

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 John R. Radford.

TEMPOROMANDIBULAR DISORDER SYNDROME

Age and third molar extraction as risk factors for temporomandibular disorder

Huang GJ, Drangsholt MT *et al.* *J Dent Res* 2008; **87**: 283-287

Extraction of third molar teeth is not associated with temporomandibular disorder syndrome.

Data obtained from insurance claims report a significant association between the extraction of third molar teeth in 15-20 year-old patients and temporomandibular disorder syndrome (TMD). However, it has not been established if such a relationship exists in all age groups. This study adopted a robust methodology including the following subject recruitment strategy. In a group of over two thousand patients from the USA who had had third molars removed, TMD was identified. This was compared with a similar number of subjects who were matched for age and gender, with no history of such surgery. The investigators showed that, regardless of age, there was no significant risk of TMD in subjects who had third molar teeth extracted although it approached significance in teenagers as it did for the depth of tooth impaction.

DOI: 10.1038/sj.bdj.2008.694

SEDATION IN CHILDREN

Sedation in uncooperative children undergoing dental procedures: a comparative evaluation of midazolam, propofol and ketamine

Rai K, Hegde AM *et al.* *J Clin Paediatr Dent* 2007; **32**: 1-4

Ketamine, when administered by an anaesthetist, was most effective at managing fearful children.

The aim of this study was to examine the efficacy of different agents to facilitate dental care in fearful children. Thirty healthy 3-6 year-old children were randomly assigned to 3 groups. Following premedication, each group of 10 patients received conscious sedation, from an anaesthetist, using either midazolam (0.1 mg/kg), propofol (1 mg/kg) or ketamine (0.5 mg/kg). Children who were sedated with midazolam and propofol experienced continual 'crying', whereas those who received ketamine were calm and comfortable. Propofol had the fastest post-operative recovery in contrast to midazolam that had the longest duration of action. In summary, the authors preferred ketamine and recommended further evaluation of this drug in combination with other sedative agents.

DOI: 10.1038/sj.bdj.2008.695

CHRONIC FACIAL PAIN

Improvement of chronic facial pain and facial dyskinesia with the help of botulinum toxin application

Junghans K, Rohrbach S *et al.* *Head Face Med* 2007; **3**: 32

Botulinum toxin can alleviate chronic facial pain.

Apart from its use in facial cosmetics, botulinum toxin has therapeutic applications such as the treatment of chronic facial pain and facial dystonia. This case report describes the immediate relief of pain after serial injections of botulinum toxin type A (BTX-A), for a patient who experienced intense symptoms, of some 10 years duration, following surgical management for severe osteomyelitis. Pain had only partly been relieved by carbamazepine and extra-oral pressure points and there had been suicidal thoughts. The patient also experienced dyskinesia of the caudal mimic musculature with accompanying eczema that too healed after treatment with BTX-A. It is stated that this modality should be reserved where conventional treatment has not succeeded, the symptoms are severe and it should be performed by multidisciplinary teams.

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OBESITY AND PERIODONTAL DISEASE

Association between body weight and periodontal infection

Ylöstalo P, Suominen-Taipale L *et al.* *J Clin Periodontol* 2008; **35**: 297-304

Weak association between body weight and periodontal pockets.

Obesity is a 'risk factor for cardiovascular diseases, certain cancers and type II diabetes'. Despite periodontal disease being trivial compared with the above conditions, studies have looked for associations between obesity and periodontitis and the results are equivocal. As part of the Health 2000 Health Examination Survey in Finland, body mass index and periodontal pockets 4 mm or deeper, were measured on 2841, dentate, non-diabetic subjects aged 30-49 years old. When controlling for smoking and other possible confounders, there was a weak association between body weight and deepened periodontal pockets. The authors discussed the limitations of this cross-sectional designed study and pointed out, somewhat vexatiously, that an alternative interpretation of these results is that 'periodontal infection could be a risk factor for obesity'!

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