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MAXILLOFACIAL SURGERY; ONCOLOGY

Delay in diagnosis and its effect on outcome in head and neck cancer

McGurk M, Chan C *et al.* *Br J Oral Maxillofac Surg* 2005; **43**: 281-284

Some tumours may be silent until relatively advanced.

The stage of disease at presentation is the most significant prognostic factor in head and neck cancer outcome. It is therefore assumed that delay in diagnosis results in reduced survival. This UK study compared a retrospective series of 400 patients seen from 1961 to 1987 at a district general hospital, and a prospective series of 213 patients seen from 1992 to 1999 in a cancer centre.

In both groups, median delay was 3 months. In the retrospective group, 50% of diagnoses were delayed, and in the prospective group, 57%. Respective proportions with advanced disease were 46% and 54%, but there was no correlation in either group between these patients and those with delayed diagnosis. Non-white race and high-grade cancer predicted advanced disease at presentation. The authors discuss why there was no correlation between tumour grade and survival, and conclude that if patients are unaware of the tumour, this could help to explain the time of presentation.

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LOCAL ANAESTHESIA

A prospective, randomized, double-blind comparison of bupivacaine and lidocaine for inferior alveolar nerve blocks

Fernandez C, Reader C *et al.* *Endodon* 2005; **31**: 499-503

Lidocaine produced quicker anaesthesia with a greater degree of success.

Bupivacaine provides anaesthesia of about twice the duration of that with lidocaine in standard doses. This study compared inferior alveolar nerve blocks with the two anaesthetics in 39 subjects. Injections were spaced at least 1 wk apart, and given on the same side of the mouth. Test teeth were I2, P1, P2, M1 and M2.

Pulp testing identified onset of anaesthesia with bupivacaine at a mean 6.53 min, and with lidocaine at 4.89 min ($P = 0.03$). Respective times for duration of numbness were 411 and 192 min, and for return to normal sensation, 493 and 220. For all teeth except M1, lidocaine was more successful. The authors discuss other factors including postoperative pain and analgesic medication, and conclude that lidocaine may be the anaesthetic of choice for endodontic purposes.

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ORAL PATHOLOGY; MAXILLOFACIAL SURGERY

Clinicopathologic study of 24 cases of cherubism

Meng X-M, Yu S-F *et al.* *Int J Oral Maxillofac Surg* 2005; **34**: 350-356

Surgery provided a way of managing this condition.

Cherubism, or familial multilocular cystic disease of the jaws, has been reported both as familial and as sporadic cases. In this study from China, 14 patients in 6 families had a positive family history. Mandibles only were involved in 19 patients, and 4 were affected in both jaws.

There were biochemical variations in some subjects, and the most consistent histopathological finding was an increase in osteoid and new bone matrix in the peripheral region of the fibrotic stroma of patients above 20 yrs. Half of 20 tested patients had eosinophilic perivascular cuffing.

In 11 of 19 patients followed up after receiving surgery, 10 had no further active growth of the lesions. In the remaining patient, who had received surgery 8 times previously for extensive lesions, a 3 phased approach over 3 yrs was successful. In 3 cases, the condition resolved without treatment. The authors discuss the variety of presentations, and other ways in which cherubism has been managed.

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PREVENTIVE DENTISTRY

Eating habits, smoking and toothbrushing in relation to dental caries: a 3-year study in Swedish female teenagers

Bruno-Ambrosius K, Swanholm G *et al.* *Int J Paediatr Dent* 2005; **15**: 190-196

The habit of missing meals, particularly breakfast, was significantly associated with caries.

The role of sugar in caries has been related to the manner in which it is consumed. This study was a 3 year investigation of behaviour in relation to caries, in 162 girls initially aged 12 yrs and receiving regular dental care in a small Swedish town. Caries increased over the period from a mean DMFT of 1.47 to 2.56.

Four odds ratios were significant at the 5% level for caries increment greater than the mean: omitting breakfast (OR = 4.9), omitting dinner (2.8), irregular main meals (3.1) and smoking (4.1). Omitting school lunch, snacking, and omitting toothbrushing did not reach significance.

The authors discuss the possible relationships of smoking and meal omission in relation to caries, and advise that regular meals should be recommended, with an emphasis on breakfast.

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