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.

INFECTED DENTISTS

SHEA guideline for management of healthcare workers who are infected with Hepatitis B virus, Hepatitis C virus, and/or Human Immunodeficiency Virus

Henderson DK, Dembry L *et al.* *Infect Control Hosp Epidemiol* 2010; **31**(3): 203–232.

'...HIV infected provider who has a viral burden of less than 5×10^2 GE/mL not be excluded from any aspect of patient care'.

Policy leaders in public health and occupational health are charged to weigh-up nonmaleficence, a fundamental right of a patient, with those of an infected healthcare worker. They should be familiar therefore, with this rigorously argued document. In this, the authors state that all restorative, endodontic and periodontal procedures including 'simple tooth extractions' can be carried out by dentists who are HBV, HCV, and/or HIV positive, even if they have significant circulating viral burdens. They should, however, 'refrain' from carrying out dento-alveolar surgery. Assessment of the individual's ability to practise safely must be underpinned by their 'clinical status, laboratory parameters, and clinical performance'.

DOI: 10.1038/sj.bdj.2010.337

INCISOR TRAUMA

Social judgements made by children in relation to visible incisor trauma

Rodd HD, Barker C *et al.* *Dent Traumatol* 2010; **26**: 2–8

Adolescents view those subjects '...with traumatized teeth more positively than those with intact incisors'.

This study was carried out 'with', not 'on', 291 children (participants). They were invited to make a social judgement, using a Likert scale, on colour photographs of four children's faces (subjects). These photographs showed the subjects with either incisor trauma or whose photographs had been digitally modified in order to restore the incisor aesthetics. Participants who were 11–12 years old 'viewed children with visible incisor trauma more negatively than the same child with normal incisor appearance'. This is contrast to 14–15 years olds. The authors suggest that self-monitoring may offer an explanation for this fascinating finding: although 14–15 year olds may hold negative thoughts about the dental aesthetic and implications of incisor trauma, this age group particularly modified '...their responses to what they considered to be more socially acceptable.'

DOI: 10.1038/sj.bdj.2010.338

VERTICAL ROOT FRACTURES

Vertical fracture of root filled teeth restored with posts: the effects of patient age and dentine thickness

Mireku AS, Romberg E *et al.* *Int Endodont J* 2010; **43**: 218–225

'There were no significant differences between the number of cycles required to fracture the young and old specimens...'

This *in vitro* study was carried out on 23 single-rooted teeth that were extracted from 18–35-year-old patients and the 22 teeth extracted from those over 60 years of age. The root canal systems were instrumented and obturated. A stainless steel red ParaPost® was placed. The teeth were loaded cyclically until fracture. When analysing both raw and normalised data (taking account of the remaining thickness of the dentine and 'the fatigue life behaviour of dentine'), there was no significant difference between the number of cycles required to fracture teeth extracted from young and old patients. However, after exclusion of outliers, the investigators argue 'the resistance to vertical root fracture of root filled teeth restored with posts decreases with increasing patient age...'

DOI: 10.1038/sj.bdj.2010.339

ENDODONTIC COMPLICATIONS

Non-surgical management of paraesthesia and pain associated with endodontic sealer extrusion into the mandibular canal

Froes FGB, Miranda AMMA *et al.* *Aust Endod J* 2009; **35**: 183–186

Conservative management after pain and paraesthesia following an overfill with a eugenol-containing endodontic sealer.

This case report describes the successful management, adopting a conservative approach, of a patient who experienced intense pain and spontaneous paraesthesia following an overfill of a root canal system. The tooth was a lower molar and the material was a eugenol-containing endodontic sealer, placed using a lentulo spiral filler. Potassium diclofenac was prescribed for 5 days followed by naproxen, another anti-inflammatory drug. The pain settled and, over the next 2 months, the paraesthesia gradually resolved. Radiographic examination, taken immediately after the incident, showed a radiopaque material within the inferior dental canal. Thirty months later, there was partial resorption of this foreign material. The authors argue that 'Surgical removal of the material was not recommended in this case, to avoid any surgical neural damage...'

DOI: 10.1038/sj.bdj.2010.340