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Oral medicine

The oral manifestations of chronic graft-versus-host disease (cGVHD) in paediatric allogeneic bone marrow transplant recipients

Nicolatou-Galitis O, Kitra V et al.
J Oral Pathol Med 2001; 30: 148-153

Oral findings may be of use in early diagnosis of cGVHD.

In cGVHD, which may occur 3–15 months after allogeneic bone marrow grafting, donor lymphocytes derange the host immune function and make a cytotoxic attack on host tissues. In a Greek hospital, 90 graft patients were examined over a 2 year period, and 11 subjects aged 18 months to 15 yrs were found with possible cGVHD. However, in 3 of these, the oral mucosa appeared normal, and their systemic manifestations were later attributed to drug reactions.

In 3 children, there was oral pain and dysphagia, and 2 had experienced mucosal vesicles which soon burst without discomfort. In 4 children, there was an oral lichenoid reaction, and in 2 there was ulceration. Superficial mucocoeles and faint striae were seen in 2 other subjects, and mucocoeles alone in another. Xerostomia was apparent in 7 patients.

Lip biopsy in 7 children confirmed cGVHD, while an 8th child had severe thrombocytopenia, and no biopsy was performed. Histological findings included inflammatory infiltrates, degeneration and fibrosis, and in 2 subjects there were cystically dilated salivary ducts. The authors consider that oral signs have high diagnostic value for cGVHD, and suggest that superficial mucocoeles are a significant early sign.

Implant dentistry

Osseointegrated implants in a patient with Papillon-Lefèvre syndrome. A 4fi-year follow-up.

Ullbro C, Crossner C-G et al.
J Clin Periodontol 2000; 27: 951-954

In a patient who had lost all teeth through this disorder at an early age, conventional implant treatment proved satisfactory.

Papillon-Lefèvre syndrome is a rare autosomal recessive disorder incorporating an aggressive periodontitis which usually resists conventional periodontal treatment. Both primary and permanent dentitions are affected.

This report describes a female Saudi patient who had lost all teeth and much alveolar bone by age 18, and then wore complete dentures for 7 years. At this point, 5 implants were placed in the mandible, and following abutment surgery 3 months later, a cast gold bridge was made, with a new complete denture for the maxilla.

The patient lived a long distance from the treatment clinic, and

was only seen every 2 years. At 4fi years, genetic probes showed 9 out of 12 common oral bacteria were present around implants in moderate quantities. *Actinobacillus actinomycetemcomitans*, *Porphyromonas gingivalis* and *Campylobacter rectus* were the exceptions. All implants were successfully osseointegrated. There was moderate gingival hyperplasia around one implant, but otherwise no clinical abnormalities.

Orthognathic surgery

Open bite: stability after bimaxillary surgery — 2-year treatment outcomes in 58 patients

Fischer K, von Konow L et al.
Eur J Orthod 2000; 22: 711-718

Patients who had least maxillo-mandibular fixation (MMF) had the stablest results.

In a Swedish hospital, 58 patients with open bite in combination with mandibular retrognathism were treated with Le Fort I osteotomy and sagittal ramus osteotomy, and in 19 cases segmental maxillary osteotomies were also used. After adjustment of maxillary position, fixation was with a splint and intraosseous wiring or plates with screws. Mandibular surgery was bilateral sagittal split osteotomy with wiring or screw fixation. MMF was from 0 to >8 wks.

Subjects were followed up for 2 years, and there was a significant correlation between vertical changes at surgery and relapse ($r = 0.6$). Over the period, the maxilla remained unchanged and the mandible tended to rotate posteriorly by a mean of 1.4°. Overjet reduced from a mean of 8.4 mm preoperatively to 3.9 mm at 2 yrs, and overbite from -0.8 mm to 0.8 mm. The most stable postoperative results were in those who had MMF for 0–3 wks only.

Eating disorders

Case report. A swallowed toothbrush

Faust J, Schreiner O

Lancet 2001; 357: 1014

Toothbrush swallowing is a rare occasional event in bulimia nervosa.

A 27 year-old female attended a German A&E department, complaining of swallowing her toothbrush as a result of slipping on a wet floor. She had no other signs or symptoms and body weight was normal. The toothbrush had been ingested handle first, which did not appear compatible with the patient's story. The toothbrush was retrieved by endoscopy. On subsequent questioning, the patient said she had been trying to induce vomiting with the brush, and admitted to a similar event a year before, when the underlying disorder was not diagnosed. She refused psychiatric treatment.

The authors noted there were some 40 similar cases in the literature on bulimia, mostly in females aged 15–23 yrs, and that spontaneous passage has not been reported. They recommend prompt endoscopy for such cases, to avoid complications such as pressure necrosis and perforation, and state that finding an unusual foreign body in the oesophagus or stomach should arouse suspicions of bulimia nervosa.