- The Blende Dental Group is a private practice dedicated to serving the phobic, disabled, and medically compromised communities by providing definitive full-mouth rehabilitation under general anesthesia and I.V. sedation. This underserved population is the core of our practice.

In upcoming issues of this newsletter, we will feature cases from our collaborations with these specialists and hospitals. For example, at California Pacific Medical Center, where Dr. Blende is the Chief of the Dental Division, Internal Medicine physicians call upon us to relieve dental pain for admitted patients. Infection Control physicians call upon us to treat dental infections that are impacting patients systemically. And Cardiologists call upon us to treat patients with abscesses prior to undergoing cardiac surgery.

The partnership we are featuring in this issue is with Dr. Len Tolstunov, an Oral and Maxillofacial Surgeon. Like the Blende Dental Group, he is contracted with Kaiser Permanente to treat patients with head and neck cancer prior to undergoing radiation therapy. Our private offices were selected as we significantly outperformed the institutionalized care of the two local dental schools in terms of speed to delivery and the personalization of care.

With privileges at all four major hospitals in San Francisco, we can treat patients expediently, under general anesthesia when necessary for those patients with medical complications or who need extensive treatment to be completed quickly.

As part of our commitment to a Team Approach that provides the best possible definitive care for our patients, we routinely partner with experienced specialists and local San Francisco hospitals.
53 year old male with diagnosis of squamous cell carcinoma of the left mandible

Comprehensive Dental Treatment for Patients with Head and Neck Cancer

Patients with head and neck (H&N) cancer are often diagnosed in the later stages of the disease. This is due to the lack of initial symptoms and the difficulty visualizing the process in the throat, nasal or oral cavities, even by a dentist.

When cancer is diagnosed by a dentist, an oral or an ENT surgeon after biopsy, appropriate imaging will be done (CT scan, MRI, PET scan, etc.) to delineate the primary cancer and collateral lymph nodes.

It is very important that H&N cancer patients undergo a pre-radiation examination by an oral surgeon and a general dentist familiar with this condition prior to the initiation of treatment. This dental team can help prevent many of the extremely detrimental damaging effects of radiation onto hard and soft tissue, mostly the jaws and salivary glands.

Three types of treatment are considered for H&N cancer patients: surgical excision, radiation treatment (XRT) chemotherapy, or any combination of these. If the cancer is extensive and/or distant metastases are present, surgical excision may not be the best option, and XRT/chemotherapy may be used as an alternative course of therapy.

Radiation therapy that kills cancer cells often also damages collateral healthy cells, like osteoclasts of the jawbone and salivary gland cells. When the rampant decay caused by the subsequent dry mouth progresses to the roots and bone that have decreased local immunity (radiation-induced), the possibility of devastating complications is high. A radiation-induced dry mouth (xerostomia) and osteoradionecrosis (ORN) (similar to the osteomyelitis of the jaw) are examples of these complications, which can result in the loss of large amounts of jawbone.

Treatment by the oral surgeon/general dentist team should include: a comprehensive examination; extraction of all non-restorable teeth that will fall within the target zone of the radiation beam; treatment of all other teeth with curetage and scaling; fabrication of temporary or permanent restorations; and custom fluoride trays. These treatments should help to protect the patient from the side effects of radiation treatment and possible complications. The chance of detrimental effects occurring is greatly reduced if treatment is done before the radiation therapy.

—The above content was contributed by Len Tolstunov, DDS, DABOMS, DICOI, DABOI/D

Crowns # 2, 3, 4, 5, 13, 14, 31
Bridge 28-30
RCT 30
Composites # 6, 7, 8, 9, 10, 11, 12
Extractions # 15, 29
SC/RP on 3 quadrants: Ul, UR, LR
Upper and lower custom fluoride trays
Biotene rinse
Teeth # 18-24 removed by Kaiser surgeon as part of segmental resection of his jaw and reconstruction with a fibula free flap
Provisional lower RPD
Planned: implants after bone integration in LRQ.

Extracts # 4, 5, 6, 8, 9, 10, 11, 12, 17, 32 by Dr. Tolstunov
Immediate FUD
SC/RP on 2 quadrants: LL & LR
Composite #19
Lower custom fluoride tray
Biotene rinse
Planned: Custom FUD will be fabricated after 6 months of healing

53 year old male with diagnosis of squamous cell carcinoma of the left mandible

Pre-Op

Post-Op

53 year old male with diagnosis of nasopharyngeal cancer

Pre-Op

Post-Op

35 year old male with diagnosis of nasopharyngeal cancer

Pre-Op

Post-Op

Log onto our website www.drblende.com, and check out our streaming video in which Dr. Blende answers frequently asked questions about sedation dentistry, the care of special needs patients, and dental phobia.