

DT Journal

2 2022

**Journal of Diagnostics and
Treatment of Oral and
Maxillofacial Pathology**



Editors
Oleksii Tymofieiev • Rui Fernandes
(Kyiv, Ukraine • Jacksonville, FL, USA)



Official Journal of the
Ukrainian Association for
Maxillofacial and Oral Surgeons

DTJournal.org

TANTUM VERDE®

QUICK RELIEF FROM PAIN
AND INFLAMMATION IN THE
MOUTH AND THROAT¹

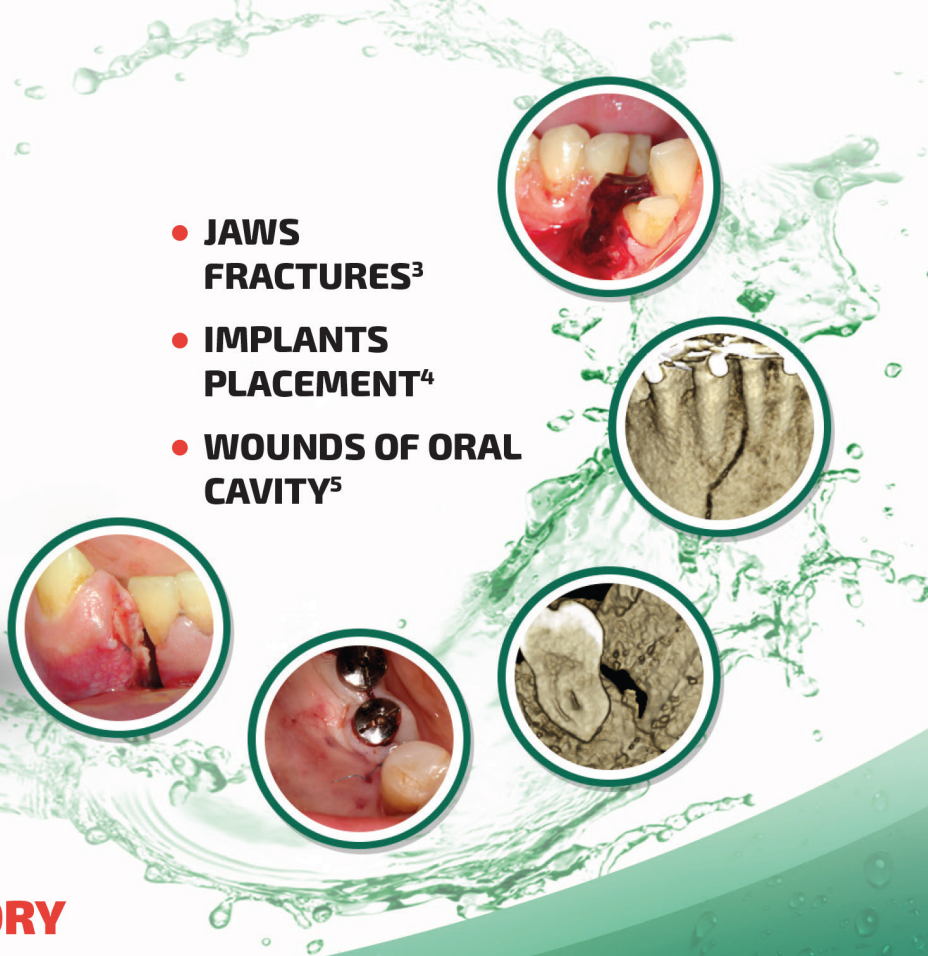
**AN INTEGRAL COMPONENT OF THE TREATMENT
OF PAIN AND INFLAMMATION IN THE ORAL CAVITY
IN 60 COUNTRIES WORLDWIDE!²**



Reg. № UA/3920/01/01

**LOCAL ANESTHETIC
AND ANTI-INFLAMMATORY
EFFECT¹**

- **JAWS FRACTURES³**
- **IMPLANTS PLACEMENT⁴**
- **WOUNDS OF ORAL CAVITY⁵**



SUMMARY OF PRODUCT CHARACTERISTICS

NAME OF THE MEDICINAL PRODUCT. Tantum Verde 0.15% mouthwash. **QUALITATIVE AND QUANTITATIVE COMPOSITION.** Each 100 ml contains: active ingredient: benzydamine hydrochloride 0.15 g (equivalent to 0.134 g of benzydamine). **Therapeutic indications.** Treatment of symptoms such as irritation/inflammation including those associated with pain in the oropharyngeal cavity (e.g. gingivitis, stomatitis and pharyngitis), including those resulting from conservative or extractive dental therapy. **Posology and method of administration.** Pour 15 ml of Tantum Verde mouthwash into the measuring cup, 2-3 times per day, using it either at full concentration or diluted. If diluted, add 15 ml of water to the graduated cup. Do not exceed the recommended dosage. **Contraindications.** Hypersensitivity to benzydamine or to any of the excipient. **PHARMACOLOGICAL PROPERTIES. Pharmacodynamic properties.** Pharmacotherapeutic group: Stomatologic drugs: other agents for local oral treatment, ATC code: A01AD02. Clinical studies demonstrate that benzydamine is effective in relieving suffering from localised irritation of the mouth and pharynx. In addition, benzydamine possesses a moderate local anaesthetic effect. **Pharmacokinetic properties. Absorption.** Absorption through the oropharyngeal mucosa is demonstrated by the presence of measurable quantities of benzydamine in human plasma. These levels are insufficient to produce systemic effects. **Distribution.** When applied locally, benzydamine has been shown to accumulate in inflamed tissues where it reaches effective concentrations because of its capacity to penetrate the epithelial lining.

Information about medicines. Information for health care professionals for use in professional activities.

1. Інструкція для медичного застосування лікарського засобу Тантум Верде®, розчин для ротової порожнини, РПН № UA/3920/01/01, затверджено Наказом Міністерства охорони здоров'я України № 636 від 01.10.2015.

2. <http://www.angelini-pharma.com/wps/wcm/connect/com/home/Angelini+Pharma+in+the+world/>

3. Тимофеев А.А. и др. "Особенности гигиены полости рта для профилактики воспалительных осложнений при переломах нижней челюсти". Современная стоматология 2015;1(75):52-8.

4, 4.5. Tymofiejew O.O. et al "Prevention of inflammatory complications upon surgeries in maxillofacial region". J Diagn Treat Oral Maxillofac Pathol. 2017;1:105-12.

Clinical and CT images are courtesy of: Ievgen Fesenko (Department of Oral & Maxillofacial Surgery, PHEI "Kyiv Medical University", Kyiv, Ukraine), Oleg Mastakov ("SCIEDECE—Scientific Center of Dentistry & Ultrasound Surgery" Kyiv, Ukraine)



04119, Kiev, Melnikova str. 83D, of. 404.
Tel.: (044) 538-01-26
Fax: (044) 538-01-27



About the Journal: Aims and Scope

FEBRUARY 2022 • VOLUME 6 • ISSUE 2
www.djournal.org

Official Title

Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology

Standard Abbreviation: ISO 4

J. Diagn. Treat. Oral Maxillofac. Pathol.

Acronym

JDTOMP

International Standard Serial Number (ISSN)

Electronic ISSN 2522-1965

Aims & Scope

This is a monthly peer-reviewed oral and maxillofacial surgery journal focused on: Microvascular and jaw reconstructive surgery, dental implants, salivary gland tumors/diseases, TMJ lesions, virtual surgical planning, implementation of ultrasonography into the practice of oral and maxillofacial surgeons.

Editorial Board (EB) Composition

- EB shows significant geographic diversity representing 29 opinion leaders from 13 countries: Brazil, Canada, Colombia, Greece, Hong Kong (SAR, China), India, Israel, Italy, Slovak Republic, Spain, Ukraine, United Arab Emirates, and United States.
- The majority of the EB Members have a discernible publication history in Scopus, Web of Science, and journals with a high impact factor.
- The publication records of all EB members are consistent with the stated scope and published content of the journal.
- The journal has a several full-time professional editors.
- Gender distribution of the editors: 10.34% women, 89.65% men, 0% non-binary/other, and 0% prefer not to disclose.

Frequency

12 print/online issues a year (from January 2020)

Publication History

2017: 4 issues a year

2018: 4 issues a year

2019: 10 issues a year

From 2020: 12 issues a year

Publishing Model

Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology is a fully open access and peer-reviewed publication.

Type of Peer Review

The journal employs “double blind” reviewing.

Article Publishing Charge (APC)

During hard times of Covid-19 pandemic our journal trying to support authors by reducing the APC by 50%. And by the end of March 2022 the APC will be 100 USD and 50 USD (excluding taxes) depending on the article's type. Details at website: dtjournal.org.

13 Types of Articles Currently Published by the Journal

Editorials/Guest Editorials/Post Scriptum Editorials, Images, Case Reports/Case Series, Original Articles, Review Articles, Discussions, Paper Scans (*synonyms*: Review of Articles, Literature Scan), Book Scans (*synonym*: Book Reviews), Letters to the Editor (*synonym*: Letters), and Viewpoints.

State Registration: Ministry of Justice of Ukraine

Registration: Jul 28, 2016 (Certificate: KB № 22251-12151 P)

Re-registration: May 21, 2019 (Certificate: KB № 23999-13839 IIP)

Re-registration: Aug 10, 2021 (Certificate: KB № 24951-14891 IIP)

Co-Founders

1. Shupyk National Healthcare University of Ukraine (formerly known as Shupyk National Medical Academy of Postgraduate Education).
2. Private Higher Educational Establishment “Kyiv Medical University.”
3. OMF Publishing, Limited Liability Company.

Publisher

OMF Publishing, LLC is an academic publisher focused on medical and linguistic sciences.

Address: 13-A Simferopolska Street, Office 121, Kyiv 02096, Ukraine.

Crossref Membership

OMF Publishing, LLC is a member of Publishers International Linking Association, Inc. which doing business as a Crossref. OMF Publishing's active membership: From February 2017 to present.

Official Journal of the Association

Ukrainian Association for Maxillofacial and Oral Surgeons

Ukrainian Association for Maxillofacial and Oral Surgeons (UAMOS)

Address: 4-A Profesora Pidvysotskoho Street, Kyiv 01103, Ukraine.
Tel., fax: +38 044 528 35 17.

Website: uamos.org.

© 2022 OMF PUBLISHING, LLC

Editorial Board

FEBRUARY 2022 • VOLUME 6 • ISSUE 2
www.djournal.org

Editor in Chief

Oleksii O. Tymofieiev, ScD
Kyiv, Ukraine

Deputy Editor in Chief

Rui P. Fernandes, MD, DMD, FACS, FRCS(Ed)
Jacksonville, Florida, United States

Section Editors

Bone Augmentation Techniques

Nardy Casap, MD, DMD
Jerusalem, Israel

Business

Ivan V. Nagorniak, MSc, PhD
Kyiv, Ukraine

Craniofacial Deformities

Sunil Richardson, MDS
Nagercoil, Tamil Nadu, India

Facial Feminization Surgery

Kyle Keojampa, MD, FACS
Los Angeles, California, United States

Facial Plastic Surgery

Tirbod Fattahi, MD, DDS, FACS
Jacksonville, Florida, United States

Head & Neck Oncologic Surgery

Todd C. Hanna, MD, DDS, FACS
New York, New York, United States

Head & Neck Radiology

Anil T. Ahuja, MBBS, MD, FRCR, FHKCR, FHKAM
Hong Kong, SAR, China

Images

Camilo Mosquera, DDS
Bogotá, D.C., Colombia

Orthognathic Surgery

Mario Brinhole
São Paulo, São Paulo, Brazil

Robotic Surgery

Salam O. Salman, MD, DDS, FACS
Jacksonville, Florida, United States

TMJ Lesions/Disorders

Belmiro C. Vasconcelos, DDS, PhD
Recife, Pernambuco, Brazil

Editorial Board Members

Oleh M. Antonyshyn, MD, FRCS(C)
Toronto, Ontario, Canada

Anthony M. Bunnell, MD, DMD, FACS
Jacksonville, Florida, United States

Nur A. Hatab, DMD, PhD
Ras Al Khaimah, United Arab Emirates

Andrey V. Kopchak, ScD
Kyiv, Ukraine

Olindo Massarelli, MD, PhD, FEBOMFS
Sassari, Italy

Anastasiya Quimby, DDS, MD
Fort Lauderdale, Florida, United States

Daniel Robles Cantero, DDS, MSc
Madrid, Spain

Peter Stanko, MD, PhD
Bratislava, Slovak Republic

Rostyslav M. Stupnytskyi, ScD
Kyiv, Ukraine

Olexander O. Tymofieiev, ScD
Kyiv, Ukraine

Natalia O. Ushko, ScD
Kyiv, Ukraine

Andrew Yampolsky, DDS, MD
Philadelphia, Pennsylvania, United States

Web & Social Media Editor

João L. Monteiro, DDS
Boston, Massachusetts, United States

Director, Journal Development Department

Evangelos G. Kilipiris, DMD
Thessaloniki, Greece | Bratislava, Slovak
Republic

Managing Editor

Ievgen I. Fesenko, PhD
Kyiv, Ukraine

Resident Ambassador

John M. Le, DDS, MD
Birmingham, Alabama, United States



TANTUM VERDE®

INFORMATION LEAFLET for the medicinal product

Composition:

active substance: **benzydamine hydrochloride;**

100 mL of solution contain benzydamine hydrochloride 0.15 g;

excipients: ethanol 96%, glycerol, methyl parahydroxybenzoate (E 218), flavor (menthol), saccharin, sodium hydrocarbonate, Polysorbate 20, Quinoline Yellow (E 104), Patent Blue V (E 131), purified water.

Dosage form. Oromucosal solution.

Basic physical and chemical properties: a clear green liquid with a typical mint flavor.

Pharmacotherapeutic group. Dental preparations. Other agents for local oral treatment.

ATC code: A01A D02.

Pharmacological properties.

Pharmacodynamics.

Benzydamine is a non-steroidal anti-inflammatory drug (NSAID) with analgesic and antiexudative properties.

Clinical studies have shown that benzydamine is effective in the relief of symptoms accompanying localized irritation conditions of the oral cavity and pharynx. Moreover, benzydamine has anti-inflammatory and local analgesic properties, and also exerts a local anesthetic effect on the oral mucosa.

Pharmacokinetics.

Absorption through the oral and pharyngeal mucosa has been proven by the presence of measurable quantities of benzydamine in human plasma. However, they are insufficient to produce any systemic pharmacological effect. The excretion occurs mainly in urine, mostly as inactive metabolites or conjugated compounds.

When applied locally, benzydamine has been shown to cumulate in inflamed tissues in an effective concentration

due to its ability to permeate through the mucous membrane.

Clinical particulars.

Indications.

Symptomatic treatment of oropharyngeal irritation and inflammation; to relieve pain caused by gingivitis, stomatitis, pharyngitis; in dentistry after tooth extraction or as a preventive measure.

Contraindications.

Hypersensitivity to the active substance or to any other ingredients of the product.

Interaction with other medicinal products and other types of interaction.

No drug interaction studies have been performed.

Warnings and precautions.

If sensitivity develops with long-term use, the treatment should be discontinued and a doctor should be consulted to get appropriate treatment.

In some patients, buccal/pharyngeal ulceration may be caused by severe pathological processes. Therefore, the patients, whose symptoms worsen or do not improve within 3 days or who appear feverish or develop other symptoms, should seek advice of a physician or a dentist, as appropriate.

Benzydamine is not recommended for use in patients hypersensitive to acetylsalicylic acid or other non-steroidal anti-inflammatory drugs (NSAIDs).

The product can trigger bronchospasm in patients suffering from or with a history of asthma. Such patients should be warned of this.

For athletes: the use of medicinal products containing ethyl alcohol might result in positive antidoping tests considering the limits established by some sports federations.

Use during pregnancy or breast-feeding

No adequate data are currently available on the use of benzydamine in pregnant and breastfeeding women. Excretion of the product into breast milk has not been studied. The findings of animal studies are insufficient to make any conclusions about the effects of this product during pregnancy and lactation.

The potential risk for humans is unknown.

TANTUM VERDE should not be used during pregnancy or breast-feeding.

Effects on reaction time when driving or using machines

When used in recommended doses, the product does not produce any effect on the ability to drive and operate machinery.

Method of administration and doses.

Pour 15 mL of TANTUM VERDE solution from the bottle into the measuring cup and gargle with undiluted or diluted product (15 mL of the measured solution can be diluted with 15 mL of water). Gargle 2 or 3 times daily. Do not exceed the recommended dose.

Children.

The product should not be used in children under 12 years due to a possibility of ingestion of the solution when gargling.

Overdosage.

No overdose has been reported with benzydamine when used locally. However, it is known that benzydamine, when ingested in high doses (hundreds times higher than those possible with this dosage form), especially in children, can cause agitation, convulsions, tremor, nausea, increased sweating, ataxia, and vomiting. Such acute overdose requires immediate gastric lavage, treatment of fluid/salt imbalance, symptomatic treatment, and adequate hydration.

Adverse reactions.

Within each frequency group, the undesirable effects are presented in order of their decreasing seriousness.

Adverse reactions are classified according to their frequency: very common ($\geq 1/10$); common ($\geq 1/100$ to $<1/10$); uncommon ($\geq 1/1,000$ to $<1/100$); rare ($\geq 1/10,000$ to $<1/1,000$); very rare ($<1/10,000$); frequency unknown (cannot be estimated from the available data).

Gastrointestinal disorders: rare – burning mouth, dry mouth; *unknown* – oral hypesthesia, nausea, vomiting, tongue edema and discoloration, dysgeusia.

Immune system disorders: rare – hypersensitivity reaction, *unknown* – anaphylactic reaction.

Respiratory, thoracic and mediastinal disorders: very rare – laryngospasm; *unknown* – bronchospasm.

Skin and subcutaneous tissue disorders: uncommon – photosensitivity; very rare – angioedema; *unknown* – rash, pruritus, urticaria.

Nervous system disorders: *unknown* – dizziness, headache.

TANTUM VERDE contains methyl parahydroxybenzoate, which can cause allergic reactions (including delayed-type reactions).

Shelf life. 4 years.

Storage conditions.

Do not store above 25°C. Keep out of reach of children.

Packaging.

120 mL of solution in a bottle with a measuring cup; 1 bottle per cardboard box.

Dispensing category.

Over-the-counter medicinal product.

Manufacturer.

Aziende Chimiche Riunite Angelini Francesco A.C.R.A.F. S.p.A., Italy.

Location of the manufacturer and its business address.
Via Vecchia del Pinocchio, 22 – 60100 Ancona (AN), Italy.

Date of the last revision of the text.

September 26, 2018.

Information leaflet is

APPROVED by

Order of the

Ministry of Health of Ukraine

No. 636 dated 01.10.2015

Registration Certificate

No. UA/3920/01/01

Our Supporters

FEBRUARY 2022 • VOLUME 6 • ISSUE 2
www.djournal.org



FIGURE. Evangelos G. Kilipiris, MD, DMD from the National Institute of Children's Diseases and Faculty of Medicine at Comenius University, Bratislava, Slovak Republic. A kind support of Dr. Kilipiris during the 5 years at the position of Director, Journal Development Department helped our journal to move forward and to evolve. An honorary plaque was presented to him on behalf of the Chief Editor with words "To a Founding Director, Author of Multiple Articles and Reviews, Great Thanks and Appreciation." Photo was taken on November 23, 2021.

Content

of the Volume 6 • Issue 2 • February 2022

	A1	Publisher & Editorial Office Information
	A2	Editorial Board
	A5	Our Supporters
	A6	Content, Courtesy, & Erratum
EDITORIAL	26	Anniversary Time in a Rapidly Evolving and Complex Landscape Evangelos G. Kilipiris
BUSINESS: EDITORIAL	30	One Million Dollar Private Practice Natalia M. Koba & Ivan V. Nagorniak
EDITORIAL	32	Stop the War! Europeans, Homes, Kindergartens, Hospitals, Universities, and Global Science Are under the Missiles! Ievgen I. Fesenko



COURTESY

Journal's cover image (virtual surgical planning for a segmental mandibular reconstruction with fibula transplant) is courtesy of Rui P. Fernandes, MD, DMD, FACS, FRCS.

Image was taken from the article: Fernandes RP, Quimby A, Salman S. Comprehensive reconstruction of mandibular defects with free fibula flaps and endosseous implants. *J Diagn Treat Oral Maxillofac Pathol* 2017;1(1):6–10.

<https://doi.org/10.23999/j.dtomp.2017.1.1>



EDITORIAL

Anniversary Time in a Rapidly Evolving and Complex Landscape

Evangelos G. Kilipiris

Every day physicians fight against diseases for the universal desire for a better, disease-free life. Potent weapons to achieve this include the constant attainment of knowledge and skills. A strategic plan and a prerequisite to reaching this goal is the existence of a community of dedicated medical scientists who can study, work, think, communicate and write.

In this environment, the *Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology* (which is also called *DT Journal* because of the domain name www.dtjournal.org) was born to provide a medium for this communication to catalyze new ideas and incidentally also to assure a permanent repository of scientific information.

Today, *DT Journal* is proud to celebrate an important milestone: the Fifth Anniversary. A journal that was created to unify the world of oral and maxillofacial surgery (OMS) and share oral and maxillofacial surgical knowledge as broadly as possible, without any borders or barriers. A journal committed to advancing scientific knowledge about OMS across the globe while also addressing the most pressing issues facing oral and maxillofacial surgeons in the 21st century.

During these years, the *DT Journal* has offered

its readers up-to-date original research articles and scientific and educational review articles from virtually every corner of the OMS field. It has consistently covered scientific domains that range from oral surgery and implantology to microvascular reconstructive surgery and complex craniofacial reconstruction.

On this Anniversary, we owe gratitude to the pioneers who were instrumental in turning the journal's launch into an instantaneous success. A truly global work took place in 24/7 operation with editors, editorial board members, reviewers, contributors, and readers on all continents. And the strength of the current *DT Journal* editorial team derives mainly from this diverse and international composition and the strong support from its international professional affiliates, which distinguish it from other leading OMS journals.

At this moment, I would like to recognize the tremendous work of our Editor in Chief – Oleksii Tymofiev, Deputy Editor in Chief – Rui Fernandes, and Managing Editor – Ievgen Fesenko. Their calm demeanor, competence, and determination set a collaborative tone among the whole team.

Anniversaries remind us of important events.

MD, DMD; Director, Journal Development Department, *Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology (JDTOMP)*, Bratislava, Slovak Republic.

Corresponding author's address: National Institute of Children's Diseases and Faculty of Medicine at Comenius University, 1 Limbova Street, Bratislava 83340, Slovak Republic.
E-mail: varonos@live.co.uk

Please cite this article as: Kilipiris EG. Anniversary time in a rapidly evolving and complex landscape. *J Diagn Treat Oral Maxillofac Pathol* 2022;6(2):26–9.

Available online 12 February 2022

<https://doi.org/10.23999/j.dtmp.2022.2.1>

© 2022 OMF Publishing, LLC. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by-nc/4.0/>).

They offer a chance to reflect not only on remarkable achievements but also on collaborations, networking, and friendships that have helped us shape the past five years of our journal. Historical milestones in this journey provide a reason to celebrate and include:

- Launch of a section “Images” (2019) with an appointment of Dr. Mosquera as a founding section editor. For this section the extra short type articles are prepared and submitted similarly to the articles in the section “Images in Clinical Medicine” of the *New England Journal of Medicine*.
- Gradual transition from a quarterly to monthly publication (in a 2019-2020).
- Launch of a new media platform (March 2020) with the support of smartphone and tablet views.
- Integration of the *article in press* option at the journal’s platform. In other publishers this option is also known as *article in advance*, *early view*, etc.
- Launch of a section “Business” (2021) with an appointment of Dr. Nagorniak as a founding section editor.
- Covid-19 response: our journal during last two years is constantly publishing the articles focused on pandemic and its influence on OMS. Moreover, we support an article publishing charge waiver for the submitted and accepted manuscripts which are related with Covid-19 topic.
- Publishing video articles with a launch of YouTube channel (*Videos of JDTOMP*).
- Publication of articles from almost 15 countries from 4 different continents proved the global vision of the journal’s board. Among authors affiliation counties are: Belarus, Brazil, Chile, Colombia, France, Georgia, Greece, India, Italy, Mexico, Slovak Republic, Spain, Ukraine, United Arab Emirates, and the United States of America.
- Transition to digital-only fully open access publication from January 1, 2022.¹
- Launch of a resident ambassador position in the editorial board from January 1, 2022. Dr. Le’s appointment for this founding position.²
- The articles of 13 different categories are already published: (1) editorials/guest editorials/post scriptum editorials, (2) images, (3) case reports/case series, (4) original articles, (5) review articles, (6) discussions, (7) paper scans (synonyms: review of articles, literature scans), (8) book scans (synonym: book reviews), (9) letters to the editor (synonym: letters), (10) responses, (11) viewpoints, (12) obituaries, and (13) review of events.
- The articles became cited in journals covered by Scopus database and publications with a high Impact Factor (like *Atlas of the Oral and Maxillofacial Surgery Clinics*, *European Journal of Plastic Surgery*, *Oral and Maxillofacial Surgery Clinics of North America* [2020 Impact Factor = 2.802], *Oral Diseases* [2020 Impact Factor = 3.511], *The Cleft Palate-Craniofacial Journal* [2020 Impact Factor = 1.433], etc.).³⁻⁷
- As February 1, 2022 the editorial board brought together 28 professionals from 13 countries.
- Launch of the social media pages (Instagram [[@dt_journal](#)], Facebook [[Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology](#)], and Twitter [[@DTJournal1](#)]) reaching more than 2,000 followers. Such steps helped the editorial board to find readers and partners around the globe in a completely unpredictable way and sometimes without even in-person offline communication and negotiations.
- Social media pages proved it effectiveness in the *DT Journal’s* visibility. The authors even found our journal for the article submission via the conference Hashtag #*icom2017* in the Instagram and after that peer-reviewed process were accepted.⁸

However, milestones always cause me to deeply reflect not on what has been accomplished but instead on what else needs to be completed and improved. This should be the challenge of a responsible medical journal. Sparing time for scholarly or research activity requires significant commitment and motivation. Still, my mind will continue to focus on changes that we must make to ensure that we are correctly informing and engaging the clinical and academic OMS community in a holistic approach. This is a testament to our journal’s vision, leadership, and teamwork. The *DT Journal* has strong momentum, effective leadership, and a proven editorial team of experts committed to the continued growth and development of the journal

through activities to increase engagement with OMS clinicians and scientists worldwide. In partnership with our international contributors, board, reviewers, and society colleagues, we look to the future with confidence on disseminating the rapid progress in OMS by making high-quality material systematically available through one central source.

The *DT Journal* will continue to publish papers that highlight the significant clinical advances in OMS and promote emerging laboratory research and broad-spectrum educational topics. We will continue to improve our web presence by regularly updating our website to make it readable and valuable to practicing oral and maxillofacial surgeons, trainees, and investigators. Our readers will have access to medically relevant content through this advanced structural model. Still, they will have a chance to experience a powerful international networking platform that will significantly enhance the value and visibility of both scientists and the journal itself. These innovations will increase the global reach, overall quality, and impact of the research, discovery, and education missions of the *DT Journal* to its constituents and will sustain and enhance its general excellence by offering a 5-Star experience to our readers. It is imperative to continue pursuing these and other innovative approaches to follow the core missions of the *DT Journal* and ensure that it will remain a respected voice in research and academic OMS.

Today, we live and function within a highly interconnected world, both personally and professionally. The same principle applies to medical journals like *DT Journal*, which will need to play evolving roles in this new landscape. It will provide a bright window into the changing functions of medical journals and the medical profession because journals don't simply disseminate new knowledge about medical theory and practice. They also define the scope of medical concerns and articulate norms for physicians' professional and social roles. And a rededicated, respected, worldwide community of oral and maxillofacial surgeons can provide this leadership. Such an achievement would offer a fitting complement to our remarkable scientific endeavors.

Our journal will be actively involved in the crucially needed therapy for the fragmented humanity with both a general and specific reorientation of scientific priorities toward the advancement of all humankind as a composite being, rather than toward

the progress of our individual lives. The *DT Journal's* mediation between biomedical science and the social context of OMS health care demonstrates another role of medical journals and a paradigm shift: their definition of the OMS profession as a social and moral community.

Navigating many obstacles, medical journals have persisted by adapting to changing environments and embracing new opportunities. Journals must continue to manage not just the shifting landscape of the production and publishing of medical knowledge but also the broader currents of their social, economic, and political contexts, and I can confidently affirm that this vision will become a reality in *DT Journal*.

Today, *DT Journal* reflects a view that OMS science and its applications are fundamentally tied to optimal patient care and public health.

Please, join me and celebrate the Fifth Anniversary of *DT Journal* on this exciting global journey.

REFERENCES (8)

1. Tymofieiev OO, Fesenko II, Kilipiris EG. Evolving: becoming a printable digital-only journal from January 2022. *J Diagn Treat Oral Maxillofac Pathol* **2021**;5(12):137–8.
<https://doi.org/10.23999/j.dtomp.2021.12.2>
2. Le JM. In response to the editorial "Meet the founding resident ambassador: John M. Le, DDS, MD." *J Diagn Treat Oral Maxillofac Pathol* **2022**;6(1):6.
<https://doi.org/10.23999/j.dtomp.2022.1.3>
3. Weyh A, Quimby A, Salman O. Zygomatic implants in avulsive and ablative defects. *Atlas Oral Maxillofac Surg Clin North Am* **2021**;29(2):271–6.
<https://doi.org/10.1016/j.cxom.2021.05.001>
4. Bishop RA, Woerner JE, Stavropoulos F. Effects of the COVID-19 pandemic on the professional career of women in OMS. *Oral Maxillofac Surg Clin North Am* **2021**;33(4):475–80.
<https://doi.org/10.1016/j.j.coms.2021.06.002>
5. Manfredi M, Gessaroli M, Melis M, Massarelli. A novel patient positioning technique during raising peroneal system free flaps. *Eur J Plast Surg* **2022**;45(1).
<https://doi.org/10.1007/s00238-021-01906-1>
6. Fusconi, M, Meliante, PG, Pagliuca, G, Greco A, de Vincentiis M, Polimeni A, Musy I, Candelori F, Gallo A. Interpretation of the mucous plug through sialendoscopy. *Oral Dis* **2021**;00:1–6.
<https://doi.org/10.1111/odi.13796>
7. Kilipiris EG, Horn F, Kolnikova M, Ochoa JV, Matuskova O, Jelovac D, Stebel A. Parental satisfaction from telemedicine in the follow-up of children operated for craniosynostosis during COVID-19 pandemic. *Cleft Palate Craniofac J* **2022**:10556656221074214.

- <https://doi.org/10.1177/10556656221074214>
8. Monteiro JL, Fesenko II. Every hashtag matters: an importance of that Instagram tool in a life of the

peer-reviewed journal. *J Diagn Treat Oral Maxillofac Pathol* **2019**;3(5):A11.
<https://doi.org/10.23999/j.dtomp.2019.5.1>



BUSINESS: EDITORIAL

Ivan V. Nagorniak, MSc, PhD, *Section Editor*

One Million Dollar Private Practice

Nataliia M. Koba^a & Ivan V. Nagorniak^{b,*}

*The buyer will always think the value is overstated, and the seller will always think that the value is understated.*¹

—W. Paul Woody

Founder of Woody and Associates
Work with over 260 dentists

Someday the owner of the private dental and oral surgery practice can decide to sell it. In some cases, this is because the owner wants to move away from dental matters completely; To move away from business not only as a dentist or oral and maxillofacial surgeon but even as a shareholder. Regardless of personal motives for the sale, the deal and the cost of whole practice should not be underestimated.

The price is to be based on a correct calculation of the next dental clinic data: Human resources (number of specialists, types of their specialization, experience, etc.), number of dental chairs, equipment, package of state permits for dental business and types of dental specialties that are included in the license of this clinic to conduct business in medical practice, presence of ISO 9001 certification for the clinic, established connections with partners (dental technicians, companies of dental products and equipment, insurance companies, etc.), types of diagnostic, treatment, and prophylactic procedures

carried out in the clinic, base of clients, availability of consulting doctors, existence of communications with University chairs and associations/societies, presence of cooperation agreement with Pathology Department, location of the branch of the chair on the basis of the clinic, number of years at the market, longevity of the same team (Woody [2018] notes that 10-plus years for the same team is one of the best indicators for buyers),¹ the size of real estate, location in the country and in the city/village (distance from the neighboring countries, airports, metro stations, and other transport nodes), the commercial real estate is owned or leased, real estate is a separate building or included to the multiple apartment building, presence of the rooms for the educational or hands-on training, courses that have been performed on the basis of this clinic, team experience in organization of the dental meetings, a state and international reputation of the practice, etc.

The professionals who are only planning to launch a private practice in Ukraine and are choosing the legal form must understand that business in a form of *Private Entrepreneur (fizychna osoba-pidpnyiemets [in Ukrainian])*² cannot be bought by another person or divided between shareholders. And due to that reason, if the founder of the private clinic wants to

Kyiv, Ukraine

^a MSc; Former Head Doctor, Scientific Center of Dentistry and Ultrasound Surgery, Limited Liability Company.

^b MSc, PhD; Head Doctor, Private Entrepreneur Nagorniak I.V.

Author's address: Private Practice (Certificate for management system according to ISO 9001:2015 – Private Entrepreneur Nagorniak I.V.), 6-G Andruschenka Street, Office 6, Kyiv 01135, Ukraine.
E-mail: ivan.nagorniak@gmail.com

Please cite this article as: Koba NM, Nagorniak IV. One million dollar private practice. J Diagn Treat Oral Maxillofac Pathol 2022;6(2):30–1.

Paper received 16 February 2021

Accepted 16 February 2021

Available online 22 February 2022

<https://doi.org/10.23999/j.dtmp.2022.2.2>

© 2022 OMF Publishing LLC. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by-nc/4.0/>).

have the option in future to sell the business he/she should register the business in a form of *Limited Liability Company* (*tovarystvo z obmezhenoiu vidpovidalnistiu* [in Ukrainian]) or *Private Enterprise* (*pryvatne pidpriemstvo* [in Ukrainian]).²

Another key for the success practice sell is to avoid the doctor's name in a clinic's name (Goldsmith, 2018).³ So, if the name of the practice is the doctor's one, the practice value may be less in these situations.² Such conclusion is supported by the evidence that 40% of patients leave a practice once the doctor with the branded name is gone.²

Palmerino (January 2018) emphasized 4 things the practice owner should know when thinking of selling the dental practice: (1) start early (because a selling process typically takes years), (2) to have realistic expectations about what the practice is worth (do not have an inflated view), (3) keep essential equipment and facilities up to date, and (4) to understand that sale doesn't always mark the end of the road (in some cases the buyers can motivate previous owner to continue doing practice 1 year after the deal).⁴

Goldsmith in July 2018 described 5 ways to maximize return on investment (ROI) when selling the dental practice: (1) to avoid doctor's name is a clinic title, (2) build a strong structure, (3) systems keep things organized (buyers avoid purchasing of disorganized practice), (4) handling the owner's paycheck, (5) keep a sharp eye on expenses and profits.³

Interestingly, that seller can choose keeping their commercial real estate so it can continue to generate rental income.¹

Worth of attention is the fact that by taking unsolicited offer, the seller may miss an opportunity to make a deal with a partner who will make much better proposal.⁵

In conclusion, when the practice owner will calculate all the dental clinic data it may be noted

that even a small dental clinic with one dental chair may be worth of \$ 1 million USD or even more. Our humble advice for the dentists who wish to open a new dental clinic or to grow the existed one is to leave an option of its future sell. It doesn't matter if we make that decision in the future, it's always great when we have more options in our life.

One today is worth two tomorrows.

—Benjamin Franklin

One of the Founding Fathers of the USA

REFERENCES (5)

1. Woody PW. How to make your dental practice more valuable at the time of sale [document on the internet]; May 01, 2018 [cited 2022 Feb 05]. Available from: <https://www.dentaleconomics.com/practice/article/16385122/how-to-make-your-dental-practice-more-valuable-at-the-time-of-sale>
2. Koba NM, Nagorniak IV. Ukraine: legal forms for private practice in oral surgery and dentistry. *J Diagn Treat Oral Maxillofac Pathol* 2021;5(9):97–8. <https://doi.org/10.23999/j.dcomp.2021.9.1>
3. Goldsmith A. 5 ways to maximize ROI when selling your dental practice [document on the internet]; Jul 30, 2018 [cited 2022 Feb 06]. Available from: <https://www.dentistryiq.com/practice-management/practice-management-tips/article/16367769/5-ways-to-maximize-roi-when-selling-your-dental-practice>
4. Palmerino M. Thinking of selling your dental practice? 4 things you should know [document on the internet]; Jan 16, 2018 [cited 2022 Feb 07]. Available from: <https://www.dentistryiq.com/practice-management/practice-transitions/article/16367487/thinking-of-selling-your-dental-practice-4-things-you-should-know>
5. Cumbus KG. Think twice before entertaining an unsolicited offer for your business. *Compend Contin Educ Dent* 2022;43(1).



EDITORIAL

Stop the War! Europeans, Homes, Kindergartens, Hospitals, Universities, and Global Science Are under the Missiles!

Ievgen I. Fesenko

*He refuses US offer to evacuate, saying
"I need ammunition, not a ride."¹
—Volodymyr Zelenskiy
6th President of Ukraine*

5:00 a.m. of February 24, 2022... The citizens of peacefully sleeping Kyiv woke up from several powerful explosions. Russia insidiously attacked our beloved capital, flashed in our heads. The announced USA intelligence data published in recent reports² turned out to be true, we thought. Quick internet news search revealed that similar explosions happened in other cities and villages of Ukraine—a European country with more than 40 million of citizens. Large-scale invasion of Russian troops and missile attacks, which were warned by world intelligence, began. Breaking news reported the invasion noted from the multiple border sides—the territory of Belarus, Russia, and temporary occupied Crimean peninsula.^{3,4}

The multiple deaths of civilians, children, and the military, the shelling of hospitals, kindergartens, multi-storey residential buildings, and missile

strikes on critical infrastructure are not a complete list of all Russian war crimes against humanity which have been recorded during the last five days of February.⁵ And today, at evening of February 28, 2022, we are noticing how the life of all Ukrainians is changed forever. Five days of military resistance of our phenomenally brave Ukrainian defense forces against Russian occupants clearly showed the enemy how strong is the spirit of Ukrainians and the state political apparatus. International support of Ukraine and sanctions being imposed on Russia by civilized countries continues to grow making a significant pressure on Russian Federation to stop the war.⁶

One of the missile attack⁷ happened (Fig 1) in the close distance to the editorial office (EO) of our journal and homes of editorial board (EB) members. That is why we can say that the words “global science is under the missiles” are not just a figure of speech, but the real state of things. Nevertheless, the acquired skills of our EO during Covid-19 pandemic to work remotely^{8,9} helped us in this war situation. Of course saving lives of our workers and partners is a top priority. But payment of the salaries (for the

Managing Editor

Corresponding author's address: Editorial office, *Journal of Diagnostics and Treatment of Oral and Maxillofacial Pathology (JDTOMP)*. 13-A Simferopolska Street, Kyiv 02096, Ukraine.
E-mail: i.i.fesenko@dtjournal.org (Ievgen Fesenko)

Please cite this article as: Fesenko II. Stop the war! Europeans, homes, kindergartens, hospitals, universities, and global science are under the missiles. *J Diagn Treat Oral Maxillofac Pathol* 2022;6(2):32–4.

Available online 28 February 2022

<https://doi.org/10.23999/j.dtomp.2022.2.3>

© 2022 OMF Publishing, LLC. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by-nc/4.0/>).

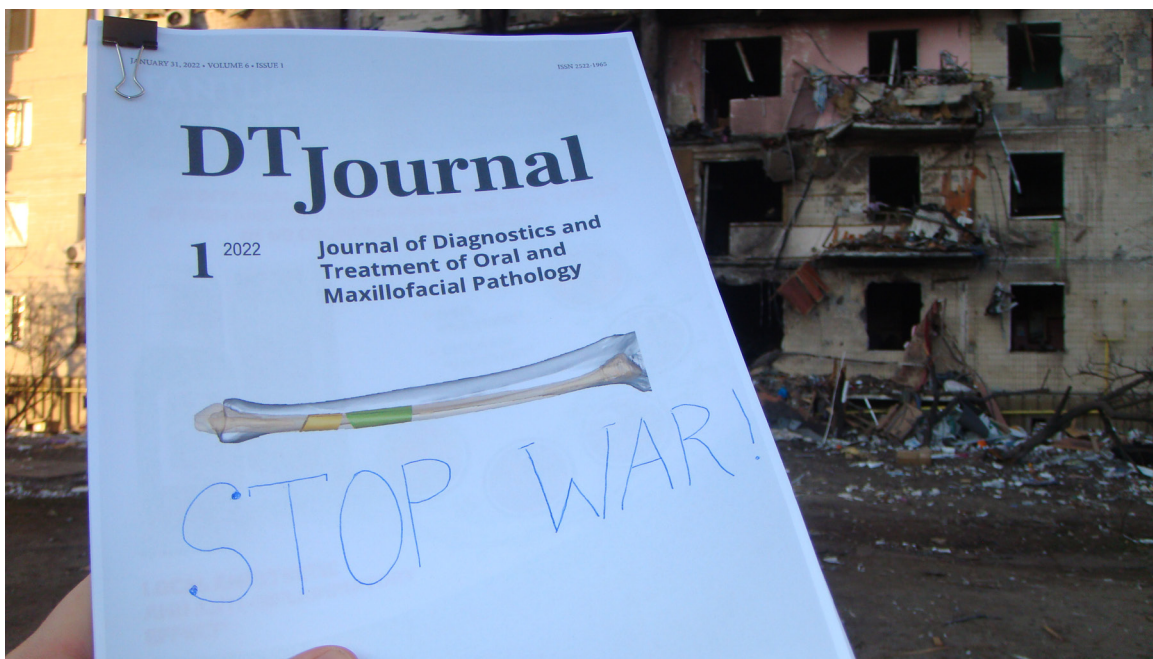


FIGURE 1. Condition of the multi-storey residential building (Kyiv, Ukraine [precise address is not indicated due to the security recommendations of the Ministry of Defense of Ukraine]) after falling wreckage of the downed Russian missile and fire they provoked.⁷

possibility to buy a food, gasoline, etc.), and taxes (to support our military and government) also became a first line goals for us. Moreover, in this nightmare situation the wartime can force us to be not only the editors of a scientific journal, but essentially military correspondents.

The academic oral and maxillofacial surgeons (OMSs) who are working in Kyiv clinical hospitals became also involved into the urgent wartime surgical cases—ballistic and explosive trauma, etc. The role of OMSs in wartime are well described by Strother (2003),¹⁰ Haug (2005),¹¹ Hussey (2014)¹², and others¹³. Furthermore, Haug (2005) united the opinions of professionals in a special issue dedicated to maxillofacial surgery in emergencies, wartime, and during the terrorist attacks.¹¹ Among their topics are: (1) tissue injury and healing,¹⁴ (2) features of ballistic injuries,¹⁵ (3) blood substitutes: hemoglobin-based oxygen carriers,¹⁶ (4) acute management of facial burns,¹⁷ (5) distribution of maxillofacial injuries in terrorist attacks,¹⁸ (6) improvised explosive devices and the oral and maxillofacial surgeon,¹⁹ (7) radiation injuries, triage, and treatment after a nuclear terrorist attack,²⁰ (8) bioterrorism and biologic warfare,²¹ (9) penetrating, perforating, and avulsive fragmentation injuries,²² and (10) maxillofacial trauma treatment protocol²³. Numerous ballistic trauma textbooks²⁴ and

book chapters^{25,26} are also more than useful for OMSs involved into a war cases management.

In sum, the wartime forced us not only to refocus on military trauma, but also to immediately change the content of the journal. That is why the EB is inviting submission the manuscripts focused on ballistic and explosion head and neck trauma. We believe that publication of modern management developments in such wartime chapter of oral and maxillofacial surgery will assist surgeons to apply immediately new techniques and approaches in the Ukrainian hospitals and abroad.

The true soldier fights not because he hates what is in front of him, but because he loves what is behind him.

—Gilbert K. Chesterton
An English writer

REFERENCES (26)

1. Braithwaite S. Zelensky refuses US offer to evacuate, saying 'I need ammunition, not a ride' [document on the internet]; 26 Feb 2022 [cited 28 Feb 2022]. Available from: <https://edition.cnn.com/2022/02/26/europe/ukraine-zelensky-evacuation-intl/index.html>
2. Pilkington E. US intelligence believes Russia has ordered Ukraine invasion – reports [document on the

- internet]; 20 Feb 2022 [cited 28 Feb 2022]. Available from:
<https://www.theguardian.com/us-news/2022/feb/20/russia-invasion-ukraine-biden-blinken-us-national-security-council>
3. Zinets N, Vasovic A. Missiles rain down around Ukraine [document on the internet]; 25 Feb 2022 [cited 28 Feb 2022]. Available from:
<https://www.reuters.com/world/europe/putin-orders-military-operations-ukraine-demands-kyiv-forces-surrender-2022-02-24/>
 4. Wu J, Carman J, Einhorn E, Hersher M. Ukraine attacked: map of sites targeted by Russia's invasion [document on the internet]; 25 Feb 2022 [cited 28 Feb 2022]. Available from:
<https://www.nbcnews.com/specials/ukraine-attacked-sites-targeted-russia-invasion/index.html>
 5. Kossov I. Russia's war on Ukraine: where fighting is on now (Feb. 27 live updates) [document on the internet]; 27 Feb 2022 [cited 28 Feb 2022]. Available from:
<https://kyivindependent.com/national/russias-war-on-ukraine-where-fighting-is-on-now-feb-27-live-updates/>
 6. Henley J. What sanctions have been imposed on Russia over Ukraine invasion? [document on the internet]; 28 Feb 2022 [cited 28 Feb 2022]. Available from:
<https://www.theguardian.com/world/2022/feb/28/what-sanctions-imposed-on-russia-over-ukraine-invasion-putin>
 7. Klochko N. Night attack on Kyiv: the Kyiv City State Administration reported the number of victims [document on the internet]; 25 Feb 2022 [cited 28 Feb 2022]. Available from:
<https://news.depo.ua/ukr/news/nichna-ataka-na-kiiiv-u-kmda-povidomili-pro-kilkist-postrazhdalikh-202202251428629>
 8. Kilipiris EG. The covid-19 pandemic and the dtjournal.org. *J Diagn Treat Oral Maxillofac Pathol* 2020;4(9):179–80.
<https://doi.org/10.23999/j.dtomp.2020.9.5>
 9. Tymofieiev OO, Ushko NO, Yarifa MO. Covid-2019 response: virtual educational process at the Department of Oral and Maxillofacial Surgery using Google Classroom. *J Diagn Treat Oral Maxillofac Pathol* 2020;4(3):51–2.
<https://doi.org/10.23999/j.dtomp.2020.3.1>
 10. Strother EA. Maxillofacial surgery in World War I: the role of the dentists and surgeons. *J Oral Maxillofac Surg* 2003;61(8):943–50.
[https://doi.org/10.1016/s0278-2391\(03\)00290-8](https://doi.org/10.1016/s0278-2391(03)00290-8)
 11. Haug RH. The role of the oral and maxillofacial surgeon in wartime, emergencies, and terrorist attacks. *Oral Maxillofac Surg Clin North Am* 2005;17(3):ix–x.
<https://doi.org/10.1016/j.coms.2005.05.004>
 12. Hussey KD. British dental surgery and the First World War: the treatment of facial and jaw injuries from the battlefield to the home front. *Br Dent J* 2014;217(10):597–600.
<https://doi.org/10.1038/sj.bdj.2014.1001>
 13. Holmes S, Coombes A, Rice S, Wilson A; Barts and the London NHS Trust. The role of the maxillofacial surgeon in the initial 48 h following a terrorist attack. *Br J Oral Maxillofac Surg* 2005;43(5):375–82.
<https://doi.org/10.1016/j.bjoms.2005.08.001>
 14. Kincaid B, Schmitz JP. Tissue injury and healing. *Oral Maxillofac Surg Clin North Am* 2005;17(3):241–50.
<https://doi.org/10.1016/j.coms.2005.05.005>
 15. Powers DB, Robertson OB. Ten common myths of ballistic injuries. *Oral Maxillofac Surg Clin North Am* 2005;17(3):251–9.
<https://doi.org/10.1016/j.coms.2005.05.001>
 16. Fitzpatrick CM, Kerby JD. Blood substitutes: hemoglobin-based oxygen carriers. *Oral Maxillofac Surg Clin North Am* 2005;17(3):261–6.
<https://doi.org/10.1016/j.coms.2005.04.002>
 17. Bagby SK. Acute management of facial burns. *Oral Maxillofac Surg Clin North Am* 2005;17(3):267–72.
<https://doi.org/10.1016/j.coms.2005.05.006>
 18. Hasson O. Distribution of maxillofacial injuries in terrorist attacks. *Oral Maxillofac Surg Clin North Am* 2005;17(3):273–80.
<https://doi.org/10.1016/j.coms.2005.04.001>
 19. Goksel T. Improvised explosive devices and the oral and maxillofacial surgeon. *Oral Maxillofac Surg Clin North Am* 2005;17(3):281–7.
<https://doi.org/10.1016/j.coms.2005.05.002>
 20. McGhee RK, Praetzel DC, Medley CC. Radiation injuries, triage, and treatment after a nuclear terrorist attack. *Oral Maxillofac Surg Clin North Am* 2005;17(3):289–98.
<https://doi.org/10.1016/J.COMS.2005.04.005>
 21. Bourgeois SL Jr, Doherty MJ. Bioterrorism and biologic warfare. *Oral Maxillofac Surg Clin North Am* 2005;17(3):299–330.
<https://doi.org/10.1016/j.coms.2005.04.003>
 22. Will MJ, Goksel T, Stone CG Jr, Doherty MJ. Oral and maxillofacial injuries experienced in support of Operation Iraqi Freedom I and II. *Oral Maxillofac Surg Clin North Am* 2005;17(3):331–9.
<https://doi.org/10.1016/j.coms.2005.04.004>
 23. Powers DB, Will MJ, Bourgeois SL Jr, Hatt HD. Maxillofacial trauma treatment protocol. *Oral Maxillofac Surg Clin North Am* 2005;17(3):341–55.
<https://doi.org/10.1016/j.coms.2005.05.003>
 24. Pryor JP, Cotton B. Neck injury. In: Mahoney PF, Ryan JM, Brooks AJ, William Schwab C, editors. Ballistic trauma. London: Springer, 2005:209–40.
https://doi.org/10.1007/1-84628-060-5_11
 25. Tymofieiev OO. Manual of maxillofacial and oral surgery [in Russian]. 5th ed. Kyiv: Chervona Ruta-Turs; 2012.
 26. Holmes JD. Gunshot injuries. In: Miloro M, Ghalia GE, Larsen PE, Waite PD. Peterson's principles of oral and maxillofacial surgery, 2nd ed., Volumes I and II. Hamilton, Ontario: B. C. Decker, Inc., 2004:509–26.

U-Impl[®]

SWITZERLAND



№ R3M 804 252 B2

Сертифікат відповідності
технічного регламенту
щодо медичних виробів



Switzerland Aarbergerstrasse 107A, CH-2502
Biel, Phone/Fax +41 323230188
info@u-impl.com
www.u-impl.com