We’re All in This Together
Help your patients experience a deeper clean

For improved gingival health and better at-home routines, Philips Sonicare is easy to recommend. And with a range of options for every patient need and budget, there’s something for everyone.

- 62,000 bristle movements per minute provide a gentle, effective clean
- Continuous Philips Sonicare fluid action drives fluid between teeth and along the gumline

Left to right: ProtectiveClean, DiamondClean Smart, ExpertClean, DailyClean

Call (800) 422-9448 today to learn more or visit philipsoralhealthcare.com
CDHA
New Management Company Letter

President’s Message
Working through Growing Pains

Public Relations
New Management Company

CDHA Tribute
A Tribute to Colleen Beasley

Editor’s Message
Uncertainty Continues with the COVID-19 Pandemic

CDHA Community
Dental Hygiene Care from Preventative to Essential Healthcare Workers

Government Relations
CDHA’s SB 653 Bill Passes In Honor of The Notorious RBG

Student Community
Sharing and Winning Virtually

Notes from the News
COVID-19 Tests on the Horizon for Dental Offices
Periodontal Disease and COVID-19 Link

LifeLong Learning
Abbey’s Story: Cystic Hygroma

About the Cover:
Wishing our planet and all its’ people good health in the coming year. Photo by Anna Shvets from Pexels
Contributions of scientific and original articles to The Journal of the California Dental Hygienists’ Association are formatted by and published under the supervision of the Editor. The opinions expressed or implied in this publication are strictly those of the authors and do not necessarily reflect the opinion, position or official policies of the CDHA nor are claims or statements by authors verified.

The only permission granted for photocopying or storage of items is for personal use, or the use by libraries; all other uses require the written permission of the Editor or President. CDHA reserves the right to illustrate, reduce, revise or reject any manuscript submitted. Articles are considered for publication on condition they are contributed solely to the Journal. Contributors are notified within 90 days if a manuscript is accepted for publication.

Correspondence should be addressed directly to the Editor: Liz Moore, RDH, MSEd
E-mail: editorcdha@gmail.com
Mail: 86 Hancock Dr., Roseville, CA 95678

Display and classified advertising. The California Dental Hygienists’ Association does not assume liability for contents of advertisements. Inquiries regarding display advertising should be directed to:

Liz Moore, RDH, MSEd
California Dental Hygienists’ Association

Copyright 2020 by the California Dental Hygienists’ Association. The Journal is published on a regular schedule by the California Dental Hygienists’ Association. CDHA members receive the Journal as a member benefit. Dental hygiene students receive the Journal via mail as part of their CDHA fee. Non-member, out of state and foreign subscription inquiries should be directed to: admin@cdha.org

Send all address and name changes to:
California Dental Hygienists’ Association
Email: memberservices@cdha.org
September 22, 2020

Dear CDHA Members,

Thank you for being valued members of the California Dental Hygienists’ Association (CDHA).

This letter serves as notice that CDHA has contracted with a new association management company, Shaw Yoder Antwih Schmelzer & Lange (SYASL). The CDHA mailing address is now: 1415 L Street, Suite 1000, Sacramento, CA 95814. Phone: 916-993-9102. Please email memberservices@cdha.org for member needs and questions if your local component leadership cannot answer.

For those who are due to renew in the months ahead, we are letting you know the auto renew feature we had in place is operational at this time and your membership will auto renew as long as your billing information is still correct. If your credit card was denied, CDHA Member Services will contact you to update the information. If you prefer, you can update your current contact and billing information using the membership application found on the CDHA website.

Thank you for your continued support of the Voice of Dental Hygiene, CDHA.

Helen Smart, RDH, BS
CDHA Vice President of Membership and Professional Development
As the end of 2020, thank goodness, is rapidly approaching I wanted to provide you all with some of the changes 2020 brought to the California Dental Hygienists’ Association.

Many of our members may or may not be aware that the COVID-19 and mandatory social distancing prevented CDHA from holding our scheduled Annual House of Delegates in June. This in turn led CDHA to make the decision to suspend the HOD and retain the existing leadership for an additional year. This is only the second time in the history of CDHA that a President has served for an additional term. We are looking forward to the June 2021 House of Delegates in Palm Springs and installing our President-Elect, Heidi Coggan.

Another major change for the California Dental Hygienists’ Association is that CDHA has hired a new management firm, Shaw, Yoder, Antwih, Schmelzer & Lange (SYASL). They are located near the State Capitol in Sacramento in the same building as our legislative advocates, Aaron Reed & Associates. We are excited for the future of CDHA and have already begun many great changes in the transition to this new firm. Their team of staff has been working with our Executive Committee since July 1 to implement new policies and procedures to effectively transfer CDHA’s membership data from our previous management firm to our new association management system (AMS).

Over the last three months, nearly 400 members were manually entered into the AMS and authorize.net for their auto renewal payment, which needed to be done in both platforms. All new members who joined on a paper application were manually entered into the AMS, authorize.net, and then emailed a new member card. SYASL worked with CDHA leaders to establish business rules for each membership type, which will be implemented in the new AMS. Additionally, each member who was up for renewal received a customized membership notice that SYASL staff wrote and sent through the new AMS.

During the review of CDHA’s membership data, SYASL noted hundreds of misclassified members that needed to be reassigned into the correct member type in the AMS. Each member type was reviewed and set to forward into the proper member category upon renewal date.

Since August 1, SYASL has sent 30 communications regarding membership, legislative updates, event promotions, and member insurance benefits program. Membership communications are being tracked and sent through both Constant Contact and the new AMS. Going forward all communications will be sent and tracked through the new AMS.

SYASL implemented a new process to track communications for CDHA. A Google Sheet that outlines all the communications through June 2020 is being compiled by various Councilmembers so that CDHA leadership and SYASL staff can use one master list for all items. The goal of this process is to have one place that everyone can access and reduce the number of emails and confusion on who is creating and executing marketing and communications items.

In order to grow membership and generate revenue for CDHA, SYASL is working on a membership growth plan with Membership Council. This will outline goals and tactics to guide CDHA for both short-term and long-term growth.

Another significant transition item was the management of the members’ insurance benefits insurance program that was previously overseen by McDonald AMC. In the first week of August, over 400 members were emailed a letter...
from President Darla Dale notifying them of the change in the insurance benefits program Administrator to SYASL and provided a credit card authorization form to update their billing information. This notice was also mailed to each member.

In September, SYASL mailed and emailed over 100 outstanding members enrolled in the insurance program who hadn’t responded to prior communications with their updated information. Subsequently, Saucedo Insurance joined forces with SYASL to email over 100 members who still hadn’t provided updated payment information. Additionally, fifty members were called as a final outreach attempt during the last week of September.

Those who had not responded by October 1 will have their insurance lapse due to nonpayment. The insurance companies will notify members that they have a 70-day reinstatement period. During that 70-day period, a member can be reinstated upon updating their payment information and paying missed premiums.

SYASL is working with the Professional Development Council in the planning, marketing, and execution of the virtual Fall Scientific Symposium. SYASL has executed some new marketing strategies to increase registration numbers for the event.

Lastly, I am pleased to report that CDHA is planning to launch a new website that is interactive with the new association management system (AMS) early next year. SYASL worked with Dalia Lia and Michael LaFlamme to create a site map and template for the new CDHA website.

We are very pleased to offer our members an interactive experience on our website in the near future.

I personally want to thank the CDHA Executive Committee, Council Chairs and members for their dedication, perseverance and patience during this transition period. I also want to acknowledge and give a huge thank you to SYASL for their professionalism and consistent hard work in making this difficult transition as smooth as possible.

To all of our CDHA members thank you for understanding that we are experiencing a few growing pains but doing our best with our new team to address your needs and concerns the best way possible.

I hope this message finds you all well and safe in these trying times.
Welcoming a New Management Company

The California Dental Hygienists’ Association (CDHA) is pleased to announce we have hired a new management firm to carry out various functions for our association. Shaw Yoder Antwih Schmelzer & Lange (SYASL) began in August to assist in managing our organization.

SYASL has provided association management services and legislative advocacy for over forty years – and they pride themselves on their proven ability to effectively manage and provide long term growth of the operations, events/meetings, communications, and government affairs of a diverse clientele. SYASL has grown membership, event, and non-dues revenue for many associations. They execute premier industry events for their clients, and they come to CDHA with a team of experts in specific areas such as member services, event management, membership growth, financials, operations, and technology management. CDHA is pleased to introduce you to the new team.

The team consists of various professionals with specific subject matter expertise pertaining to what they are working on with CDHA Councils.

Kim Rothschild, CAE is CDHA’s Executive Administrator and oversees the day-to-day operations of various functions and programs of CDHA.

Kim has over a decade of association management experience and provides leadership, executive committee and board of trustee support, financial management, oversight and support for CDHA operations including membership, councils, technology, and events.

Prior to her career as an association executive, Kim previously served in various staff roles with the California State Assembly, including serving as Chief of Staff to a Bay Area assembly member.

In 2019, Kim was appointed by Governor Newsom to serve as a Councilmember on the California State Council on Developmental Disabilities. Kim earned a Master of Public Administration degree from the University of Southern California, and a Bachelor of Arts degree in Spanish from the University of California, Davis. Kim is a Certified Association Executive (CAE).

Rebecca Evans serves as our Technology & Database Consultant and is helping to develop CDHA’s association management system (AMS) that will provide a transformative new database that will provide the association with new insight to our membership.

Through her extensive experience working with associations, Rebecca knows how to apply technology to the management and operations of associations.

Rebecca translates business needs into technical requirements and designing and implementing solutions to improve business processes. She works to advance the capabilities and reach of our client associations through databases and technology solutions.

Rebecca holds a Bachelor of Science degree in Business Management & Information Systems from Brigham Young University.
Erin Meyer is our Events & Education Director and manages the statewide events for CDHA including the Spring and Fall Scientific Symposium and the House of Delegates. From formulating initial visions and concepts, through strategic planning, to implementation, Erin delivers expertise in all elements of event planning and production. Her direction results in continual growth, both in terms of the bottom line and enhanced participant experience. Erin is also instrumental in planning educational offerings, such as webinars and seminars, further elevating the value of association membership.

Maria Barajas is our Association Services Director and provides support to CDHA in all aspects of the operations. Maria is CDHA’s point of contact for delivering communications, calendar updates, database management, and overall operations. Maria began her association management career in 2004. Previously, she worked as an Administrative Assistant for the California Society of Association Executives (CalSAE), where she assisted in regional and statewide event registration management, membership processing, and database maintenance.

Jessica Thompson is CDHA’s Association Services Coordinator and provides front line service to CDHA. Jessica manages membership, processes payments, and serves as a friendly voice when members contact the CDHA management office. Jessica received her Bachelor of Science degree in Business Administration, Marketing from California State University, Sacramento.

Alison Turner is the SYASL Certified Public Accountant and specializes in federal and California tax law and research, financial accounting, and business consulting. She has had a broad range of experience, including, non-profit, medical, retail, winery, law firms, construction, agricultural, and personal service companies.

Alison lectures across the country on Federal Law Tax Update for Thomson Reuters, a leading source of intelligent information for businesses and professionals. She also teaches part-time for California State University, Sacramento, and Kaplan University online. She received a Bachelor of Science degree in Accountancy from CSU Sacramento. She obtained a Master of Science degree in Taxation, from Golden Gate University, Sacramento.

Taylor Carlier is our Administrative Assistant and oversees day-to-day management of front office operations, Taylor’s talents cover the full spectrum of needs for both staff and clients, including office wide support, conference room and teleconference management, and scheduling services. Taylor earned a Bachelor of Science degree in Kinesiology at California State University, Sacramento.
A Tribute to Colleen Beasley

For over 50 years Colleen Beasley played a major role in the California Dental Hygienists’ Association. A member of the Napa-Solano Dental Hygiene Society, Colleen graduated from the University of Hawaii in 1967 and became licensed as a registered dental hygienist in California. She was a member of the American Dental Hygienists’ Association, the Northern California Dental Hygienists’ Association and subsequently a member of the California Dental Hygienists’ Association (CDHA) when the north and south associations combined.

Colleen served as Delegate and President of the Napa-Solano Dental Hygiene Society throughout the years. She also served as ADHA delegate for 10 years, CDHA Administration Council Chair for 5 years, CDHA Secretary/Treasurer, then CDHA President Elect, President and Immediate Past President from 1987-1990. Napa-Solano Dental Hygiene Society granted her Life Membership in 2019 prior to her death.

Over the years, Colleen mentored many of the members who served as state officers, including Helen Smart, currently serving as VP of Membership & Professional Development. She was known for her incredible memory of CDHA’s history, as a Bylaws expert and an amazing mentor.

“Colleen was literally one of the first leaders I asked, “How best can I represent the Association?” She always knew the answer because she lived it. Colleen was a dedicated and calm voice of reason, able to assess a situation and guide me through, which is also what made her a great Speaker of the House, among her many long years of service. I will miss her gentle spirit.” - Carol Lee, CDHA Past President, 1998 - 99

“A mentor to me for 20+ years within CDHA, Colleen Beasley taught me how to critically think about issues… forward thinking was part of her personality and we are stronger because of that. She was a wealth of knowledge for CDHA history, RDHAP licensure legislation, lawsuits by CDA and all the challenges that were thrown at those women trailblazers… to express my appreciation for this wonderful woman I chose her for The President’s Award in 2004. CDHA will be forever indebted to what she contributed to our association and the dental hygiene profession”. - Maureen Titus, CDHA President Past President 2003 - 04

“Colleen was a valued friend to all and a respected CDHA leader. I remember her expertise as Speaker of the House and Treasurer. She wore a lot of hats through the years and leaves a legacy of years of excellent leadership and outstanding service. She is and was an exemplary role model. Her presence will be missed but the fond memories will remain,” - Ellen Standley, Past President, 2010-11

“I miss Colleen’s smile, calm demeanor and wisdom. She was an invaluable reference source, mentor and friend as I followed her leadership path as CDHA Administration Council Chair, Treasurer and then President. And boy did she know her Robert’s Rules!” - Lisa Okamoto, CDHA Past President, 2011-12

She will be missed.
Uncertainty Continues with the COVID-19 Pandemic

By: Liz Moore, Editor

This is our second issue of the CDHA Journal during the COVID-19 Pandemic and I wonder how you're all doing. I remember hearing fear and uncertainty in so many voices as President Darla Dale led an online discussion in May about this new world in which we found ourselves. The notes in the chat room broke my heart – so many questions we couldn’t yet answer and a large number of misconceptions. Since then, we’ve been learning, adapting and sharing information. I salute you all for your courage and adaptability. I think our profession has “done itself proud”.

Recently I received my license renewal notice and had lots of questions about my license during these confusing times. I called the Dental Hygiene Board of CA (DHBC) for some answers and, in speaking with Anthony Lum, Executive Director of DHBC, I was able to ask those questions and receive answers about which I thought many of you might also be wondering.

Dept. of Consumer Affairs Waiver DCA-20-53 is currently in force and Anthony anticipates it will be extended, but urges us to keep ourselves informed. For dental hygienists whose licenses expire between March 31 and October 31, 2020, DCA-20-53 extends completion of the CE requirements for license renewal for 6 months from August 27, the date the waiver was issued. My license is due for renewal in November and while I still need to renew by the end of November, I now have until February to complete the CE requirements.

Anthony reminds us to keep accurate records should you be audited for CE completion and to stay informed by checking into their website using BreEZe. For those who aren’t always comfortable trying to converse with a computer, he urges us to check the upper right corner of the BreEZe home page for a friendly tutorial to teach/guide the user. He further suggests that, when on the home page (in the blue area) check the “more info” button to get information on the waivers available for the various boards (Dental Hygiene is the 3rd one on the list). He feels strongly that Waiver DCS-20-53 will remain the waiver governing our practice situation moving forward but urges us to “check on it”.

Personally, I have all the units I need (with some to spare) but need a CPR renewal – a situation I find challenging during the Covid-19 era. Colleagues have relayed they found cooperative providers who have courses for “hands on” CPR with trained instructors and very reduced class size. The written portion of the course will be done online – a format with which we’re all very familiar by now and accommodations are made for the “hands-on” portion.

I had several colleagues mention the “retired” license status but it’s still going through the regulatory approval process. Anthony feels that will be available in approximately two years.

For help or answers to your questions on waivers, length of time the waiver will be available, or other questions regarding your license, call the board at 916-263-1978 or send them a message at dhbcinfo@dca.ca.gov. My thanks to Anthony Lum for his time and experience.

My continued wishes that you all stay safe, healthy and happy.

Liz Moore, RDH, MSEd
Editor
A key element in slowing and stopping COVID-19 is the creation of testing sites available to the public and the ability to follow up with contact tracing to protect our communities.

On October 15, the Centers for Disease Control and Prevention (CDC) reported the United States reached over 7.8 million cases and California recorded over 852,000 cases of COVID-19. In August CNN reported, as the U.S. “hit the 5 million mark of positive COVID-19 cases, it’s crucial to notice the significance of testing as an indicator of where we are in this fight with the pandemic. It took the country 99 days to reach 1 million, 43 days to hit 2 million, 28 days for 3 million, and 15 days to surpass 4 million on July 23. The number jumped to 5 million in 17 days.” Testing now is more important than ever before.

A disconnect between Medical Providers and Dental Providers

Despite the deep connection between oral and systemic health, this pandemic exposed a disconnect among medical providers and oral health providers. Dental professionals were initially sidelined during this health crisis. Despite being licensed and educated with valuable healthcare knowledge, dental hygienists were not called on to help serve the community in this time of need. Dentists were limited to providing only emergency dental care and alleviating pain. One of the lessons learned from this pandemic is the necessity to create a greater role for dental professionals during times of health crisis.

Unity in Numbers

During the early months of the pandemic, most dental offices and clinics were shut down or their operations were severely reduced. As a result, the personnel of these dental practices were not able to optimally serve the public and could not provide comprehensive dental or dental hygiene services. With the closure of dental offices, however, an opportunity was created whereby dentists and dental hygienists could come to the aid of their beleaguered medical colleagues.

Dental Professionals and Their Potential Role in COVID-19 Prevention

Dental professionals could join the efforts to provide COVID testing and contact tracing for the community. These efforts could allow dental professionals to better serve their communities, especially while dental offices operate at
limited capacity. Dentists and dental hygienists could also assist by providing COVID-19 information to patients and conducting screenings.

**Governor's Call for Medical Professionals**

Early in the pandemic, with the fear of an overwhelming increase in patients, Governor Gavin Newsom announced via Twitter: “Medical professionals are the heroes of this moment. We need ALL healthcare workers out in the field. This is an all-hands-on-deck situation as we prepare for what’s ahead. Doctors, nursing students, EMTs & more - CA needs YOU. Sign up. Spread the word: Join the California Health Corps.” In an accompanying news release, he stated, “If you have a background in healthcare, we need your help.”

In times of catastrophic emergencies, flexibility on scope of practice and licensure is allowed under changes made in California law following 9/11. Dentists’ skills can be used in the state’s to:

- Take vital signs.
- Test for COVID-19.
- Triage patients.
- Administer oxygen.
- Administer injectables, including vaccinations.
- Write prescriptions.
- Intrubate and provide deep sedation or general anesthesia services (oral surgeons and dentist anesthesiologists).

Registered Dental Hygienists can work under medical supervision to:

- Take vital signs.
- Test for COVID-19.

**Where it All Began**

As the pandemic widened, a San Joaquin-based Federally Qualified Health Center (FQHC) found itself with personnel shortage when many of their Registered Nurses and Licensed Practical Nurses contracted the virus and had to be quarantined. The FQHC set up a collaborative effort to have dental hygienists, dentists, and nurses work together in the community to conduct COVID-19 Nasopharyngeal tests. Dental hygienists worked under the supervision of dentists to test patients who were already counseled for testing at one of multiple sites available. Prior to providing these services, each dental professional received training in proper donning/doffing of PPE and the correct method for taking nostril samples from 30 patients per day.

During the COVID-19 testing, facilities were required to keep copious and accurate medical records; the staff were very concerned with following health and safety protocol, and health and dental professionals maintained quality control of samples. Each medical and dental team worked with a medical assistant who explained the procedure, gained consent, and provided details on the COVID-19 test, self-quarantine protocol and safety measures. The testing procedure consisted of two nostril swabs inserted to a specific depth in order to obtain an accurate sample (including making sure professionals stayed protected). Usual side effects from the test included sneezing, teary eyes, and coughing. After gathering the sample, thorough steps were taken to label, seal, and preserve the samples. All samples were sent to the appropriate lab for analysis. Results took between 4 to 10 days, depending on the particular labs and test backlog. Patients received a phone call with their results with additional resources and a phone consultation with a trained RN if the results were positive.

In the future, dental professionals could play a larger and important role in helping with the distribution/delivery of the vaccine.

**Dental Professionals in the Field during the Pandemic**

These are turbulent and troubling times when, sometimes, the best therapy is reaching out to others. These are some reactions from medical and dental professionals who responded to the call for help to work in COVID-19 testing sites:

- Registered Dental Hygienist in Alternative Practice (RDHAP): “I returned to work during COVID-19 because I’ve been in the dental profession for over
CDHA Community

forty years and have been through other times in the dental field when diseases were a concern for dental personnel. When HIV was first recognized I was in Southern California working in North Hollywood and there were patients coming down with symptoms that were not diagnosed. It affected their immune system. I’ve also worked in populations with a high incidence of Hepatitis C before there was an effective treatment. I also work on populations with TB and various diseases that can be transmitted. I have compassion for the families affected by this virus and want to help them.”

- RDHAP: “There is also a huge need for health care providers because our community-based health organization has opened up numerous testing sites. When I was asked if I want to return to work to join the COVID-19 testing team, I agreed without any hesitation. I know the risk of getting exposed to COVID-19 is high, but at the same time, I know that my effort will help the organization and the community. I am glad that it worked out well and kept me busy.”

- Assistant Professor at UOP: “Medical and dental providers are in this (pandemic) together.”

- Registered Nurse: “Actually I was super excited, I feel the dental team is going to jump on. It’s so different from what the dental team does on a day to day basis, but I thought it was really cool that they were so willing to jump in. It was nice to feel the support from the other side of health care. I was really excited.”

Potential Future Role of Dental Professionals

With dental professionals stepping up during this pandemic, and the possibility of dental offices delivering vaccines and conducting COVID-19 tests, nurses and medical professionals could turn their focus to critical patient care. COVID-19 tests are being developed and refined to provide accurate and rapid results which will increase early detection and treatment. In turn, this means patients will know their next steps right away and can act to slow/stop the spread of the virus. As “rapid result” tests are developed/approved and made available, it’s hoped more people will choose to be tested.

According to the American Dental Association, there are over 200,000 dentists in the United States of America, and approximately 28,800 licensed dentists in California. Additionally, with 174,100 dental hygienists currently employed/licensed in the United States, and approximately 21,800 in California, even more dental volunteers could be available. Imagine the considerable resources these dental professionals could provide to help in this pandemic and any future pandemics. Additionally, if dental professionals could broaden their scope of practice to include vaccination assistance and COVID-19 monitoring and testing, it would allow Registered Nurses and Licensed Vocational Nurses to focus on critical care patients, hospitalized patients, and individuals in need of life support care.

As we move into the fall/winter season, the need for teamwork, testing and vaccinations will continue. As Dr. Robert Redfield, Director of the Centers for Disease Control and Prevention stated recently, he’s “worried about the co-occurrence of coronavirus infections and influenza cases starting this fall.” During a webinar with the Journal of the American Medical Association he stated he thinks the fall and winter of 2020/2021 are going to probably be one of the most difficult times for American public health. The path of COVID-19 has continued to move from state to state and back again, largely based on human behavior,
and predicts there will be the need for ongoing test and vaccination projects for many months to come.

Despite the worldwide effort to develop safe and effective vaccines against COVID-19 and ramp up production capacity, it is inevitable that initial vaccine supply will be limited. National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC), will set up detailed criteria to settle priorities for equitable distribution among groups of potential vaccine recipients, considering factors such as population health disparities; individuals at higher risk because of health status, occupation, or living conditions; and geographic distribution of active virus spread. In addition, the committee will consider how communities of color can be assured access to COVID-19 vaccines in the U.S. and recommend strategies to mitigate vaccine hesitancy among the American public.

About the Author

Mustafa Radif, BDS, RDHAP, MA, (mradif@pacific.edu), is an internationally trained dentist. He earned a BS in Dental Hygiene and an RDHAP from the University of the Pacific (UOP), a Dental Educator certificate from the Arthur A. Dugoni School of Dentistry and Benerd School of Education as part of his Master’s degree in Dental Education at UOP. He is currently an Assistant Professor in the UOP Department of Periodontics and Senior Clinic Coordinator in the dental hygiene program.

His real passion is dental public health and he is CEO of a nonprofit organization. He served as the first president of the Delta Pacific Dental Hygiene Association and as a Western Regional Exam Board (WREB) examiner/local anesthesia board committee member. Mustafa enjoys serving on the Pacific Dental Association Alumni Board. He is currently enrolled in the Doctoral Program in Educational Innovation and Organizational Leadership at UOP.
CDHA’s SB 653 Bill Passes

By: Allison Yochim, BS, RDH

CDHA is celebrating the passage of CDHA-sponsored Senate Bill 653 (SB 653), a special accomplishment in a year filled with many challenges and sorrows. Authored by Senator Ling Ling Chang and signed into law by Governor Gavin Newsom on September 24, this bill has been in the making for two years. Its passage is the result of CDHA’s relentless work with legislators, legislative committees, staff and stakeholders. Dental hygienists and dental hygiene students from across the state came to Sacramento in March 2019 and again in January 2020 to advocate for SB 653 on CDHA Legislative Days. Significant discussions and negotiated amendments with the California Dental Association yielded their support, as well as the support of Children Now, a leading childhood healthcare advocacy organization. As a result, CDHA created a bill that lays the foundation for medical/dental integration and improving access to preventive dental hygiene care. SB 653:

- Allows Registered Dental Hygienists (RDHs) to apply fluoride varnish without supervision. Applying fluoride varnish is one of the most effective, cost-efficient, and easiest ways to prevent caries. The prior supervision requirement placed limitations on how many dental providers could be deployed, and subsequently how many children could receive fluoride varnish with parental consent, at public health events.
- Allows RDHs to provide preventive services unsupervised in more public health programs and events, as well as allow RDHs “practicing” (as opposed to “employed”) as such to submit for reimbursement.
- Allows Registered Dental Hygienists in Alternative Practice (RDHAPs) to partner with dentists in traditional dental office settings, as well as treat their nursing home patients when those patients are in an out-patient medical setting.
- Clarifies that RDHAPs may practice in all clinical settings specified in both Section 1925 and Section 1926 of the Dental Hygiene Practice Act.
- Removes the restriction that RDHAPs must be employees to practice in specified primary care, specialty and public health clinics or in non-profit corporations, allowing them the option to contract with such entities.
- Clarifies practices and includes safety protocols when RDHAPs are placing Interim Therapeutic Restorations.
- Allows RDHAPs to provide soft tissue curettage and administer local anesthetics without supervision using appropriate protocols. An RDHAP may now do both in the residences of the homebound, residential facilities and other institutions as well as medical settings that a residential facility patient has been transferred to for outpatient services, in dental health professional shortage areas, and in dental offices, provided that another person trained in CPR and emergency supplies, including oxygen, are present. To clarify, prior to passage of SB 653, there were no settings
where a dental hygienist could deliver local anesthesia or perform soft tissue curettage without a dentist’s direct supervision. As long as an RDHAP has documented consultation with a collaborating dentist and follows the guidelines above, he or she can perform these duties now in the specified settings.

The entire bill text can be found here: [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?billid=201920200SB653](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?billid=201920200SB653)

Government Relations Council (GRC) is thrilled that this bill is now law. The partnerships formed during the course of SB 653’s evolution make us hopeful that California dental hygienists will have more opportunities to deliver care in medical settings in the future. For example, the oral-systemic link between acute periodontitis and pre-term and low birth weight babies is well-established. More medical/dental integration means hygienists could potentially work in women’s reproductive health clinics, counseling and treating future mothers and their children. Moving forward, CDHA’s GRC will be pursuing legislation that builds on SB 653 and provides increased access to oral preventive care through medical/dental integration.

**Closing out the 2020 Legislative Session**

Beyond SB 653, CDHA was following several key pieces of legislation this year:

- **AB 685** (Reyes) COVID-19: imminent hazard to employees: exposure: notification: serious violations. Requires employers to inform staff about COVID-19 exposures in the office; notify the public health department within 14 days if there are 3 or more cases in the office; and strengthens Cal/OSHA’s enforcement powers. CDHA was watching. (Approved by the Governor 9/17/20)

- **AB 890** (Wood) Nurse practitioners: scope of practice: practice without standardized procedures. Would expand NP scope of practice to allow independent practice without doctor supervision, including writing prescriptions and ordering diagnostic tests and being subject to disciplinary action. CDHA was watching for relevance to RDHAPs. (Approved by the Governor 9/29/20)

- **AB 2113** (Low) Refugees, asylees, and special immigrant visa holders: professional licensing: initial licensure process. Would expedite Department of Consumer Affairs licensing process for affected persons. CDHA was watching. (Approved by the Governor 9/28/20)

- **AB 2164** (Rivas, Roberts) Telehealth. Would specify that FQHC or RHC can establish patients via synchronous interaction or asynchronous store and forward if requirements are met. CDHA supported. (Vetoed by the Governor 9/28/20)

- **SB 793** (Hill) Flavored tobacco products. Would prohibit sale of flavored tobacco products. CDHA supported. (Approved by the Governor 8/28/20)

- **SB 878** (Jones) Department of Consumer Affairs: license: application: processing timeframes. Would provide potential licensees with transparency about expected wait time for Board to grant license. CDHA supported. (Approved by the Governor 9/24/20)

Allison Yochim, 
RDH, BS, BA 
Government Relations 
Co-Chair
Courage, tenacity, strength – those are some of the admirable characteristics ascribed to Supreme Court Justice Ruth Bader Ginsberg who on September 18th passed away at the age of 87. Our nation lost an inspirational leader and an iconic trailblazer for equality, not just for women, but for everyone. The Notorious RBG, as she became known much to her delight, dedicated her life to making justice fair for all and to making “life a little better for people less fortunate than [herself].” If not for Justice Ginsberg paving the way before us, fewer doors and opportunities would be open, many of which we probably aren’t even aware – and take for granted such as the simple ability for women to apply for bank accounts, credit cards and mortgages without a male cosigner, and to not be fired for being pregnant! Her impact on generations to come is immeasurable.

Whether or not you agree with Justice Ginsburg’s opinions, so many lessons can be learned from the Notorious RBG and applied to the dental hygiene profession’s ongoing efforts to improve healthcare and expand access to preventive dental care. Justice Ginsberg did not let obstacles define her or deter her, in her personal life or when she saw a wrong that needed righting. She simply viewed obstacles as challenges to overcome and change, one step at a time with thoughtful consideration, never giving up hope, all the while maintaining respect even for those with whom she had fundamentally opposing views. Her legal dissents were as noteworthy as her victories, a means to persuade her opponents so that eventually their shared opinions became the dominant view. Here are a few famous RBG quotes that dental hygienists should always keep in mind:

- “Fight for the things that you care about. But do it in a way that will lead others to join you.”
- “Real change, enduring change, happens one step at a time.”
- “Dissents speak to a future age...So that the dissenter’s hope: that they are writing not for today, but for tomorrow.”
- “Don’t be distracted by emotions like anger, envy, resentment. These just zap energy and waste time.”
- “Every now and then it helps to be a little deaf...That advice has stood me in good stead...in dealing with my colleagues.”

Dental hygienists honor and continue Justice Ginsberg’s work as a change advocate by emulating her dedication, resolve, determination and civility in our quest for equality and greater access to oral healthcare. As we celebrate the signing of SB 653 into law, CDHA recognizes that some issues we sought to address in SB 653 were not resolved - this time. Communication lines have been opened and progress made. So we will continue the good fight, voice our dissents, and do our very best to bring about positive change, just as RBG would encourage us to do.

Justice Ginsburg would like to be remembered “as someone who used whatever talent she had to do her work to the very best of her ability.” She did just that and her legacy will live on! Thank you, RBG, for all that you accomplished and for the extraordinary role model that you set for us.
The annual CDHA Poster Competition teaches us through student scholars. This year, however, we also honed new skills in communication. Normally held in Anaheim as part of the CDHA Spring Scientific Session, this event was almost canceled this year due to the COVID-19 pandemic. The Student Relations Committee reached out to Kristy Menage-Bernie, RDH, MS, RYT, for her expertise on both the annual competition and her “virtual” expertise and, with her invaluable support, the “Virtual Poster Competition” was successfully held on August 2, 2020.

The two traditional category presentations - Original Research and Informational - became an event held via a Zoom conference setting with a panel of five judges. The students were able to participate individually or as a small team.

The participants were featured via a Zoom webinar held on August 15, 2020. Friends, family, school faculty, dental hygiene students, and CDHA members were all welcome to view the presentations and watch as the winners were announced. Their presentations were also offered as a free CDHA sponsored Continuing Education credit for dental hygiene professional licensure renewal. The generous donations of CDHA Components provided over $3,000 in monetary prizes awarded to the talented students who placed in the winner’s circle.

Interestingly, an event designed to provide an alternative presentation option was greeted with great enthusiasm and may create a new yearly event. We had great feedback from all of those who competed, letting us know they enjoyed the event and wouldn’t have been able to attend had it been the in-person event held in Anaheim. Historically, more students from Southern California participated, based on the annual event taking place in Southern California. This format will break down the geographical barrier for northern students to access and participate in the event. We are looking at ways to continue the Virtual Poster Competition format, as well as the traditional “in-person” format, in order to gain future access for student participation throughout the state of California.

We want to thank all the participating student scholars, the volunteer judges, moderator Tiffany Masqueda, RDH, everyone who joined the Zoom presentation to showcase the winners, and special thanks to Kristy Menage-Bernie for helping us turn an idea into a reality.

Congratulations to all our student scholars!

Melissa Massetti, RDH
Kristina Mankins, RDH
Student Relations Council Co-chairs
Platelet-rich Fibrin vs. Connective Tissue Graft: A Literature Review

Presented By: Stephanie Tu

Abstract

Gingival defects can be treated in multiple ways. The current gold standard is connective tissue graft (CTG) surgery in order to treat class I and III defects (Chambrone, 2008). One of the newer procedures is the use of platelet-rich fibrin (PRF) therapy, which involves drawing blood to form a platelet-rich fibrin gel that is then placed at the site of the defect. This literature review looks at multiple studies comparing the use of PRF vs. CTG showing clinical advancements from PRF over a period of 6 months and whether one is more effective than the other in getting CAL.

Introduction

Periodontitis, the disease of the gums surrounding the teeth in the oral cavity, may lead to serious consequences if not treated appropriately. It can also be linked to a variety of systemic diseases as well, including diabetes, osteoporosis, obesity, and many other conditions (Vane, 2008).

The American Academy of Periodontology classifies the severity of periodontal disease into several stages, one of which is called the class I or II periodontal defect. When class I defects occur, treatment often involves the use of the grafts for treatment in gum surgery. Some of the possible indications for gum surgery include dental hyperplasia, orthodontics, and periodontal disease (Vane, 2008).

Methods

The study of the use of platelet-rich fibrin (PRF) therapy compared to connective tissue graft (CTG) surgery in terms of clinical attachment level after 4 months was done through a review of the literature.

Discussion

One comprehensive systematic review compared the use of PRF vs. various dental procedures and concluded that PRF compared to CTG led to statistically significant differences, although both increased periodontal outcomes in general, including CAL (Mohammed, 2015). In multiple studies comparing PRF vs. CTG, PRF has shown to have minimal scarring and healing at the donor site, thus being less painful. CTG has been shown to be the most effective treatment for the donor site compared to other types of tissue grafts. CTG has been specifically used for subepithelial tissue and leaves the epithelial tissue intact at the donor site (Chambrone, 2008). This accelerates the healing process due to subepithelial tissue and leaves the epithelial tissue intact at the donor site. CTG surgery is often used in cases of severe gum recession, Type II diabetes, osteoporosis, obesity, and many other conditions.

Conclusion

According to the current research, there is no statistically significant evidence to suggest that PRF has a greater gain in CAL when compared to CTG over a period of 6 months. Some studies show that PRF provides more improvement than the other. However, some studies have shown that PRF has better re-epithelization and a decrease in postoperative discomfort when comparing the data between the two procedures. There does not appear to be a method against the other in terms of postoperative discomfort. Because PRF is a relatively novel procedure when treating gingival defects, there is a lack of studies comparing CTG and PRF.

There is also a lack of comparing PRF to other types of tissue grafts. The formation of the PRF membrane is not currently a standard procedure, and outcomes vary among practitioners. Some of the variables include centrifugation type, types of centrifugations, membrane thickness, reabsorbance rate, and amount of blood drawn. Therefore, further research is needed to establish guidelines for the use of PRF vs. CTG.

References


2nd Place Informational Poster - Concorde Career College - Garden Grove

“Autonomy is an Emergency”
Presented By: Anne Chadburne (top) & Lori Miy Harako (bottom)
1st Place Original Research Poster - Concorde Career College - Garden Grove
“Oral Cancer Screening Utilizing Artificial Intelligence”
Presented By: May Thamarnan (top), Juliann Kim (middle), and Marianna Harutyunyan (bottom)

Early diagnosis and accurate screenings play a crucial role in improving the oral cancer survival outcome.

**Purpose**
Our research aim is to increase the ability for the dental non-specialist to detect oral mucosal dysplasia and to eliminate the subjective interpretation of images by using a screening device with artificial learning technology.

**Problem**
- A race-sensitive means of diagnosing lesions in the oral cavity does not exist.
- There is an urgent need for early detection and monitoring of the lesions.
- More than 20% of OCs are detected at an advanced stage.[1]
- 5-year survival outcome is only 20% for cancer metastasis; 80% if detected early.[1]
- There is an urgent need for early detection and monitoring of the lesions.

**Methods & Materials**
A quantitative non-experimental survey research study was conducted including participants who were randomly selected through multiple social media platforms.

**Participants**
204 randomly selected individuals.

**Data analysis**
Kappa statistics were completed to describe agreement of each referral decision with the standard of care. A level of significance was set at p<0.05.

**Conclusion**
Our study shows that the AI-integrated device has higher accuracy compared to conventional screenings. The study conclusion was based on a large sample size for statistical measurement. It has validity because of large sample size and the clinician subjects were standardized to the same level of knowledge.

**References**

2nd Place Original Research Poster - Cerritos College
“A Study of Residual Microorganisms on Toothbrushes Under Variable Conditions”
Presented By: Iliana Gonzalez (top) & Deena Blair (bottom)

**Background**
The purpose of this study is to evaluate potential oral pathogenic growth on toothbrushes under different conditions. The hypothesis is that residual growth of microorganisms on toothbrushes is due to their ability to grow without toothpaste and in wet environments.

**Problem**
Toothbrush remaining wet ↑ microbial growth
Majority of agar plates ↓ in microorganisms after dry

**Methods**
All toothbrushes were used by 20 participants (15 self-reported healthy, 5 self-reported cold-like symptoms) for 2 weeks. midway the toothbrushes were swabbed using nutrient agar plates and analyzed for different microorganisms. Data was double-blinded and the clinician subjects were standardized to the same level of knowledge. A recommended modality, dual-view, oral cancer screening device with neural network classification for low-resource worldwide: Sources, Methods and Major Patterns in GLOBOCAN 2012: Globocan 2012. Int J Cancer.

**Results**
Out of the thirty clinicians 63% were able to make accurate oral mucosal dysplasia or dysplastic lesions confirmed by a histopathology gold standard in comparison to the 83.3% sensitivity and specificity demonstrated by artificial intelligence.

**Conclusion**
Our study shows that the AI-integrated device has higher accuracy compared to conventional screenings. The study conclusion was based on a large sample size for statistical measurement. It has validity because of large sample size and the clinician subjects were standardized to the same level of knowledge.

**References**

CDHA Journal – Fall 2020 19
COVID-19 Tests on the Horizon for Dental Offices

By: Michael Laflamme, RDH, BA

On July 29th, the Food and Drug Administration (FDA) posted a new template to aid in the development of rapid tests for COVID-19 for “at-home and/or over-the-counter” non-laboratory settings such as offices or schools. Their goal was to help expedite providing simple and rapid result tests to the market, similar to a home pregnancy test but which lack a prescription. The FDA-provided template includes recommendations for collecting samples, sensitivity, and specificity. The idea or premise is to create an inexpensive test that one can self-administer while receiving quick and accurate results without the need to visit a lab or obtain a prescription. The benefit of such testing would allow dental offices to provide a definitive method of testing patients prior to entering the office and the delivery of oral care.

The American Dental Association COVID-19 dental office protocols include temperature checks, hand washing, mask wearing, pre-rinse, and a symptom checker list of questions for each patient arriving for care. But what if there was a definitive way of determining positive or negative COVID-19 right there in the office waiting room? That is the discussion currently happening, and the push by the FDA with their current template. While the consensus is that the FDA has acted much too late, it has allowed companies to begin creating tests that may be available soon.

The major difference in testing from what is currently available is the source being tested. Currently, the expensive and slow result tests are using PCR (polymerase chain reaction) tests to find mRNA from the virus itself. In contrast, the rapid tests detect antigens from our own immune system. The issue with the former is those tests are so sensitive, they detect a virus well before it is shedding from the host. The latter will be able to detect antigens in saliva at a time when the virus is about to or has begun to grow to a point where the host becomes infectious. Contact tracing would also be improved as the test will show viral load, which can be used as a predictor of when the host began or will begin to shed virus. In this case, one would only need to look back a day or two for contacts instead of looking back up to two weeks with the more sensitive PCR test. With the PCR test, by the time the host has reached a viral load causing them to shed virus, but prior to the presentation of symptoms, weeks will have passed. The Antigen test, in contrast, can predict within hours/days instead of weeks.

An interesting and informative explanation of the difference in testing and viral load can be found here: https://youtu.be/h75v_pS8MgQ

According to the presenter, inexpensive and less sensitive tests are actually more beneficial based on what is known about viral loads and the Cycle Threshold level needed to begin shedding the virus. More importantly, the Antigen tests are rapid in producing results, and should be within our scope to administer, or to have the patient self-administer.

In general, Antigen tests are considered significantly less accurate than PCR tests. The development of reasonably accurate, inexpensive testing with rapid results would be of great benefit in the fight against COVID-19 and the FDA may grant emergency use of these new Antigen tests without verifying manufacturer’s claims of their improved accuracy. CDHA will continue to watch the development of these tests. Please check our social media feeds and the CDHA Journal for updates.

Periodontal Disease and COVID-19 Link

By: Michael Laflamme, RDH, BA

Severe periodontitis affects more than 700 million people (11% of the world’s population), making it one of the most prevalent chronic inflammatory diseases worldwide.\(^1\) As dental hygienists, we understand the etiology and progression of periodontal disease. We see it daily, discuss it frequently, and work hard to educate our patients of its existence in their oral cavity from mild, moderate, to severe. As the disease begins, the host immune response involves many cytokine factors, one in particular being Interleukin 6, or IL-6. Recently, IL-6 was implicated as a variable that aided in the prediction of respiratory failure and need for mechanical ventilation in COVID-19 patients.

As the microbial community within the sulcus begins to change, the long and (usually) slow process of periodontal disease begins. As the disease progresses, cytokines play an important role in the initial host immune system response. Pro-inflammatory cytokines, such as IL-6, promote lymphocyte and tissue destruction. As periodontal disease remains uncontrolled, and perhaps exacerbated by a systemic disease such as poorly controlled diabetes for example, IL-6 remains high in the host’s bloodstream.

In a recently published study at University Hospital in Munich, Germany, researchers found a direct connection between elevated IL-6, COVID-19, and respiratory collapse. Study sample was very small, but 13 out of 40 patients in the study who ended up needing mechanical ventilation had elevated IL-6. The study points out that within that category, all were male, did not differ in age, comorbidities, radiological findings, or respiratory rate.

While the study was small in sample size, and more research is needed to confirm statistical relevance, it did show a potential connection between elevated IL-6 levels and the eventual respiratory emergency and need for ventilation. The authors felt that even those with a moderate elevation in IL-6 were sufficient to identify those COVID-19 patients with a higher risk of respiratory failure. In fact, they began measuring it as a predictor for eventual respiratory failure.

Given the elevated IL-6 in those with periodontal disease, the potential greater risk to their health should they become infected with COVID-19 is of concern. If elevated IL-6 is being used in this study to predict poor respiratory outcomes and need for ventilation, this becomes an important factor to share and discuss with our periodontally involved patients. They may not understand host response, cytokines, or microbiome, but they can be made to understand the increased risk uncontrolled periodontal disease can be to them should they become infected with COVID-19. This could be the additional incentive needed for patients to devote greater attention to improving their oral health.

Let's celebrate!

In honor of National Dental Hygiene Month, the CDHA will be hosting giveaways you won't want to miss!

Follow @cdha_strong on Instagram for more
CE Course: Abbey’s Story: Cystic Hygroma
By April Turner, RDH, MSDH

Learning Objectives:

- Define lymphangiomas and their cause.
- Discuss the oral/head and neck symptoms of cystic hygroma.
- Discuss risk management strategies for the cystic hygroma patient for dental/dental hygiene treatment and the potential complications.

Abbey had a sensitive tooth and was pretty sure it was a cavity and this caused anxiety because the last visit to the dentist was 15 years ago. Abbey has cystic hygroma lymphangioma and dental treatment is very difficult. Additionally, Abbey struggled finding a dentist who would even agree to treat the case. Abbey’s condition is rare and most dentists were not willing to take the risk since those with cystic hygroma lymphangioma are prone to infection and swelling of the tongue.

Lymphangiomas are malformations of the lymphatic system and are believed to result from a blockage of lymph channels during fetal development. Lymphangiomas are classified into three types based on the size of the lymphatic cavity: microcystic (capillary), macrocystic (cavernous), and cystic hygroma. In the oral cavity, microcystic lymphangiomas present as clusters of vesicles on the buccal mucosa and tongue while macrocystic lymphangiomas and cystic hygromas appear below the mylohyoid muscles as swelling in the neck. Macrocytic lymphangiomas are differentiated from cystic hygromas based on size and location; cystic hygromas are located in loose neck tissue and have multiple fluid-filled cysts. Most lymphangiomas occur in the neck and face and are diagnosed at birth with the remaining diagnosed by age 2. Most children born with cystic hygromas have a normal genetic makeup but some studies have found increased incidence of Turner Syndrome, Down syndrome, or Noonan syndrome in these children. Lymphangiomas are benign lesions and the treatment of choice is surgical removal particularly when lesions affect the respiratory abilities of the child. The lesions do not usually recur unless the surgeon is unable to remove all of the lesion.

When Abbey was born, there was a red lesion which the pediatrician thought was a strawberry hemangioma; strawberry hemangiomas usually resolve by age 3. Abbey’s mother was advised to monitor it. When Abbey was 3, things changed. “I was 3½ years old and my tongue grew, which happened pretty rapidly. Within about 1-2 months it was outside my mouth, about the size of a donut. We just covered it with gauze so it wouldn’t dry out.” During this time, a tracheotomy and feeding tube were placed since the tongue was affecting the ability to breathe and eat. Abbey had a series of laser and probe frequency treatments on the tongue to help shrink it. These treatments helped, but not enough for the tongue to go back into Abbey’s mouth. “When I was 5, I had my tongue surgically cut and reshaped to fit in my mouth, [which] took about 3-4 months of healing. Afterwards injections in the two types of cysts (micro cystic and liquid filled ones) in my neck/under jaw area [were done] to help shrink them. In my teen years I had several radio frequency treatments on my tongue that helped maintain and shrink further but, since the main surgery when I was 5, [my

Figure 1: Protrusion of the tongue similar to Abbey’s case from Eivazi & Werner.”
tongue] has stayed inside my mouth.” Prior to the tongue surgery, Abbey stated the majority of the primary teeth were extracted because they were causing the tongue to bleed. See Figure 1 for a photo similar to Abbey’s tongue condition.

Dr. Eugenius Redenbacher, a German physician, was the first to describe lymphangioma lesions in an article published in 1828. Then, in 1843, German surgeon, pathologist, and university lecturer Dr. Adolph Wernher first coined the term “lymphangioma,” described cystic hygromas, and, in 1877, proposed the first classification system for lymphangiomas.4 Dr. Werner concentrated on pathology and lecturing since an eye infection restricted his ability to operate. He published multiple textbooks and articles on conditions of the head and neck as well as the benefits of vaccination.4 Dr. Wernher’s classification system was used by most physicians until 1982 when Mulliken and Glowacki presented a cell-based system which classified lesions as hemangiomas and vascular malformations including lymphangiomas.2

The prevalence of cystic hygroma is 1 in 800 pregnancies and 1 in 8,000 live births; many pregnancies with lymphangiomas are lost before reaching full term.3 Long term prognosis is good and depends on complete surgical removal and whether the lymphangioma is near critical structures such as vessels, nerves, and the airway.2 Cystic hygromas and other lymphangiomas are usually removed surgically and do not recur. These patients, when seen in the dental office, may have residual scarring from surgery as a child, but no lasting effects. However, lymphangiomas can recur if not removed completely because the tumor was too close to vital structures. Lymphangiomas can have spontaneous regression, progress slowly, or develop hemorrhage in the cyst. If surgeons are unable to remove a cystic hygroma completely, they may choose to aspirate the cyst or use sclerotherapy which requires injection of medication into the lesion which causes it to shrink (See Figure 2). In some cases, the patient experiences macroglossia and has to have a glossectomy or has parotid gland involvement which needs excision.5 Although most lesions present in the neck, cystic hygromas may also develop in the parotid gland and are the second most common congenital mass of the parotid gland.1 Dental professionals need to be aware of past tongue surgeries or partial parotid gland removal in order to tailor dental treatment. In rare cases, patients who have had surgical excision at or near the parotid gland have experienced Frey Syndrome.6

Abbey, now 25, still has some residual effects from the lymphangioma surgery and lymphatic system involvement (See Figure 3). The dentist who agreed to treat Abbey was a pediatric dentist specializing in special needs cases. Abbey had multiple consults with the dentist and Abbey’s physician sent documentation outlining the details of Abbey’s condition. “Basically [my physician] said that as long as they’re able to avoid touching my tongue when possible everything would be fine.” Although Abbey is happy to have found a dentist willing to manage their care, dental appointments can be challenging. When asked about the last dental visit and what dental professionals
should know, Abbey said “It’s very difficult with dental work because [any] slight trauma toward my tongue can cause swelling, bleeding, or an infection. The main concern is [that] everything is sterile and having as little contact with my tongue as possible. During my last trip the vacuum tube they put in your mouth caught onto the side of my tongue for maybe half a second and that’s what triggered a two-week infection that caused me to miss work and go on steroids.” Abbey’s physician did not require antibiotic premedication for routine dental care such as hygiene services, however, Abbey has to have third molars removed. For this procedure, Abbey will need to take prophylactic medications and a two-week medical leave from work. Although cystic hygroma lymphangiomas are rare and most patients do not experience residual effects, dental hygienists need to take a careful medical history to determine how best to treat these patients. Further, it is valuable to seek medical clearance in order to minimize trauma and infection in patients with cystic hygroma lymphangioma.

References


About the Author

April Turner, RDH, MSDH is the National Board Success Manager at West Coast University in Anaheim, California and currently teaches Clinical Seminar and Applied Research Lab. She has been a dental hygiene faculty member at WCU since 2011 and was in clinical practice from 1991 to 2019. April received her Bachelor of Science degree in Dental Hygiene from Loma Linda University and her Master of Science degree in Dental Hygiene from the University of Texas Health Science Center San Antonio. She in in the process of completing a Doctor of Education degree through Grand Canyon University. April is a member of the California Dental Hygienists’ Association, Orange County Dental Hygienists’ Society, American Dental Hygienist’s Association, and the American Dental Education Association.
1. Lymphangiomas are malformations of the lymphatic system.
   a. True
   b. False

2. Lymphangiomas are believed to result from a blockage of the lymph channels during fetal development.
   a. True
   b. False

3. The prime risk for dental treatment for cases with cystic hygroma lymphangioma is:
   a. Elevated blood pressure
   b. Infection and swelling of the tongue
   c. Gastric distress
   d. Pigmentation of the tongue

4. Lymphangiomas are classified into three types: macrocytic, microcytic and cystic hygroma.
   a. True
   b. False

5. Most lymphangiomas occur in the face and neck and are diagnosed:
   a. During childhood or by age twelve
   b. During adolescence or by age eighteen
   c. At birth or by age two

6. Lymphangiomas are benign lesions with the treatment of choice being:
   a. Radiation
   b. Chemotherapeutics
   c. Surgical removal

7. When the treatment of choice is not successful, an alternative treatment for cystic hygroma is aspiration of the cyst or (sclerotherapy) injection of medications to cause shrinkage.
   a. True
   b. False

8. Although most lesions present in the neck, cystic hygromas may also develop in the thyroid gland.
   a. True
   b. False

9. Abbey’s case study and subsequent dental treatment resulted in:
   a. no complications
   b. Infection and steroid treatment
   c. Loss of work for two weeks
   d. Both b and c

10. Considerations for dental and dental hygiene treatment for patients with cystic hygomomas include:
    a. Detailed medical and dental history
    b. Medical consultation for potential premedication
    c. Strategies for avoiding contact with the tongue
    d. All of the above

The following information is needed to process your CE certificate. Please allow 4 - 6 weeks to receive your certificate. Please print clearly:

CDHA Membership ID#: ________________________  □ I am not a member
Name: ________________________________________  License #: ________________________
Mailing Address: _________________________________________________________________________
Phone: __________________________  Email: __________________________  Fax: _____________________
Signature: ______________________________________________________________________________

Please mail the completed Post-test and information with your CE voucher or check payable to CDHA:
10700 Twin Falls Dr., Bakersfield, CA 93312
Keep a copy of your test for your records.
California Dental Hygienists’ Association has partnered with California Casualty to provide members a better option for their auto and home/renters insurance. In business for more than 100 years, California Casualty offers association members discounted rates, unique benefits, and exceptional service.

<table>
<thead>
<tr>
<th>Protection</th>
<th>Value</th>
<th>Service</th>
<th>Since 1914</th>
</tr>
</thead>
<tbody>
<tr>
<td>$423 AVERAGE ANNUAL SAVINGS</td>
<td>99% CUSTOMER SATISFACTION</td>
<td>RATES LOCKED IN FOR A FULL YEAR</td>
<td>24-HOUR EMERGENCY CLAIMS SERVICE</td>
</tr>
</tbody>
</table>

SWITCH TODAY 1.877.366.0752 | CalCas.com/CDHA

CA Lic # 0041343 ©2017 California Casualty. Coverages and discounts described are subject to availability and eligibility.
2021 CALENDAR

Board of Trustees Meetings
January 14, 2021 - Zoom Meeting
March 20-21, 2021
August 14, 2021

Executive Committee Meetings
February 20-21, 2021
July 10, 2021
September 25, 2021

CDA Presents
MAY 13-15, 2021

CDA Meeting
September 9-11, 2021
San Francisco

CDHASpring Scientific Session
May 14, 2021

CDHA House of Delegate
June 4-6, 2021, Palm Springs

California Dental Hygienists’ Association
The Voice of Dental Hygiene