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## CARIOLOGY

### Caries experience and bedtime consumption of sugar-sweetened food and drinks – a survey of 600 children

Levine RS *Community Dent Health* 2001; **18**: 228-231

**This is further evidence supporting the longstanding recommendation to avoid sugar in the hour before bed.**

This study involved children attending 2 general dental practices in West Yorkshire. Most came from socially deprived households, 76% of which were non-working, and 29% from non-Caucasian races. All subjects were new attenders, as previous attenders had received regular dental health advice in the practices. Before initial examination, parents of children up to age 4, and children over that age, were asked about dietary intake within the hour before bed, and non-milk extrinsic sugar (NMES) intakes were noted.

Overall mean dmft for those who took NMES food at bedtime was 1.91, and for those who did not, 1.13; respective DMFT scores were 1.18 and 0.42. For NMES beverages, respective scores were 1.76 and 1.04, 0.94 and 0.46. Respective scores for those who took both food and beverages were 2.08 and 0.97, 1.24 and 0.31. These differences were all statistically significant. The author notes that the bedtime differences may not be the only dietary dissimilarities in these groups.

## ORAL PATHOLOGY

### Biomarkers predictive of lymph node metastases in oral squamous cell carcinoma

Lopes MA, Nikitakis NG et al. *J Oral Maxillofac Surg* 2002; **60**: 142-147

**Degree of keratinization was the best predictor of nodal metastasis.**

Clinical staging of oral squamous cell carcinoma (OSCC) is not a good predictor of nodal metastasis. In this study, histopathological review was performed for specimens from 10 patients in each of 2 groups selected from 315 consecutive subjects treated for primary OSCC in a US hospital. The groups were specified in the TNM (tumour, node, metastasis) grading system as T1/T2 N+ with rapidly developing nodal metastasis, and T3/T4 N0 without node disease.

A high degree of keratinization (>50% of tumour cells) was identified in all T3/T4 tumours, but only in half of T1/T2 tumours ( $P = 0.01$ ). No differences were found in nuclear polymorphism, number of mitoses, pattern and stage of invasion, lymphocytic infiltration and 9 specific immunohistochemical stains. The authors recommend that future research in these biomarkers should centre on gene regulatory pathways associated with keratinization, a view concurred in by authors of a following discussion.

## DENTAL PAIN

### A comparison of pain levels during pulpectomy, extractions and restorative procedures

Rousseau WH, Clark SJ et al. *J Endodon* 2002; **28**: 108-110

**Patients expected more pain from these procedures than they actually experienced.**

Some patients expect considerable pain from root canal therapy (RCT). In this study, pain experience was compared for 3 groups of patients: 150 receiving RCT, 50 having a single extraction and 50 having a single crown or filling.

Patients recorded preoperative pain on a 1-100 visual analogue scale. Mean expectation of pain was highest (61) for the extraction group, next (47) for the RCT group and least (0.2) for the restoration group. Mean actual operative pain for these groups was scored as 24, 8 and 4 respectively. There were no differences according to gender or pulpal status.

The proportions of subjects who found operative discomfort less than expected were 92% for RCT, 64% for extraction and 46% for restorations. The authors note that patients who believe RCT to be painful may opt for extraction instead, and that actual symptoms before treatment are usually more painful than the RCT.

## PRACTICE MANAGEMENT

### The effect of confirmation calls on appointment-keeping behavior of patients in a children's hospital dental clinic

Christensen AA, Lugo RA et al. *Pediatr Dent* 2001; **23**: 495-498

**Confirmation calls placed 1 or 2 days earlier enhanced attendance at the clinic.**

Children aged 2 weeks to 15 yrs who were given appointments for at least 2 weeks ahead were randomized to 3 groups, with an additional group of those who could not be contacted by 'phone. The groups were: contact 1 day before ( $n = 77$ ), contact 2 days before (71), control - not contacted (84) and uncontactable (81). All groups were demographically similar. The call was taken by adult relatives, young relatives and answering machines in almost identical proportions (68%, 4%, 28%) for the 2 contact groups.

There was a proportionate response in the 3 randomized groups; a 1-day call resulted in 12% broken appointments, a 2-day call in 17%, and no call in 38% ( $P < 0.001$  for difference between calls and no calls). Commuting time did not affect these results, and calls did not affect punctuality. The authors recommend a reminder call to reduce broken appointments.