

Enamel anomalies: Trauma dentist takes on extraordinary cases of teeth repair

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Trauma dentistry now makes up about half of Dr. Lawrence Singer's caseload at Alexandria-based D.C. Smiles and GW Hospital.

Dr. [Lawrence Singer](#) has seen mouthfuls of teeth knocked out. He's seen shattered jaws and broken cheekbones.

And for the Alexandria dentist who specializes in trauma, much of his business takes place in the emergency department at [George Washington University Hospital](#), helping piece teeth back together again. Working with plastic surgeons and ear, nose and throat doctors there, Singer has created a niche repairing some of the most severe injuries to patients' faces.

"It's like a puzzle. I like to put them back together as closely as they were," Singer said.

Singer, who owns cosmetic dentistry practice D.C. Smiles in Alexandria, recently received a patent for designing a special resin that adheres directly to the teeth, to repair them less invasively. The alternative can often be painful, as devices are screwed directly into patients' gums to wire their jaws shut.

Trauma has come to make up about half of Singer's business.

"In some countries, it's a whole specialty," Singer said. In the United States, oral surgeons are trained to fix and reset jaws but they aren't necessarily trauma specialists, Singer said. In the U.S., patients don't always get an immediate proper repair, he said. "If it's not repaired, it's this really big defect that can take oodles of money and years of time to fix," he said.

Flipping through an iPad with pictures showing entire rows of teeth broken or knocked out, Singer said he's become used to seeing gruesome injuries over the years. One female patient in particular, he said, had her entire jaw shattered after a large mechanical cable smacked her in the mouth. She lost all definition in her face and required multiple surgeries, grafted tissues and implants to repair the damage. She originally went to someone who was not a specialist for care and now, a decade later, is still receiving repairs related to the injury, he said.

In recent years, business has become more challenging for Singer as more health insurance plans added exclusions in their coverage of dental trauma. While some patients are covered by worker's compensation or by victim crime compensation funds, many end up having to pay out of pocket.

"It makes it tough. There are a lot of things I would rather do outpatient, but I need to get them all done in hospital inpatient — which is harder on me because I have to bring all my gear over — so that it's covered," Singer said. At GW Hospital, "anything I do gets covered."

The mix between his private practice and GW Hospital patients washes out in the end, he said. "At some level, what I put in saves us all. It's my public service," he said. "I know what it can mean to these people for the rest of their life. If they don't have teeth, they'll get discriminated against when they go to get that job."

GW Hospital gets up to 50 injuries to the face a year — about one a week — from assaults, gunshot wounds, bicycle accidents and other collisions, said Dr. [Babek Sarani](#), director of Trauma Care and Acute Care surgery at GW Hospital.

Having the ability to offer trauma dentistry helped the hospital gain a Level 1 designation in 2014. It showed it can care for any injury that comes in the door, either through its own staff or through a contracted agreement.

Singer is filling a gap few others can in the Washington region, Sarani said. "It's one of those niche areas in medicine that, if you're not in that space, no one else knows what you're doing," Sarani said.

When another dentist inquired with GW Hospital about how to get on its trauma rotation, Sarani said those dentists must be available to take calls 24 hours a day. They also have to be willing to take patients, regardless of insurance. Singer does both. "He said, 'That's crazy,'" Sarani recalled. "I said, 'That's your competition, bro.'"



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