



## digest

### These short summaries are taken from a range of other evidence-based journals and publications

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### Treatments for recurrent aphthous ulceration

*Clinical Evidence* Issue 4 Dec. 2000; p 746–752

Porter S, Scully C. Oral Health. Aphthous ulcers: recurrent.

This review in the oral health section of *Clinical Evidence* looks at the treatments available for recurrent aphthous ulcers (RAU). The prevalence of RAU may be 5–10% in some groups of children, but the causes of the ulcers remain unknown. Associations with haematinic deficiency, infections, gluten-sensitive enteropathy, food sensitivities and psychological stress have rarely been confirmed. Similar ulcers are seen in Behçet's syndrome.

Eighty per cent of RAU sufferers develop a few ulcers of less than 1 cm in diameter which heal within 5–14 days without scarring (minor aphthous ulceration). Typically episodes recur after an interval of 1–4 months. One in 10 sufferers, however, have the more severe form (major aphthous ulceration) with lesions larger than 1 cm. These may recur after a shorter interval and can cause scarring. A similar proportion (1 in 10) with such recurrent ulceration may have multiple minute ulcers (herpetiform ulceration).

Carefully structured reviews of the literature carried out for clinical evidence have identified randomised controlled trials (RCTs) showing that chlorhexidine is likely to be beneficial to patients, with reductions in severity and duration, but no effect on recurrence rates. Nine small RCTs found no consistent effect of topical corticosteroids on the incidence of new ulcers compared with control preparations. Evidence that topical corticosteroids may reduce duration of ulcers and hasten pain relief without causing notable local or systemic adverse effects is weak. RCTs also provide no evidence of benefit from hexidine mouthwash or from a proprietary antiseptic mouthwash compared with controls.

### Antibiotics for acute maxillary sinusitis

*Cochrane Review*. The Cochrane Library 2000; issue 3.

Williams Jr JW, Aguilar C, Makela M, Cornell J, Holleman DR, Chiquette E, Simel DL. Antibiotics for acute maxillary sinusitis. *Cochrane Review*. In the Cochrane Library. Oxford: Update Software.

This Cochrane Review compared antibiotic treatment and controls, or compared the effect of treatment with antibiotics from different classes for treatment of acute maxillary sinusitis, in 32 randomised-controlled trials that met the selection criteria. Only five trials described adequate allocation and concealment procedures; 10 were double-blind.

Compared with controls penicillin improved clinical cures [relative risk (RR), 1.72; 95% confidence intervals (CI), 1.00–2.96]. Treatment with amoxicillin, however, did not significantly improve cure rates (RR, 2.06; 95% CI, 0.65–6.53), although there was significant variability between studies. Radiographic outcomes were improved by antibiotic treatment. Comparisons between classes of antibiotics showed no significant differences:

- newer non-penicillins versus penicillins (RR for cure, 1.07; 95% CI, 0.99–1.17);
- newer non-penicillins versus amoxicillin–clavulanate (RR for cure, 1.01; 95% CI; 0.97–1.04).

Compared with amoxicillin–clavulanate, dropouts due to adverse effects were significantly lower for cephalosporin antibiotics. Relapse rates within 1 month of successful therapy were 5%.

Overall the authors concluded that for acute maxillary sinusitis, confirmed radiographically or by aspiration, current evidence is limited but supports the use of penicillin or amoxicillin for 7–14 days. Clinicians should weigh the moderate benefits of antibiotic treatment against the potential for adverse effects.

### HRT and tooth loss

*Electronic Bandolier* (<http://www.jr2.ox.ac.uk/bandolier/band83/b83-4.html>) 2001; 83:4

Allen IE, Monroe M, Connelly J, Cintron R, Ross SD. Effect of postmenopausal hormone replacement therapy on dental outcomes: systematic reviews of the literature and pharmacoeconomic analysis. *Managed Care Interface* 2000; 13:93–99.

This systematic review pulls together several links in the chain of evidence linking tooth loss and hormone replacement