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.

PERI-IMPLANTITIS

Peri-implantitis in partially edentulous patients: association with inadequate plaque control

Serino G, Ström C. *Clin Oral Implants Res* 2009; **20:** 169–174.

Peri-implantitis occurs in non-smokers and patients who do not have periodontal disease in their remaining dentition.

Twenty-three subjects were selected from consecutive patients who had been referred for treatment of peri-implantitis. Among other criteria, each patient had at least one implant with ≥6 mm pockets and some natural teeth. 'The site-level analysis showed that a high proportion of implants with a diagnosis of peri-implantitis were associated with no accessibility/capability for appropriate oral hygiene measures', whereas access for plaque control was rarely associated with this condition. The majority of patients with peri-implantitis had minimal bone loss in the remaining dentition. In addition, there was no difference in the prevalence of this condition between smokers and non-smokers. Although some of the implants in this study demonstrated peri-implantitis, in almost half of the subjects, the implants had been functioning for more than 10 years.

DOI: 10.1038/sj.bdj.2009.425

TEMPOROMANDIBULAR JOINT DISORDERS

Current thinking in temporomandibular joint management

Sidebottom AJ. *Br J Oral and Maxillofac Surg* 2009; **47:** 91–94

'...very few (multi-centre randomised control trials) published for conservative measures, let alone for surgical options'.

The following points are highlighted from this review. When considering conservative management of temporomandibular joint (TMJ) disorders, it is stated that topical application of NSAIDs is as effective as systemic medication and has fewer side-effects. Two separate Cochrane Reviews have reported 1) that the design of splint does not influence the outcome and 2) there is no evidence to carry out irreversible occlusal adjustment of teeth. The author states that injecting local anaesthetics within the TMJ may provide a degree of 'hydro-dissection more commonly achieved by arthrocentesis'. The long term value of open joint surgery is questioned. The most invasive approach is total joint replacement. As less that 100 of these operations are performed each year in the UK, 'only a few surgeons should be carrying out this complex procedure'.

DOI: 10.1038/sj.bdj.2009.426

IMMEDIATE OVERDENTURES

An alternative approach to the immediate overdenture

Gilboa I, Cardash HS. *J Prosthodont* 2009; **18:** 71–75

A technique that allows more predictable dental aesthetics and occlusion.

The conventional method for providing an immediate full denture comprises 1) initially extracting all the posterior teeth and, following healing, 2) extracting the anterior teeth, and at that visit the removable prosthesis is fitted. The disadvantages associated with this method are that it is difficult to modify predictably the dental aesthetic and occlusion, and the fitting of the prosthesis has to be carried out in a blooded-field. The authors describe a modification of this method by essentially reversing the treatment sequence. Whilst retaining some posterior index teeth, the anterior sextant is restored with a provisional fixed prosthesis. After this provisional bridge has been refined in order to achieve a satisfactory dental appearance and occlusion, the definitive full prosthesis is constructed, duplicating the positions of the provisional restorations and remaining teeth. Only then are the teeth extracted.

DOI: 10.1038/sj.bdj.2009.427

FULL-MOUTH DISINFECTION

One-stage full-mouth disinfection *versus* quadrant and full-mouth root planing

Swierkot K, Nonnenmacher CL *et al. J Clin Periodontol* 2009; **36:** 240–249

All non-surgical treatments examined in this study showed similar favourable short-term outcomes.

Twenty-eight selected patients with generalised chronic periodontitis were randomly assigned to three treatment groups: the teeth of the patients in the first group were scaled quadrant-by-quadrant at one-week intervals, the second group underwent one-stage full-mouth scaling over a 24 hour period without chlorhexidine (CHX) and the third group received one-stage full-mouth scaling with CHX. Scaling was carried out using hand and ultrasonic instruments. Twenty-five patients completed the study. All three treatment approaches resulted in significant clinical improvement at 1, 2, 4, and 8 months after treatment. At 4 and 8 months, there were no differences between the treatment groups with regard to the clinical measurements.

DOI: 10.1038/sj.bdj.2009.428