



# BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

WINTER 1987

Vol. XIII No. 1

## ARTICLE EXCHANGE STARTED

One of the goals of the pediatrician project has been to begin an ongoing exchange of information on important issues between the California Society of Pediatric Dentists and the California Chapter of the American Academy of Pediatrics. Recently, an article exchange has been started between the two organizations. The first article written by CSPD entitled "Pediatric Dental Injuries" appeared in the winter issue of the journal, the **CALIFORNIA PEDIATRICIAN**. Within this issue of the CSPD **BULLETIN** appears an article on heart murmurs which is the first article from the California Chapter of American Academy of Pediatrics. The AAP article is entitled "Dear Hearts and Gentle Dentists" and includes many interesting facts as well as a review of the American Heart Association's recommendations on prophylactic antibiotics for dental procedures. The start of the article exchange and its continuation should be of benefit to the members of both organizations as well as for the children we commonly serve.

"Pediatric Dental Injuries" is a short and informative article describing numerous dental injuries along with guidelines for evaluation and treatment. Included in the article is a discussion of management of totally avulsed teeth. The article is presented as being authored by the California Society of Pediatric Dentists, and appears with the CSPD logo and the address and phone number of the CSPD executive office. Rather than have the contributor's names appear with the article, it was decided that acknowledgement would be in the CSPD **BULLETIN**. In alphabetical order, the five CSPD members who contributed to "Pediatric Dental Injuries" are: Suzanne Berger,  
*continued on page 2*

## PRESIDENT'S MESSAGE

It is a pleasure to report that CSPD remains in a good state of health with a still growing all time high of 333 members, 41 of those serving on the Board of Directors or as committee members. Our committee chairpersons have undertaken a



tremendous workload this year made up of many critical issues concerning each of us! A day in my professional life never goes by without several pieces of CSPD communication. With our widespread membership of pediatric dentists, CSPD continues to be committed to and represents excellence within our specialty. Thanks for your support and ongoing active membership!

By now, the California pediatricians have received our directory with some enclosed information, and they know more about who we are and what we stand for. There are many areas of common interest we share, and hopefully we can join together with the

pediatrician community in this State as challenges arise regarding the welfare of the children and young adults within California. Conscious Sedation guidelines and Fluoridation are two issues that stand out among many others. CSPD's Pediatric Liaison Committee is to be congratulated in this effort, and is one example of how our Board and committees have represented the Constitution of our organization.

Our comprehensive membership recruitment effort is continuing with emphasis on both CSPD and AAPD membership. The need for our support of the Academy simply grows with time, and certainly serves to strengthen CSPD as well!

Shirlee Adams and Pat Noorigian have done an outstanding job for CSPD as our executive secretarial service. A great deal of coordination of our many ongoing activities must be continually done in an accurate, courteous, and timely manner, and the job is being accomplished beautifully and with a smile.

Our upcoming Annual Meeting at the Claremont Hotel promises to be another opportunity for us to share and learn! Please review the details in this **BULLETIN** — I'll see you there!

Warren E. Brandli, D.D.S., M.S.  
*President*

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## ARTICLE EXCHANGE STARTED

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Warren Brandli, Bob Dorfman, Ron Johnson, and Len Traubman. CSPD members can request a copy of the article from the CSPD Executive Secretary. At the January 1987 CSPD Board meeting, plans will be discussed to make the article available to component representatives of the American Academy of Pediatric Dentistry.

At the 1986 CSPD Annual Meeting in San Diego, members were surveyed about the article exchange. Among the topics that have been suggested for articles are: Baby Bottle Syndrome, Early Infant Care, Sealants, and Supplemental Fluoride. Recently, Dr. Philip Trask has written an article on supplemental flouride. Once review of his article is completed, it will be forwarded for publication in the summer issue of the **CALIFORNIA PEDIATRICIAN**. After the article is published, copies will be made available. CSPD members are encouraged to continue to suggest ideas or to express their willingness to assist in writing of future articles.

*Bob Dorfman, DDS  
Editor*



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## ARTICLE CORRECTION

In the summer 1986 **BULLETIN**, there appeared the article "Quality Time for New Patients". Unfortunately due to a printing problem, Dr. Weyland Lum's name did not appear at the end of this article he authored. Members who missed reading this article may receive a copy by sending self-addressed, stamped envelope to the Editor.

## Immediate Past President's Message GEOGRAPHIC LEADERSHIP: IS IT BEST FOR CSPD?

I believe the time is here for CSPD to look forward in the spirit of continuing the unification of our organization as well as our speciality.

In our own organization, a bylaw provision states that the offices of President-Elect and the President alternate between the Northern and Southern parts of California. This policy has worked well in the past for CSPD, but is it necessary for the future?

It is my belief that CSPD has matured to a level of unity, trust and purpose, and that we as an organization can now eliminate this bylaw mandate. The purpose of this change is to make sure that the strongest and best leaders are at the helm of CSPD. I can easily imagine that time when the best persons to lead CSPD will be unable to serve due to this bylaw restriction. In this day we must continue strong leadership in Pediatric Dentistry in California.

Is it time for the membership to trust the maturity, purpose and friendships of all its members, both on and off the Board of Directors, to lead CSPD without a North-South mandate for the President-Elect and President? The general membership will have the final answer!

There is another issue to be considered. If we are to keep the North-South bylaw mandate with regards to the President-Elect and President, then consideration should be directed to

reapportionment of the "north-south" boundary line. Right now, there is about two times the membership in the south compared to the north. Is the issue of north-south a geographic issue or is it equated to membership numbers? There is also a third alternative: have no North-South issue at all. We do not need a North-South CSPD, we must have a one state, one body CSPD!

The tradition of alternating location of the annual meeting in the state can still be preserved. I think it should be preserved. As you know, the President-Elect is in charge of the Annual Meeting. What is to prevent us from changing our system? Instead of the President-Elect "doing it all", I suggest that he chair the Annual Meeting Committee so that no matter where he's from he can "run" the meeting. This would have the advantage of utilizing more of our talented membership.

These are my thoughts about unification at the State level with CSPD bylaw changes. For unification in our speciality, I strongly recommend membership in the American Academy of Pediatric Dentistry, as well as CSPD. We are a very important component of the Academy. To keep our speciality strong, we need numbers and one solid voice, maintaining our standards and the **SPECIALITY ITSELF!!**

*Keith J. Ryan, D.D.S.  
Bylaws Chairman*

## Letter to the Editor

Dear Editor:

When my letter supporting the joining of the Academy of CSPD members to strengthen our numbers during the ADA review of our speciality appeared in the summer edition of the **Bulletin**, the changing of one word completely changed the intended meaning of a very important sentence. Referring to the need for recent graduates to join the Academy the sentence read: "It is **not** important that they join and become involved in the Academy so that we can present a "united front" to the A.D.A." The sentence should read: "It is **MOST** important that they join and become involved in the Academy etc." Please see that this correction is printed in the "letters" column.

*Sincerely,  
Donald J. Dal Porto, D.D.S.  
President-Elect, CSPD*

## BULLETIN

CALIFORNIA SOCIETY  
OF PEDIATRIC DENTISTS  
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Winter and Summer issues.

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## CONTRIBUTIONS

CSPD members are encouraged to contribute to the **Bulletin**. Articles, letters to the editor, or other items of interest are welcome.

## NEWS FROM THE DENTAL SCHOOLS

This year CSPD is pleased to welcome ten new pediatric dental graduate students to our California residency programs.

The two UCSF first year residents are Mark Dal Porto, DDS, and Maria Aganon Fu, DDS.

**Mark Dal Porto** graduated from UC Berkeley in 1981 and from UCSF Dental School in 1986. His major extracurricular interests involve athletics and outdoor activities. He attributes his interest in children's dentistry to a positive experience with a pediatric dentist as a child. Providing the experience remains positive, he is planning on practicing with that same pediatric dentist in Sunnyvale after graduation. (CSPD especially congratulates Don Dal Porto for another fine contribution to the field of pediatric dentistry!)

**Maria Aganon Fu** attended the University of the Philippines before entering dental school at USC. Since receiving her DDS in 1984, she has been in general practice in Mountain View with her husband. Maria is also a mom of two daughters and enjoys skiing and baking (but **not** cooking). After completion of the program, she would like to participate in a group pediatric dental practice in the Los Altos-Mountain View area.

USC has three first year postdoctoral students : Ching Chun Hu, DDS, Dimitris Bizoumis, DDS, and Karen A. Sue, DDS.

**Ching Chun Hu** was born in Taiwan in 1960 and received her dental degree from the National Taiwan University. In addition to the USC pediatric dental program, she is also enrolled in USC's craniofacial biology Ph.D. program. After completing all her programs, Ching wants to continue research work and will be seeking a faculty appointment at a teaching hospital.

**Dimitris Bizoumis** graduated from the University of Athens with a DDS degree in 1986. His major free time activity is sailing.

**Karen A. Sue** was born and raised in Los Angeles. She attended USC as an undergraduate in biological sciences and graduated from the USC Dental School in 1986. Besides her current USC pediatric dental program, Karen works with patients with seizure disorders at the UCLA Neuropsychiatric Institute. Karen's hobbies include sewing, piano and playing softball.

## American Academy of Pediatric Dentistry News

The Ad Interim Board of the American Academy of Pediatric Dentistry met in New Orleans in early November 1986. Sixteen components, including CSPD, were represented. Executive Director John Bogert reported the highest membership totals in the history of the Academy. This increasing strength is essential in both promoting the recognition and image of the pediatric dentist and assuring the success of the Academy in renewing the specialty recognition of pediatric dentistry by the ADA. All of us in CSPD should insure the success of these and other Academy programs by becoming and remaining members.

The Board reviewed the bylaws proposal for geographic representation

President-Elect	- Ken Troutman, Louisiana
Vice-President	- David Good, California
Secretary-Treasurer	- William Vann, North Carolina
Directors	
(Two will be elected)	George Carlson, Montana Ray Klein, Florida Linda Nelson, Pennsylvania Tom Salmon, Mississippi

Future Academy meetings will be held in:

- 1988 San Diego
- 1989 Orlando
- 1990 San Antonio
- 1991 Boston
- 1992 Seattle

Mel Rowan, D.D.S.

There are five first year pediatric dental residents at UCLA: Gary Shi-Lin Niu, DMD, Maryen C. Vemuri, DDS, MPH, Gary Uichi Okamoto, DMD, Charles Chung Wah Low, DDS, Andrea L. Baumann, DDS.

**Gary S. Niu** was born in Taiwan in 1957. He received his first dental degree (B.D.S.) with Book Coupon Awards in 1981 from the National Taiwan University School of Dentistry. Since he was born with club feet, which has been corrected to normal, he realized how difficult life is for a child with congenital defects and has pledged to help them. To achieve his goal he went to the Medical University of South Carolina to do research at the Carolina Cleft Lip and Cleft Palate Center, then was accepted to the University of Pennsylvania School of Dental Medicine and received his

continued on page 11

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# 12th Annual CSPD Conference April 2-5, 1987

The CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS will be holding its 12th Annual Conference April 2-5, 1987 at the Claremont Hotel and Resort located high in the Oakland-Berkeley hills overlooking the San Francisco Bay area. The Claremont and the Bay area will provide an ideal setting for a fabulous meeting for CSPD members and their spouse/guest.

## DENTIST SPOUSE/GUEST PROGRAM

**MR. J. ALBER BAUER**, an attorney from Breckenridge, Colorado will present a unique program on organizing your life by use of a simple word—"no". Mr. Bauer has lectured extensively at the Vail Management seminars. This program will appeal to all members and their spouse/guest.

## ACADEMIC/CLINICAL

**SOL SILVERMAN, JR. M.A., D.D.S.**, Chairman, Division of Oral Medicine, University of California School of Dentistry.

- PEDIATRIC ORAL PATHOLOGY
- CURRENT INFORMATION ON AIDS

## PRACTICE PROMOTION PANEL

**MICHAEL McCARTNEY, D.D.S.** and **MARK LISAGOR, D.D.S.** will moderate a panel of pediatric dentists through a discussion of:

- PROMOTION OF THE MODERN PEDIATRIC DENTAL PRACTICE

## OTHER ACTIVITIES

**Exhibitors:** Exhibitors of commercial products and services we use will be present as sponsors.

**Table Clinics:** Table clinics will be presented by California Graduate Students and CSPD members. Martin Steigner is organizing this event.

**Office Forms Notebook:** Mike McCartney is, once again, organizing the sharing of our updated office notebooks. Everyone is encouraged to participate. This has been a great success in past years.

## RECREATION

The Claremont Hotel and surrounding San Francisco Bay area will offer an endless variety of activities to choose from during the afternoon and evenings. Shopping and tours of the area are outstanding. Besides San Francisco, Berkeley and the East Bay area have become renowned for excellent restaurants.

We will have the traditional "Fun Run"; Tennis Tournament; Golf Tournament; Windsurfing and a social evening, dining and entertainment list prepared by Richard Sobel and Weyland Lum.

**Plan Now to Attend this Outstanding Meeting!**

## The California Children's Dental Disease Prevention Program to Continue

In the summer 1986 **BULLETIN**, Dr. Robert Isman, Chief of the Office of Dental Health, California Department of Health Services, had an excellent article explaining the California Children's Dental Disease Prevention Program. The most valuable program, also known as SB111, has been shown to have a significant impact on the oral health of California children. The program was due to end on December 31, 1986, unless new legislation was passed to extend the program.

CSPD members should be pleased to learn that Governor Deukmajian signed a new bill on September 26, 1986 that will allow the SB111 program to continue. The State's continued support of this fine program will assure that many California children will be able to live lives substantially free of oral health problems.

## PANEL TAPE IS STILL AVAILABLE

In the summer 1986 CSPD **BULLETIN**, there was an announcement about the availability of the California Society of Pediatric Dentists' two hour panel discussion tape and accompanying outline. The CSPD member panel discussed "Creative Arrangements Whereby Pediatric Dentists and Orthodontists Can Successfully Practice Together".

The materials have been made available to the American Academy of Pediatric Dentistry members for \$30.00, but the cost to CSPD members is only \$10.00. CSPD members can still send their requests along with \$10.00 to:

Shirlee Adams, Executive Secretary  
California Society of Pediatric Dentists  
16541 Gothard Street, Suite 103  
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# YOU'RE HOLDING THE MEETING WHERE?

## 12th ANNUAL CONFERENCE TO BE HELD IN OAKLAND! APRIL 2-5, 1987

Despite Gertrude Stein's oft quoted line; "There is no 'there' there", the 12th Annual CSPD Conference will be held at the beautiful Claremont Resort Hotel and Tennis Club in - yes - Oakland!

The Claremont is acknowledged as the "grand dame" of Northern California's Resort Hotels. Although grand Victorian in style, a recent \$20 million renovation has given this 71 year old dowager a new lease on life. On the outside, the durable Claremont still stands as high, white and handsome as ever. But the new look inside is a pleasant blend of nostalgia and high-tech conference facilities that give the hotel an extra measure of comfort, convenience and class. With ten tennis courts, an Olympic size pool, par course and twenty-two acres of beautifully land-scaped acres in a forest setting featuring a collection of modern sculpture plus a spectacular vista of San Francisco, only twenty minutes away- the Claremont is truly one-of-a-kind.

Oakland, Berkeley and the East Bay area, long considered the ugly step-sister of San Francisco, has blossomed into a beauty with many outstanding attractions in its own right. The Claremont, situated high in the Oakland-Berkeley hills is an ideal starting point for the shopping, tours and fine dining located in the Bay area.

The 155 acre Lake Merritt, located downtown, is a bonafide crown jewel. Offering boat rentals and sailing lessons, the lake is also populated by 80 species of birds, because it's America's oldest (1870) wildlife waterfowl refuge. Three miles of paths ring the lake for jogging or strolling.

Within walking distance of the lake is the trend-setting Oakland Museum- among the finest in North America. It is acclaimed as the outstanding museum on the art, history and natural science of California.

At the foot of Broadway are Jack London Square and Jack London Village, with their rustic arcades and multi-level restaurants, and specialty shops. In the wild and woolly days of the nineteenth-century, writers such as Robert Louis Stevenson, Bret Harte, Joaquin Miller and Jack London spent countless hours in this former seaport area of saloons, warehouses, storage yards and shipping piers.

The beautifully restored Paramount Theatre of the Arts is also located downtown. Tours of this State Historical Landmark are available on the 1st and 3rd Saturdays of the month.

Nine regional parks adjoin the city and only a few minutes from Claremont, Tilden Regional Park offers hiking, horseback riding, biking, picnicing and fishing.

The attractions of nearby San Francisco are well known. BART (Bay Area Rapid Transit) is located about 3/4 mile from the Claremont and offers easy access, via a modern electric railway, to San Francisco and the East Bay. BART offers a unique ride to San Francisco, by way of a tube under the Bay, rather than over the more familiar Bay Bridge.

Within a two hour radius of the Claremont are a multitude of attractions including Muir Woods, a beautiful stand of stately redwoods, Golden Gate National Seashore and the famous Napa Valley wine area.

The meeting will be capped by a fine scientific program which will include Dr. Sol Silverman speaking on Pediatric Oral Pathology and a brief AIDS update, and a panel of pediatric dentists discussing promotion of the modern pediatric dental practice. Also, J. Albert Bauer will have a unique presentation for spouses and guests, as well as for dentists. In addition, there will be table clinics, as well as exhibitors, and the office notebook display. All of this, along with the recreational activities such as golf, the "fun run," tennis and wind surfing, promise to make the occasion most outstanding.

Mark your calendar now for this fabulous meeting offering a blend of continuing education, food, fun and friendship. Rooms are limited so send in your registration early! Your registration packet should be arriving soon. Watch for it! April 2-5, 1987 --- See you at the Claremont.

*Don Dal Porto, D.D.S.  
Program Chairman*

## OFFICE NOTEBOOK DISPLAY

It has become a tradition at the annual CSPD meeting to have each attending member bring a notebook of his or her office forms, promotional ideas, and other written materials for display at the meeting. The goal of this notebook display is to have a method whereby CSPD members can freely exchange written materials. These notebooks have proven to be very popular at past meetings. We need a commitment from each member who will attend the Oakland meeting to follow through on this reminder and update or put together such a notebook. Any member who needs an outline of what to include and the order in which it should appear please call or write Mike McCartney. Worthwhile projects are only as successful as each of you will allow it to be—let it be a great success in 1987 by sharing your ideas with all of us. Thanks in advance for your cooperation.

*Mike McCartney, D.D.S.  
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## TO OUR SPONSORS

CSPD would like to thank all the sponsors who attended our eleventh annual meeting. We appreciate their interest and support and will always welcome their participation which we're sure is mutually beneficial. You will notice display ads from each sponsor throughout the **Bulletin** as reminders of their support.

## Dear Hearts and Gentle Dentists

It is a common scenario. An office jammed with patients. Everything moving on schedule. Then, as a child is walking towards the treatment room, the most feared phrase in the profession: "...By the way, Doctor,..." followed by "Did I ever tell you that Irving has a murmur?".

There is no easy algorithm that will readily solve the problem raised by Irving's murmur. However, there are ways to make decision making simpler in such a situation.

First, murmurs are common in the pediatric age group and for the most part are functional (innocent) and cause no concern for either prophylaxis or anesthesia. Such murmurs are the result of turbulence in the normal heart and can be changed in quality and intensity in a number of ways, by excitement, exercise, position, Valsalva maneuvers, etc.

On the other hand, murmurs can represent significant organic disease and children with these require prophylaxis in a manner recommended by the American Heart Association. (This will be described at greater length later). Rarely, organic heart disease can impact on the type of anesthesia, although this is not a common concern.

In a perfect world, the dentist, with a simple phone call, can usually learn from the child's personal physician whether or not the murmur represents heart disease. Unfortunately, in the real world, he/she will discover that the pediatrician or family practitioner is on an extended trip to the Gobi desert, catching a baby at an emergency C section, or has not seen the child in at least ten years and has no information to give about the heart.

In this situation, a short history may give some clues. If no physician has ever recommended dental prophylaxis or restricted activity in any way, it is likely that the patient does not have significant heart disease. In our highly litigious society, almost all physicians are aware of subacute bacterial endocarditis (S.B.E.) and the need for preventing it; the family would certainly have been warned in the past if the physician suspected heart disease.

There is a caveat, however. In our pluralistic society, English may not be spoken, and heart disease may be missed historically. Children from

Central America, South East Asia, and other Third World countries may pose a special concern since they may have either acquired (rheumatic) or congenital heart disease. Any non-English speaking person who makes any allusion to the child's heart should be listened to with respect, and prophylaxis may have to be considered.

### CONGENITAL HEART DISEASE — NON CYANOTIC

Roughly eight out of every thousand babies born have some form of congenital heart disease. Many of these children appear entirely normal and heart disease can be detected only by careful auscultation. The commonest lesions are:

1. Ventricular septal defect. In this condition, the blood shunts from the left ventricle to the right through a defect in the interventricular septum. Such an abnormality creates a loud murmur heard best over the lower sternal area often accompanied by a thrill. Many of these defects are small enough that surgical repair is unnecessary; a relatively large number will close by themselves. All require dental prophylaxis since S.B.E. poses a major hazard even if the defect is small.

2. Patent ductus arteriosus (PDA). This defect arises from the failure of the ductus to close shortly after birth. Untreated, it may cause problems, including S.B.E. It is readily corrected by surgery and children who have had a ductus ligated and divided do NOT need prophylaxis. Interestingly, there are currently attempts being made to close the PDA via cardiac catheter by inserting a plug. In this way, a "grand opening" can be avoided.

3. Atrial septal defect. This hole in the interatrial septum rarely closes spontaneously and usually needs surgical correction. Even after repair, atrial septal defects need prophylaxis since mitral valve prolapse often coexists with this lesion.

4. Pulmonic stenosis. This lesion results from the adherence of the cusps of the pulmonic valve, thus obstructing the flow of blood from right ventricle into the pulmonary artery. If mild, no treatment is required. If moderately severe, the valve needs to be opened. Until a few years ago, treatment was surgical. Recently, however, balloon angioplasty has arrived, making it possible to open the valve from within the heart using a special balloon catheter. Treated valves need

prophylaxis as do untreated valves. It has been estimated that the risk of S.B.E. in pulmonic stenosis is one case in 3000 patient years; nevertheless, prophylaxis is still indicated.

5. Aortic stenosis. Aortic stenosis is often the result of a bicuspid aortic valve. If the narrowing is severe, the patient is at risk for sudden death. Minimal lesions are at risk for S.B.E. For that reason, all forms of aortic stenosis require prophylaxis. Treatment is conservative if stenosis is mild, surgical if severe. Balloon angioplasty is now being used in aortic stenosis with reasonably good results. Prophylaxis is needed for aortic valves that have had surgical repair or angioplasty. If a prosthetic valve replaces the natural aortic valve, more involved antibiotic therapy is needed than the usual routine. Often a combination of broad spectrum antibiotics is used.

6. Coarctation of the aorta. This defect usually requires surgery, although there are a number of recent successes using balloon angioplasty. Coarctation is often associated with a bicuspid aortic valve, and prophylaxis is needed.

### CONGENITAL HEART DISEASE — CYANOTIC

The advent of cardiac surgery has changed the outlook for children born with cyanotic congenital heart diseases. In the past, most "blue babies" led desperately sick lives and succumbed very early. The arrival in 1947 of the Blalock-Taussing operation followed by the evolution of open heart surgery has changed the lives of blue babies dramatically. There is no need to list all the cyanotic heart defects since most are complex and all need prophylaxis. However, we will discuss several of the more common lesions.

1. Tetralogy of Fallot. This is a cardiac disease associated with four (hence "Tetra") defects: pulmonic stenosis, ventricular septal defect, over-riding aorta, and right ventricular hypertrophy. The children with this condition are often very blue and squat when tired. The surgical results have been excellent and many live well into older adult life.

2. Transposition of the Great Arteries. The aorta and pulmonary arise, in this condition, from the "wrong" ventricles, with the result that the baby is very blue. Intervention using a balloon catheter is needed in the neonatal period to open up an atrial septal defect and improve the admixture of arterial and venous blood. Later, more definitive surgery is

required. A common procedure is the "Mustard" operation, named not after a condiment, but a surgeon in Toronto, Canada. In the Mustard operation, the venous supply to the heart is transposed; in effect, two wrongs make a right, and arterial blood can now flow into the systemic circulation. A more recent technique has been developed called the "Jatene" procedure, in which the aorta and pulmonary arteries are switched so that they arise from the appropriate ventricles. The operation is more difficult than the Mustard but may have better long term results. All children with transposition require prophylaxis.

One type of cyanotic congenital heart disease that currently cannot be treated surgically is Eisenmenger's syndrome, a condition in which the patient has severe pulmonary hypertension and blood is shunted from the right to the left side. These patients are at risk for S.B.E. and for congestive heart failure. General anesthesia must be administered with caution because of the effect of the anesthetic agent on the pulmonary vascular musculature and pulmonary blood flow. Often these children are on aspirin daily to prevent thrombosis and this may cause excessive bleeding after dental surgery.

#### ACQUIRED HEART DISEASE

While rheumatic heart disease is becoming increasingly rare in the United States and Western nations, it is a major problem in the Third World. Children with rheumatic heart disease often have severe aortic and mitral valve

deformities and may be on a variety of medications. Although some may be getting daily doses of penicillin to prevent recurrence of Strep infections, they need additional antibiotics before dental work to prevent S.B.E. Since some of these children have had valve replacement with prosthetic devices, broad spectrum antibiotic coverage is very important before dental extractions and extensive cleaning of the teeth.

#### DENTAL PROPHYLAXIS: AMERICAN HEART ASSOCIATION RECOMMENDATIONS

Most cardiologists give instructions to their heart patients about prophylaxis and explain the meaning of "endocarditis". Patients may also receive information about the prophylactic antibiotics to be used for dental, upper respiratory, and intestinal surgery, and for urinary tract manipulation. Patients with artificial valves usually need a combination of such drugs as ampicillin and gentamycin.

Penicillin remains the main drug for prophylaxis and can usually be administered orally one half to one hour before dental treatment. Patients weighing less than sixty pounds receive one half the adult dose. Patients allergic to penicillin can receive erythromycin. The second dose of antibiotic is given

six hours later. Figure 1 shows the dosages indicated for dental procedures that currently approved by the American Heart Association. Dental procedures such as extractions, pulpal therapy, and cleaning of teeth that causes significant bleeding definitely require prophylaxis. Restorative and orthodontic procedures that may cause bleeding also require prophylactic antibiotic coverage.

#### CONCLUSION

In most cases of children with murmurs who arrive in the dental office, decision making as to the need for prophylaxis can be arrived at without too much difficulty. Those who pose a question probably should be treated rather than be left unprotected since the cost-benefit ratio is strongly in favour of prophylaxis.

As for Irving, I suspect it's a functional murmur and antibiotics are not needed.

*Marvin L. Auerback, M.D.  
California Chapter of the  
American Academy of Pediatrics*

*Dr. Auerback is a pediatric cardiologist practicing in San Mateo, California. He is Clinical Professor of Pediatrics and Pediatric Cardiology, UCSF, and Chief of the Pediatric Cardiac Clinics at San Francisco General Hospital and San Mateo County Hospital.*

## AMERICAN HEART ASSOCIATION RECOMMENDATIONS

Figure 1. American Heart Association Dosage Recommendations for Antibiotic Prophylaxis for Dental and Nasopharyngeal Procedures.

	Dosage for adults	Dosage for children
<b>oral</b>		
penicillin V	2 gm. 1 hr. before procedure and 1 gm. 6 hr. later	> 60 lb.: adult dose < 60 lb.: half the adult dose
in penicillin allergy: erythromycin	1 gm. 1 hr. before procedure and 500 mg. 6 hr. later	20 mg./kg. 1 hr. before procedure and 10 mg./kg. 6 hr. later
<b>parenteral</b>		
ampicillin	1 gm. IM or IV 30 min. to 1 hr. before procedure, repeated 8 hr. later	50 mg./kg. IM or IV 30 min. to 1 hr. before procedure, repeated 8 hr. later
or aqueous penicillin G	2 million U IM or IV 30 min. to 1 hr. before procedure, repeated 8 hr. later	50,000 U/kg. IM or IV 30 min. to 1 hr. before procedure, repeated 8 hr. later

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## CHILD WELFARE COMMITTEE PROPOSED

Child abuse and neglect (CAN) are loaded issues eliciting numerous and varied emotional responses. The dental profession has progressed in taking its share of responsibility in intercepting this national and international problem. The number of cases reported by dentists has increased somewhat over the past ten years. However, I still question if we as pediatric dentists are doing everything possible and reasonable to assist these vulnerable children. Can we even support a preventive approach towards these problems in the same manner we do with caries and orthodontic consideration or is this too controversial?

Pediatric dentists in general are masters at child behavioral assessment and management. The ability to discern appropriate behavioral responses (I am not speaking of "cooperative" responses) places us in a unique position to often be exposed to and assess child family dynamics. Have you had cooperative patients whom you have had concerns about although observing no clinical signs of neglect or abuse? The child may or may not have been subject to later trauma or neglect but the behavioral — emotional responses you and your staff observed raised your level of concern. More often than not, we will allow it to pass until we observe something concrete. I suspect many of us have experienced a child's over-reaction during the stress of dental treatment which may have been a direct result of previous abuse? Or what about a reported incident whereby the Nursing Bottle Syndrome was a result of keeping the child quiet during the presence of a hostile boyfriend. Do we intervene?

The dental-medical literature is comprehensive concerning various inhibiting factors in approaching and interviewing parents or reporting suspected cases of CAN. I feel that these factors are today's major issues to be confronted by the dental profession. Most of us are aware of our legal responsibility to report obvious signs and symptoms of physical abuse or neglect. However, we often find that fact finding or actual confrontation is often difficult or too threatening due to the emotions it might arouse. Many of us were not trained in this area of human relations nor raised as abused or

neglected children. I suspect that many of us also fail to know of persons from whom we can ask for assistance. But my sense is, we all share a genuine concern and commitment to our patients' welfare in spite of these factors.

As a result it will be the goal of Denis Weintraub and myself as the ad hoc Committee on Missing and Abused Children to keep you, the CSPD members abreast of various issues on abused, neglected or missing children in California, through special mailings, meetings and this column. We intend to act as a forum for CSPD members to discuss the unresolved issues, provide mutual support and address those child related social problems that we as an organization feel responsibility for preventing or interceding. The ad hoc Committee will continue to participate in the Missing Children effort and spearhead the development of criteria and guidelines for the diagnosis and management of dental neglect in California. In addition, we hope to solidify a network of resources and consultants for the members to contact.

I would hope that eventually there would be enough support to evolve a CSPD Child Welfare Committee from these efforts. Thus, we will help insure CSPD's continued share of responsibility in assisting children and their parents and caretakers.

*Steve Blain, D.D.S.*

*Ad Hoc Committee on  
Missing and Abused Children*

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## CONSCIOUS SEDATION UPDATE

In September, 1986 Governor Deukmejian signed into law a bill dealing with the use of **parenteral** conscious sedation in the dental office. This new law does **not** create a permit process for the use of parenteral conscious sedation; the last version of the bill we saw before passage included a provision for a permit that dentists using parenteral conscious sedation would be required to obtain. This permit process was removed from the bill at the last moment.

The new law contains definition, of general anesthesia, conscious sedation, and deep sedation. I would encourage those of you utilizing a parenteral technique to request a copy of the new law from me. According to CDA, a new bill will be introduced early in 1987 that will create a permit process. CSPD members will be updated on the nature of that legislation as it develops.

We also plan to continue working in the area of hospital dentistry. Some CSPD members have run into "outside" obstacles when proposing hospital dentistry for their patients. Some medical insurers have declined to pay for the hospital related costs (e.g. operating room charges, lab charges, anesthesia fees) for dental cases. If you have experienced similar "obstacles" I need to hear from you. A letter from you including a description of what happened would be valuable.

Lastly, we are looking into the way in which TDIC established their liability classifications and premiums. The pediatric dentist who treats patients under a general anesthetic administered by an anesthesiologist pays TDIC about twice as much in premiums as a pediatric dentist who doesn't do general anesthesia cases. We are asking TDIC to justify this in terms of the 6 years of accumulated claims experience they have in their computer.

Please direct comments, suggestions, questions, ideas, etc. to me at: 1347 West 6th Street, San Pedro, CA 90732.

*Geoffrey A. Groat, D.D.S.*

## BYLAWS COPY AVAILABLE

Any member desiring a copy of the CSPD Constitution and Bylaws can request one from our executive secretary, Shirlee Adams.

## Public and Professional Relations Committee

This year, the Public and Professional Relations Committee is concentrating most of its efforts in two areas. The first involves acting as a reference source and clearinghouse for CSPD members searching for appropriate materials for use in their communities. This might help them inform the public and fellow professionals that we are the ones in dentistry who are the experts on dentistry for children. Also, that we have much to offer in assuring that our young patients get off on the right track regarding their oral health.

Our hope is to avoid "reinventing the wheel", by dovetailing our efforts with those of other professional organizations, who may have goals which overlap ours. The Public Relations program of the American Academy of Pediatric Dentistry, which is currently in its second year, has produced educational brochures, press releases and an excellent Public Service Television announcement, all available for our members to utilize in their practices and communities. Other organizations, such as ASDC, the ADA, and other state component Pediatric Dental Societies, have produced excellent materials, again, which are available.

The committee is working on compiling a "source book", listing all these materials, including brief descriptions as well as information regarding ordering and cost of each item. Hopefully, this will be available for distribution at the Annual Meeting in Oakland.

A booth is planned at the Oakland meeting, with samples of many of these materials for the members to review.

As part of this project, all members received a packet in October, detailing the new AAPD Public Service Announcement, entitled "Your Child's Smile", which is available for distribution to television stations throughout the country. Members are encouraged to take advantage of this excellent chance to inexpensively inform the public of the need to begin a child's dental care early.

Also included in this mailing was an order form for cassette tapes of several popular continuing education courses put on by AAPD in recent years.

The second thrust of the committee

relates to a resolution, unanimously passed by the AAPD last Spring, which encourages parents to schedule an initial visit with the Pediatric Dentist before their child is twelve months of age. It is felt that if the public is now to receive this message, it is first imperative that our colleagues in pediatrics be educated in the importance of preventing dental disease by counseling parents at such an early time. It is also important that Pediatric Dentists be made aware of this concept, so that when parents call their offices to make appointments for these early "counseling" visits, they are welcomed, and not told that "a child's first visit should not be until three years of age".

Dr. Kent Payne, one of our members, has proposed several ways in which CSPD might play a part in informing the public of the importance and availability of these early visits, which he has termed "consumer interviews". Among Dr. Payne's ideas is the suggestion that CSPD provide articles on infant dental care to publications aimed at expectant and new mothers, such as the "Wet Set Gazette", a monthly publication, with a circulation of 35,000. CSPD could also make materials available to organizations such as the American Society for Psycho-prophylaxis in Obstetrics, whose members are involved in teaching natural childbirth courses throughout the state. Another suggestion which the Committee intends to pursue involves establishing a speakers' bureau from our membership of Pediatric Dentists who are willing to speak to groups such as these on this subject and others of interest to those

involved with the care of young children.

The Committee will focus on these areas in 1987; ideas from the membership are essential. Please let us know what you are doing or what you think we should be doing to raise the consciousness of our members, other professionals, and the public regarding who we are and what we have to offer our patients.

Mark S. Lisagor, D.D.S.  
Chairman

## CSPD Yellow Pages Advertising Guidelines

Here are the established guidelines for Yellow Pages advertising. It's time to review this practice. Let us know what information should be added to the guidelines to update its ease to use. Please send this information to Shirlee Adams, our Executive Secretary.

Members within a phone book area may decide to announce to the public they are members of CSPD, indicating a degree of higher training or more proficiency. This may be done by purchasing an ad from the Yellow Pages listing the members together in a box. Within this box will appear the CSPD logo and a message. The steps involved are:

1. One person selected in the area to be the spokesperson, and be so identified to the Executive Secretary, Shirlee Adams.
2. All pediatric dentists in the specific phone book Yellow Pages (CSPD members or not) contacted and informed of the interest.
3. A vote should be taken to affirm that a majority desire this approach.
4. Non-CSPD members desiring to be included must join CSPD.
5. The cost of the ad will be borne by those listed.
6. It will be incumbent upon the spokesperson that all pediatric dentists in the area be advised of the process and that all those listed are CSPD members.
7. The area spokesperson will contact Shirlee Adams at least one month in advance of the closing of your area's Yellow Pages listings.

Continued permission to use the CSPD logo is based on compliance with the above guideline. It is hoped that members would find this sufficient exposure and not feel compelled to further individually advertise in the Yellow Pages.



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## The Need to Update Your Self-Image

By JIM SANDERSON

Not long ago we watched a national tennis tournament for seniors—men over 45, women over 40. Anybody easing through his or her middle years loves these kind of things. We all want a measuring mark: How am I holding up?

It's rather a comfort to discover that even the best athletes have slowed a step or two, and now rely on control and guile to replace naked power.

We found only one big "name" in the pairings, but recognized him as soon as he walked on the court. Now in his early 50s, he had been absolutely No. 1 in the world for several years. His partner in this semifinal doubles also had been nationally ranked, somebody told us.

They swept through their first three games easily. "This is going to be a wipeout," I said to Bill my psychologist friend.

"Don't be too sure," he replied. "The other guys are in better physical shape."

□

True. Both Mr. Famous and his partner were slow of foot and noticeably thick around the waist, while their opponents were lean and fast as whippets. And sure enough, as soon as they got over their awe, the two Unknowns began to dominate.

They won the next six games, and then two more in the second set. Mr. Famous could not believe it. He kicked balls into the net, muttered, scowled, hit screaming drives wildly out of control into the fence. The umpire in the chair even admonished him for "unsportsman-like conduct."

The audience could not believe it either. How could such a great player act like a petulant child? Now he was standing at the net, letting them pass him almost at will.

"If he doesn't try, then it doesn't count if he loses," I whispered to Bill.

Mercifully, the match was quickly finished. Mr. Famous did not look anybody in the eye as he offered the traditional handshake across the net.

"He should have taken up golf," Bill said. "Could have had some fun learning the game, even played competitively, but nobody would have expected him to win. We all need to update our identity."

□

I've been thinking about that last phrase ever since. Life never does stay

the same; we are different people in each decade of our lives. It's essential to understand, and accept, who we are now, not who we used to be.

It's a wan pleasure even for the famous to be introduced as Mr. or Ms. Formerly. The world really does not care. If we are relying on an old identity we always feel used up, finished, irrelevant.

Traditional males frequently rely too heavily on their work. As long as they move up the ladder they feel powerful; they know who they are. Mid-life crisis comes when they see their limits at last. This is also the reason so many men die just a few years after they retire—they have lost their identity.

If women rely on youthful beauty, they feel diminished as it fades. If they focus too much on the mothering role, what is left when the kids grow up? If career is everything, they suffer as men do.

The earlier in life we learn to sculpt our identity from a dozen different clays, the better we move through the gallery of our days and years. We require spiritual resources; what is it we believe in? We should learn how to make a gift of ourselves, too, and in many ways; the world is very needy.

We ought constantly to reach out for creativity, no matter what the arena. What can I do which will tap unused resources within me? What can I struggle for? It is the act of striving itself that keeps us most alive.

All achievements are sand castles. Happiness lies in constantly rebuilding, each time in a different way.

**Editor's Note:** Dr. Geoff Groat provided this article that appeared in the *Los Angeles Times* on February 19, 1986.

## CSPD Needs Research!

The vitality of any profession is dependent upon the creative expression of its contributing members. In order to improve Pediatric Dentistry we must explore new ideas and scientific inquiry is the surest way to achieve this goal. The Professional Activities Committee was established to promote research in Pediatric Dentistry in California but we need your help to accomplish our mission. Please encourage and support research by Society members and by students in our California Certificate Programs. Contact Dr. Hugh Kopel at the University of Southern California, Dr. David Rothman at the University of California, San Francisco, or George Riviere at UCLA for more information or assistance.

*George R. Riviere, D.D.S., Ph.D.*  
Chairman  
Professional Activities Committee



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The Charles Sweet Sr. Memorial Lecture will be May 16, 1987 in San Francisco, at the Miyako Hotel. For those of you who knew "Pop" Sweet this will be an outstanding meeting in his memory. Dr. Donald Gardner will be speaking of "TMJ Dysfunction in the Pediatric Patient," with emphasis on the clinical aspect of this problem.

Not only will the meeting be educational with Dr. Gardner's material, but it should be highly entertaining. There will be a special surprise during the luncheon portion of the program that should be enjoyable to all.

If anyone has any questions, please contact:

Keith Ryan, D.D.S.  
Program Chairman  
373 South Monroe Street  
San Jose, Calif. 95128  
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## NEWS FROM THE DENTAL SCHOOLS

*continued from page 3*

D.M.D. degree with honors in 1985.

Presently, Gary is a first year postdoctoral student in the three year Combined Pediatric Dentistry-Orthodontics program at UCLA. Upon completion of this program, he would like to be a member of a team to treat patients with orofacial congenital defects and also teach in the dental school.

**Maryen Vemuri** was born and raised in Bogota, Colombia. She attended dental school at the Javeriana University in Bogota and upon graduation, treated patients in the jungle as part of the public health service in Colombia. After a year and a half, she returned to the dental school and was an instructor in the pediatric dental department for three years. Maryen was then awarded a scholarship to study public health in Israel, and received her M.P.H. degree from the Hebrew University in Jerusalem.

Upon completion of the UCLA Pediatric Dental Program, she will return to Colombia where she will combine private practice and teaching.

**Gary Okamoto** was born in November 1960 in Los Angeles, California and raised in Orange County in the city of La Habra. He attended college at Cal State Fullerton from 1978-1982. He was active in student government, as a senior voted Associated Students Board Director of the Year, and graduated in 1982 with a B.A. in chemistry.

Gary then relocated to the Midwest to attend dental school at Washington University School of Dental Medicine in St. Louis, Missouri. Gary was class Vice-president and active in the Delta Sigma Delta fraternity. He was also employed as a dental assistant in private practice during his last two years of school. Upon graduation, he received a "Certificate of Merit" for his work with children at Washington University from the ASDC and Chairman Dr. P. Parson. Gary was a member of the 120th graduating class of Washington University and received his D.M.D. degree in May, 1986.

Gary has now returned home to California to pursue his dental education in Pediatric Dentistry at UCLA. In his spare time he enjoys traveling, tennis, fishing, reading and skiing.

**Charles Low** is a native to Los Angeles — although born in Hong Kong, he was raised and educated in Los Angeles since he was 5 years old. He attended the University of Southern California and received a Bachelor of Science in Chemistry in 1980 and was also elected to Phi Beta Kappa that year. Unsure of his career, he continued on for two more years at USC in the Ph.D. program in chemistry. During that time, he decided that dentistry would allow him to be personable with people, to provide a people-oriented service, to be a member of the health professions, and to be able to exercise a certain degree of autonomy and independence.

In 1982, he entered the dental program at UCLA and graduated in 1986 and is currently in his first year at UCLA's Pediatric Dentistry Program. While in dental school, Charles was also in the Master's Program in Oral Biology. He hopes to complete this within the next year. In dental school, he participated in the various outside clinics, and was in the Family Dental Practice internship during his senior year. Outside of school, Charles has worked with the youth in his church as a counselor in the high school group and summer camps. He also teaches Sunday School to junior high school boys in his church.

In the future, he hopes to practice dentistry with special emphasis on the total care of the child, teach part time, and be involved in a dental missions effort.

**Andrea L. Baumann** is currently a first year resident in the combined program in pediatric dentistry and orthodontics at UCLA. In June of 1986 she received her dental degree from UCLA where she has also completed her coursework and thesis for a Master's degree in oral biology.

Though having lived in Southern California since early childhood, Andrea was born in Seattle, Washington. She has a twin brother and three sisters. The family lives in the Pomona-Walnut Valley.

Music, sailing, golf and building wooden model sailboats are some of Andrea's hobbies. She has been active in teaching and counseling children at her church and plans to be involved with dental missionary projects. Upon completion of her program, she hopes to practice her specialty part-time and continue her interests in research and teaching.

*Suzanne Berger, D.D.S.*

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