

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Risk prediction models and periodontal treatment

Raittio E, Lopez R, Baelum V. Contesting the conventional wisdom of periodontal risk assessment. *Community Dent Oral Epidemiol* 2024; DOI: 10.1111/cdoe.12942.

Personalised advice should be enough.

Risk expresses the probability that change between two states (eg health to disease) will occur over time. In periodontal risk studies, the concepts of both probability and time are usually overlooked. Here, the authors question both the value and ethics of the use of risk prediction models and assessment tools in periodontal therapy. They argue that:

- Risk prediction models lack proper development and evaluation and have been commercialised since inception
- There are no studies of the impact on outcomes of informing the patient of risk prediction
- Risk prediction gives no information about causation
- The unethical use of labelling patients as ‘very high risk’ as a motivational tool for behaviour change or commercial gain. Motivational communication needs to be personalised, respectful and informative.

The authors conclude that effective periodontal care depends on providing the patient with individual, locally validated, regularly updated predictions of personal risks (age, smoking etc) for which ‘a simple conversation may be sufficient for most clinical encounters’

<https://doi.org/10.1038/s41415-024-7228-8>

Ameloblastoma

Liu W, Zheng C, Zhang X, Hu H. Recurrence and malignant risk of ameloblastoma: A demographic study of 1626 cases from east China. *Oral Oncol* 2024; **148**: 106651.

Greater risk of maxillary tumours being malignant.

Ameloblastoma commonly presents as a slow growing swelling, causing bone destruction and tooth mobility. Of the three subtypes – conventional (solid, multicystic), unicystic and extraosseous – conventional ameloblastoma is the most common and frequently recurs even after radical surgery. Ameloblastoma can progress to ameloblastic carcinoma (AC).

The records (n = 1626) of patients with a diagnosis of ameloblastoma (conventional 79.6%; unicystic 19.6%; peripheral 0.7%) from a single hospital over a 17-year period were retrieved. Demographics were similar to previous reports in different geographic locations, with the mandible of young male patients being most frequently affected and recurrence rate (n = 279; 17.2%) also in line with previous results. Second and third recurrences after periods of around two years were not uncommon. Incidence of malignancy was 3.4%. Statistically significant increased risk of malignancy (AC) was associated with those aged >45 years, male, with ameloblastoma in the maxilla and recurrent tumours.

<https://doi.org/10.1038/s41415-024-7230-1>

El ratón de los Dientes, la Petite Souris, Topino...

Parsons C L, Mountain R V, Jacobsson K, Bidlack F B, Lehmann L S, Dunn E C. Cultural diversity of traditions for the disposal of exfoliated teeth: Implications for researchers. *Community Dent Oral Epidemiol* 2024; DOI: 10.1111/cdoe.12928.

Worldwide tooth collectors.

Exfoliated deciduous teeth are a useful research resource because they preserve a permanent record of early life experiences, including disease, malnutrition and exposure to environmental toxicants.

This literature review found 74 different traditions of disposing of exfoliated teeth, which were allocated to seven major themes:

- Giving teeth to the tooth fairy – often in exchange for a monetary gift
- Giving teeth to mouse figures – often in exchange for a monetary gift
- Throwing teeth – often in specific directions
- Hiding or keeping the tooth – as mementoes
- Burying teeth – sometimes with an ancestor
- Giving teeth to animals – wishing that the animal will bring a new tooth
- Eating the tooth – crushed and consumed by the mother.

An understanding of the cultural differences in the disposal of deciduous teeth should help researchers using teeth as biospecimens to obtain more diverse samples, allowing a greater generalisability of findings.

<https://doi.org/10.1038/s41415-024-7229-7>

Temporomandibular disease

Yap A U, Dewi N L, Marpaung C. Comorbidities between temporomandibular disorders and somatization in young adults: Exploring links with personality, emotional, and sleep disturbances. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2024; DOI: 10.1016/j.o000.2024.01.017.

CBT and mindfulness therapy may be beneficial.

Temporomandibular joint disease (TMD) and somatisation have been related to sleep disturbances and personality traits such as neuroticism. Using validated surveys to ascertain TMD, health, depression and anxiety and sleep disorders, 365 participants (mean age 22.5 years; 85.8% female) submitted completed responses. Of those with TMD, 40.3% exhibited somatisation. Of those without TMD, 19.5% exhibited somatisation. Irrespective of the presence of TMD, those with somatisation exhibited worse sleep quality and reported greater anxiety and stress than those without somatisation.

The authors suggest that TMDs are ‘a form of functional/somatic sensitisation syndromes and explain the high frequencies of concomitant chronic pain conditions in TMD patients’ and that ‘sleep impairments associated with TMD are influenced largely by somatisation and emotional disturbances.’

<https://doi.org/10.1038/s41415-024-7231-0>