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.

KEY ASSOCIATION UNCOVERED

Obesity and dental caries in children: a systematic review and meta-analysis

Hayden C, Bowler JO *et al.* *Community Dent Oral Epidemiol* 2012; doi: 10.1111/cdoe.12014

There is an association between dental caries and obesity in children from industrialised countries but not from newly industrialised countries.

A random effects model meta-analysis was applied to 14 papers that had met selection criteria (from 212 studies identified in the initial literature search). Using a funnel plot, the investigators argue that there was a low level of publication bias. Using standardised definitions for the assessment of child obesity, the key finding was an overall association between obesity and level of caries in the permanent dentition. The causative direction of this association is not speculated. For example, does dental caries preclude children from eating a healthy diet? The authors assert that the findings from this study would suggest 'a common risk factor approach would therefore assist in preventing obesity and dental caries.'

DOI: 10.1038/sj.bdj.2013.130

ELECTROSURGERY

How safe is diathermy in patients with cochlear implants?

Frampton SJ, Ismail-Koch H *et al.* *Ann R Coll Surg Engl* 2012; **94**: 585–587

Monopolar electrosurgery 'should not be used in the head and neck region on patients with cochlear implants'.

What is the real risk from using high frequency energy dental equipment with surgically inserted electrical devices? When considering cardiac pacemakers, many of the concerns would appear to be unfounded (see *J Endod* 2006; **32**: 847–852). Nevertheless, there is a distinction between the risk to artificial pacemakers and to cochlear implants. The latter are particularly sensitive to electrical interference and damage, although not as great a risk as stated in cited authoritative guidelines (<http://www.bcig.org.uk/site/public/current/safety.htm>). This paper describes the results of a survey carried out with surgeons who operate in the head and neck region in two hospitals only. In those with cochlear implants, '11% erroneously felt it was safe to use monopolar diathermy above the clavicles'.

DOI: 10.1038/sj.bdj.2013.132

OBESITY – MIXED MESSAGES

Association of all-cause mortality with overweight and obesity using standard body mass index categories. A systematic review and meta-analysis

Flegal KM, Kit BK *et al.* *JAMA* 2013; **309**: 71–82

'...lower mortality among overweight and moderately obese patients' but higher mortality for those with a BMI >35.

There is increasing evidence that obesity is associated with periodontal disease (for review see *J Dent Res* 2012; **91**: 5–7). When it comes to general health, NHS choices are unequivocal as to the deleterious effects of obesity. But what is the evidence? In this study, over seven thousand articles were identified and 97 studies were analysed with a sample size of more than 2.88 million individuals. Of note, overweight (BMI of 25–<30) 'was associated with significantly lower all-cause mortality' and those with Grade 1 obesity (BMI of 30–<35) did not have a higher mortality compared with those who were of normal weight.

DOI: 10.1038/sj.bdj.2013.131

LOWER FULL PROSTHESIS

Use of a single implant to retain mandibular overdenture: a preliminary clinical trial of 13 cases

Cheng T, Ma L *et al.* *J Dent Sci* 2012; **7**: 261–266

Less expensive but an approach with risks.

The York Consensus statement (*Br Dent J* 2009; **207**: 185–186) states 'a two-implant supported mandibular overdenture should be the minimum offered to edentulous patients...'. In this study, a less expensive approach was adopted in that the lower removable prosthesis was stabilised/retained using one implant only (>10 mm) placed in the mandibular midline area. All the parameters improved after reconstruction. However, the authors cannot claim causality as there was no control group. No complications were reported although another paper (*Clin Oral Impl Res* 2009; **20**: 791–795) has stated that implants should be avoided at the midline of the mandible because of the risk of bleeds. Additionally, a RCT was not cited that concluded 'At face value...[a] simple implant-retained mandibular overdenture offers little advantage compared with properly constructed conventional dentures' (*J Dent Res* 2006; **85**: 547–551).

DOI: 10.1038/sj.bdj.2013.133