WCDDA Annual Meeting, CAMLS, Tampa Feb. 2, 2018
Dentists' Day on the Hill, Tallahassee Feb. 5-6, 2018
FLA-MOM, Lee County Civic Center, Ft. Myers March 9-10, 2018
WCDDA Delegation Caucus, Various Sites June 12, 2018
FDC, Gaylord Palms, Orlando June 21-23, 2018
FDA House of Del., Gaylord Palms, Orlando June 22-23, 2018
WCDDA Summer Meeting, Naples Aug. 3-5, 2018
*New Dentist Event

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Director of Sales

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New Members

The following dentists have recently joined the WCDDA, FDA and ADA! Congratulations and welcome!

Dr. Alex Afsahi, Bradenton

Dr. Anamevys Alonso, Lehigh Acres

Dr. Richard Beatty, Bradenton

Dr. Chelsea Benza, Naples

Dr. Maria Brachowicz, Brandon

Dr. Alexander Brao, Rohnert Park

Dr. Andrew Brattain, Tampa

Dr. Chelsea Brockway, Saint Petersburg

Dr. Keya Brown, Fort Myers

Dr. James Burne, Sarasota

Dr. Oliver Cabrera, Port Charlotte

Dr. Rachel Caldwell, Saint Petersburg

Dr. Juliana Chang, Tampa

Dr. Brandon Cohen, Tampa

Dr. Thomas Crowgey, Lakewood Ranch

Dr. Maridith De Jesus, Land O Lakes

Dr. Amanda del Cueto, Tampa

Dr. Nathan Dewsnup, Naples

Dr. Maria Diaz, Bonita Springs

Dr. Antonio Dohi, Tampa

Dr. Melissa Duston, Port Charlotte

Dr. Joy Eakins, Port Charlotte

Dr. Adam Feldman, Tampa

Dr. Joel Felsenfeld, Lakewood Ranch

Dr. Ross Freeman, University Park

Dr. Elena Gaar, Bonita Springs

Dr. Mikhail Gankin, Riverview

Dr. Jasen Genninger, Temple Terrace

Dr. Laura Goodwin, Tampa

Dr. Benjamin Gubernick, Largo

Dr. Muyeenul Hassan, Bradenton

Dr. George Helmy, Saint Petersburg

Dr. Jerri Hines, Tampa

Dr. Caroline Inaba, Lithia

Dr. Priyanka Iyer, Brandon

Dr. Leah Kanner, Tampa

Dr. Shamus Loftus, Naples

Dr. Jacobson Ma, Pinellas Park

Dr. Aaron Memon, North Port

Dr. Christian Milanes, Fort Myers

Dr. Andrew Minias, Tampa

Dr. Denis Monzin, Bradenton

Dr. Jose Morales Gonzalez, Fort Myers

Dr. Darshan Naidu, Bradenton

Dr. Zara Nensey, Tampa

Dr. Amanda Newcity, Brandon

Dr. Ivelisse Ortiz, Fort Myers

Dr. Kristin Paisley, Lake Wales

Dr. Ricky Pan, New Port Richey

Dr. John Plumley, Saint Petersburg

Dr. Harry Richter, Tampa

Dr. Luis Rodriguez-Riera, Bonita Springs

Dr. Joslyn Rubin, Frostproof

Dr. Prematee Sarwan, Riverview

Dr. Rosalyn Shkolnikov, Brandon

Dr. Janielle Silliman, Sarasota

Dr. Inessa Slipak, Bradenton

Dr. Dilshad Sumar-Lakhani, Palm Harbor

Dr. Mehulkumar Trivedi, Holiday

Dr. Christine Van Groesbeck, Valrico

Dr. Luz Visbal, Wesley Chapel

Dr. Tracy Walters, Sebring

Dr. Lauren Widmer, Cape Coral

Dr. Michael Willis, Dickson

Dr. Peter Worth, Tampa

The following new members have recently reinstated their membership to the tripartite! Thank you and welcome back to organized dentistry!

Dr. John Babcock, Sarasota

Dr. Maryam Bangash, Lake Wales

Dr. Daniel Branca, Brandon

Dr. Mark Bronner, Bonita Springs

Dr. Sara Cervantes, Brandon

Dr. Will Deliz, Tampa

Dr. Shawn Douglas, New Port Richey

Dr. Robin Flicker, Plant City

Dr. Adriana Gabaldon, Naples

Dr. Asta Grinis, St Pete Beach

Dr. Charles Guenther, Port Richey

Dr. Dina Howell, Tampa

Dr. Wayne Kuo, Fort Myers Beach

Dr. Jacob Pedraza, Land O lakes

Dr. Robert Perlstein, Lehigh Acres

Dr. Aleksander Precaj, New Port Richey

Dr. Deanne Rife, Englewood

Dr. Alejandra Romero, Fort Myers

Dr. Wendy Terry, Saint Petersburg

Dr. William Urschel, Venice

Dr. James Wasielewski, Tampa

Dr. Chelsea Wilson, Pinellas Park

In Memoriam

We are deeply saddened by the death of our colleagues.

Ernest Cervis, DMD of Tampa, FL - August 1, 2016 – past president of the WCDDA (1973-1974) Malcolm Kerstein, DDS of Port Charlotte, FL - August 29, 2016 Marlin Walker, DDS of Seffner, FL - February 20, 2016 Barry Weber, DMD of Spring Hill, FL - January 10, 2017 Robert Williams, Jr, DDS of Lakeland, FL - February 6, 2017

A contribution has been made to the WCDDA Fund in their memory. If you would like to make a contribution, please make your check payable to the Florida Dental Health Foundation, indicate WCDDA Fund in the memo and mail to: Florida Dental Association, Attn: Foundation, 1111 East Tennessee Street. Tallahassee, Florida, 32308-6914.

Annual Summer Meeting Program

THE RITZ-CARLTON, NAPLES



August 3-6, 2017

Thursday, August 3rd

The Energy Bus: Creating Positive Leaders						
2 CE Credits	9:30 a.m 11:30 a.m.					
Jim Van Allan						

Friday, August 4th	
Cycling: No drop ride, all levels welcome 7:00 a.	m.
Registration and Exhibits 7:30 a.m 12:00 p.	m.
Management of Dental Trauma: An Interdisciplinary Approach (1st session) 3 CE Credits	m.
Golf (Location TBD)	un
Cigars and Cordials	m.

Saturday, August 5th

Come join fellow aficionados at our annual Cigars and Cordials event.

(Cigars and cordials are at your own expense)

Els Eum Dun (Erron Erront)

Family Fun Live! Check-in between 9:00 a.m. - 11:00 a.m. Join WCDDA families and friends for a FUN, LIVE commercial video competition. Complete details will be kept top secret until the event starts. TIP: Video features YOU the star and the beautiful venue... Lights, Camera, Action!

WCDDA Officer Installation5:00 p.m. *Sponsored in part by: Centennial Bank*

Beer, Wine & Cheese Reception 5:30 p.m. - 7:00 p.m.

Alttemtion Cyclists!

No drop ride on Friday & Sunday. Departing from The Ritz-Carlton at 7:00 a.m., returning prior to CE. All levels welcome!

® | Continuing Education Recognition Program

WCDDA is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Sunday, August 6th

Cycling: No drop ride, all levels welcome 7:00 a.m.
Registration and Exhibits 7:30 a.m 12:00 p.m.
Medical Errors in Dentistry
2 CE Credits 8:00 a.m 10:00 a.m.
Dr. William Robinson (Mandatory Seminar for Re-Licensure)
Domestic Violence
2 CE Credits 10:30 a.m 12:30 p.m.
Dr. Glori Enzor & Special Agent Terry Thomas
(Mandatory Seminar for Re-Licensure)

Location

The Ritz-Carlton, Naples is located at 280 Vanderbilt Beach Road, Naples, FL 34108. Maps can be found online at http://www.ritzcarlton.com/en/Properties/Naples/.

Hotel Reservations & Meeting Registration

Reservations can be made online by visiting www.wcdental.org or by contacting The Ritz-Carlton, Naples at (239) 598-3300. Limit 2 rooms per registrant. Request the West Coast District Dental Association room block rate of \$199.00 per night. Club level rooms can be secured through the WCDDA office at (813) 654-2500. Individuals not registered for the meeting will be charged the hotel rack rate instead of the group rate upon checkout. Registrants desiring more than two rooms may check back after May 31, 2017 at which time if there are still rooms remaining in the group room block, the additional rooms will be made available on a first come basis. CE fees after July 21st increase by \$20.00 per registrant. Pre-registered dentists receive a WCDDA amenity. Refund and Cancellation Policy: All requests for refunds or cancellations must be made in writing to the WCDDA prior to the pre-registration deadline of July 21, 2017. A cancellation/processing fee of 15% will be charged. No refunds will be given if cancellation is received after the pre-registration deadline. No refunds will be given on site. Questions concerning reservations should be addressed with The Ritz-Carlton, Naples (239) 598-3300. Questions concerning meeting registration should be addressed with the WCDDA office (813) 654-2500.

Leisure Reservations

For spa, golf or dinner within the hotel, pool and beach cabana reservations please call (239) 514-6001.

Support the WCDDA Fund

Make a donation to support the WCDDA Fund for your chance to win a variety of items that will be raffled throughout the meeting. A complete list of items will be featured in the onsite program. Raffle tickets start at \$5.00. You do not have to be present to win. You may purchase tickets on the enclosed registration form or online.

The WCDDA Fund supports local dental health education, access to care projects, careers in dentistry and disaster relief.

Sneek Peek...

West Coast District Dental Association Annual Summer Meeting - Registration Form August 3-6, 2017



	int Clearly Registering Der	ntist:			_ Phone: _		
Address:			City:		State:	Zip:	
Email:			ADA #:		License #:		
Staff Nan	ne:	Staff Name:		Staff Name:			
CE Fe	es clusive:	☐ Member \$250.00 (WCDDA, FDA,☐ RETIRED MEMBERS \$50.00	,	☐ Non-member \$3:☐ Staff \$50.00	90.00		NT/ NT FREE
Thursa	lay, August	3rd					
	a.m. The Ener	rgy Bus: Creating Positive Leaders		No. of attendees _			
8:00	a.m. Manager	(All levels welcome) Free ment of Dental Trauma: ry Approach (1st Session)		No. of riders No. of attendees _		_	
		p:	•	No. of players	x \$12	25.00 = \$_	
9:00	p.m. Cigars	& Cordials At your own	n expense	No. of attendees _			
Saturd	ay, August	5th					
		nnFree ment of Dental Trauma (2nd Session)		No. of runners No. of attendees _			
☐ Fan	nily Fun Live	!Free		No. of attendees _			
5:00) p.m. Officer	InstallationFree		No. of attendees _			
5:30) p.m. Beer, V	Vine & Cheese Reception Free		No. of attendees _			
Sunda	y, August 6t	h					
8:00		(All levels welcome)Free Errors in Dentistry tic Violence		No. of riders No. of attendees _ No. of attendees _		_	
Raffle T	Γickets: 1 for	\$5.00 – 10 for \$25.00 – 25 for \$50.00)	No. of tickets		\$_	
Registr	ration + Even	its		• • • • • • • • • • • • • • • • • • • •	.TOTAI		
•		☐ Check: <i>Made payable to WCDDA</i>					
			_				
Signatu	re:		Bill	ing Zip Code:		_	

Please mail or fax this form to the WCDDA:

1114 Kyle Wood Lane • Brandon, FL 33511 • (813) 654-2500 Fax (813) 654-2505



Association Business - Official Calls

There will be a caucus of the West Coast District Dental Association's Delegation on Tuesday, June 6, 2017 at 6:00 p.m. via conference call. There will be twelve sites throughout the West Coast district.

The West Coast District Dental Association will hold a breakfast caucus in conjunction with the Florida Dental Association's House of Delegates meeting Saturday, June 24, 2017 at 7:00 a.m. at the Gaylord Palms, Orlando

Dr. Reza Iranmanesh WCDDA Secretary



Important Information

The Americans with Disabilities Act Website Accessibility

The Americans with Disabilities Act (AwDA) requires that places of public accommodation, including physicians' and dentists' offices, be accessible to persons with disabilities. With the advent of the internet, and of websites that businesses use to provide additional access to the public, the U.S. Department of Justice has taken the position that websites open to the public also must be accessible in various ways to persons with sight or hearing impairment. This interpretation may affect not only the websites of our members, but also those of our associations themselves. You may be aware that several member dentists in Texas have received letters from attorneys alleging that their websites violate the AwDA because the websites are not accessible to individuals with disabilities. The letters typically request the payment of some amount of money to avoid a lawsuit, and also may insist on prompt compliance with the law. As it is possible that other member dentists may receive similar letters, we thought some guidance might be helpful.

To assist both the members and the state associations with this issue, the ADA has prepared the following documents:

A quick rundown, in a brief, executive summary-type format, of steps that members should consider in the short term to make their websites less susceptible to a claim. Visit, http://wcdental.org/WebsiteAccess01.pdf.

A "white paper" type document that describes in greater detail strategies for members (and their attorneys) in case they receive a demand letter of the type described above. The paper also includes the actions that members might consider to make their websites more fully accessible to persons with disabilities in the long term. Visit, http://wcdental.org/WebsiteAccess02.pdf.

For FDA members that use Officite as their website developer, their customer service team will work with each individual practice to address ADA questions or issues related to their specific website. Officite can run a website accessibility scan in an effort to correct any identified issues.



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Severe Cervicofacial Emphysema and Pneumomediastinum Caused by a Dental Handpiece

A Case Report and Guidelines for Management for the Dental Practitioner

Christopher Ban, D.M.D.; Armando Uribe-Rivera, D.D.S.; Deepak Krishnan, D.D.S.

ABSTRACT

Cervicofacial emphysema (CE) is a rare but potentially serious condition that can arise iatrogenically from dental or surgical procedures. Dental handpieces with fore-exhaust can inject air into tissues at pressures at or greater than 30 psi. Since 1963, there have been approximately 100 case reports in the literature of iatrogenic CE from routine dental procedures. Prompt recognition and treatment are essential; however, many general practitioners may only be familiar with CE from their dental school curriculum. A case of unusually severe cervicofacial emphysema with concomitant pneumomediastinum is presented, along with a discussion and review of management principles for the general dentist. It is our hope that refamiliarization with this condition will give the general dentist an appreciation for and recognition of signs of CE, thereby being the first link in a chain of successful treatment.

Cervicofacial emphysema (CE), or air forced into subcutaneous tissue planes, is a rare but potentially serious condition that can arise secondary to trauma or pathology and, even more rarely, iatrogenically from dental or surgical procedures. CE subsequent to dental procedures is not a new phenomenon, being described as early as 1900 by Turnbull.¹ Since 1963, there have been approximately 100 case reports in the literature of iatrogenic CE from dental procedures. Although iatrogenic CE can arise from increased intraoral pressure after the procedure (e.g., coughing, sneezing, vomiting), a large number result from the use of a high-speed dental handpiece or air/water syringe.^{2,3,4}

Signs and symptoms of CE and pneumomediastinum (air in the midline thorax) are variable, as are times to onset. Indeed, many patients do not seek care for hours or even days after the causative incident. The condition is frequently misdiagnosed on presentation, but, as will be shown, it is easily differentiable. Severe complications, while rare, have been reported and include death due to respiratory and cardiac complications. Early detection and treatment are, therefore, essential. ^{7,12,13}

A severe case of iatrogenic CE complicated by pneumomediastinum from use of a dental handpiece is presented, along with a review of the literature and consideration of varying presentations and treatments.



Figure 1. Anterior-posterior cephalometric film. Attempted extraction site in posterior left mandible is seen, with removal of bone evident around root of previously endodontically treated tooth.

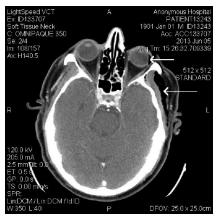


Figure 2. Axial CT slice at level of eye. Air (indicated by dark black areas) is evident in left orbit and left temporal regions.

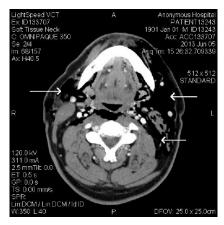


Figure 3. Axial CT slice at level of mandibular angle. Diffuse collections of subcutaneous and subfascial air are seen bilaterally in area of mandibular angles and masseteric spaces.

Case Report

A 56-year-old man of Middle Eastern descent presented to the emergency department via EMS escort from his general dentist's office. From the patient's report, the general dentist had attempted surgical extraction of the lower left third molar tooth with a high-speed handpiece. Upon attempted sectioning of the tooth, the patient developed immediate pain and a rapidly progressing swelling to the left side of his face and neck, leading the dentist to terminate the procedure and activate emergency response.

Upon arrival at the emergency department, the oral and maxillofacial surgery service was consulted. The patient's vitals were BP 142/79, Pulse 95, RR 16, SpO2 100%. Head and neck exam revealed redness and swelling around the entire lower third of the patient's face and neck, behind his neck and surrounding his left eye. All areas of swelling were noted to have crepitus (often described as sounding and feeling like "rice krispies") on palpation, suggesting subcutaneous air. There was no actively draining pus or bleeding. Intraoral examination showed that tooth #17 was grossly carious and had been sectioned without evidence of creation or elevation of a flap. A complete blood count was normal, ruling out an infection. The patient's past medical history was significant for hypertension, Type I diabetes mellitus and obstructive sleep apnea.

Given the patient's recent history of attempted surgical extraction with dental handpiece, immediate swelling and physical exam, a diagnosis of cervicofacial emphysema was made.

The patient underwent a CT scan, which revealed pneumomediastinum with air inclusions surrounding the great vessels of the heart, the deep and superficial spaces of the neck, bilateral submandibular and buccal spaces, left canine space, and the left ear and posterior head.

The patient was placed on 8L O2/min for the first 12 hours and IV antibiotics (ampicillin plus sulbactam 3g q8h for 72 hours) for prophylaxis for potential oral pathogens that could have been deeply seeded by the pressurized air.

By hospital day three, CT showed attenuation of all air pockets. He was otherwise stable throughout his entire hospital stay. The patient was discharged on augmentin 875mg and oxycodone-acetaminophen 5/325.

At follow-up in our clinic one week after his initial admission, the emphysema had completely resolved.

Discussion

Cervicofacial emphysema is caused by the entrance of air into the soft tissues of the head and neck. Once access to these subfascial planes occurs, dental handpieces with fore-exhaust can inject air into tissues at pressures at or greater than 30 psi. ^{2,14} This can occur during routine restorative, endodontic and periodontal procedures, but it is most often due to the use of pressurized air during surgical extractions. Air travels a path of least resistance, dissecting through the various spaces of the head and neck. In a review of 47 cases by Arai, et al. of dental iatrogenic CE, 38 were associated with the use of a high-speed, air-driven handpiece or air/water syringe. Also of note in these cases is that 39 of 47 were associated with mandibular molars. ⁹ In the posterior mandible, air can dissect through the submandibular and parapharyngeal spaces to the retropharyngeal space, thereby reaching the mediastinum and other structures of the thorax.

The signs and symptoms of CE vary. Although the patient in the reported case, like 90% of CE cases, exhibited immediate onset of pain and swelling, many cases present without pain and may take hours to days to manifest. ^{9,16} In addition to pain and swelling, patients may present with difficulty swallowing and vision changes. ⁷ The diagnostic sign associated with CE is crepitus to palpation of the involved portions of the head and neck. Mediastinal air is marked by so-called "brassy voice," difficulty breathing, chest and/or back pain, and Hamman's sign—crepitus during systole heard with aid of a stethoscope. ¹⁵ EKG changes may be present in approximately 25% of patients. ^{10,14} Plain film radiographs, such as

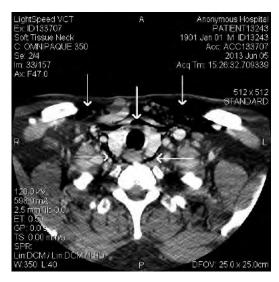


Figure 4. Axial CT slice at level of clavicles. Air is seen circumferentially around trachea. Diffuse air inclusions are seen subcutaneously and in pretracheal space.

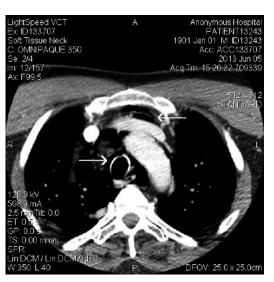


Figure 5. Axial CT slice at level of manubrium. Air inclusions are seen within mediastinum, around great vessels of heart and trachea.



Figure 6. Clinical photo of patient immediately after attempted extraction and onset of emphysema.

panoramic X-rays, may aid in diagnosis; however, once deep anatomical space involvement is suspected, hospital-grade CT is indicated to determine the extent of the emphysema.

Differential diagnosis for CE includes allergic reaction, angioedema and infection. Indeed, allergic reaction is a common misdiagnosis in cases of iatrogenic CE from dental procedures, causing administration of unnecessary medications (e.g., corticosteroids) in the dental office or the emergency room.⁴ A complete history with consideration of precipitating events should easily distinguish a case for CE. CE and pneumomediastinum have been associated with reports, albeit rare, of death due to respiratory and cardiac complications.¹² Thus, once CE is suspected, immediate referral to the emergency department is warranted.

Treatment for CE and pneumomediastinum consists of hospital admission with monitoring of respiratory and cardiac function, while decreasing discomfort with appropriate analgesics. Respiratory function can be severely impaired, with some patients requiring tracheotomy. Length of hospital stay can range from as little as 24 hours to 6 days before complete amelioration of symptoms. 4,5,9

While there are few infections in the literature arising from iatrogenic CE, there is concern for serious infection and associated complications, such as necrotizing fasciitis. ^{5,8,18} Antibiotic prophylaxis seems reasonable, given that the air driven into tissues almost certainly carries with it the normally occurring pathogens present in the oral flora. ⁴ Of additional concern is the recent finding of pathogens such as *Klebsiella*, *Legionella* and *Pseudomonas*, present in anywhere from 3% to 10% of dental unit water. ^{6,16} However, it is worth noting that both Shovelton in 1957 and Heyman and Babayof in 1995 noted no infection arising in patients who were not administered antibiotics for CE as a result of dental procedures. ^{2,11} The use of antibiotics, therefore, may be best considered on a case-by-case basis, given the history of illness and the patient's comorbidities and immune status.

Corticosteroids have a sporadic history of use in cases of CE and pneumomediastinum, and are directed toward treating an incorrectly diagnosed allergic reaction, treating an associated injury or minimizing the extent of airway swelling.⁸ As noted above, due to concern for potentially serious infection in avascular planes, these may be contraindicated and probably best used sparingly and judiciously.

The rarity of iatrogenic CE, and consequent lack of consensus in treatment, has led to varying and speculative modes for adjunctive therapy. Air in tissue emphysema normally is resorbed or released from tissues via diffusion, anywhere from 3 to 10 days after initial embolus.³ Incision and drainage is not typically indicated in tissue emphysema; however, in at least one particularly severe case, a patient benefited from surgical release of entrapped air.¹⁷

Repeat or serial CT has also seen episodic use.^{8,9} In the case of confirmed CE, the benefit of this practice is unclear to these authors. It seems unnecessary to expose the patient to a significant dose of radiation in the absence of clinical symptoms and abnormal lab values. As noted above, resolution of emphysema can be expected within one to two weeks and can be reasonably ascertained by a normal follow-up exam.

Conclusion

The key to effective treatment of iatrogenic CE and pneumomediastinum is prompt recognition. Consequently, the astute general dentist will have an appreciation for and recognition of signs of CE, thereby being the first link in a chain of successful treatment.

While permanent morbidity and mortality are exceedingly rare, potentially serious complications are obvious. While few infections have arisen from iatrogenic CE and pneumomediastinum, even in the absence of antibiotics, the potential severity of such an infection may indicate early administration of prophylactic antibiotics with close monitoring of the clinical course. Continuous cardiac monitoring is indicated. Adjunctive therapy and procedures,

including delivery of 100% oxygen or incision and drainage, are worth considering on an individual basis. Repeat CT and administration of corticosteroids are likely unnecessary in most cases, but may be indicated during observation of the clinical course in patients who fail to improve during hospital admission. \checkmark

Queries about this article can be sent to Dr. Ban at christopherban@gmail.com.

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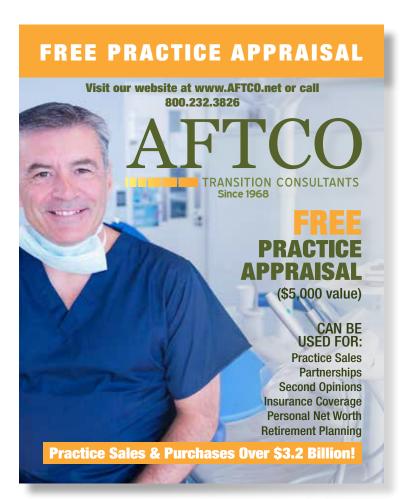
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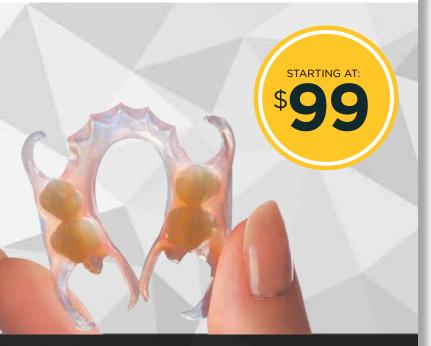
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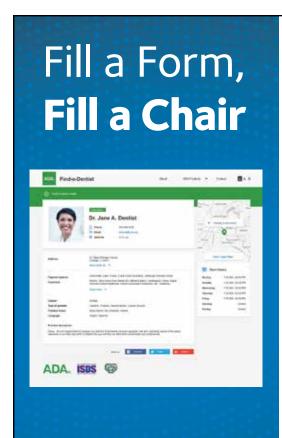
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