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ONCOLOGY

Factors associated with diagnostic delay of oral squamous cell carcinoma

Onizawa K, Nishihara K *et al.* *Oral Oncol* 2003; **39**: 781-788

From the first symptom or sign, it took up to 63 months to arrive at definitive diagnosis in a group of 147 patients.

Early diagnosis is often delayed by a variety of problems. These authors identified 4 stages in the customary Japanese system: from onset of the patient's complaint to visiting a clinician; from that visit to receipt of a referral letter by the *patient*; from letter receipt to visiting a specialist institution; and from the visit to definitive diagnosis. Steps 1 and 3 depend on the patient, and 2 and 4 on professionals.

In a group of 152 patients referred to a Japanese clinic, 5 were excluded from study because professionals had identified asymptomatic lesions, and 8 with a referral letter of unknown date, from steps 2 and 3. Median durations for each step in sequence were: 1.6 months (range 0-60), 6 dys (0-240), 2 dys (0-28) and 6 dys (0-213); for the whole process it was 2.7 months (0.4-63).

No characteristic was significantly associated with patient delay. Step 2 delay was associated with: referral by doctors other than physicians, referral by dentists, and T1 tumours; step 4 delay, with N0 tumours. The authors recommend education of patients and professionals.

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DENTAL PUBLIC HEALTH; CARIOLOGY

Ten-year incidence of tooth loss and dental caries in elderly Swedish individuals

Fure S. *Caries Res* 2003; **37**: 462-469

Caries was the major reason for tooth extraction.

In 1987, random samples of 150 Göteborg residents were selected from 3 age groups: 55, 65 and 75 yrs. Dentate subjects only were examined: 88, 72 and 48 subjects in the respective groups. In 1997, 56, 37 and 9 subjects were examined in the 3 groups, and a new sample of 98 55-yr-olds.

Over the 10 years, 131 teeth were lost, in about half the subjects examined. More teeth were lost in men than women; more were lost in the upper jaw, and most were posterior teeth. Caries and sequelae accounted for 60% of tooth loss, and periodontitis for 35%. Mean DFS increments were: coronal, 4.8, root caries, 7.1.

In the 3 age groups compared over the 10 yrs, both coronal and root caries had decreased. The authors comment that these elderly persons were increasingly determined to retain their teeth, but caries required more preventive measures.

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DENTAL ANXIETY; PAEDIATRIC DENTISTRY

Treatment outcome in uncooperative child dental patients: an exploratory study

Arnrup K, Broberg AG *et al.* *Int J Paediatr Dent* 2003; **13**: 304-319

Behaviour management techniques, with sedation if needed, were effective in treating 90% of a group of patients.

Behaviour problems are a frequent reason for referral to a paediatric dentist, and do not always result from fear and anxiety. In this study, 81 uncooperative patients aged 4-12 yrs referred to the paediatric dental clinic in a Swedish county were treated by experienced specialists. Parents answered a questionnaire, and dentists assessed child behaviour in relation to treatment.

Children were classified as: fearful, extrovert, outgoing (FEO: n = 20), fearful, inhibited (FI: 17), externalizing, impulsive (EI: 10) and as not fearful, extrovert, outgoing (NFEO: 34). Parental fear and stress were greatest in the FEO group. Parental locus of control was lowest in the EI group, who also had the highest level of social interaction problems. Treatment was permanently discontinued for 4 NFEO children and 1 FEO child, and 2 EI children were referred for GA treatment. The authors give some recommendations regarding management.

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IMPLANT DENTISTRY

Five-year clinical, microbiological and radiological outcome following treatment of peri-implantitis in man

Leonhardt Å, Dahlén G *et al.* *J Periodontol* 2003; **74**: 1415-1422

A treatment strategy directed against involved micro-organisms was successful in saving 15 out of 26 implants.

There are various strategies for management of peri-implantitis. The present study used microbiological diagnosis for 9 partially dentate patients (5 smokers) aged 60-77 yrs with one or more peri-implantitis lesions.

Implants were surgically exposed and cleaned with 10% H₂O₂ and granulation tissue was removed. Where black pigmented bacteria were identified, metronidazole was prescribed; other organisms were treated with systemic antimicrobials according to susceptibility tests. Pathogens were identified in 19 sites.

In 5 yrs' follow-up, 6 implants were lost in 3 smokers and 1 in a nonsmoker; there were various small gains and losses of bone around threads. By the final examination, 10 sites had pathogenic organisms present.

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