

Abstracts on this page have been chosen and edited by Dr Trevor Watts

## ONCOLOGY

### Oral cancer: the association between nation-based alcohol-drinking profiles and oral cancer mortality

Petti S, Scully C *Oral Oncology* 2005; **41**: 828-834

This study suggests that spirit consumption may have a disproportionate effect on oral cancer compared with other alcoholic beverages.

Alcohol greatly elevates the oral cancer risk in tobacco smokers, and is thought to be a separate carcinogen, but little is known about the relationship of different patterns of alcohol consumption to this risk. This study investigated 20 countries in respect of WHO reported patterns of alcohol use, and male age-standardised oral cancer mortality rates (ASMRs) provided by the International Agency for Research on Cancer.

Overall annual alcohol consumption per capita in litres (AAC) varied from 2 in Albania to 21 in Moldova. Male ASMRs for oral cancer varied from 0.88 per 100,000 in Israel (AAC: 2.1) to 6.87 in Croatia (12.2). When multiple regression analysis took into account the best smoking data available, and the type of alcoholic beverage consumed, smoking and spirit consumption were the only variables related significantly to ASMR. The authors discuss possible explanations, and suggest that the carcinogenic effect of concentrated ethanol might overcome the possible cancer-preventive effects of polyphenols, which are higher in beers and wines.

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## ORAL MEDICINE

### Oral lesions as indicators of HIV infection among routine dental patients in Lagos, Nigeria

Agbelusi GA, Wright AA *Oral Diseases* 2005; **11**: 370-373

In a country with a high level of HIV infection, an immunosuppression-related oral lesion was very likely to indicate this condition.

Over a 1-year period, 700 patients were seen in a Nigerian oral medicine clinic serving a population of 5 million people. Lesions raising suspicion of HIV infection were seen in 53 patients aged 14-71 yrs. Patients were offered HIV screening and counselling, and 15 declined. On screening, 35 of the remaining 38 tested positive for HIV.

In this population, the commonest lesions were candidiasis (found in 43%), herpes zoster (23%), forms of periodontal disease suggestive of HIV (22%), major aphthae (8%), erythema multiforme (6%), facial nerve palsy (6%) and hairy leucoplakia (3%). Multiple lesions were found in 5 patients. The authors note that the distribution of lesions, especially the high proportion of candidiasis, is similar to that of other African countries with a low standard of living and poor nutrition.

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## ORTHODONTICS; MAXILLOFACIAL SURGERY

### Patients' motivations for treatment and their experiences of orthodontic preparation for orthognathic surgery

Williams AC, Shah H *et al. J Orthod* 2005; **32**: 191-202

The duration of orthodontic treatment was a surprise to many patients.

In 13 UK centres, 559 patients who had undergone orthognathic surgery with related orthodontics were invited to participate in a study of their reasons for, and experience of the treatment. A questionnaire was completed and returned by 326.

Ages ranged from 16 to 65, but the median was 24 yrs. The commonest reason given for undergoing treatment was to straighten the teeth (80%), while 70% believed they would prevent future unspecified problems and 68% considered they would improve self-confidence. More than half the patients considered their appearance would be improved, but only 19% did it to improve their social life, and 13% thought it would improve speech. Until they were referred to an orthodontist, 5% did not think they had a problem.

After surgery, 36% wore appliances longer than they had expected, and 58% had difficulty cleaning their teeth, 35% felt self-conscious, 23% were surprised at the need for retainers, and 9% found appliances very painful. The authors conclude that more pre-treatment advice might be helpful, and that the opportunity to meet patients who had undergone treatment would be welcome.

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## IMPLANT DENTISTRY

### Implant-prosthetic treatment for special care patients: a case-series study

Öczakir C, Balmer S *et al. Int J Prosthodont* 2005; **18**: 383-389

In patients with physical and mental disabilities with a good maintenance programme, implant prostheses were satisfactory.

Over a period of 12 yrs, a variety of patients with special needs were treated in a Swiss clinic. These included cleft lip and palate (8), Down syndrome (3), Sjögren syndrome and scleroderma, ectodermal dysplasia, and several other conditions. Subjects had to satisfy several inclusion criteria including that of communication.

In 24 patients, 103 implants were placed, with 3 complete fixed prostheses, 8 single crowns or fixed partial prostheses, and 23 removable partial dentures or overdentures. Cumulative survival rate of implants was calculated as 93% at 5 yrs. There were a few special complications related to patients' conditions and compliance. The authors note that continuous professional support is an important factor in success.

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