Dr. Ghassan N. Hussein, Sales & Marketing Director (Henry Schein MEA)

By Dental Tribune MEA

DUBAI, UAE: Henry Schein is amongst the leaders in the dental industry. Dental Tribune MEA interviews Dr. Ghassan Nasser Hussein - Sales and Marketing Director - Henry Schein Middle East and North Africa to find out more on the developments in the region.

Dental Tribune MEA: Dr. Ghassan, you have been active in the Middle East dental scene for the last 15 years and have had a main role in the development of the Henry Schein brand. How do you reflect back on dentistry and your involvement for the MEA region over the last few years?

Dr. Ghassan: I joined the Henry Schein team in October 2010 and immediately we established the Henry Schein private label and exclusive brands (the companies that Henry Schein own) to expand our profile by adding new companies to the portfolio as a company?

The Henry Schein plan and strategy is to cover all the requirements for the end users in the Middle East.

Henry Schein is considered a leading company in the education line along with supplying most of the universities around the world with the basic and high scientific required materials and equipment. We are preparing a full education program to cover the following subjects:
- Cosmetics and Prosthodontics
- Orthodontics
- Surgery and Implantology
- Endodontics

Henry Schein Technologies

With a certified degree supported by a well-known University in the scientific field, we are planning to announce the details of this launch during the upcoming AEEDC 2015 for the first time.

2014 was a strong year for Henry Schein and you have added new companies to your portfolio such as Planmeca and Ritter; can you explain the partnership?

The Henry Schein plan and strategy in Middle East is to cover all the requirements for the end users with the best scientific and economic solutions. This is why we keep adding to our profile the top companies to be able to serve the end user. We signed an exclusive distribution agreement with Ritter concepts (for their dental units and equipment) and with Henry Schein private label line (Air Techniques (for their air compressors and suction systems) as well as with Planmeca for their CAD/CAM clinical system and Cone Beam which we are very proud of. We are planning to add more companies in the coming years.

Contact Information

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Case Overview

A 67-year-old female taking Forteo (Teriparatide) for the treatment of osteoporosis was referred to my office by her general dentist because of her history of ongoing low grade discomfort associated with the UR quadrant and more specifically tooth #5. Her dental history revealed previous root canal therapy was completed on tooth #5. She didn’t recall when, but was confident it was greater than five years prior to presenting to my office.

Clinical examination revealed a slight buccal swelling associated with the tissue buccal to tooth #5. No sinus tract was evident. The palpatation of the temporals and masset...
Figure 2: Oblique sagittal CBCT view of #3 with attenuation patterns suggestive of a narrow bony defect associated with the MB aspect of the P root of tooth #3 (red arrows) and the MB2 canal (yellow arrow).

Figure 3: Axial view with finding of an aspect of the P root of tooth #3 (red arrows) and a crack was discovered (Figures 4 and 5), extending from the MB canal through the palatal root.

Figure 4 & 5: Operating microscope introral photographs of the partially debrided tooth #1 with the finding of a crack extending from the mesiobuccal canal through the palatal root.

Findings
The sagittal slice demonstrated attenuation patterns suggestive of a narrow bony defect associated with the MB aspect of the P root of tooth #3. The axial slice demonstrated the high likelihood of an unaddressed second MB canal as well as a furcal defect involving the MB and palatal roots. No radiolucency findings were associated with the apical portion of the MB root.

Treatment Plan
My endodontic diagnosis for tooth #3 was a previously endodontically treated tooth with an acute apical abscess. The differential diagnosis associated with the etiology of bone loss was assessed as follows: 1) A crack extending from the MB root to the P root 2) A second mesiobuccal (MB2) canal that was unaddressed during the initial therapy that was causing persistent periodontal pocketing.

The patient was given the option to have the tooth extracted or to re-access the pulp chamber in order to investigate the presence of a crack or missed canal. She agreed to access the tooth, where upon a crack was discovered (Figures 4 and 5), extending from the MB canal through the palatal root.

Testimonial
As clinicians, we can all recognize the importance of managing patient expectations prior to initiating treatment. When explaining all potential risks and benefits associated with our intervention, it becomes imperative for us to gather a significant amount of evidence in order to allow the patient to make an enlightened decision. CBCT helps uncover another layer of the dental diagnostic truth, while concomitantly enabling us to properly document our decision making process.

The CS 8100 3D extraoral imaging system is an integral part of treatment planning and has provided me the resources to make my discussions with patients more thorough and meaningful. It enhances the value of the care I provide. CBCT technology provides practitioners with another level of comprehension both from a diagnostic and a case management perspective.

With 3D imaging, we are able to evaluate cases more accurately, while at the same time providing the patient with more effective diagnostic tools that minimize additional costs, procedures and discomfort.

About the Author
Mark Limosani, D.M.D., M.S., FRCD
Dr. Limosani received his D.M.D. degree from the University of Montreal in 2007. He attended the specialty program in Endodontics at Nova Southeastern University where he also received his master's degree in dental science.
Dr. Limosani is a Fellow of the Royal College of Dentists of Canada and a diplomate of the American Board of Endodontics. He is currently on staff at Miami Children’s Hospital and teaches at the AEGD residency program at Community Smiles.
Dr. Limosani has lectured locally and internationally on dental traumatology, restoration of endodontically treated teeth, restoratively minded endodontics, diagnosis and treatment planning and cone beams computed tomography (CBCT) use in endodontics.

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