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## IMPLANT DENTISTRY

### Long-term implant survival in the grafted maxilla: results of a 12-year retrospective study

Yerit KC, Posch M *et al.* *J Clin Oral Impl Res* 2004; **15**: 693–699

Five-year implant survival was 89% for immediate insertion into grafts, and 95% for a 2-stage procedure.

In 36 patients with severe maxillary alveolar atrophy, horseshoe Le Fort I osteotomy was performed with iliac crest graft interposition. In 12 patients, 100 implants were placed at the same operation (Group A), and in another 23 patients, 224 implants were placed 6–9 months later (Group B). Implant-supported overdentures were provided for all patients.

In Group A, patients were monitored for a mean 109 months (range 61–141), and in Group B, for 60 months (0.5–136). Group A 2-year failure-free rate was 96%, and Group B, 95%; respective 5-year rates were 97% and 91% (between group  $P = 0.57$ ). In Group A, 14 implants were lost in 6 patients, and in Group B, 15 in 11. Eight implants were lost at the stage 2 surgery through failure of osseointegration, and the remaining 21 were lost between 1 and 9 yrs after implantation for a variety of reasons.

There were minor complications of sinusitis in 3 patients, one of them 6 years after surgery. Subsequently, 26 patients answered a questionnaire; all were satisfied with the procedure, with a few minor complaints.

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## ORAL MEDICINE

### Vulnerability and presenting symptoms in burning mouth syndrome

Lamey P-J, Freeman R *et al.* *Oral Surg* 2005; **99**: 48–54

There was an association between certain adverse life experiences and burning mouth syndrome (BMS) later.

BMS has links to both physical and psychological conditions, and this study investigated early and past life experiences in 84 BMS patients and 73 matched control subjects, in hospitals in Belfast, London and Dallas. Subjects were asked about experiences of loss and separation, parental depression and BMS experience, bereavement and employment. Male and female subjects were also asked about respective factors relating to sexual experience.

BMS and control patients differed in a variety of medical and dental problems, the former having significantly greater experience in all cases. More BMS patients were also prescribed tranquilisers and hypnotics. Out of a variety of life experiences, more BMS patients had mothers who were depressed when they were children, and more also had recent bereavements. The authors suggest a possible scenario whereby some life events may lead to recurrent gastrointestinal problems and BMS.

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## MAXILLOFACIAL SURGERY

### A randomized controlled trial of resorbable versus titanium fixation for orthognathic surgery

Cheung LK, Chow LK *et al.* *Oral Surg* 2004; **98**: 386–397

Resorbable and titanium fixation gave similar outcomes.

Retrospective studies have recorded removal rates of up to 40% for plates used in osteotomy and fracture fixation. This was a prospective comparative study: in 30 patients, 87 osteotomies were fixed with 194 plates and 784 screws of titanium; and in another 30 patients, 90 osteotomies were fixed with 165 plates and 658 screws of resorbable polylactide material. Only 2 patients were smokers, both in the titanium group. Mean age was 23 yrs (range 16–39).

During operations, 72 resorbable screws were broken. There were slight differences in the time taken to place screws in different procedures. There were no differences in wound discomfort scores, clinical stability and palpability of screws and plates. There were 12 drop-outs at 1 yr, and 17 at 2 yrs. In the titanium group, dehiscence occurred in 3 patients in postoperative week 2, early infection developed in 3 patients, and 3 plates were removed; respective results in the polylactide group were: dehiscence in 2 patients at week 2 and 3 months, later infection in 3 patients, and 3 plates removed (all differences NS).

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## ORAL PATHOLOGY; DENTAL MATERIALS

### Healing of oral lichenoid lesions after replacing amalgam restorations: a systematic review

Issa Y, Brunton PA *et al.* *Oral Surg* 2004; **98**: 553–565

Lesions close to amalgam had greatest resolution.

Diagnosis of oral lichenoid lesions (OLL) and whether adjacent amalgam restorations should be replaced are controversial matters. This review identified no RCTs or CCTs, and therefore included 19 cohort studies and 5 case control studies on a total of 1,158 patients, mostly in Scandinavia.

The studies were judged of varying quality; for instance, in only 8 studies were +ve patch tests required before adjacent amalgams were replaced. Altogether, 512 patients had improvement or healing of OLLs after amalgam replacement. Greatest improvement after replacement was noted when lesions were in close contact with amalgam, varying from 45% to 77% of patients.

The authors suggest that patch testing may have limited value as an indicator for amalgam replacement and a predictor of its outcome, and also that amalgam restoration components other than mercury (silver, tin, zinc etc.) should be examined for their effects.

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