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## PAEDIATRIC DENTISTRY; ANAESTHETICS

### Morbidity following dental treatment of children under intubation general anaesthesia in a day-stay unit

Atan S, Ashley P *et al.* *Int J Paediatr Dent* 2004; **14**: 9-16

Postoperative pain was the commonest problem.

This study involved 121 children (half were male) aged 6-16 yrs (mean 11 yrs) and seen over an 11 month period at a London hospital. Subjects were interviewed before and after treatment regarding anxiety, pain and other aspects of morbidity.

Under GA, mean numbers of procedures per patient were: restorations, 0.3; deciduous extractions, 2.6; permanent extractions, 1.2; other surgical procedures, 0.8. Prior to treatment 83% had experienced no pain. Postoperative pain at the operating site was significantly reduced when LA had been given, and significantly raised after surgical procedures.

LA during the procedure also increased dizziness. Sleepiness and nausea were increased with longer GA times, and females were more affected and also more likely to feel dizzy. The authors recommend improved attention to pain control to reduce the main cause of postoperative morbidity after GA for paediatric dental treatment.

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## ORAL SURGERY; PERIODONTOLOGY

### Periodontal healing after mandibular third molar surgery – a comparison of distolingual alveolectomy and tooth division techniques

Chang H-H, Lee J-J *et al.* *In J Oral Maxillofac Surg* 2004; **33**: 32-37

Distolingual alveolectomy gave better results.

Some studies have shown distal periodontal problems on mandibular 2<sup>nd</sup> molars after 3<sup>rd</sup> molar removal. One operator in a Taiwan Hospital undertook all surgery for 120 consecutive patients with symmetrically impacted pairs of mandibular 3<sup>rd</sup> molars. After raising similar flaps, one tooth was removed following chisel excision of a piece of distolingual bone (DLB), and the other by bur removal of buccal bone, division of the crown and roots with separate elevation (DCR). It is not stated that randomization occurred.

Baseline measurements were made 7 dys after surgery, because preoperative probing was obstructed by the impacted teeth. At 6 months, those 2<sup>nd</sup> molars where the tooth removed was below the occlusal plane but above the CEJ showed a significant difference in mean distal probing depth (DLB: 3.6 mm; DCR: 4.5 mm) and attachment level (6.4 mm; DCR: 7.6 mm). Respective results for teeth placed apical to the CEJ were also significantly different: 4.6 and 6.1 mm; 7.1 and 9.8 mm.

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## ORAL PATHOLOGY; MAXILLOFACIAL SURGERY

### Analysis of 587 cases of oral squamous cell carcinoma in northern Thailand with a focus on young people

Iamaroon A, Pattanaporn K *et al.* *Int J Oral Maxillofac Surg* 2004; **33**: 84-88

One case in 8 occurred in patients under 46 yrs.

Oral squamous cell carcinoma (OSCC) accounts for 4% of all cancer and over recent years has increased in young people. Incidence varies in different populations. This study reviewed records from 587 patients presenting in a hospital in northern Thailand over a 10 yr period.

Median age was 65 yrs (range 17-97) and 75 were aged 45 yrs or less (young group). Main site prevalences for these 2 groups were: tongue 43% and 60%, buccal mucosa 16% and 5%, palate 10% and 13%, and gum 10% and 4%.

In all OSCC patients, 23% were nonsmokers, 39% were teetotal and 38% did not chew betel quid. Respective figures for young patients were 36%, 33% and 65%. The authors review the occurrence of these risk factors and suggest there is scope for reducing them in this population. They suggest that the low number of young betel quid chewers, for instance, may account for the different prevalences of buccal mucosa OSCC.

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## ORAL HYGIENE

### Efficacy of occlusal plaque removal in erupting molars: a comparison of an electric toothbrush and the cross-toothbrushing technique

Nourallah AW, Splieth CH *Caries Res* 2004; **38**: 91-94

The electric brush was slightly more effective.

Prevention of pit and fissure caries is difficult for several reasons. One factor is the presence of occlusal plaque which is hard to remove; when it has been effectively controlled, caries has been reduced. This study compared the use of a rotatory method electric brush and manual cross-toothbrushing in a bucco-lingual direction with respect to occlusal plaque removal in a cross-over study in 16 participants aged 5-7 yrs, each with at least 1 noncarious unfilled erupting 1st permanent molar.

Disclosed occlusal plaque was measured in relation to the tooth occlusal surface with a highly reproducible and blinded photographic technique before and after use of each method for 14 dys. Mean scores for electric and manual methods were 14.8% and 16.7% and the difference was significant ( $P = 0.025$ ) by analysis of covariance. The authors discuss their findings and consider that either technique is probably acceptable, and definitely preferable to the conventional mesio-distal brushing of occlusal surfaces.

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