

CHRONICLE MONTHLY

APRIL 2020: VOLUME 15, EDITION 3



APRIL IS

ORAL CANCER
AWARENESS
MONTH



oralcancerfoundation.org

~53,000 people in the US will be newly diagnosed this year

REMINDERS

SEEKING SUBMISSIONS! ★

⇒ Submit stories for **Oral Cancer Awareness Month**

⇒ Submit any and all photos

⇒ **Administrative Professionals Day** is April 22

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HEY LADY DENTIST!

We hope you and your loved ones are staying safe and healthy. Read below to jostle the mind as we all continue to social distance.

Updates from the Board of Directors

Please note that the Ultradent Icons of Dentistry meeting in Utah has been postponed with a new date to be determined.

Check the Chronicle for updates as we receive them.

The board is continuing to social distance, but we're very excited and working hard... check out the next edition for a very special announcement!

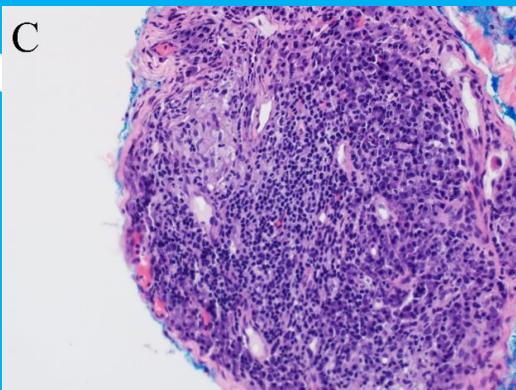
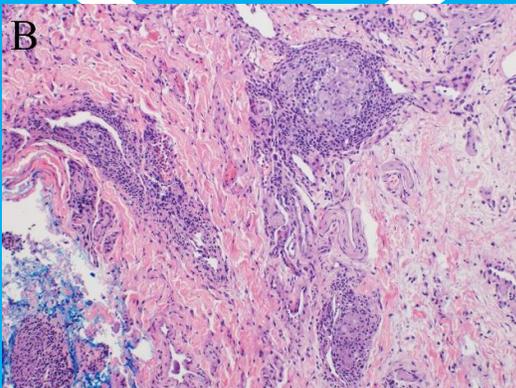
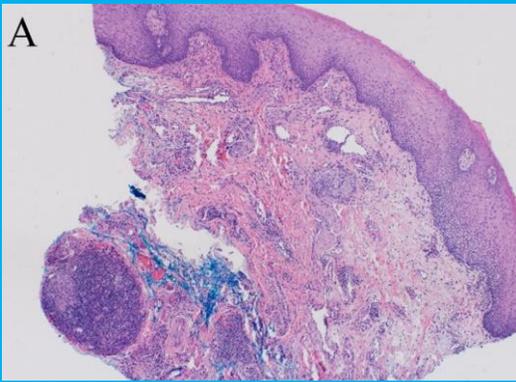
Past President, Dr. Mary Martin, shares a book review: Good to Great by Jim Collins, 2001

I love to read and share the thoughts of brilliant leaders who are helping us build better businesses and personal lives. For the most part, I cannot remember which guru said what; however, the one book I always remember name and author is "Good to Great" by Jim Collins. It was originally printed in 2001, so it is definitely not new, but still quoted by business and non-business leaders daily.

The key principles in this book resonate with everyone, whether you are in private practice, academics or non-profit activities. Now that I am back in academics, the quote I find myself using most is, "Good is the enemy of great." Throughout life, we become very satisfied with "good" being the ultimate for which we strive, be it a restoration or a paper we are writing. Too many times we stop with that being the endpoint and then wonder why our work or our team begins to lose its sparkle.

My husband and I sold our dental practice in December, 2018, after a great run. We had tough times just like everyone else, but we used the principles in this book to help us maneuver those times. The ones I remember that we relied on the most were as follows. First, get the right people on the bus. The old adage, "People are your most important asset," turns out to be wrong. People are not your most important asset. The **right** people are. Second, embrace the Stockdale Paradox (named after POW Admiral Jim Stockdale). You must maintain unwavering faith that you can and will prevail in the end, regardless of the difficulties, AND, at the same time have the discipline to confront the most brutal facts of your current reality, whatever they might be. Jim Collins discussed Level 5 leadership skills as being necessary for bringing our businesses and schools from good to great if we have the passion and drive and people on our bus to make that leap. He gave President Abraham Lincoln as the only US President who had demonstrated such skills and had such a dramatic effect on our government.

**For Oral Cancer Awareness Month AAWD member,
Dr. Leslie Halpern, shares a recent case that she and her students
encountered:**



Orofacial granulomatosis (OFG) describes a disease entity with a wide range of clinical presentations. Commonly, the patient's chief complaint will be swelling of the orofacial region in one or multiple sites. It is a diagnosis of exclusion and requires a workup to rule out suspicion of allergy, tuberculosis, sarcoidosis, and Crohn's disease. OFG encompasses both Granulomatous Cheilitis (GC) and Melkersson-Rosenthal Syndrome (MRS), which represent OFG either affecting only the lips (GC), or in combination with partial facial nerve paralysis and fissured tongue (MRS).

We recently saw a case with a 28-year-old Caucasian female who presented to our oral and maxillofacial surgery clinic following a referral from her dermatologist. Her chief complaint consisted of lip swelling affecting the left maxillary and mandibular vermilion borders. The patient had undergone work-up to rule out allergic angioedema. Past medical history, and surgical history were noncontributory. The patient took no medications that would initiate this symptomatology.

A complete head and neck exam was performed and indicated no acute or chronic lymphadenopathy, no pain upon palpation, and no neurosensory deficits noted on the skin and mucosa of the lip. An intraoral examination included palpation along the buccal mucosal boundaries of the lip and gingiva. The edema was localized extraorally and within the boundaries of the lower lip with diffuse extension into the floor of mouth. The edema was soft to palpation, non-blanching, non-indurated and did not express exude exudate or transudate.

The patient had a biopsy performed by the referring dermatologist which was evaluated by an oral and maxillofacial pathologist. It was determined that the lesion was of a granulomatous origin and was consistent with OFG. The patient underwent work-up to rule out sarcoidosis and Crohn's disease. She was diagnosed with OFG and began therapy.

The management of OFG is a complicated and often frustrating process. There are no medications which have been studied in a double-blind random control trial, and thus all medical management of OFG is done based on case reports. Current therapies range from antibiotics to corticosteroids, immune modulating drugs, and a broad swath of other therapies.

The patient was initially managed with a combination of intralesional corticosteroids, elimination diets, and monitoring. The size of the lesions decreased and the patient reported being much more comfortable. The patient was subsequently referred to Rheumatology. She began experiencing worsening symptoms and was placed on 400 mg of Plaquenil once daily and a scaling prescription of prednisone starting at 30 mg once daily for a week. This was trialed for two months, but did not improve symptoms. The patient was then placed on methotrexate which was discontinued due to side effects. The patient was almost placed on adalimumab but a literature search showed azithromycin as a successful therapy in a case-report. The patient was then prescribed 500 mg of azithromycin PO three times per week. The patient has had significant improvement in two months with total resolution after 5 months of therapy. Azithromycin was discontinued and the patient has reported no relapses in a year.

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*We want to see how you've been social distancing!
Use #quaranQUEEN and tag @womendentists to be featured on our social media and next edition of the Chronicle Monthly!*