



BULLETIN

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

JUNE 1981

VOL. VII NO. 1

President's Message



Thank you for your membership!

This year's annual meeting in San Francisco was attended by over 100 pedodontists. Your participation has added to the strength and cohesiveness of our expanding organization. As a unified group, we are able to enhance all aspects of pedodontics. The membership wishes have been made known and we will respond in that direction.

The Ad Hoc Committee on Public Relations, chaired by Dr. Robert Weis, will soon have concrete suggestions and proposals, in which our organization may proceed. Enough rhetoric has transpired in the past, and a definite plan of action is now in the final stages.

Next year's annual meeting at Palm Springs is already in the formative planning phase. Much interest was expressed by the membership in the areas of: office management (top to bottom) and the future of pedodontics. That is the direction that some of the technical sessions will deal with. Again, we will be soliciting participation in a panel formation.

Membership is increasing on an annual basis, but we have a long way to go to enlist all the pedodontists in the state of California. Presently, there are about 290 members within the organization with a state population of 500 pedodontists. It would be great if every active member would make an effort to enroll one new member from his area this coming year.

This coming year promises to be an exciting one. Your participation on the committee level can only help to enhance this organization. Please contact me if you would like to actively support the efforts of your society and serve on one of several committees.

Best wishes for a good summer,
Chuck Spitz, D.D.S., M.S.

Peer Review

March, 1981 begins a new era in the Peer Review process in California. The California Dental Association has revised the system to achieve uniformity throughout the state. The significant change affecting us is that no longer will the local components be responsible for reviewing specialists. That responsibility will now automatically become the obligation of the respective state specialty societies.

Fortunately, we in CSPD already have our committee and panel established which has served in an advisory capacity to the components in the past. With the new system the local components may continue to screen the requests as to their appropriateness for review. Then the complaints involving ADA-recognized specialists will be forwarded to the Council on Dental Care and the proper specialty group.

There were 3000 peer review complaints last year in California. Many of them could have been avoided simply better communication between patients, parents, and dentists. A few moments spent discussing goals and potential problems of treatment could avoid difficulties. But when conflicts do arise we in dentistry are fortunate to have a review process that functions to assist in their resolution.

Mel Rowen

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Formocresol Pulpotomies in Primary Teeth; A Review of the Recent Literature

Martin Rayman, D.D.S.

The following synopsis of the current literature regarding formocresol pulpotomies in primary teeth was the result of updating the pulp therapy lecture series for the dental students at the University of the Pacific.

The seven research studies cited used classical criteria for selecting primary molars for pulpotomies: 1. no spontaneous pain; 2. not sensitive to percussion; 3. not mobile; 4. no soft tissue manifestations; 5. no bone loss seen radiographically; 6. clotting shortly after pulpal amputation at the orifice to the canals (no sluggish bleeding).

1. Formocresol pulpotomies are clinically successful when used in one visit, 5 minute application whether or not a drop of formocresol is added to the ZnOE.
2. Dilution of formocresol is successful (4).
3. Formocresol leaches out of ZnOE when mixed together. Enough formocresol over a sufficient period of time leaches out to produce clinically successful pulpotomies without use of formocresol pellet for 5 minutes. Based on unpublished research (4).
4. Pulpal reaction to formocresol still not completely understood (8).
 - a. Pulpal changes in all teeth (5)
 - b. Is there some tissue reaction to ZnOE?? in one study a non-eugenol containing (Pharmatec^R) carrier was not as effective (9).
 - c. No typical tissue reaction even though clinically successful (5).
 - d. No healing per se (1-9) Absence of symptoms not definite proof of a healthy pulp.
 - e. Capricious diffusion of the formocresol throughout the pulpal tissue with no difference when left for 5 minutes or for days (6).
 - f. Histological changes are seen but no clinical signs of failure apparent.
 - g. Internal resorption occurs with formocresol but it's less than and less dramatic than with Ca(OH)₂ (6).
5. Enamel defects in succedaneous teeth not a problem (3).
6. Failures; most in first 3 months. After that failure rate nearly constant. Failure rate increases with time (1).
 - a. seen in furcation and then canals
 - b. furcation involvement and increased rate of root resorption due to high concentration of formaldehyde???? (7)
7. Failures related to age, time since treatment, length of root at onset and absence of permanent restoration. Most favorable age group for 2-3 year survival rate is 6-8 year olds (4).
8. Should minimize toxic and irritant effects of formaldehyde?
 - a. dilute (diluted form; 1:5 yields comparable results to full strength; 1975 study *J.D.C.* 2 failed out of 125.)
 - b. is cresol a culprit?? (causes necrosis) (8) It's a cell membrane disrupting and protein denaturing agent. It travels down the canal very quickly (8).
 - c. use of gluclaraldehyde? effects not as far reaching as formaldehyde (4). We will have to wait on further experimental results.
9. Formocresol was shown to have an equal or almost equal success rate for teeth both with and without clinical symptoms of total chronic pulpitis! (9) Rayman note: This doesn't mean that we should stop using partial and full pulpectomies. It means that we have a pretty high degree of latitude in our diagnosis of and prognosis for the traditional formocresol pulpotomy.
10. Interesting sidelight: I did surveys of 2 pedodontic study clubs prior to presenting this information. Club A had 12

members present at the meeting. The mean age of the members of about 39 years and mean years in practice about 11. Club B had 19 members responding at the meeting. The mean age of the members of about 34 years and mean years in practice of about 6.

Procedure used for pulpotomy study club	Form. for less than 1 min. & not in ZnOE	Form. for 5 min. only & not in ZnOE*	Form. in ZnOE only
A (12)	1	3	6
B (19)	3	2	0

Form. for 5 min. and in ZnOE	Dilution of the form. (1/2)	Ca(OH) ₂	Electro surg. canterization followed by form. for 3-5 min
0	2	0	0
13	0	0	1

NOTE:

1. Form. = Formocresol and the brands used varied.
2. The ZnOE used by just about everyone was a reinforced type like I.R.M. (Caulk).
3. All clinicians report success with the various techniques.
4. *Technique taught at the University of the Pacific.
5. I was surprised to discover that the more recent graduates (study club B) used the formocresol for 5 minutes and still added it to the ZnOE mix. Beaver, Kopel and Sabes, in an experiment reported in the *J.D.C.*, November, 1966, pages 381-396, said that "... once formocresol has initiated a pulpal response, it is no longer necessary to incorporate it into the subbase." They also concluded that "... no major differences in histological reactions of the radicular pulp whether or not formocresol is used in the subbase."

Bibliography:

1. Rolling, I. & Thylstrup, A. A 3 year clinical follow-up study of pulpomatized primary molars treated with the formocresol technique. *Scand. J. Dent. Res* 83:47-53, 1975.
2. Pruhs, Olen & Sharma, Relationship between formocresol pulpotomies on primary teeth & enamel defects on their permanent successors. *JADA*, 94: 698-700, April 1977.
3. Rolling & Poulsen, Form. pulpot. of primary teeth and occurrence of enamel defects on the permanent successors. *Acta Odont. Scand.* 36:243-247, 1978.
4. Raly & Lazzari, The form. pulpot., The past, the present and the future *J. Pedodont.* 2(2):115-127, Winter 1978.
5. Rolling & Hansen, Pulp condition of successfully form. treated primary molars. *Scand. J. Dent. Res.*, 86:267-272, 1978.
6. Magmussen, Therapeutic pulpot's in 1 primary with the form. technique. A clinical and histology follow-up. *Acta Odontog. Scand.* 36:157-165, 1978.
7. Wright & Widmer, Pulpal therapy in primary molar teeth: A retrospective study. *J. Pedodont.* 3(3): 195-206, Spring 1979.
8. Mejare & Larsson, Short term reactions of human dental pulp to form. and its components—a clinical-experimental study. *Scand. J. Dent. Res* 87:331-345, 1979.
9. Mejare, Pulpot. of primary molars with coronal or total pulpitis using form. technique. *Scand. J. Dent. Res.* 87:203-216, 1979.

Dr. Rayman is Associate Professor, Pediatric Dentistry, University of the Pacific School of Dentistry.

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A (12)	1	3	8
B (19)	3	2	0

Form. for 5 min. and in ZnOE	Dilution of the form. (1:2)	Ca(OH) ₂	Electro-surg. canterization followed by form. for 3-5 min.
0	2	0	0
13	0	0	1

NOTE:

1. Form. = Formocresol and the brands used varied.
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Two to Receive Honorary Membership

Reidar Sognaes and Marvin Stark will be presented with honorary membership in the California Society of Pediatric Dentists at the next annual meeting, held in Palm Springs.

Dr. Sognaes was born in a small community, Kronstad, a few miles outside of Bergen, Norway. He was the youngest of six boys. He was trained at the University of Oslo and the University of Leipzig prior to entering dental school in Oslo. He graduated in 1936 with highest honors. He was asked to become the dental investigator with a 13-member Norwegian scientific expedition to the South Atlantic island of Tristan de Cunha, 1937-38.

That trip excited Dr. Sognaes to active research work. He received training in pediatric dentistry at the Forsyth Clinic in Boston followed by a Carnegie research fellowship at the University of Rochester. He received a Ph.D. in experimental pathology. At this time, Hitler's troops invaded his homeland of Norway and he declined an offer from Harvard University and served as a Captain with the Royal Norwegian Air Force in exile.

Following the war, a position from Harvard was again offered, so he and his wife, Edel, and two children returned to Harvard. He was advanced to full professor in 1952 in an endowed chair formerly occupied by Kurt Thoma and known as the Charles A. Brackett Professor of Oral Pathology. Dr. Sognaes was presented with an honorary Master of Arts degree by President James Conant. He became the Associate Dean at Harvard School of Dentistry.

In 1960, Dr. Sognaes was named the Founding Dean of the UCLA School of Dentistry. He planned and instituted the development of the faculty, programs and student body for the new school. He was the first dentist to be honored by election to Fellowship in the American Academy of Arts and Sciences (1958) and to Senior Membership in the Institute of Medicine, National Academy of Sciences (1978). He received the highest honor, the Miller Memorial Medal, from the American Academy of Oral Medicine (1979). He is Past President of the International Association for Dental Research.

Dr. Sognaes has published some 300 articles including pioneer observations in such areas as radioactive

tracer studies, histochemistry, transmission and scanning electron microscopy, high resolution microradiography, laser beam effects on teeth, experimental caries research and, especially recently, forensic science. He has been noted for his knowledge and research into the dental histories of such diverse persons as President George Washington and Adolf Hitler.

Dr. Sognaes is currently living in Thousand Oaks, California and is Professor Emeritus at UCLA School of Dentistry.

Dr. Stark is presently Professor of Operative Dentistry, School of Dentistry, and Lecturer in Microbiology, School of Medicine, University of California, San Francisco. He is also a Consultant to the Chief Health Officer, Department of Health, State of California.

He received an A.B. in Microbiology from UCLA in 1948, a D.D.S. from the University of California, San Francisco in 1952 and in 1952-53 held a Research Fellowship at the Harvard School of Dental Medicine.

Memberships in the International Association for Dental Research, Northern California Academy of Endodontists, Omicron Kappa Upsilon, American Dental Association, American Association of Dental Schools and American Men of Science are held by Dr. Stark. He is a Fellow, of the American College of Dentists and the International College of Dentists.

Dr. Stark has published some 28 papers, presented many abstracts at various IADR meetings, lectured extensively throughout the United States and other countries. He is actively involved in some 14 research projects, and holds patents in the field of Dentistry.

Pediatric Dentistry has particularly felt Dr. Stark's contributions through his establishment of Mobile Dental Clinics here and abroad where they have served thousands of children. Mobile Clinics either have functioned or are functioning in Israel, Greece, Yugoslavia plus California and Alaska. Plans are currently underway to develop a program for Ankara, Turkey in conjunction with UNICEF. Another plan is in its formative stages for Cebu City in the Philippines.

It is our privilege to welcome these two outstanding dentists to honorary membership.

1982 Annual Meeting

The annual meeting of the California Society of Pediatric Dentists will be held in Palm Springs. Organizer Hugh Kopel has obtained the Palm Springs Spa which has an excellent location. The headliner will be Dr. Thomas De Marco who is Dean of Case-Western University Dental School. Dean De Marco will speak on the future of dentistry in the 1980's.

Make your decisions early about this meeting. The Dinah Shore Golf Tournament begins the day after we leave so we have a limited number of rooms. Rates are 90⁰⁰ single and 95⁰⁰ double. More from Hugh later with more details.

1983 Annual Meeting

The Quail Lodge in Carmel Valley has been tentatively selected as the site for our 1983 CSPD Annual Meeting. The date of the meeting will be March 17-20, 1983.

You will recall that the Quail Lodge was the location of our Meeting in 1976. Everyone who attended will have to agree that its first class accommodations, and the resort facilities are ideally suited to our needs. It is conveniently located to enjoy the sights of Carmel and the beauty of the Monterey Bay Area.

Ed Matsuishi

C.S.P.D. Members News

The new TEXTBOOK OF PEDIATRIC DENTISTRY, edited by Raymond L. Braham and Merle E. Morris, with thirty-two internationally acclaimed contributors, is one of the most recently published in the field. It has been officially adopted as the required course text by, at least, ten dental schools in the United States, as well as being the official text for dental schools in Australia, England, Israel, South Africa and Syria (no less!) Published by Williams and Wilkins of Baltimore, in 1980, the book is a bargain at \$26.95. Ray is Associate Professor of Pedodontics in the School of Dentistry at the University of California, San Francisco while Merle, as everyone knows, is Professor and Head of Pedodontics at U.C.S.F.

The book has received favorable reviews in the Journal of Dentistry for Children (September/October 1980), The Alpha-Omega Scientific Issue (December 1980) and the Journal of Pediatric Dentistry (March 1981).

One of our members, Al Tonn of Los Altos, has been combining his pedo practice with teaching and research. He is currently Clinical Associate Professor in the Department of Pediatric Dentistry, at the School of Dentistry, University of the Pacific, San Francisco.

He recently had two of his research articles published. The first is titled "A two-year clinical study of a carvable composite resin used as class II restorations in primary molars," and was published in the Journal of Dentistry for Children, November-December, 1980 issue. The purpose of the study was to evaluate the clinical performance of a carvable composite resin ("Epoxydent") in 105 class II preparations in primary

molars. Amalgam was used as the control in contralateral or adjacent teeth, in the same patients. The U.S.P.H.S. (Ryge) criteria were used in the evaluations conducted at base-line, six, twelve, and twenty-four month intervals. The findings included: (1) the composite was not readily carvable; (2) greater loss of composite than amalgam on the occlusal surface; (3) a relatively high margin breakdown for both composite and amalgam; (4) and good color stability of the composite. Co-authors were Dr. Gunnar Ryge, Assistant Dean for Research, and Dr. David Chambers, Director of Educational Development and Management, University of the Pacific.

The second article was "Scavenging of waste nitrous oxide in pediatric dental offices," published in the December issue of the Journal of International Association of Dentistry for Children, in Rome, Italy. The purpose of the study was to evaluate a method to reduce waste nitrous oxide gases in pediatric dental offices to the lowest possible level. The "Brown" scavenging mask succeeded in reducing the nitrous oxide gas in the dentist's breathing zone from 940 parts per million (ppm) to 33 ppm. With the addition of a small fan, the N₂O level was reduced still further to 9.4 ppm, or a total reduction of 99% for the dentist. Similar reductions were found for the dental assistant. The "Brown" mask was slightly larger than the conventional mask, but was not cumbersome and did not sacrifice either safety or efficiency of the existing gas delivery system. Co-author Dr. Charles Whitcher, Professor of Clinical Anesthesia, School of Medicine, Stanford University.

Stewart Co-ordinates Pedo-Ortho Seminar



Dr. Ray E. Stewart

Dr. Ray Stewart was CSPD's representative in the organization of the second annual scientific seminar co-sponsored by CSPD and the California Society of Orthodontists which was held on Saturday, April 25, at the UCLA School of Dentistry. Approximately 60 persons attended with an equal distribution between Pedodontists and Orthodontists. Approximately 20 residents and post-doctoral students also attended.

The guest speaker was Dr. Lysle Johnston, Chairman, Department of Orthodontics, St. Louis University, St. Louis, Missouri. The topic which Dr. Johnston discussed was of interest and well received by everyone who attended. He focused on three major topics:

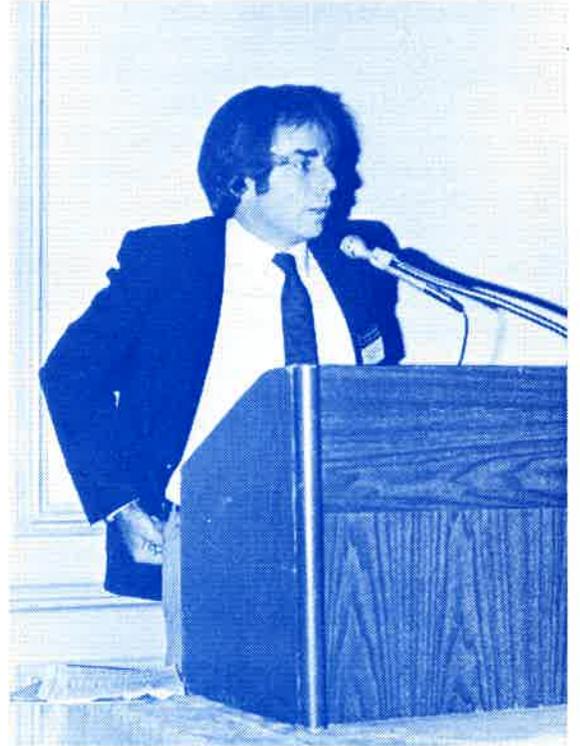
1. The use of cephalometric templates as a simple alternative to the various contemporary descriptive analyses;
2. The construction of growth forecasts ("pattern extension") by means of grid-superimposition;
3. The subsequent formulation of treatment plans based on an *a priori* estimate of the way in which a given face will respond to the expected pattern of growth and to the various therapeutic options available to the clinician.

This is the second year for a combined effort of the two societies to co-sponsor a joint seminar. The response and participation would indicate that it will grow and prosper in future years and will provide members of both specialties with an opportunity to explore areas of mutual concern and interest.

Sixth Annual Seminar — San Francisco



Ex-President Roland accompanied by his wife Lorraine and on their right Chuck and Beth Spitz.



Stephen Moss, President of the American Academy of Pedodontics brought us information on the Academy's 1981 public relations campaign.



President Chuck checks out one of Rosenbaum's practice builders. Dr. Rosenbaum was the feature speaker at the well attended seminar.



Drs. Kopel, Duperon, Horner, Solomon and moderator Aubuchon, discuss pre-medication techniques in Pediatric Dentistry.

Summary of 1981 Annual Business Meeting

Officers Elected

President	Dr. Charles Spitz
President Elect	Dr. Hugh Kopel
Vice President	Dr. Rolf Spamer
Secretary	Dr. Richard Terrell
Treasurer	Dr. Kent Payne
Editor	Dr. Edward Hoffman
Director, North '82	Dr. Donald Dal Porto
Director, North '82	Dr. Edward Matsuishi
Director, South '82	Dr. Warren Brandli
Director, South '82	Dr. Larry Luke
Director, North '83	Dr. Richard Sobel
Director, North '83	Dr. Art Rabitz
Director, South '83	Dr. Howard Dixon
Director, South '83	Dr. Paul Reggiardo

Nominating Committee for 1982

Dr. Mel Rowan
Dr. Keith Ryan
Dr. Brian Lee

Seventh Annual Meeting at the Palm Springs Spa

March 25-28, 1982

CSPD has reserved 75 rooms.

Dr. Hugh Kopel is planning an outstanding program.

Treasurer's Report

Balance Operating Account on February 28, 1981:

\$14,881.63

Budget for 1981: \$11,725.00

Editor's Report

The *Bulletin* will be published 3 times a year. The next 3 issues will be mailed to all pediatric dentists in California.

Peer Review

The CDA has initiated a new system and all specialties will be reviewed by their own peers. The decision of the peers will be final and cannot be modified or changed by the local component.

Liability insurance will be given to Peer Review Committee members by the CDA. CSPD has 27 pediatric dentists on its Peer Review Panel.

Public Relations Ad Hoc Committee

A Telephone Book Yellow Pages Ad and CSPD Logo has been developed and is being used by many members. Contact Dr. Robert Weis or Executive Secretary Bobbi Dennis for details.

CSPD is monitoring the advertising campaigns of the A.D.A., A.A.P., C.D.A., A.A.O. and A.G.D. and plans to initiate its own campaign this year.

Members are urged to send any of their P.R. ideas to Dr. Weis.

Also, send your best practice building ideas to Dr. Mike McCartney who will share them with our members.

There are approximately 600 pediatric dentists in California. About 295 of them are CSPD members.

Dr. Reidar Sognnaes and Dr. Marvin Stark were elected to Honorary Membership in CSPD and will be honored at our Seventh Annual Meeting in Palm Springs.

Rolf Spamer

Welcome New Members

Howard Brostoff, DDS
1000 La Veta, Orange, CA

Eric Bystrom, DDS
UOP School of Dentistry, 2155 Webster, San Francisco, CA

Dion Campisi, DDS
2075 Forest Ave. #1, San Jose, CA

Mary Moore, DDS
133 Granada Ave., San Clemente, CA

David Powell, DDS
3660 Wilshire Blvd., Los Angeles, CA 90010

Martin Rayman, DDS
1118 Irwin St., San Rafael, CA 94901

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1036 Sir Francis Drake Blvd., Kentfield, CA 94904

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Robert B. Berson, DDS
USC School of Dentistry, P.O. Box 77951,
Los Angeles, CA 90007

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321 N. Larchmont #809, Los Angeles, CA 90004

Albert L. Anderson, DDS
420 Spruce St., San Diego, CA 92103

Kenneth Greenstadt, DDS
4690 Genesee Ave., San Diego, CA 92117

John Michael Delaney, DDS
P.O. Box 1507, Kamuela, Hawaii 96743

George Lyman, DDS
122 S. Patterson, Santa Barbara, CA 93111

Jac W. Pedersen, DDS
8121 Van Nuys Blvd., Van Nuys, CA

Results of Rosenbaum Poll

1) % patients direct referral from general practitioner?	0-5%	5-10%	10-20%	20%	Total	
	33 (71.7%)	6 (13.0%)	3 (6.5%)	4 (8.7%)	46	
2) Are you using media for any advertising?	Yes	No	Total			
	5 (10.6%)	42 (89.4%)	47			
3) % of gross income spent on promotion?	0%	1%	2%	3%	4%	5%
	11 (24.4%)	13 (28.9%)	5 (11.1%)	4 (8.9%)	3 (6.7%)	9 (20%)
	Total = 45					
4) State pedo society beneficial in increasing dental awareness?	Yes	No	?	Total		
	10 (21.3%)	35 (74.5%)	2 (4.2%)	47		
5) Bringing new patients	Yes	No	?	Total		
	4 (9.3%)	36 (83.7%)	3 (7%)	43		
6) American Academy beneficial	Yes	No	?	Total		
	1 (2.2%)	41 (91.1%)	3 (6.7%)	45		
7) New patients	Yes	No	?	Total		
	2 (4.7%)	28 (88.4%)	3 (6.9%)	43		
8) Are you willing to financially support a marketing and advertising campaign?	Yes	No	Total			
	35 (83.3%)	7 (16.7%)	42			
9) How many patients do you lose/year?	0-50	50-100	100-300	300-500	500 =	Total
	10 (47.6%)	-0-	4 (19%)	4 (19%)	3 (14.3%)	21
10) Significant openings for new patients	Yes	No	Total			
	31 (73.8%)	11 (26.2%)	42			
11) Target new patients	not go to DDS	GPs patients	others	Total		
	20 (51.3%)	14 (35.9%)	5 (12.8%)	39		
12) To what age do you retain patients	12-15	15-18	over 18	Total		
	4 (8.5%)	28 (59.6%)	15 (31.9%)	47		
13) Older now than previously. Because you are trying to keep busy	Yes	No	Total			
	10 (22.2%)	35 (77.8%)	45			
14) Full ortho	Yes	no	Total			
	12 (25.5%)	35 (74.6%)	47			
15) More than one office	Yes	No	Total			
	9 (19.6%)	37 (80.4%)	46			

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Pedodontists Placed in Lower Premium Class

TDIC* has reclassified Pedodontists and Orthodontists currently in Class II to Class I effective July 1, 1981. Premiums for Class I specialties are an average of 7% lower than Class II.

The change was supported by data from CDA's previously sponsored plan provided by TDIC's actuaries. The data indicated that Pedodontists have lower-than-average losses for Class II comparing favorably with Class I. The data also suggests a sufficient number of dentist exposure years exists on Pedodontists to add credibility to the change.

The TDIC Class II definition permits dental procedures performed under local anesthetics, oral and intramuscular sedation, nitrous oxide and general anesthesia administered only in an accredited hospital or accredited surgicenter. Class I will permit all techniques of Class II for Pedodontists and Orthodontists after July 1, 1981.

Professional liability losses develop slowly. However, TDIC is monitoring its own emerging experience together with that of previously sponsored plans to maintain the most equitable premium specialty classification system possible. Revising Pedodontists downward from Class II is only one of many first steps.

*TDIC = The Dentists Insurance Company

Classified

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All members are invited to place free Classified Ads. Send information to the Editor.

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