Radiographic Exam for the Pregnant Dental Patient
By: Dr. Dania Tamimi

Dental radiography is a controversial area in the management of the pregnant patient. In pamphlets widely supported by most dental professional organizations, no alteration of recommendation was given for prescribing radiographs to a pregnant patient, as the amount of radiation given during standard dental radiographic examination is so trivial that it could not cause gross anatomic malformations in the developing fetus.

The American Dental Association (ADA) recommends every precaution should be taken to minimize radiation exposure to the pregnant patient. The National Commission of Radiation Protection (NCRP) reports that production of congenital defects is negligible from fetal exposures of 50 mSv. Yet, in a questionnaire study of 552 dentists, almost all saw pregnancy as contradictory for bitewing radiographs, thus showing the need for clinician education using evidence-based dentistry.

The estimated fetal doses from typical radiographic examinations lend support to the conclusion that fetal risks are minimal and, therefore, radiologic examinations that may provide significant diagnostic information should not be withheld from pregnant women. This is the position advocated by the International Commission on Radiation protection, American College of Radiology, and American College of Obstetrics and Gynecology. Needless to say, any potentially harmful factors that may affect the unborn child should be avoided, especially during the first trimester, and the As Low As Reasonably Achievable (ALARA) concept should be used as with all other patients.

Pregnant Continued on page 13
Congratulations to Eric Iwamoto and Dan Halpert for hosting this year’s March 15th AADMRT Spring Conference in Universal City, California. They did an outstanding job of providing “star” quality accommodations at the beautiful Universal Hilton Hotel. They also were able to arrange stellar speakers who provided us with a wealth of knowledge and ideas. A huge round of applause goes to Eric and Dan for doing all the behind the scenes work that made this day so successful. Take a bow, gentlemen!

Our day was comprised of sessions that were both extensive and varied. We heard about promoting our business, looking at cone beam images through a radiologist’s eyes, the legal aspects of cone beam imaging, HIPAA laws and how they apply to our industry. The expertise that was available to us from our esteemed speakers made the day incredibly worthwhile.

To those of you that were not able to attend this meeting, I would like to touch on a few points brought forth by Peterson and Bradford, LLP. A few of the highlights presented by Mr. Peterson on Cone Beam Imaging:

Cone Beam Imaging
· What information should we send to the doctor? How much information is enough information?
· How much information on the scan is the dentist responsible for, (pathologies, outside the area of interest)?
· Provide a letter to the referring doctors indicating reports are not the total extent of the information available.

A few of the highlights presented by Mr. Bradford on the HIPAA privacy rules:

HIPPA:
· Anyone who transmits health information is responsible to abide by the HIPAA laws.
· Every entity must provide a notice of its privacy practices, and describe the ways in which the information may be used.
· The notice must describe the entity’s duties to protect a patient’s privacy.
· The entity must make an effort to obtain written acknowledgement from the patient that they have reviewed the privacy practices notice.

President's Message Continued on page 5
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Editor's View

We are pleased to bring you this publication of Currents. It is a unique issue because it includes two articles by radiologists. The cover article, Radiographic Exam for the Pregnant Dental Patient, was written by Dr. Dania Tamimi. The topic of taking x-rays on a dental patient has always been a concern for technologists, and Dr. Tamimi “covered the areas” of concern. Dr. Tamimi was one of the speakers at the AADMRT Spring Conference in Universal City last March, and has become very involved with our organization.

The second radiologist, Dr. Anita Gohel, shared a case study that explained the radiographic findings for an Odontogenic Keratocyst. We observe cysts on CBCT scans and panoramics almost daily, and radiographically OKC’s, ameloblastomas, and dentigerous cysts may look alike. It is interesting to try to differentiate between the different cysts.

You will be seeing more case studies in future newsletters. Please email the editor or assistant editor if you have a study that would be good for the newsletter. editor@aadmrt.com.

President's message continued from page 2

- If a signature of receipt is not obtained, documentation providing a reason for the failure must be provided.
- Individuals have the right to request a restriction of information disclosure.
- Safeguards include the shredding of documents containing protected health information before discarding them.

Mr. Bradford’s points were taken from the *Summary of the HIPAA Privacy Rule*. He strongly recommends that everyone obtain a copy and read at least this version of the HIPPA privacy rules. You can download a copy by going to: [www.hhs.gov/ocr/privacysummary](http://www.hhs.gov/ocr/privacysummary).

Our next opportunity to get together will be the AAMART Fall Conference which will be held in San Francisco.

Hope to see you all there!
Tony
AFP NewTom Users Meeting in Verona

AFP Imaging invites you to the Fourth International Newtom Day. This biennial event has become an important tradition and as in the past years will be held in Verona, city of QR srl (manufacturer of NewTom devices) on July 10-11, 2008. Those who have attended in the past know that International NewTom Day offers a significant scientific program for insiders.

This year’s focus will continue to be NewTom 3G, pride of AFP Imaging/QR slr, as well as NewTom VG, recently launched on the market with great success. NewTom Day also offers a pleasant social program for spouses and companions to enjoy the local sights and sounds of Italy. For those who would like to extend their visit, Saturday, July 12 AFP has organized a tour where participants will enjoy Italian architectural and naturalistic beauty in Venice including a dinner at the prestigious "Azienda Agricola" in the countryside of Verona

We are currently taking reservations for this exciting event.

Due to logistics, reservations must be submitted by May 1, 2008.
For further information and fees you may contact us by phone at: 011 39 045 8202727 or by email at: arabinovitch@afpimaging.com.

AADMRT Web Statistics

The AADMRT web site has had a lot of activity this past year. The statistics show that our advertisers are getting hits at an average rate of about 125 clicks per day, with over 4,500 hits per month! Last years numbers for total amount of clicks and hits for the AADMRT web site and advertising links was slightly over 95,000. That number represents every click that was done by someone whom visits our web site last year. That is a lot of visitors and a lot of clicking on ads, links, and general news on our web site! We would like to thank all our advertisers for linking their web site and ad with us and we hope it is benefitting your companies.

Anatomy Tutorial Web Site

This web site will help you with your anatomy in the skull by allowing the user to select a projection and clicking on the images to demonstrate the name of that piece of anatomy. This interactive site will show a drawing and a photo view of different angles of the skull. When you hover over an area, the region of interest will highlight and display the definition of that body part. Please log onto: www.gwc.maricopa.edu/class/bio201/skull/skulltt.htm
Member Writes Article for Journal

AADMRT member, Jerry Peck, recently wrote an article for the California Dental Association Journal (CDA). His article named “Radiographic Techniques Using CBCT and 3-D Treatment Planning For Implant Placement” was published in CDA’s April 2008 issue.

This article discusses the use of CBCT in conjunction with 3-D software for model based implant treatment planning. Included is using multiplanar treatment programs that can assist with the evaluation and decision processes for implant cases.

We would like to congratulate Jerry for his efforts on this fine article on CBCT. Jerry Peck has always been on the cutting edge of dental radiology. If you would like to receive a copy of this publication, please contact Jerry Peck at 695 Oak Grove Ave. #330 Menlo Park, CA 94025

Future Radiology Meetings

3D Symposium 2008- August 1-2, Orange County, CA. Doubletree Hotel www.3dsymposium2008.com


AADMRT- Fall meeting October 2nd - 4th, 2008. Marines Memorial Hotel, San Francisco, CA www.AADMRT.com

AAOMR – 59th Annual session will be held at the Omni William Penn Hotel from Oct. 26- Nov. 1st 2008 in Pittsburgh, PA www.AAOMR.org


IADMFR- International Association of Dento-Maxillo-Facial Radiology Amsterdam in 2009 www.IADMFR.org

AAOMR Recognizes Radiologists

The American Association of Oral and Maxillofacial Radiology has recognized these radiologists as diplomats to the AAOMR at their 58th annual meeting held in Chicago, Illinois last winter.

From left to right: Dr. Vandana Kumar, Dr. Fatima M. Jadu, Dr. Maria A. Mora, Dr. Marcel Noujeim, Dr. Barry Pass, Dr. Shaza Mardini, and Dr. Susanne E. Perschabacher
The AADMRT Spring seminar was held at the Universal City Hilton Hotel near Burbank California on Saturday March 15th. The meeting began at 9:00 a.m. and concluded at 5:30. Eric Yamamoto and Dan Halpert were the chairperson’s for this event, and they did a great job selecting interesting, knowledgeable speakers and a variety of topics.
Also seen at the seminar were booths set up by AFP imaging (formerly Newtom) also Bonnie's Custom Cephalometric tracing analysis, Imaging Sciences, and Dolphin Imaging.

Submitted by: Pat Davis

**Dr. Baldwin Marchack** spoke to our group on what is so important about “Name Branding”? Name Branding is what puts you on the map so to speak. It’s about making a name for yourself. It’s about making your community, people or the world recognize you with a symbol, sign or mark.
When you have something that sticks in your head be it a song or label, that is positive branding. As lab owners and workers, we want to keep our symbol in our patient’s heads in a positive way. Their experience with us will connect our Branding such as a logo or a name to the way they were treated when they were there. Dr. Marchack suggested that we develop a passion for what we do and that people go somewhere for the experience.

Submitted by: Gail Finnigan

**Dr. Dania Tamimi** discussed how she evaluates and diagnosis her images. She described how she scrolls through the data looking for any changes in the bone, whether diagnosing pathology, TMJ or pre-implant surgeries. She explained the needs of a radiologist as far as acquiring patient history (from Dentist or patient) of past injuries or surgeries and the benefit of using a stent when imaging the patient. It was interesting to see the systematic review order “Through the Eyes of the Oral Radiologist”. Her review order is looking at axials first, then coronals, sagittals and 3D reconstructions. Dr. Tamimi also shared some great teaching websites for us and ended the day with yoga stretches and breathing techniques.
Submitted by: Camille Mayorga

Mr. George Peterson is a trial lawyer who defends healthcare providers and specialists in dentistry. He says “he delights in the jury system” and would take a 12 member jury over a judge any day. He explained to us that the defined standard of care is complete fiction. He also went into explaining that the more information you have, as in our CBCT scans, there more responsibility you have to show it. He suggested that our labs should have a disclaimer on the CD that directs the doctor to look at the raw data, that the printed images are only part of the picture. Mr. Peterson’s colleague Mr. Bradford spoke to us about HIPPA compliance and what it means to our business and why it was started.

Special Event:
Submitted by: Merry Hampton

“Worth getting up for”
Eric did a wonderful job putting together a scenic drive for members of AADMRT. It was an early wake up call meeting at 6:30 am Sunday morning. It was worth the effort. The drive was absolutely beautiful. Yet sometimes scary. Yes, Scary! Racing around mountains at high speeds with several S turns along the way. Then we come to a straight-away, that the drivers could open up or blow it out. The car that I rode in hit 150 miles per hour! I will not disclose WHO that driver was. Needless to say it was thrilling! We passed the hillside that the television show “Mash” was filmed on. We also drove down Highway 1 along the Malibu beaches. It was a beautiful sun shining morning. Absolutely gorgeous. Thank you Eric, for showing me the beautiful side of L.A. that I probably would have never experienced.

Photographs Courtesy of Dan Halpert
The AADMRT 30th year of annual meetings will be presented in beautiful San Francisco, CA. We have it set to begin Thursday, October 2nd and continue through Sunday October 4th.

Reserve your hotel stay early at the Historic Marines Memorial Hotel at: 1-800-562-7463.

Besides the great speakers and exhibitors that we have lined up this year, there are plenty of things to see and do around this outstanding city including walking tours, ferry trips to Alcatraz Island, visits to Chinatown, and of course award-winning dining and shopping. For more information, please log onto www.AADMRT.com
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Effects of radiation exposure during prenatal development:

To understand the effects of ionizing radiation on the unborn child, it is important to understand the units of radiation measurement:

1) **Exposure**: The measure of radiation quantity, the capacity of radiation to ionize air (Roentgen \([R]\)).
2) **Absorbed Dose**: The measure of energy imparted by any type of ionizing radiation to a mass of any type of matter. Its SI (Systeme Internationale) unit is **Gray \([Gy]\)**, where one Gy = 1 joule/kg. Its traditional unit is **rad** (radiation absorbed dose). 1 Gy = 100 rads.
3) **Equivalent dose**: Used to compare the biologic effects of different types of radiation to a tissue or organ. Its unit is the **Sievert \([Sv]\)**. For diagnostic x-ray purposes, 1 Sv = 1 Gy. The traditional unit is **rem** (radiation equivalent man). 1Sv = 100 rem.
4) **Effective Dose**: Used to estimate risk in humans. Its unit is **Sievert \([Sv]\)**.

The amount of radiation in standard dental radiographic examination as compared to natural radiation:

- The universe and our industrialized world give off a certain amount of radiation per day (the average effective dose for a member of the US population is mSv a year).
- If the amount of radiation in standard plain film radiographic examinations was to be compared to the radiation that an individual receives from natural and artificial sources every day, it would negligible.

The effects of high doses of radiation on the unborn child:

The adverse effects that may occur to the fetus of an expectant mother irradiated with high doses of radiation depend upon the fetal age and the dose of the ionizing radiation given. The most vulnerable time is during the first trimester:

- During implantation of the fertilized ovum: If a dose of 0.2 Gy or higher is given, death of the embryo may occur.
- During the first two months (organogenesis): a dosage of 0.2 Gy may cause macroscopic anatomical malformation.
- Between 8-15 weeks (fetogenesis): this is a period of high radiosensitivity for the developing central nervous system. Research has shown that a dosage of 1 Gy during this period caused mental retardation of 50% of fetuses studied.

Precautions to be taken when subjecting a pregnant patient to radiation:

1) Observation of the “Ten-Day Rule”: Any woman of childbearing age to be subjected to diagnostic x-ray examination that may reach the abdominal or pelvic areas should be exposed only during the first ten days after menstruation.
2) The maxillary occlusal view or any other view that requires the x-ray beam passing down into the abdominal area should be avoided if proper shielding cannot be provided.

*Pregnant Continued on page 14*
Pregnant Continued from page 13

3) Elective radiographs should be avoided.
4) For emergency treatment, necessary radiographs should be limited to the areas in question.
5) Try to minimize errors and retakes.
6) Use of E-speed or Ekta plus speed film if using analog radiography: the faster the film, the less radiation exposure to the patient.
7) Switching to digital radiography (decreases the does about 47% for full mouth series, and about 17% for panoramic).
8) Use of thyroid shields.
9) Use of lead aprons to cover the abdominal and pelvic areas.
10) Maintain high beam energy to deliver a high quality diagnostic x-ray beam in the shortest possible time.
11) Use of a long rectangular cone for collimation.
12) Lower mAs setting on CBCT to decrease dose.
13) Limitation of the field of view (FOV) on CBCT as indicated to give the necessary information for treatment planning without exposing unnecessary structures (example: narrowing the FOV for the open scan for TMJ to include just the TMJs structures, or limited maxillary or mandibular views for implant treatment planning).

As can be noted, most of these recommendations are an application of the ALARA rule and are the same precautions that should be taken for any patient imaged radiographically. The first two precautions are specific to the pregnant or possibly pregnant patient to avoid exposure of the abdomen with even the most negligible amount of radiation. Radiologic examinations should be performed only when necessary, and – as with any drug or intervention in pregnancy – the dose used for the examination should be kept as low as reasonably achievable.

Dr. Tamimi is expecting her second child in July 2008, this is a sonogram of Dr. Tamimi’s baby girl.

References:
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Case Study

Odontogenic Keratocyst: A Case Report

By: Dr. Anita Gohel

There are several benign and malignant lesions that can occur within the mandible. Odontogenic cysts and tumors can occur anywhere in the mandible but are usually seen in the posterior region. They have the capacity to grow into considerable sizes.

Cysts are classified according to the cell of their origin, with the majority of cysts in the mandible develop from odontogenic epithelium. Odontogenic keratocysts (OKCs) develop from the dental lamina, which is found throughout the jaw and overlying alveolar mucosa and is lined by stratified keratinizing squamous epithelium. Thus, the cysts can occur throughout periapical or primordial regions. They are most commonly located in the body or ramus of the mandible.

Case Report:

A radiolucent lesion was seen in the mandibular right molar periapical radiograph in a 22-yr old male. Since the radiolucency was seen associated with the roots of #31, a preliminary diagnosis of a periapical cyst was made.

The periapical (radicular) cyst is the most common odontogenic cyst and results from inflammation secondary to caries or other entities. The cyst appears as a round or pear-shaped, well-defined radiolucent lesion with sclerotic borders. The teeth are usually non-vital. In this case, all the mandibular molars tested vital.

OKC Continued on Page 19
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A panoramic radiograph was taken and it revealed a well-defined, corticated, unilocular radiolucency in the right body of the mandible. The inferior alveolar canal was seen displaced inferiorly with possible resorption of the external oblique ridge and the roots of #31. CT scans obtained with and without contrast enhancement showed an expansile lesion in the right posterior mandible causing expansion and thinning of the lingual cortical bone as well as the inferior border of the mandible.

The lesion was examined at biopsy and the findings indicated an OKC.

Discussion:

Most OKCs are very aggressive lesions and possess destructive potential, with a high recurrence rate after resection. Multiple OKCs in a young patient should raise the possibility of basal cell nevus syndrome (Gorlin-Goltz syndrome).

The common radiographic features include unilocular or multilocular, well-defined lesions surrounded by a sclerotic and scalloping border. They can be located at the periapical region of the teeth and thus resemble periapical/radicular cysts. They also may surround the crowns of impacted teeth and resemble a dentigerous cyst or an ameloblastoma. Radiographically OKCs, ameloblastomas and dentigerous cyst may look alike. Plain films such as panoramic films can reveal the location, size and the effect of the lesion on surrounding structures like the inferior alveolar canal, the inferior border of the mandible and the teeth. OKCs are benign lesions and thus cause expansion and displacement of adjacent structures.

OKCs have a high tendency for recurrence and complete surgical removal is the treatment of choice.

Additional Readings:

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