

# 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.

## SLEEP APNOEA

### Obstructive sleep apnea therapy

Hoekema A, Stegenga B *et al.* *J Dent Res* 2008; **87**: 882-887

**The use of continuous positive airway pressure (CPAP) is safer than an oral appliance.**

Although many who suffer from sleep apnoea prefer wearing an oral appliance, it is 'generally considered less effective than CPAP'. Using block randomisation, 51 subjects with sleep apnoea were allocated to use oral appliances, and 52 others treated with CPAP. Each regimen was used for eight weeks. Polysomnography, a multiparameter test which includes measures of brain activity, heart rate and oxygen levels, together with other outcome measurements, were used to examine the efficacy, before and after, the different treatments. The use of an oral appliance was as effective as CPAP (76.5% *v* 82.7%) when measured using polysomnography. However, 'CPAP was more effective in improving the apnea-hypopnea index and was superior to oral-appliance therapy for persons with severe disease'.

DOI: 10.1038/sj.bdj.2009.222

## FIXED RETAINERS

### The association of orthodontic treatment and fixed retainers with gingival health

Levin L, Samorodnitsky-Naveh GR *et al.* *J Periodontol* 2008; **79**: 2087-2092

**Clinically negligible gingival recession is associated with postorthodontic fixed retainers.**

The primary aim of this study was to determine if postorthodontic fixed retainers, consisting of wire and composite, are associated with gingival recession. Periodontal measurements were recorded on 92 consecutive subjects who attended for a routine oral examination,  $4.57 \pm 2.2$  years after orthodontic treatment. Regardless of whether or not fixed retainers were placed, patients who had received orthodontic treatment had significantly increased gingival recession when compared with those who had not received orthodontic treatment. Of those subjects who had postorthodontic retention, there was significantly greater probing depth, more plaque, increased bleeding on probing and increased lingual recession than those subjects that had received orthodontics but no fixed retention. However, although the authors state that the difference in recession was significant (for lingual recession  $0.09 \pm 0.18$  mm *v*  $0.01 \pm 0.08$  mm  $p = 0.005$ ) it was clinically trivial.

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## DIAGNOSIS OF ORAL CANCER

### Response to the comments by Eisen on 'Critical evaluation of diagnostic aids for the detection of oral cancer'

Lingen MW, Kalmar JR *et al.* *Oral Oncology* 2008; **44**: 997-998

**It is asserted that the scalpel biopsy is still the 'gold standard'.**

This multi-author letter from authorities in the field of oral cancer is a part of a dialogue with a scientist from the OralCDx Laboratories. At the heart of the debate is whether or not Oral-CDx<sup>®</sup> BrushTest<sup>®</sup> of suspected dysplastic lesions is not merely 'an "aid" but a test that provides definitive diagnostic information about a lesion – a test like a scalpel biopsy.' It is argued that the results from a BrushTest<sup>®</sup> must be compared with the 'gold standard' scalpel biopsy in 'establishing the "proof of principle" for this diagnostic adjunct/test'. Points made by the other side, in earlier correspondence, contend that the accuracy of the scalpel biopsy is fraught with confounders. In a conciliatory tone, the authors of this letter conclude that all parties are 'pursuing the same goal of detecting precancer and cancer at earlier and potentially more treatable stages'.

DOI: 10.1038/sj.bdj.2009.224

## ORAL MALODOUR

### Evaluation of oral malodour in children

Nalçacı R, Sönmez IS, *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2008; **106**: 384-388

**A small proportion of children with oral malodour do not respond to conventional treatment.**

The aim of this study was to explore oral malodour in 30 healthy, 7-15-year-old children who attended a dental faculty with this complaint. Organoleptic measurements, which is a subjective method for measuring malodour, and volatile sulphur compounds (VSCs) together with other parameters such as caries prevalence and tongue surface coating were recorded. These were taken before and after instruction in oral home care, which included tongue-brushing and the restoration of carious teeth but not use of mouthwashes. Tongue coating, periodontal disease measurements, plaque index and age were associated with oral malodour but there were no relationships with caries activity, gender or frequency of toothbrushing. Treatment resulted in resolution of oral malodour although '3 subjects (10%) remained in the malodour group'.

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