

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by Dr Trevor Watts.

ORAL ONCOLOGY

Osteogenic sarcoma of the jaw: a 10-year experience

Fernandez R, Nikitakis NG *et al.* *J Oral Maxillofac Surg* 2007; **65**: 1286-1291

Patients had a higher survival rate for tumours in this site than is normal for other parts of the body.

About 1/2 of all bone malignancies are osteosarcomas (OS), of which 10% occur in the head and neck, mostly in jaw bones. These occur about 20 yrs later than long bone OS, which peaks at 10-14 yrs. This study reviewed all patients with OS of the jaw fully diagnosed or fully treated in a US hospital from mid-1993 to mid-2003.

In total, 16 cases were diagnosed, of mean age 41 (range 14-51) yrs. Known risk factors were identified for 3 patients. In 14 patients, onset was with swelling at the site. Loosening of teeth, pain and hypoesthesia were identified in a few. Radiographic widened periodontal ligament space was present in 5 of 11 with panoramic radiographs, and sunray appearance in 6.

Surgery was provided for all 14 cases treated, with adjunctive chemotherapy in some cases. Of 4 treated with surgery only, 2 died. All others were alive 14-108 (mean 48) months later (5 yr survival 86%, cf. rates of 60-70% for other sites).

DOI: 10.1038/bdj.2008.153

ORAL PHYSIOLOGY; EPIDEMIOLOGY

Relationship between clinical dental status and eating difficulty in an old Chinese population

Zeng X, Sheiham A *et al.* *J Oral Rehabil* 2008; **35**: 37-44

Impaired dental status was strongly associated with masticatory problems.

The diet of people in Oriental countries is largely boiled and served in small pieces, but Western diet is often in large pieces and needs more biting and chewing. In this study, 1,276 Chinese subjects aged 55+ attending for routine health check were asked to have a dental examination and be interviewed, and 1,230 agreed.

A variety of dental factors contributed to difficulty in eating, including fewer natural and replaced teeth, occluding pairs of teeth, and unfilled saddle spaces. The authors comment that these difficulties need not mean that nutritional status is affected.

DOI: 10.1038/bdj.2008.155

ORAL SURGERY

Bleeding after dental extractions in patients taking warfarin

Salam S, Yusuf H *et al.* *Br J Oral Maxillofac Surg* 2007; **45**: 463-466

In a cohort of patients with INR up to 4.0, there was no clinically significant post-extraction haemorrhage.

Patients who take warfarin have been managed in a variety of ways for dental extractions, from no change if INR < 4.0 to stopping completely 2 days before. Recent advice has inclined towards the former recommendation. At 2 UK centres, INR was assessed within 24 hrs of treatment in 150 consecutive patients (mean age 66 yrs; range 33-92) taking warfarin and requiring 249 forceps extractions and 30 surgical extractions.

The mean INR for the whole group was 2.5, and only one patient had INR > 4.0. After treatment 5 of 101 patients with INR up to 2.5, and 5 of 49 with greater INR, sustained post-operative bleeds ($P = 0.3$), defined as haemorrhage for > 12hr necessitating a return to the hospital. Although it did not reach significance, there was a trend for bleeding to occur in older subjects. The authors note that patients may be at risk of serious complications if their anticoagulants are reduced, and advise no change of regime if INR \leq 4.0.

DOI: 10.1038/bdj.2008.154

CARIOLOGY

An investigation of bottled water use and caries in the mixed dentition

Broffitt B, Levy SM *et al.* *J Public Health Dent* 2007; **67**: 151-158

Though low in fluoride, bottled water use (BWU) did not have a significant effect on caries.

The present researchers examined data from 413 children in the Iowa Fluoride Study to examine BWU. Primary dentition was examined at mean age 5.1 yrs, and mixed dentition at 9.2.

At the first exam, prevalence of caries was 25%, and at the second, 36% in primary 2nd molars, and 21% in permanent 1st molars. BWU subjects were defined as using 25+% of it from age 6 up to the mixed dentition exam. Just 10% (42) were BWU subjects. Mean total fluoride intake was estimated as 0.57 mg for BWU subjects and 0.71 mg for others ($P = 0.04$). Caries incidence did not differ significantly in the 2 groups at the mixed dentition exam.

DOI: 10.1038/bdj.2008.156