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MAXILLOFACIAL SURGERY; BEHAVIOURAL SCIENCE

Perceptions of recovery and satisfaction in the short term after orthognathic surgery

Phillips C, Kiyak H A *et al.* *J Oral Maxillofac Surg* 2004; **62**: 535–544.

Presenting a treatment simulation did not affect the psychological condition of these patients.

Previous studies suggest that preparation of patients for the psychological effects of orthognathic surgery can affect their expectations. This randomised clinical trial compared the effect of a computerised treatment simulation prior to orthognathic surgery when added to the normal presurgical consultation. At two US centres, 220 patients agreed to participate; 184 completed the presurgical protocol, and 126 completed the four to six week post-surgical data collection.

Most subjects were white (88%) and female (72%). Before surgery, 23% were psychologically distressed and 61% were concerned about interpersonal relations issues; afterwards, respective proportions were similar (20% and 67%). Most patients appeared well prepared for the effect of surgery. About half agreed they had been emotionally prepared for the experience. Higher levels of presurgical distress were associated with more perceived problems afterwards. Those who overestimated their problems reported greater post-surgical satisfaction.

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HEAD AND NECK SURGERY; BEHAVIOURAL SCIENCE

Experience of incorporating a mental health service into patient care after operations for cancers of the head and neck

Wood S, Bisson J. *Br J Oral Maxillofac Surg* 2004; **42**: 149–154.

About one sixth of patients had difficulty with adjusting to their post-operative condition.

The effects of cancer surgery can be significant for many patients. Little is known about the best ways of managing psychological morbidity in cancer patients. This study covered 58 patients in a Welsh hospital who were referred to a mental health liaison nurse after radical surgical procedures including laryngectomy, glossectomy and block dissection of the neck.

Only one patient required psychiatric referral, although the nurse sought psychiatric advice about four others. Two were referred to the community mental health services for follow-up, and 10 patients were seen for more extensive exploration of issues of concern. Staff also needed reassurance about whether some patients were 'normal' especially when they thought patients were in denial. Many patients initially responded to the nurse that they 'were not mad'. The authors consider that routine assessment three months post-operatively might help to detect difficulties of adjustment, and pre-operative assessment might help predict difficulties.

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ORAL SURGERY; PHARMACOLOGY

Tetracycline compound placement to prevent dry socket: a postoperative study of 200 impacted mandibular third molars

Sanchis J M, Sáez U *et al.* *J Oral Maxillofac Surg* 2004; **62**: 587–591

Tetracycline did not affect dry socket incidence.

It has been suggested that tetracycline may prevent dry socket, and research has provided little supporting evidence. In this study, a tetracycline-containing substance was placed postoperatively in the sockets of 100 patients undergoing uncomplicated surgical removal of impacted mandibular third molars. Another group of 100 patients undergoing the same procedure (but with no postoperative tetracycline) was used as controls. It is not stated whether the study involved randomisation. All patients were treated by third year postgraduate students.

There were no differences between the groups in respect of age, gender, smoking, hygiene and the difficulty of surgery. Postoperative pain experience did not differ between groups, nor did analgesic consumption. The incidence of dry socket was 2% (three cases in those receiving tetracycline and one in the controls), and occurred in patients of average age 38 years, whereas the mean age of all patients was 25 years. Dry socket also appeared to relate to surgical difficulty.

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ORAL SURGERY

Marsupialization as a definitive treatment for the odontogenic keratocyst

Pogrel M A, Jordan R C K. *J Oral Maxillofac Surg* 2004; **62**: 651–655.

Marsupialisation appeared to be an effective treatment.

Odontogenic keratocysts (OKC) have a well-known tendency to recur. Because of this, enucleation has usually been recommended, with excision of a satisfactory margin. However, there is no experimental evidence to reject marsupialisation as definitive treatment. In this study, six males and four females aged 11–64 with biopsy-proven OKC were treated this way. Cases were selected where it was inadvisable to perform more aggressive treatment.

In all 10 cases, OKCs resolved completely radiographically and clinically in 7–19 months. Follow-up was for a mean 2.8 yrs (range 1.8–4.8 yrs). Involved teeth also uprighted themselves and erupted. Histological samples after marsupialisation all showed normal epithelium without cystic remnants, daughter cysts or epithelial basal layer budding. Also, whereas initial biopsies showed expression of bcl-2 protein (an antiapoptotic protein consistently expressed in OKC basal cells but not in other cysts), this was not the case for any post-marsupialisation biopsies. The authors point out that this treatment requires co-operative patients, who will irrigate the cyst regularly and keep their follow-up appointments.

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