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ORAL SURGERY

Evaluation of different treatments for oroantral/oronasal communications: experience of 112 cases

Abuabara A, Cortez ALV *et al. Int J Oral Maxillofac Surg* 2006; **35**: 155-158

The commonest cause was tooth extraction, and 92% of communications were closed at the first attempt.

In this study, 112 patients (68 male) with 101 oroantral communications (OACs; mean age 31 yrs) and 11 oronasal communications (ONCs; 36 yrs) were treated over a 16 yr period in a Brazilian dental school. Causes of OAC were tooth extractions (95%), pathological lesions (3%), trauma (1%) and periapical infections (1%). ONCs were caused by pathological lesions (3 cases), tooth extractions (3), gunshot wounds (2), blastomycosis (1), congenital malformation (1) and removal of an implant intruded into the nasal cavity (1).

OACs >3 mm usually require surgical closure. Suturing of freshened edges of the lesion was used in 61 cases (4 complications), use of the buccal fat pad (BFP) in 28 (none), buccal flaps in 9 (1), palatal flaps in 2 (1) and dental transplantation in one. For ONCs, 5 were treated with suturing, 4 by buccal flap and 2 by palatal flap. Treatment failed in 3 patients, for whom obturators were prescribed. The authors recommend suturing for OACs of 3-5 mm, and BFP for larger ones, but consider that some ONCs may need multiple interventions.

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CRANIAL AND FACIAL TRAUMA

Orofacial/cerebral injuries and the use of mouthguards by professional athletes in Switzerland

Lieger O, von Arx T *Dent Traumatol* 2006; **22**: 1-6

Injury rates varied greatly with sport, and nearly half the injured players had not worn mouthguards.

In an era of widespread participation in contact and high risk sports, mouthguards have reduced the rate of oral injuries. This study surveyed 267 players (43 using mouthguards, and 150 supporting their use) and 63 officials (37 supporters) in 22 of 41 top sports clubs in Switzerland. Of players using mouthguards, 32% had had mouth, face or skull injury while doing so, and such injuries had occurred only in ice hockey. An accident was the reason why 23% of mouthguard users had started using them. Players not using mouthguards had a higher rate of such injury (45%).

Reasons for not wearing mouthguards given by players without them were principally that they were unnecessary or interfered with the sporting activity. Some officials shared these views. The authors point out the significant potential for lifelong disfigurement in facial trauma, and recommend more promotion of mouthguards.

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PERIODONTICS

Prevalence and risk of traumatic gingival recession following elective lip piercing

Leichter JW, Monteith BD *Dent Traumatol* 2006; **22**: 7-13

A labret in the lip may increase the risk of recession by more than seven times.

Numerous reports have highlighted the adverse effects of wearing ornaments in lip piercing sites. In this New Zealand study, lower central incisors in 91 individuals (mean age 25.1 yrs) with lower lip labio-mental groove piercing and wearing a jewellery stud (labret) were compared with those in 54 matched controls (25.8 yrs). However, 46% of the pierced group were smokers, as opposed to 19% of controls.

A history of orthodontic treatment was given by 23% of pierced subjects and 26% of controls. In controls, all recession was limited to Miller class I, affecting 20%. In the pierced group, 51% had Miller class I recession, 18% class II and 1%, class III. In a regression model including smoking and orthodontics, piercing status was the sole significant predictor of recession ($P < 0.001$). Piercing elsewhere also was significantly associated with recession.

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PAEDIATRIC DENTISTRY; BEHAVIOURAL SCIENCE

A sociodental approach to assessing dental needs of children: concept and models

Gherunpong S, Tsakos G *et al. In J Paediatr Dent* 2006; **16**: 81-88

A different approach to dental need assessment led to a lower estimate of needs in Thai children.

Because dental treatment is expensive, varying from 3% to 13% of total health expenditure in EU countries, the cost is prohibitive in low-income countries, and a different approach to oral health is needed in countries such as Thailand, where this study was based. Three types of need were considered: normative (NN: related to clinical impairment), impact-related (IRN: NN + quality of life) and propensity-related (PRN: IRN + behavioural factors; an assessment of likely treatment effectiveness).

All final year primary school children (mean age 11.3 yrs) in a Thai province were approached, and 1,034 of 1,126 completed examinations and questionnaires. At least one type of NN was present in 99.5%, the commonest being for scaling (84.4%). NN for emergency or progressive conditions (such as caries) was identified in 54.4%, but only 16.6% of those had a high PRN. IRN affecting quality of life was identified in 30.9%. The authors consider the sociodental approach to be appropriate for the population tested, and likely to direct resources where they will be most effective.

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