

# 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.

## Treatment of stage I–III periodontitis

Sanz M, Herrera D, Kepschull M *et al.* Treatment of stage I–III periodontitis—The EFP S3 level clinical practice guideline. *J Clin Periodontol* 2020; **47 Suppl 22**: 4–60.

### **The S3 CPG approaches the treatment of periodontitis (stages I, II and III) using a pre-established stepwise approach to therapy.**

This S3 Clinical Practice Guideline (CPG) on the treatment of stage I–III periodontitis was developed under the auspices of the European Federation of Periodontology (EFP), following the methodological guidance of the Association of Scientific Medical Societies in Germany and the Grading of Recommendations Assessment, Development and Evaluation (GRADE). The process included synthesis of 15 specifically commissioned systematic reviews. The S3 CPG approaches the treatment of periodontitis using a pre-established stepwise approach to therapy that, depending on the disease stage, should be incremental, each including different interventions. Consensus was achieved on recommendations covering different interventions, aimed at (a) behavioural changes, supragingival biofilm, gingival inflammation and risk factor control; (b) supra- and sub-gingival instrumentation, with and without adjunctive therapies; (c) different types of periodontal surgical interventions; and (d) the necessary supportive periodontal care to extend benefits over time.

<https://doi.org/10.1038/s41415-020-2176-4>

## Occlusal features and TMJ clicking

Olliver S J, Broadbent J M, Thomson W M, Farella M. Occlusal Features and TMJ Clicking: A 30-Year Evaluation from a Cohort Study. *J Dent Res* 2020; DOI: 10.1177/0022034520936235.

### **TMJ clicking was not associated with the presence of a posterior crossbite or abnormal overjet/overbite values during adolescence.**

This group hypothesised that putative occlusal features identified during adolescence are associated with TMJ clicking later in life. The Dunedin Multidisciplinary Health and Development Study is a longitudinal birth cohort study investigation of 1,037 children (48% female) born in New Zealand, between 1972–1973, and assessed repeatedly since then. Associations between posterior crossbite, overbite, and overjet at age 15, as well as both self-reported and clinically assessed TMJ clicking sounds at age 45, were studied. Data were analysed, after controlling for sex, emotional style, self-reports of tooth clenching and sleep bruxism, and history of orthodontic treatment. Self-reported and examiner-reported TMJ clicking at age 45 affected 18% and 24%, respectively, and were not associated with the presence of a posterior crossbite or abnormal overjet/overbite values during adolescence. Self-reported history of tooth clenching and emotional style were associated with self-reported TMJ clicking later in life. Orthodontic treatment was not associated with TMJ clicking.

<https://doi.org/10.1038/s41415-020-2181-7>

## Impact of COVID-19 on cervicofacial infection

Politi I, McParland E, Smith R, Crummey S, Fan K. The impact of COVID-19 on cervicofacial infection of dental aetiology. *Br J Oral Maxillofac Surg* 2020; DOI: 10.1016/j.bjoms.2020.07.017.

### **During COVID-19 lockdown, there was a reduction in patients seen with cervicofacial infection but more patients required admission.**

A retrospective analysis of patients with cervicofacial infection of dental aetiology referred to maxillofacial surgery during the initial six weeks of COVID-19 lockdown in 2020 was carried out and compared with the equivalent period in the two preceding years. Unexpectedly, during lockdown, there was a reduction in patients seen with cervicofacial infection of dental aetiology. This may have resulted from patient adherence to government guidelines ('Stay at home'), successful triaging of patients in primary care and emergency treatment provided by urgent dental care centres. Proportionally more patients who presented to hospital had received prior antibiotic therapy and required in-patient admission. Patients received incision and drainage, with an increase in extraoral drainage and reduction in length of stay. Maxillofacial managed a reduced number of patients, likely resulting from primary and secondary dental care working together. The rate of incision and drainage of patients not admitted increased under local anaesthesia with increase of extraoral drainage and reduced length of stay for those admitted.

<https://doi.org/10.1038/s41415-020-2180-8>

## BEWE E-training

Mehta S B, Loomans B A C, Bronkhorst E M, Banerji S, Bartlett D W. The impact of e-training on tooth wear assessments using the BEWE. *J Dent* 2020; DOI: 10.1016/j.jdent.2020.103427.

### **E-training resulted in significant improvements in scoring BEWE.**

This study investigated the impact of an e-training resource with the consistency of tooth wear scoring using the Basic Erosive Wear Examination (BEWE). Gold standard (GS) BEWE scores were attained from a trained examiner using the photographic and dental cast records for three cases representing low, medium and severe tooth wear. Four successive cohorts of first year post-graduate students undertook a training exercise. Each was given written guidance on using the BEWE. Following e-training, scoring was repeated. The e-training resulted in a mean improvement in the agreement with the GS score by 16% and 15%, using the records of the medium and severe tooth wear cases. Post-training reductions were reported, with the mean number of disagreements with the GS and the mean change in the size of disagreement with the GS scores with records for the medium and severe cases. No significant difference was revealed for the low wear case.

<https://doi.org/10.1038/s41415-020-2182-6>