

# 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 John R. Radford.

## DENTURE STOMATITIS

### Biofilm microbial communities of denture stomatitis

Campos MS, Marchini L *et al.* *Oral Microbiol Immunol* 2008; **23**: 419-424

#### Oral biofilms in those with denture stomatitis are different from those who are healthy.

Using a cultural-independent method (polymerase chain reaction amplification and sequences compared to the GeneBank database), pooled denture biofilm samples were characterised from ten subjects who wore dentures with no stomatitis and ten others with Newton stage II denture stomatitis. Of those phylotypes that could be represented, the proportions of the genera *Streptococcus*, *Veillonella*, *Atopobium* and *Prevotella* differed between those subjects who were healthy and those with stomatitis. In contrast to a previously reported cultural study, there was greater fungal diversity (*Candida albicans*, *Candida glabrata* and *Candida tropicalis*) in the biofilms of those who were healthy. The authors were not able to establish 'a direct cause and effect relationship between this fungus (*C. albicans*) and denture stomatitis'.

DOI: 10.1038/sj.bdj.2008.1141

## TWO-WEEK RULE

### The 2-week rule for suspected head and neck cancer in the United Kingdom: referral patterns, diagnostic efficacy of the guidelines and compliance

McKie C, Ahmad UA *et al.* *Oral Oncol* 2008; **44**: 851-856

#### Present referral guidelines for head and neck cancer should be re-fined.

This retrospective audit carried out on patients with suspected head and neck cancer (n = 1,079) between January 2004 and December 2006, showed that over 97% were seen by a specialist within 2 weeks of referral. Only 71.5% of these patients complied with Department of Health referral guidelines for suspected head and neck cancer. In addition, these guidelines 'contributed only 21.4% (of total cancers diagnosed)' and, furthermore, did not identify early stage disease. The authors argue that if hoarseness, the criterion that comprises the largest number of referrals, 'was modified to include only smokers and ex-smokers, 47.7% of these referrals could be avoided' with, in this study, no cancers missed. Regardless as to whether or not the guidelines were met, only 10.9% of those referred were diagnosed with cancer.

DOI: 10.1038/sj.bdj.2008.1142

## BALANCING RIGHTS

### Dentistry and the ethics of infection

Shaw D. *J Med Ethics* 2008; **34**: 184-187

#### '...current DH guidelines are unethical, and should be changed'.

This area abounds with paradoxes. For example, the author points out '...the definition (of an Exposure Prone Procedure - EPP) applied to dentistry is the same as that for a cardiac surgeon...'. In addition, if dental practitioners are infected with Hepatitis B and have low viral loads, they can carry out EPPs, yet if they are HIV positive and work in the UK, they must cease practice. It is argued that a 'reasonable protocol would temporarily oblige a dentist to refrain from EPPs until their HIV is under control' as indeed is the practice in certain states in the USA. When it comes to the eligibility of dental students to embark on their undergraduate programme, of those 4 UK dental schools that replied following contact, all screened for HBV, HCV and tuberculosis and three for HIV. It is argued forcefully, that the exclusion of dental students based on their blood-borne virus status is unethical, as long as the student poses no risk to the public.

DOI: 10.1038/sj.bdj.2008.1143

## IMPLANT PLACEMENT

### Implant planning and placement using optical scanning and cone beam CT technology

van der Zel J M. *J Prosthodont* 2008; **17**: 476-481

#### Another surgical guide to ensure predictable implant placement.

A surgical guide should 1) guarantee that an implant is ideally positioned, 2) take into account the soft tissues that overlie the recipient bed, and 3) ensure that there is sufficient vertical space to accommodate the reconstruction. The surgical guide that is described in this paper fulfils these criteria. The method of fabrication involves forming, on a gypsum cast, a polyvinylacetate template containing radio opaque markers, which is used in both the scanning and imaging procedures. The cast is then optically scanned in order to map the mucosal surface, and a replica of the opposing teeth to establish the amount of vertical space. The recipient site, is imaged using a cone-beam CT scanner. A virtual implant is then selected by reference to the bone scan, the mucosal surface and opposing teeth, all combined in one 3D view. Finally, customised guides, are fabricated to accommodate the surgical drills.

DOI: 10.1038/sj.bdj.2008.1144