

Case Summary: J.L.

By Michael D. Margolis, DDS, IMD



J.L., a 57 year old Caucasian male, presented with complaints of severe, painful and crippling arthritis of his right hand. This affects every aspect of his life. Symptoms started three years ago.

The patient has seen over 24 physicians, most of them specializing in the treatment of arthritis. He was placed on multiple drugs which he took himself off of due to their “side effects.” He told me that the side effects were the effects of the drugs but undesirable ones.

He was recommended by a friend to an alternative physician, who referred him to me.

J.L. appeared as a healthy white male except that he was unable to use his right hand. I offered to shake his hand but, he refused, informing me that if he bumped or hit it against a wall or table, he experienced severe and debilitating pain, so shaking hands was out of the question.

Summary of his existing conditions in his mouth (Table 1):

4 Amalgam restorations: teeth 2, 3, 15 & 29

5 Metal based porcelain crowns: teeth 6, 9, 18, 19 & 31

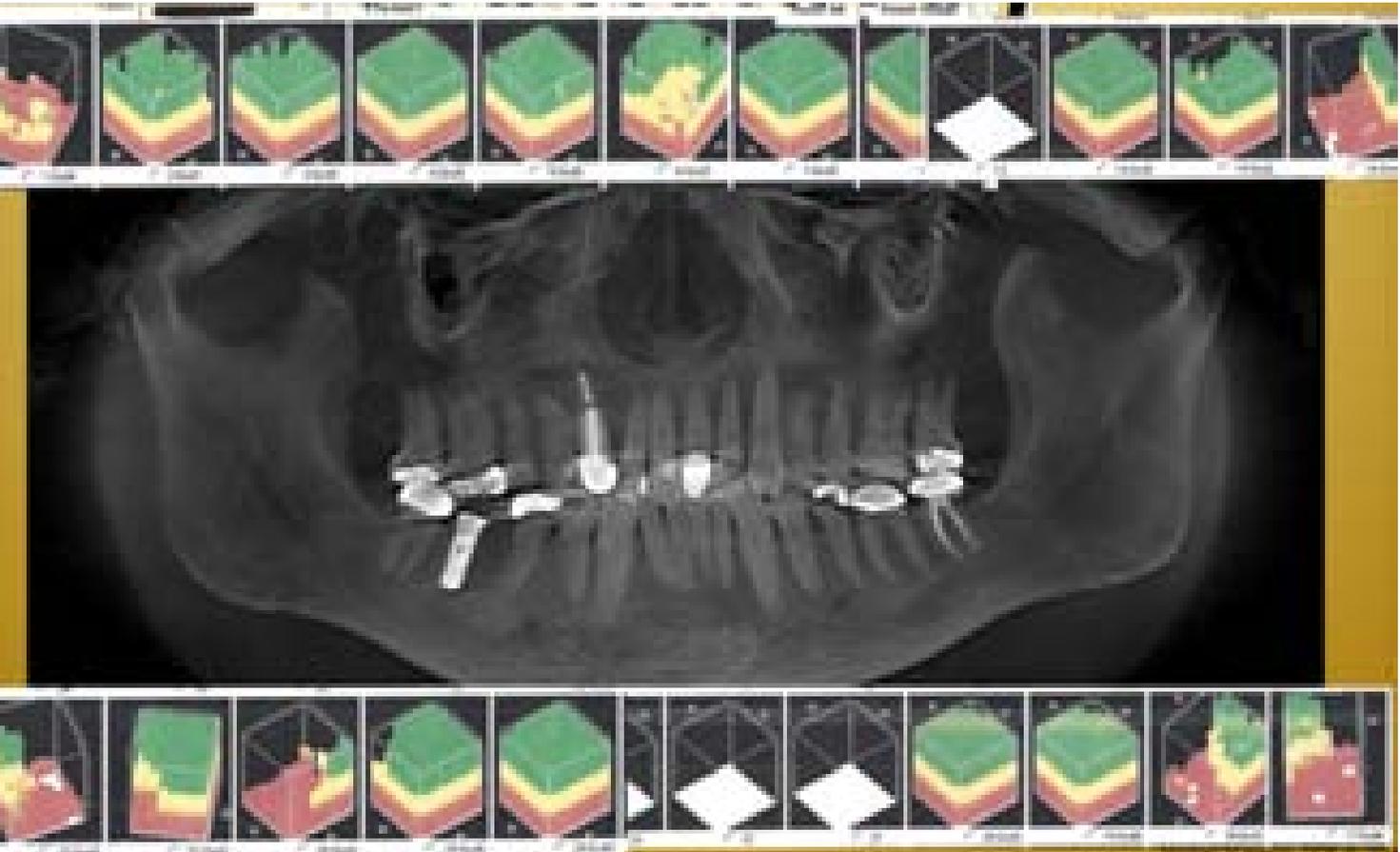
2 Root canaled teeth: 6 & 18

5 Missing or extracted teeth: 1, 16, 17, 30 & 32

The patient had excellent periodontal health (Table 2).

A CAVITAT™ scan was performed to study the bone density throughout the patient’s mouth. Areas of past extraction sites, titanium implant and root canaled teeth appear as yellow and red, while areas with teeth that had only restorations or were untreated appear as green or white (not imaged areas). Table 3 shows the composite images of the CAVITAT™ scan.

Correlating the results of the 3D cone beam radiographic images with the CAVITAT™ scan (below): The boxes that appear broken down correlate with the health of the bone within the jaw. If the top is solid green, the bone is healthy; if the box has multiple colors with no green present, the density of the bone structure is compromised.



The upper left box correlates to the upper right third molar (#1). The upper right canine (#6) has yellow, and the upper left third molar (#17) is red.

The lower red boxes correlate on the right side with the lower left second and third molars (#18 and #17), while the two red boxes on the left correlate with the lower right first and third molars (#30 and #32).

JL's treatment plan consisted of four phases:

Phase I: After Basic Examination and X-rays

1. Maintain regular periodontal care. J.L. has excellent home care and will need cleaning every 6 months.
2. CAVITAT™ scan to identify areas of concern
3. Clifford Material Reactivity Test

Phase II: Restorative

1. Removal of all mercury based fillings and metal based crowns that were *not* going to be extracted. Replace with appropriate restorative materials per Clifford Material Reactivity:
 - a. Etchant and adhesive: Adper Prompt-L Pop by 3M-ESPE Premier
 - b. Composite resin: Tetric Evo Flow and Ceram by Ivoclar-Vivadent-Williams
 - c. Crowns: IPSEmpress by Ivoclar-Vivadent-Williams and cement: Rely-X Unicem by 3M-ESPE Premier

This was done under special protocol guidelines adapted by the IABDM and IAOMT biological dental organizations for the proper removal of mercury

dental amalgam restorations designed to protect the patient and dental personnel during removal of hazardous waste material such as mercury based amalgams.

Phase III: Surgical Procedures

1. Removal of #7 RC
2. Surgical cleaning of #1 and #32 third molar areas
3. Removal of the titanium implant
4. Surgical cleaning of #6 and #17

The patient's blood was drawn and separated to utilize his own plasma rich fibrogen (PRF) for placement in the third molar areas (1 & 32). This is all that is needed in third molar areas since there is no need to place an implant. The PRF will differentiate into whatever structure is needed: bone or soft tissue.

Human cadaver bone was placed into areas of #7 and #30 with the addition of PRF members to aid in healing. This was done in anticipation of future placement of zirconium oxide implants.

All surgical sites were prepared according to the SOP of the IABDM and IAMOT protocols for surgical intervention of the dental alveolar processes.

Histological Results

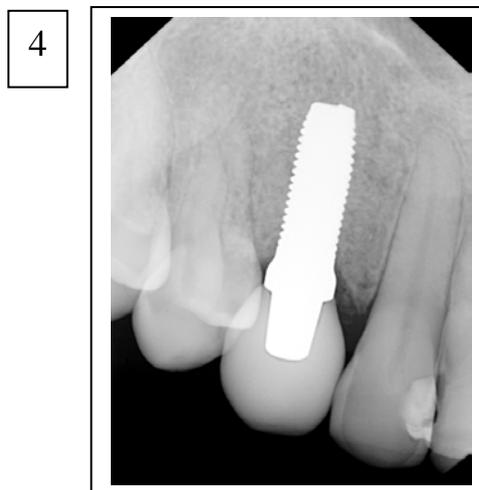
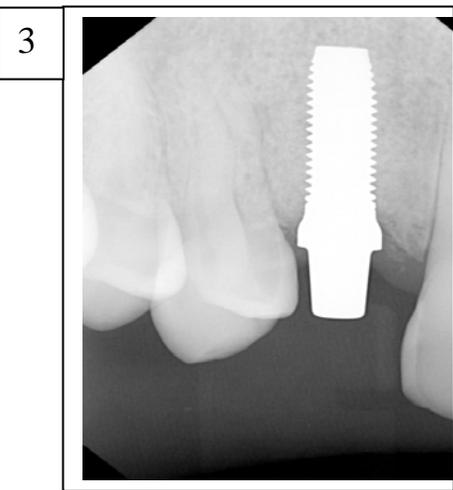
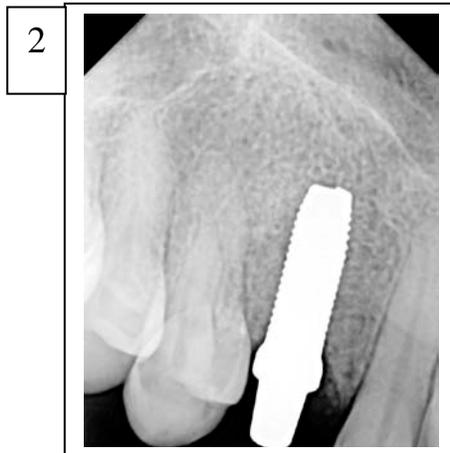
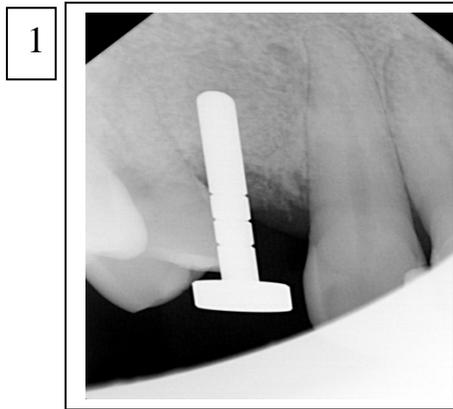
All surgical sites were submitted for histological testing to see the condition of the areas. Each area showed different degrees of viable to nonviable bone, periapical cysts, granuloma tissues, medullary congestion, oily substances and chronic ischemic bone disease. (See Tables 4 through 7.)

Clinical Results

After the first surgical procedures were complete, J.L. presented 15 days later and offered to shake my hand. He claimed to be 90% to 95% better and was anxious to do the opposite side, which had been scheduled for 6 weeks later. Due to an unexpected cancelation, J.L. had surgery two days later. Today he is doing everything he did before he was ill.

Phase IV: Zirconium Implant #7

One year later, J.L. approached me to place implants for teeth #7 and #30. I was not sure if he could handle an implant, so I agreed to place a zirconium oxide implant with an IPS Empress crown in #7 for cosmetic reasons. All materials were based on results from the Clifford Material Reactivity Test. We agreed to wait before placing an implant into #30. Below is the placement of the implant and crown in #7.



1. Pilot hole for placement of implant
2. Original implant placement
3. Six months after placement
4. Zirconium implant with IPS Empress crown

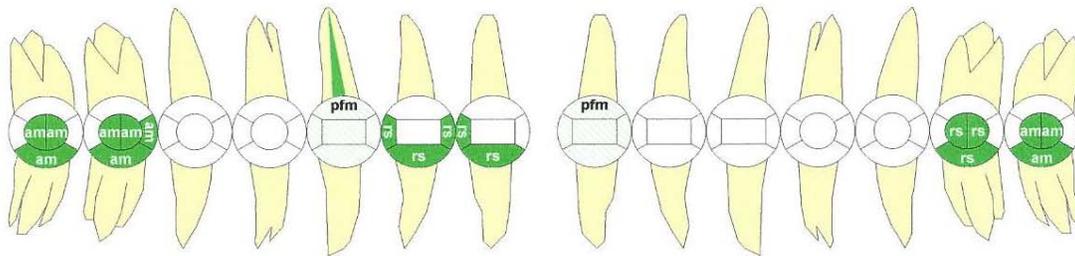
J.L. suffered from severe arthritis of his right hand. Unable to find a medical solution through allopathic medical care, he turned to an alternative medical physician MD(H). Prior to beginning his treatment, the homeopathic physician referred J.L. to me for evaluation of dental disease and unusual conditions.

After identifying toxic reactions to metal restorations, identifying multiple dental foci and other conditions detrimental to the patients' health, I proposed a treatment plan in four phases which the patient accepted.

After removal of these conditions, J.L. experienced a complete recovery of his arthritic right hand, which only grown worse with every treatment he experienced by traditionally trained physicians and dentists.

The key to J.L.'s way to health was connecting his oral conditions to the problem of his health utilizing biological dental protocols.

Table 1: Existing Restorations



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

LEFT

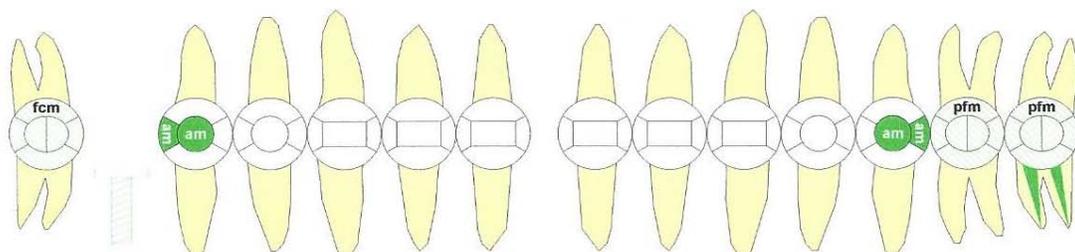


Table 4: Upper Right Third Molar Area #1 Extraction Site

Oral & Maxillofacial Diagnostics
A Biopsy Service of the University of Texas Dental Branch at Houston
Department of Diagnostic Sciences, Room 3.094C, 6516 M.D. Anderson Blvd., Houston, TX 77030
Phone: 713-500-4404; Fax: 713-500-4416; Director: jeb@utdbr.edu

REPORT #UTDB2011-4336

Surgery Date: 10/20/2011
Date Received: 10/26/2011
Date Completed: 11/1/2011

DOCTOR: Michael D. Margolis, DDS 2045 S. Vineyard Rd. Suite 153 Mesa, Arizona 85210 U.S.A. (480) 833-2232 Fax: (480) 833-3062	PATIENT: J L U.S.A. Age (Yrs): 57 Gender: M Date of Birth: 3/14/1954
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Source of Specimen (location): Third molar area, maxillary **Area:** Right

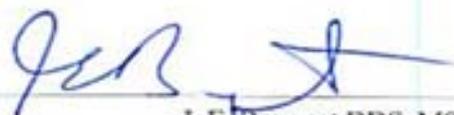
Clinical Diagnosis: Osteonecrosis, tooth #1

Gross Description of Tissue Received:
The specimen was received in a container of formalin and consists of multiple granular light tan fragments of hard and soft tissue measuring in aggregate 5 X 3 X 2 mm. The specimen is submitted in total pending decalcification. (PS:ka)

Microscopic Description:
Sections show thick and thin bony trabeculae with minimal osteoblastic activity and minimal loss of osteocytes. Available fatty marrow shows occasional moderately loose fibrosis and there are oil cysts seen within the background film of surgical hemorrhage. Inflammatory cells are not seen and there is no evidence of malignancy. (JEB:ka)

Microscopic Diagnosis:
Medullary fibrosis.
Oil cysts.
Viable bone and marrow.

Comments:
N/A

PATHOLOGIST: 
J. E. Bouquot DDS, MSD

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Table 6: Lower Right First Molar #30 Titanium Implant

Oral & Maxillofacial Diagnostics
A Biopsy Service of the University of Texas Dental Branch at Houston
Department of Diagnostic Sciences, Room 3.094E, 6516 M.D. Anderson Blvd., Houston, TX 77030
Phone: 713-500-4404; Fax: 713-500-4416; Director: JEB.Bouquet@uth.tmc.edu

REPORT #UTDB2011-4338

Surgery Date: 10/20/2011
Date Received: 10/26/2011
Date Completed: 11/1/2011

DOCTOR: Michael D. Margolis, DDS 2045 S. Vineyard Rd. Suite 153 Mesa, Arizona 85210 U.S.A. (480) 833-2232 Fax: (480) 833-3062	PATIENT: J L U.S.A. Age (Yrs): 57 Gender: M Date of Birth: 3/14/1954
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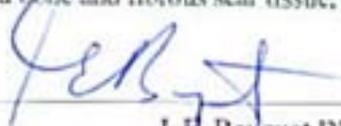
Source of Specimen (location): Mandible, posterior	Area:
Clinical Diagnosis: Implant, tooth #30	

Gross Description of Tissue Received:
The specimen was received in a container of formalin and consists of one metal fragment of implant along with fragment of bone, resubmitted pending decalcification of Part A and the implant will be submitted as Part B. (PS:ka)

Microscopic Description:
Sections show fragments of lamellar bone with focal loss and pyknosis of osteocytes. There is no attached fatty marrow but degenerated fibrous tissue is sometimes attached. There is no evidence of malignancy. (JEB:ka)

Microscopic Diagnosis:
Partially non-viable bone with fibrous tissue.

Comments:
This appears to be partially dead bone and fibrous scar tissue, probably associated with the implant.

PATHOLOGIST: 
J. E. Bouquet DDS, MSD

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Table 7: Lower Right Third Molar #32 Extraction Site

Oral & Maxillofacial Diagnostics
A Biopsy Service of the University of Texas Dental Branch at Houston
Department of Diagnostic Sciences, Room 3.094E, 6516 M.D. Anderson Blvd., Houston, TX 77030
Phone: 713-500-4404; Fax: 713-500-4416; Director: Jerry.Bouquet@uth.tmc.edu

REPORT #UTDB2011-4339

Surgery Date: 10/20/2011
Date Received: 10/26/2011
Date Completed: 11/29/2011

DOCTOR: Michael D. Margolis, DDS 2045 S. Vineyard Rd. Suite 153 Mesa, Arizona 85210 U.S.A. (480) 833-2232 Fax: (480) 833-3062	PATIENT: J--L U.S.A. Age (Yrs): 57 Gender: M Date of Birth: 3/14/1954
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Source of Specimen (location): Third molar area, mandibular **Area:** Right

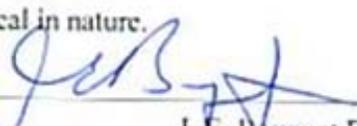
Clinical Diagnosis: NICO tooth #32

Gross Description of Tissue Received:
The specimen was received in a container of formalin and consists of multiple granular hard and soft tissue measuring 3 X 5 X 2 mm. Specimen submitted in total pending decalcification. (PS:ka)

Microscopic Description:
Sections show cortical and trabecular bone with occasional microcracks and prominent cement lines and with minimal loss of osteocytes. Available fatty marrow is unremarkable except for dilated capillaries and a small focus of plasmotaxis. A large neurovascular bundle is seen in one area and there is no evidence of malignancy. (JEB:ka)

Microscopic Diagnosis:
Medullary congestion (Dilated marrow vessels; marrow edema).
Chronic ischemic bone disease.

Comments:
The CIVD is very mild and focal in nature.

PATHOLOGIST: 
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