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.

EATING DISORDERS

Oral manifestations of eating disorders: a critical review

Lo Rosso L, Campisi G *et al. Oral Diseases* 2008; **14:** 479-484

Those people with anorexia nervosa may be taking bisphosphonates.
The title states that this paper is a critical review. However, two key questions are not explored namely, 1) what is the prevalence of oral signs in those who have eating disorders (ED), and 2) how long has the ED to be experienced before these are manifest? Nevertheless, this paper reinforces the dental findings of ED. 'Reduction in intake of vitamins and other nutrients, as well as other metabolic alterations and iron deficiency anaemia' may result in generalised mucosal atrophy and glossodynia. It is also stated that sialadenosis, particularly of the parotid glands, is a frequent occurrence in ED and may be the presenting sign. There are ongoing studies examining 'the use of bisphosphonates in prevention and management of generalized bone loss.' The dentist should be vigilant that those with anorexia nervosa may be taking bisphosphonates with their associated dental implications.

DOI: 10.1038/sj.bdj.2009.30

SODIUM HYPOCHLORITE

Permanent mimic musculature and nerve damage caused by sodium hypochlorite: a case report

Pelka M, Peltschelt A. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2008; **106:** e80-e83

Extreme caution when using sodium hypochlorite to irrigate root canals when there is a combination of an 'open apex' and apical radiolucency.
This case history reinforces the catastrophic effects caused by the deposition of sodium hypochlorite (NaOCl) into the periradicular tissues. A patient attended for recementation of a post-retained crown restoring an upper left lateral incisor tooth. This tooth had previously received periradicular surgery. In preparation for recementation, the dentist irrigated the dowel space with 3% NaOCl and 0.2% chlorhexidine digluconate (CHX). The patient experienced sudden pain and left-sided sub-orbital swelling. This paper shows a distressing photograph of the patient's face 3 years after the incident. It demonstrates weakness of some mimic musculature and, superimposed on the face, is a *circa* 5 x 2 cm oval of hypoesthesia. The patient is seeking legal redress.

DOI: 10.1038/sj.bdj.2009.31

AVOIDING PULPAL EXPOSURE

Treatment of deep carious lesions by complete excavation or partial removal: a critical review

Thompson V, Craig RG *et al. J Am Dent Assoc* 2008; **139:** 705-712

'Why re-enter?'
This paper describes the classical stepwise or two-step excavation and contrasts this with the 'even more controversial' one-stage partial caries removal. For both methods, the importance of achieving a seal between the restorative material and cavity is emphasised. This is in order to exclude substrate from those cariogenic bacteria that have been electively left over the affected dentine. When putting the case for partial caries removal, they cite Kidd's much quoted assertion 'Why re-enter?'. This article does not adopt the austere methodology of limiting its analyses to only randomised control trials used in the 2006 Cochrane Database Systematic Review and meta-analyses on this subject. The authors conclude that 'Apparently, dentists need more evidence...' before they embrace such strategies that are the antitheses of traditional surgical ablation.

DOI: 10.1038/sj.bdj.2009.32

RECOVERY OF IMPLANT ABUTMENT SCREWS

The use of digital photographs to locate implant abutment screws for implant-supported cement-retained restorations

Daher T, Morgano SM. *J Prosthet Dent* 2008; **100:** 238-239

A straightforward approach to locate implant abutments and access screw openings.
Both implant abutments and access screw openings can be fiendishly difficult to locate should either the crown have to be replaced or the screw, retaining the abutment, have to be tightened. This paper describes yet another method to locate such structures. It comprises taking photographs of 1) the access screw opening for the abutment and 2) the crown, with a periodontal probe positioned over both of these photographs in the horizontal, vertical and y-axes. Using these, the access screw opening for the abutment is then superimposed over the photograph of the crown and marked with a pen. The photograph is then filed in the clinical notes. The abutment can also be marked on a photograph of the crown in a similar way.

DOI: 10.1038/sj.bdj.2009.33