

# 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.

## BISPHOSPHONATES AND BARRETT'S TUMOUR

### Oral bisphosphonates and risk of cancer of oesophagus, stomach, and colorectum: case-control analysis within a UK primary care cohort

Green J, Czanner G *et al. Br Med J* 2010; **341**: c4444

**'prescribing of (oral) bisphosphonates over a period of about five years was associated with a doubling of the risk of oesophageal cancer.'**

Gastroesophageal reflux disease (GORD) can result in Barrett's oesophagus with an increased risk of oesophageal cancer (Barrett's tumour). Dentists are only too familiar with the relationship between GORD and tooth erosion. In addition, preventative dental care is a priority for those that have taken bisphosphonates in order to minimise the risk of osteonecrosis of the jaw. This study looks for another link: that between cancer of the oesophagus and oral bisphosphonates. The risk of oesophageal cancer was significantly higher when patients had been prescribed ten or more prescriptions compared with one to nine prescriptions of oral bisphosphonates (relative risk 1.93 v 0.93). DOI: 10.1038/sj.bdj.2010.1005

## CLEFT LIP AND PALATE

### Maxillary distraction versus orthognathic surgery in cleft lip and palate patients: effects on speech and velopharyngeal function

Chua HDP, Whitehill TL *et al. Int J Oral Maxillofac Surg*. 2010; **39**: 633-640

**Regardless as to whether or not maxillary hypoplasia was treated by conventional orthognathic surgery or by distraction osteogenesis, resulting velopharyngeal function was 'very variable.'**

The outcome for velopharyngeal function (VF - functional seal between the nasal cavity and the oral cavity), and therefore speech, is unpredictable following conventional orthognathic surgery (CO) in those with cleft lip and palate (CLP). The aim of this study was to examine the efficacy of distraction osteogenesis (DO). Twenty-one CLP patients who required maxillary advancement from 4 to 10 mm only, received either CO or DO. No differences in speech and VF (assessed using nasoendoscopy) were observed when comparing these two approaches, 4 and 17 months after treatment. Of concern 'four patients showed an increase in their nasal scores to above the normal limits postoperatively' following CO and two patients developed deterioration in their VF in the DO group. DOI: 10.1038/sj.bdj.2010.1006

## COMPLEMENTARY MEDICINE

### Acupuncture for temporomandibular disorders: a systematic review

Cho S-H, Whang WW. *J Orofac Pain* 2010; **24**: 152-162

**Acupuncture for TMD has favourable outcomes.**

This systematic review examined the efficacy of acupuncture in the treatment of temporomandibular disorders (TMD). Grey literature was accessed. Nineteen reports met inclusion criteria but because the study designs were not homogenous, the authors presented their results as a qualitative review. To illustrate this, one study burned moxa (*Artemisia vulgaris*) on top of the acupuncture needle to provide heat. The authors also concede that it was all but impossible to select valid controls: one randomised control study did not find a difference between classical acupuncture or sham acupuncture but this finding was not consistent with all studies. There is moderate evidence that acupuncture 1) had a more favourable outcome than placebo therapy, 2) similar improvements to those achieved with occlusal splint therapy, 4) more effective than physical therapy and 5) more effective than indomethacin and vitamin B<sub>1</sub>. DOI: 10.1038/sj.bdj.2010.1007

## CRANIOFACIAL ANOMALIES

### Psychosocial adjustment in children and adolescents with a craniofacial anomaly: diagnosis-specific patterns

Snyder H, Pope AW. *Cleft Palate Craniofac J* 2010; **47**: 264-272

**Living with a CFA (craniofacial anomaly) might confer some resiliency' (for psychosocial function).**

As part of continuing care, psychosocial checklists were compared with published norms for 208, 2 to 18-year-olds with a range of CFAs. The cleft lip and palate group did demonstrate 'elevations in social problems and deficits in social, academic, and activities competencies' and these increased with age. Nevertheless, the investigators found that there was 'was little evidence of true psychological disorder' and interestingly 'better rates of adjustment in several areas.' As there were insufficient numbers in the different diagnostic groups, clear conclusions could not be made as to which CFAs were associated with psychosocial status and what age this became apparent. It was concluded that more sophisticated models are required to elucidate the development of adaptation and maladaptation to such anomalies. DOI: 10.1038/sj.bdj.2010.1008