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ONCOLOGY

Patient and tumour factors associated with advanced carcinomas of the head and neck

Tromp DM, Brouha XDR *et al Oral Oncol* 2005; **41**: 313–319

Patients who were less concerned about speedy diagnosis seemed to be more likely to be diagnosed with an advanced tumour.

This study in a Dutch hospital included 306 patients aged 34–89 yrs (mean 62) and newly diagnosed with squamous cell carcinoma of the larynx (117), pharynx (55) or oral cavity (134). In 207 cases the tumours were staged as T1 or T2, and in 99, as T3 or T4. Delay was assessed from initial symptoms to presentation (patient delay), from GP presentation to specialist attendance (referral delay), and from specialist attendance to diagnosis (specialist delay).

In respect of advanced tumour stage at diagnosis, there were no significant odds ratios for gender, age, marital status, education level, employment status, alcohol and tobacco consumption. A multifactorial model gave significant odds ratios for patient delay of 3 months or more (3.47) and for siting in the pharynx (22.9), supraglottis (8.1) or oral cavity (6.5). Patients referred while visiting their GP for another reason were 5 times less likely to have T3 or T4 tumours.

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ORAL SURGERY; HAEMATOLOGY

Preoperative autologous blood donation for oral and maxillofacial surgery: an analysis of 913 patients

Nath A, Pogrel MA *J Oral Maxillofac Surg* 2005; **62**: 347–349

Transfusion needs for oral surgery were overestimated.

To avoid transmitted blood-borne diseases, autologous blood transfusions have become commoner when a transfusion has been anticipated. In a Californian hospital, transfusion needs were evaluated in 569 patients requiring tumour and reconstructive surgery (TRS), 260 undergoing orthognathic surgery (OGS) and 90 having TMJ surgery (TMJS). All patients were given the opportunity of preoperative donation.

Preoperative donations were given by 227 patients. Only 46 of these donations were required at surgery. These constituted 24% of 66 who had TRS and gave preoperative blood, 21% of 126 undergoing OGS, and 11% of 35 having TMJS. An additional transfusion was required by 5 who had TRS and 3 who had OGS. The authors suggest that transfusion needs for most oral surgical procedures are overestimated, and that prediction was better for OGS and TMJS.

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IMPLANT DENTISTRY; NEUROLOGY

Early experience of implant-supported prostheses in patients with neurologic disabilities

Ekfeldt A *Int J Prosthodont* 2005; **18**: 132–138

Strict adherence to a surgical protocol and good follow-up were essential factors for these patients.

In Sweden, there is special provision for the dental care of patients with disabilities who are dependent on nursing care. Some need such care for oral hygiene. In the present study, 14 patients (aged 19–55 yrs, 5 male) with personal carers, living at home or in residential housing, were treated with implants. All subjects had some degree of mental impairment.

Six fixed prostheses were supported by 22 implants in 6 patients, of whom one had a conventional bridge also; in 8 other patients, 9 single tooth implants were provided. Three implants failed before loading, and 2 more after loading for up to 2 yrs. In one Down syndrome patient, 2 implants were lost, one perhaps because of reduced resistance to infection, and another through overloading. The authors suggest that a 2-stage procedure is important to avoid overload in patients with neurological disabilities.

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TRAUMA

Emdogain does not prevent progressive root resorption after replantation of avulsed teeth: a clinical study

Schiøtt M, Andreasen JO *Dent Traumatol* 2005; **21**: 46–50

This enamel matrix derivative (EMD) was unable to prevent or cure ankylosis.

This study was to examine the possibility of regenerating periodontal ligament where it had been damaged during or after trauma. In all cases, extraoral retrograde root treatment was performed on the tooth if it had not already been done.

In 7 patients aged 8.5–17.6 yrs with 16 teeth avulsed and stored extraorally for up to 4.5 hrs (group A), EMD was placed on each prepared root and in the socket, and replantation was performed under LA. In 7 patients with 11 replanted teeth diagnosed with ankylosis (group B), teeth were extracted, ankylosis sites removed, and EMD placed similarly.

In group A, 50% were ankylosed within 2 months, and all within 1 yr. In group B, all teeth were ankylosed within 1 yr. The authors question whether EMD has any role in avulsion injury treatment.

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