

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 Reena Wadia.

Buccal soft tissue dehiscences

Sanz-Martin I, Regidor E, Navarro J, Sanz-Sánchez I, Sanz M, Ortiz-Vigón A Factors associated with the presence of peri-implant buccal soft tissue dehiscences. A case-control study. *J Periodontol* 2020; DOI: 10.1002/JPER.19-0490. [Epub ahead of print].

The bucco-palatal implant position was the most relevant factor related to the presence of buccal soft tissue dehiscences.

This cross-sectional observational study identified factors associated with the presence of buccal soft tissue dehiscences (BSTD), defined as an exposure of the prosthetic abutment, the implant neck or the implant surface in the anterior maxillae or mandible (premolar-premolar). Fifty-two cases (CAS) with a minimum of 24 months of loading, with the presence of a BSTD, and 52 controls (CON) matched for age and years in function were selected. Clinical and radiographic parameters from periapical radiographs and CBCT were analysed. The CAS had a mean keratinised mucosa (KM) of 1.65 ± 1.31 mm, while in the CON KM was 3.27 ± 1.28 mm. Probing depths were similar, whereas bleeding on probing and plaque scores were higher in the CAS. Mean bone level scores in the CAS were 1.71 ± 1.04 mm, and 1.27 ± 1.01 mm in CON. The first bone to implant contact at the buccal aspect was 4.85 ± 3.12 mm in CAS and 2.15 ± 3.44 mm in CON. CAS were 1.48 ± 0.93 mm outside the alveolar envelope, while the CON were 0.46 ± 0.77 mm. Implants buccally positioned in the CBCTs were 34 times more likely to belong to the case group. The presence of >2 mm of KM at the time of evaluation, presence of adjacent natural teeth, cemented restorations and two-piece implants were protective factors.

<https://doi.org/10.1038/s41415-020-1308-1>

Live-video and video demonstration methods

Gorucu-Coskuner H, Atik E, Taner T. Comparison of Live-Video and Video Demonstration Methods in Clinical Orthodontics Education. *J Dent Educ* 2020; **84**: 44-50.

Live-video and video demonstration have comparable effects on increasing knowledge but students prefer both being used together.

The aim of this study was to compare the effectiveness of live-video and video demonstration methods in training dental students in orthodontic emergency applications. A total of 105 fifth-year dental students in Turkey participated. A pre-test and post-test determined the students' level of knowledge about band cementing and re-bonding of brackets. The two clinical applications were demonstrated with either live-video or video demonstration. During the live-video demonstration, the lecturer gave information about the procedure whilst using a camera attached to the loupes. During the video demonstration, previously recorded videos were shown. This study found that the two demonstration methods had comparable effects on increasing students' level of knowledge. However, from the students' perspective, the two should be used together.

<https://doi.org/10.1038/s41415-020-1309-0>

Malignant transformation rate of oral lichen planus

Idrees M, Kujan O, Shearston K, Farah CS. Oral lichen planus has a very low malignant transformation rate: A systematic review and meta-analysis using strict diagnostic and inclusion criteria. *J Oral Pathol Med* 2020; DOI: 10.1111/jop.12996. [Epub ahead of print].

Reported OLP malignant transformation rates are exaggerated and do not reflect the actual clinical course of the disease according to strict clinical and histopathological criteria.

This systematic review and meta-analysis assessed the malignant potential rate of OLP and considered the influence of associated risk factors. All reports that documented MT of OLP and published in English until January 2020 were included if they met the following criteria: i) the presence of a properly verified OLP diagnosis; ii) a clear description of the cancerous lesion developing at the same site as the verified OLP lesion; and iii) a follow-up period of a minimum of 6 months prior to carcinoma development. Thirty-three studies were included with a total of 12,838 OLP patients. Of these, 151 cases were initially considered to have progressed to carcinoma (1.2%). However, after applying strict criteria, 56 cases were considered to have undergone MT from OLP (0.5%). The risk of MT was significantly higher among OLP patients who smoked, consumed alcohol, were seropositive for HCV, and/or displayed a red OLP subtype.

<https://doi.org/10.1038/s41415-020-1310-7>

Endodontic peri-implant defects

Daubert D, Black R M, Chrepa V, Kotsakis G A. Endodontic Peri-implant Defects: A New Disease Entity. *J Endod* 2020; DOI: 10.1016/j.joen.2019.12.002. [Epub ahead of print].

An endodontic infection of a nearby tooth or an immediate implant placement in an inflamed bone socket from failing endodontic therapy has been associated with retrograde peri-implantitis.

Peri-implantitis is becoming a frequent complication observed around dental implants. An endodontic infection of a nearby tooth or an immediate implant placement in an inflamed bone socket from failing endodontic therapy has been associated with retrograde peri-implantitis (RPI), a condition that presents with radiographic lucency at the 'apex' of an implant. However, current classification schemes do not capture endodontic lesions that may manifest as coronal or intrabony lesions associated with dental implants. As a result, such cases may be mistreated. The authors present for the first time two cases in which peri-implant bone loss occurred in the coronal half of the implant adjacent to a tooth with an endodontic-periodontic lesion and was resolved via endodontic therapy or tooth extraction as indicated. This proof of concept report aimed to introduce endodontic peri-implant ('endo-implant') defects and increase vigilance, which may help prevent overtreatment or mistreatment of such cases.

<https://doi.org/10.1038/s41415-020-1311-6>