

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.

RECIPROCAL CLICKING

Focus Article. Evaluation of the research diagnostic criteria for temporomandibular disorders for the recognition of anterior disc displacement with reduction

Naeije M, Kalykova S *et al.* *J Orofac Pain* 2009; **23**: 303-311

The 'elimination test'

This focus article, three critical commentaries and a response to these commentaries are published in the same journal issue. The discourse explores the role of the Research Diagnostic Criteria for Temporomandibular Disorder (RDC/TMD) in the management of reciprocal clicking. Specifically, can RDC/TMD be used to discriminate anterior disc displacement with reduction (ADDR) from symptomatic hypermobility? These conditions are the two most prevalent derangements of the temporomandibular joint and are managed differently. Both demonstrate clicking on opening and closing (reciprocal clicking). The authors stress the importance of the 'so-called elimination test'. In those with ADDR, the clicking sounds associated with opening and closing are eliminated on protrusion. This does not occur in those with symptomatic hypermobility.

DOI: 10.1038/sj.bdj.2010.127

GINGIVAL AESTHETICS

Excessive gingival display – etiology, diagnosis and treatment modalities

Silberberg N, Goldstein M *et al.* *Quintessence Int* 2009; **40**: 809-818

Patients who have concerns with excessive gingival display invariably require referral to secondary care.

The authors cite others, that report excessive gingival display, referred colloquially as a 'gummy smile', has a prevalence of 10% in 20-30 year-olds and occurs more in women than men. Excessive gingival display decreases with age. As a consequence therefore, gingival exposure can give a 'youthful appearance'. Invariably the upper lip is of normal dimension, although it may appear short. Treatment of enlarged gingival tissues associated with less than ideal home care and medications 'should focus on meticulous oral hygiene'. For those with compensatory alveolar eruption, orthodontic intrusion or surgical periodontal resection can be used to reduce the excessive gingival display. If this condition is caused by vertical maxillary excess, orthognathic surgery can improve the dental aesthetic.

DOI: 10.1038/sj.bdj.2010.129

RECIPROCAL CLICKING

Critical commentary 1. Evaluation of the research diagnostic criteria for temporomandibular disorders for the recognition of anterior disc displacement with reduction

Okerson JP. *J Orofac Pain* 2009; **23**: 312-315

'...one must question if all patients had ADDR' as this had not been verified by MRI.

In this, the most challenging of the three critiques, the author suggests that RDC/TMD diagnostic system has been linked with those patients who show a variety of 'systemic medical conditions'. It is argued that this diagnostic system does not pay due weight to those patients with TMD that has a putative musculoskeletal aetiology. The author of this critique asserts that MRI 'is considered the gold standard' for diagnosis. In the focus article however, the investigators base their diagnosis on an electronic mandibular movement device. It is also stated that the focus paper has a 'very limited concept' because other conditions such as adhesions, disc perforations or chronic disc dislocations without reduction may also produce sounds.

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PERIODONTAL INFECTION CONTROL

Full-mouth treatment vs. the conventional staged approach for periodontal infection control

Tomasi C, Wennström JL. *Periodontology* 2000 2009; **51**: 45-62

Similar outcomes yet '...the time spent to complete the treatment was significantly shorter' with single visit, full-mouth ultrasonic debridement compared with quadrant debridement carried out at weekly intervals.

The authors begin this erudite descriptive review by discussing end points for successful treatment. 'True end points' are patient-centred outcomes such as 'relief of pain, esthetics and chewing comfort' whereas an example of a 'surrogate marker' is 'pocket closure (a probing pocket depth of <4 mm)'. There is a consensus that 'pocket/root instrumentation should preferably be carried out using instruments that cause minimal root substance removal, but are effective in disrupting the biofilm and removing calculus'. Not only are ultrasonic devices favoured for debridement, but reduce root sensitivity. Single-visit, full-mouth ultrasonic debridement had a cost-benefit compared with debridement carried out 'quadrant-wise' at weekly intervals.

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