SUMMARIES abstracts

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

Oral medicine

Oral findings in three different groups of immunocompromised patients

Meyer U, Kleinheinz J et al. J Oral Pathol Med 2000; 29: 153-158

Lesions were commoner in immunosuppression and there were minor differences in particular forms of it.

There has been an increase in immunosuppressive conditions over the last 10 years, partly from conditions such as HIV infection, and partly from effects of treatment of tumours and organ transplants. In this study of patients attending a German hospital over a 12-month period, comparisons of oral lesions were made between 46 patients with systemic lupus erythematosus (SLE), 53 with acute leukaemias (25 lymphatic: ALL; and 28 myeloid: AML), 48 heart transplant recipients (HT) and 50 healthy controls (C).

In these 5 groups, prevalence of oral lesions was respectively 48%, 80%, 42%, 40% and 26%. Lesions in immunocompromised subjects included erythema, ulceration, gingival overgrowth (mostly in HTR who were all on cyclosporin; none in ALL, a few in SLE and AML), aphthae (only in SLE), and haemorrhage (none in ALL). All types of lesion were found in low prevalence in C subjects. Caries scores (DMFT) were similar, but there was an increase in periodontal indices in leukaemia patients: this was not related to age, but did relate to increased plaque, and the authors ascribed it to greater difficulties in oral hygiene on account of the systemic condition.

Dental public health; oral medicine

Predictors of tobacco and alcohol consumption and their relevance to oral cancer control amongst people from minority ethnic communities in the South Thames health region, England

Khan FA, Robinson PG et al. J Oral Pathol Med 2000; 29: 214-219

Asian groups have a high prevalence of smokeless tobacco use, Black-Caribbeans have a high prevalence of alcohol use; and within ethnic minorities, certain subgroups may be at greater risk.

Tobacco and alcohol are major risk factors for oropharyngeal cancers. By contact with a number of organizations and community groups, 1113 people were recruited for this study and self-classified into 6 ethnic minorities: Bangladeshi (n = 103), Black-African (142), Black-Caribbean (162), Chinese/Vietnamese (169), Indian (239) and Pakistani (148). Subjects recording other ethnic groups were excluded from the analysis. Most participants were born outside the UK.

In all ethnic groups, men were more likely to smoke tobacco, and smokers were more likely to be younger in the Black-African group. In this group, those educated beyond 16 yrs age were more likely to consume alcohol; so were the Indian people who were male, employed or born in the UK, Black-Caribbeans who were employed, and Chinese/Vietnamese who were male. Chewing tobacco-containing products was less likely in UK-born Pakistanis

and more educated Bangladeshis, and more likely in better-educated Indians. The authors discuss ways in which health advice can be targeted most appropriately.

Implant dentistry; prosthodontics

Implant-supported mandibular overdentures retained with ball or bar attachments: a randomized prospective 5-year study

Gotfredsen K, Holm B Int J Prosthodont 2000; 13: 125-130

Implant health was similar, but the bars had more technical complications.

In 26 edentulous patients (21 female, 5 male, age 52–78 yrs, 14 non-smokers), 2 Astra dental implants were placed in the canine regions of the mandible. Patients had been edentulous for at least 5 years, and were experiencing significant mandibular denture retention problems.

By drawing lots, 11 patients were randomly allocated to a bar attachment, and 15 to ball attachments, on which complete lower dentures were supported. Patients were recalled for hygiene maintenance 3-monthly, and were examined twice annually, except for one who died 2 months before the 5-year appointment.

One implant was lost and replaced before overdenture provision, but no others were lost. A high level of plaque control was maintained. In 3 patients, peri-implant gingival overgrowth was surgically removed. In the ball group, patients experienced a mean of 0.6 complications per year, and in the bar group, 1.0. The commonest problem in both groups was deactivation of the prosthesis attachment.

Cariology

Evaluation of Carisolv for the chemomechanical removal of primary root caries *in vivo*

Fure S, Lingström P et al. Caries Res 2000; 34: 275-280

This may be a more acceptable way of removing root caries than using a drill.

The chemical tested in this study had a hypothesized greater effect on caries than previous systems, and a new blunt instrument was used to remove the softened tissue. In the trial, 38 patients with 60 root caries lesions were treated. Teeth involved were mainly incisors and canines in the maxilla, and premolars and molars in the mandible.

The caries solvent was applied to 34 randomly selected lesions, and rotary drilling was used for 26 others. Presence of caries was judged by an independent examiner with a probe. Cavities were restored with composite or polyalkenoate cement. The mean size of lesions was about 4 mm and size and consistency was similar for both groups.

Patients considered the caries solvent treatment to be more comfortable than drilling, and there was an overall preference for the former method. Treatment time was longer for the solvent than for drilling (mean 5.9 v. 4.5 min), and one cavity was not caries-free after drilling. After 1 year, 55 teeth were re-examined and found to be vital, 2 restorations had been lost in each group, and secondary caries was found in one tooth which had been drilled.