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AMELOGENESIS; GASTROENTEROLOGY

Dental enamel defects in children with coeliac disease

Wierink CD, van Diermen DE *et al.* *Int J Paediatr Dent* 2007; **17**: 163-168

Defects were much commoner than in a control group, and most were of a characteristic type.

The presence of symmetrically and chronologically related enamel defects in all 4 quadrants has been identified as likely to be 'specific' in coeliac disease. In this study, 53 patients with biopsy- and diet-confirmed coeliac disease (mean age 9.7 yrs) were compared with 28 subjects (10 yrs) in whom these tests had excluded the condition.

Enamel defects were identified in 29 coeliac disease patients, and 5 controls. 'Specific' defects were found respectively in 20 and 1. Defects principally affected incisors. No other factors with an effect on enamel development were identified. The authors consider that early identification of such specific enamel defects may help to identify cases of coeliac disease and prevent its complications.

DOI: 10.1038/bdj.2007.951

CONSERVATIVE DENTAL SURGERY

Treatment history of teeth in relation to the longevity of the teeth and their restorations: outcomes of teeth treated and maintained for 15 years

Miamoto T, Morgano SM *et al.* *J Prosthet Dent* 2007; **97**: 150-156

Longevity was greater for unrestored teeth.

There is limited information on tooth survival in relation to treatment. This Japanese study reports on 3,071 teeth in 148 patients followed up for 15-23 yrs (mean 19) in a single practice. Patients started treatment between the ages of 18 and 73 yrs. Periodontally, 78% of PD at baseline were 0-3 mm, 25% 4-6 mm and 2% 7+ mm.

When 185 teeth that failed during follow-up were compared with 2,886 which survived, significant relative risk (RR) of failure necessitating restoration was 4.4 for 1-2 surface restorations and 5.0 for 3-5 surface. Significant RR for failure necessitating extraction was 5.5 for abutments for removable prostheses. No significant RRs were found for complete crowns, fixed prosthesis abutments or endodontic treatment. Teeth with 3-5 surface restorations were 4 times more likely to fail than unrestored teeth.

DOI: 10.1038/bdj.2007.953

ONCOLOGY; MAXILLOFACIAL SURGERY

Complications encountered in a prospective series of 182 patients treated surgically for mouth cancer

McGurk MG, Fan KFM *et al.* *Oral Oncol* 2007; **43**: 471-476

About half experienced complications, and 16% of these were major.

Because patients with these tumours may be older, they may also have other problems and be more likely to have treatment complications. Over 8 years, 276 mouth cancer patients were under the care of one surgeon at a London hospital, and surgery was the main treatment for 182 of them. None had had previous treatment or distant metastasis, and all were treated according to a clear protocol.

Major surgery (operation >4 hrs, requiring 2° reconstruction) was given to 70%, and minor (<1 hr) to 24%. There were 305 complications in 47% of patients, and a perioperative death rate of 3.2%. Greater risks of complications were associated with higher alcohol consumption, pre-existing cardiovascular or respiratory disease, longer operation, poor differentiation and extracapsular spread, but not with smoking, probably because 80% of subjects did this.

DOI: 10.1038/bdj.2007.952

PROSTHODONTICS; BEHAVIOURAL SCIENCE

Oral prostheses and oral health-related quality of life: a survey study of an adult Swedish population

Bagewitz IC, Söderfeldt B *et al.* *Int J Prosthodont* 2007; **20**: 132-142

The number of remaining teeth was the most important dental factor determining oral health-related quality of life (OHQoL).

Swedish people are highly intent on preserving their natural dentition, with fixed prostheses if tooth replacement is needed. This study investigated OHQoL by sending a questionnaire to 1,974 subjects aged 50-75 yrs. In addition to questions on OHQoL, subdivided into physical and social disability, psychological discomfort, and functional limitation and pain, subjects were asked to count their teeth and state whether they had bridges or removable dentures (i.e. partial or complete).

Response rate is given as 66% overall, but fewer subjects were included in the various analyses of data: the largest analysis had 57%. In multiple regression, the strongest association with all 3 aspects of OHQoL was general health related to peers of the same age.

Next came the number of teeth, and the cost of needed care. The authors note that prosthesis type had a lesser effect on OHQoL.

DOI: 10.1038/bdj.2007.954