ABSTRACTS

Abstracts on this page have been chosen and edited by Dr Trevor Watts

ORAL SURGERY

Distal cervical caries in the mandibular second molar: an indication for the prophylactic removal of the third molar?

McArdle LW, Renton TF *Br J Oral Maxillofac Surg* 2005; **44**: 42-45

Early removal of the mandibular third molar (M3) may help prevent distal caries in the second molar (M2) in some circumstances.

NICE guidelines advise against prophylactic M3 removal. However, there may be circumstances when such removal is appropriate, if it can prevent caries on M2. To identify features when caries might be likely, 100 patient records were examined where M3s had been removed because of M2 distal caries.

Altogether, 122 M3s were extracted in patients; in 22 cases, M2 caries had occurred on both sides. All M3s were partially erupted, and in 119 cases, contacted the M2 in the region of the cementoenamel junction. In 110 cases, both premolars and all molars were present in the quadrant. In 80 cases, an upper M3 which could contribute to food packing was present. The authors suggest that the NICE guidelines may be flawed and that future studies should address this question.

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ORAL TRAUMA

Oral and dental complications of intra-oral piercing

Levin L, Zadik Y *et al.* *Dent Traumatol* 2005; **21**: 341-343

Many young patients with oral piercing ornamentation experienced significant complications.

There are numerous well-known adverse effects of body piercing and the ornaments thus attached. In an Israeli dental clinic, 389 of 400 consecutive patients agreed to complete a questionnaire on oral piercing, and underwent dental examination. Mean age was 20 yrs and 54% were male. More than half the subjects were unaware of the potential problems of piercing and ornaments worn therein, and 79 reported current and past piercing ornamentation.

Ornaments had been worn for up to 5 yrs. About half of those pierced had experienced significant swelling and half, significant bleeding. Tongue piercing was present in 39, and 22 had previously worn such ornaments; respective figures for the lower lip were 8 and 14, and elsewhere on the body, 13 and 4. Examination showed 15 fractured teeth (mainly maxillary incisors) in 11 subjects, bleeding in 11, infection in 9, and gingival recession in 21 (mainly mandibular incisors).

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ORAL SURGERY

An analysis of oral and maxillofacial pathology found in children over a 30-year period

Jones AV, Franklin CD *Int J Paediatr Dent* 2006; **16**: 19-30

Most lesions were inflammatory or benign, but 0.7% were malignant.

This is the first reported survey of paediatric oral and maxillofacial pathological specimens from a European country. Over a 30 yr period in Sheffield Dental School, 4406 specimens were received from patients aged up to 16 yrs old. These constituted 8.2% of all specimens. In the dental pathology group there were 22% of specimens, salivary gland pathology accounted for 19%, mucosal pathology 12%, odontogenic cysts 12%, gingival and periodontal pathology 10%, and other conditions accounted for the remainder. There were 114 benign nonodontogenic tumours, 43 odontogenic and 31 malignant tumours including 6 of salivary gland origin. These 6 accounted for half of all salivary tumour specimens, the others being pleomorphic adenomata.

The authors list in detail the lesions diagnosed, and comment that numerous dental pathological specimens will not have been submitted for examination. The information provided with specimens was frequently limited, and 2.4% had insufficient for accurate diagnosis. The commonest diagnoses were mucous extravasation cyst (735 cases) and periapical granuloma (332).

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PAEDIATRIC DENTISTRY; BEHAVIOURAL SCIENCE

The frequency of repeat general anaesthesia for teeth extractions in children

Albadri SS, Jarad FD *et al.* *Int J Paediatr Dent* 2006: **16**: 45-48

In a UK dental hospital, more than 10% of children given a GA required it on a further occasion.

General anaesthesia is valuable for extractions when they are indicated in extremely nervous children, but it is desirable to avoid using it more than once. Poor treatment planning is one factor in GA repetition. This study examined records of 279 children (mean age 6.5 yrs) who had extractions under GA during a 3 month period.

In one case, an elective repeat GA was performed because of a high number of extractions. In the others, 33 had had a repeat GA. In 15, this was within 2 years and these subjects had a mean age of 5 yrs. The principal reason for extractions was primary dentition caries. In patients receiving a single GA, a mean of 4.6 teeth were removed, but in those receiving a repeat GA, a mean of 3.2 teeth were extracted at the initial GA. The authors recommend more radical treatment planning of extractions under GA and vigorous preventive treatment for patients at high caries risk.

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