

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.

'DESQUAMATIVE GINGIVITIS'

Plaque control improves the painful symptoms of oral lichen planus gingival lesions. A short-term study

Salgado DS, Jeremias F *et al.* *J Oral Pathol Med* 2013; **42**: 728–732

This study supports recommendations (www.bsom.org.uk/LP_guidelines_-_BSOM.pdf) that plaque control has a role in management of patients with oral lichen planus of the gingiva.

Oral lichen planus (OLP) of the gingiva (within the umbrella of desquamative gingivitis), was managed historically by the ubiquitous oral hygiene. On what was this based? This study recruited 20 patients with OLP of the gingiva. This diagnosis was confirmed by histopathology. Each patient received oral prophylaxis and then weekly professional plaque removal including instruction in home oral care. For up to 30 days, patients were evaluated with regard to clinical features (Index of Escudier *et al.*), painful symptoms (using a visual analog scale) and some conventional periodontal indices. Both an improvement in clinical features and a decrease in painful symptoms were associated with a reduction in the periodontal indices. The investigators were equivocal as to whether or not the dental plaque microbiome may exacerbate the severity of OLP of the gingiva, or if this condition, that is invariable atrophic or ulcerative, compromises effective home oral care.

DOI: 10.1038/sj.bdj.2014.221

BIOCOMPATIBLE OR AN ALLERGEN

Titanium allergy: fact or fiction?

Campbell S, Crean St J *et al.* *Faculty Dent J* 2014; **5**: 18–25

Allergy to titanium may be a cause of implant failure.

Levels of titanium in tissue may increase from 50 ppm to 100–300 ppm following placement of a dental implant. Those implants manufactured using grade 4 CPTi have the highest proportion of oxygen and iron and are therefore more likely to undergo corrosion, thereby invoking an immune response. Signs and symptoms of allergy to titanium dental implants include facial eczema and painful mucositis of the peri-implant tissues. Interestingly, oral lichen planus is only rarely associated with titanium sensitivity, in contrast to that observed with amalgam restorations. In one study reporting on 56 patients with clinical signs of allergy: 1) over one third tested positive for sensitivity to titanium, 2) almost 60% suffered an immune reaction to contaminating metals such as nickel, and 3) in the 54 patients that had their implants removed, all symptoms and signs resolved with 6–9 months. Despite patch testing not being validated for oral allergies, the authors suggest that those patients with 'a positive history of metal allergy, and those patients who have previously suffered failed implants' should be patch tested.

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COMPLICATIONS WITH IMPLANT PLACEMENT

Hemorrhage secondary to interforaminal implant surgery: anatomical considerations and report of a case

Sakka S, Krenkel C. *J Oral Implantol* 2013; **39**: 603–607

Vigilance when placing implants in the anterior sextant of the mandible

This report adds yet another reminder to the implant dentist about the risk of damaging the sublingual artery, or possibly endosseous arterial branches, during the placement of implants in the mandibular anterior sextant. The authors describe the treatment of a patient that resulted in bleeding after an alveolar crestal incision. The bleeding was controlled by electrical cauterisation. It is noted in this case report, in an attempt to avoid sublingual bleeds, that distraction osteogenesis (Mono-Endo Distractor Krenkel®) was employed to augment bone vertically. The authors state that patients with extensive sublingual hematomas should be referred immediately to secondary care for treatment that may include endotracheal intubation. Others, however, have suggested that because such haemorrhages are superior to the mylohyoid muscle, there is 'little risk of serious morbidity'. This is in contrast to bleeding in the submandibular space which is life-threatening. The diagnostic application of CBCT is advised pre-operatively although again this has been challenged.

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BENEFICENCE/NON-MALEFICENCE

Are upper labial frenectomies in children aged 11 and under appropriate? Is it time to change practice and agree guidelines?

Al-Najjim A, Sen P. *Faculty Dent J* 2014; **5**: 14–17

The authors urge the development of a national consensus for a clear guideline as to the indications for an upper labial frenectomy.

The blanch test ('blanching of the papilla when the upper lip is pulled', with possible pain), a persistent diastema and associated prominent frenum after canine tooth eruption, when oral home care is compromised by the frenum, sub-optimal dental aesthetics and even hurtful teasing have been trotted out by generations of dental students as indications for frenectomy. In this audit of 41 patients who received upper labial frenectomies at the Norfolk and Norwich University Hospital over a five year period: 1) 73% of patients were aged between 12–16 years, 2) 81% were female, 3) 59% received frenectomies for orthodontic reasons, and 4) one quarter for aesthetic reasons. No outcomes were given. There would appear to be little evidence for, but then there is no evidence against a frenectomy.

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