

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.

OBESITY

The obesity paradox in the surgical population

Valentijn TM, Galal W *et al.* *Surgeon* 2013; 11: 169–176

'...lower mortality among overweight and moderately obese patients' (JAMA 2013; 309: 71–82) but does this apply also for those receiving surgery?

Links between obesity and dentistry are increasingly being highlighted (see Editorial *Br Dent J* 2013; 214: 141). Although the research question underpinning this narrative review may appear perverse, the conclusion from this paper is that there is a 'paradoxical relationship between BMI (not extremes of BMI) and postoperative mortality...' in those who have received surgery. Possible explanations are that the BMI categories should be revised or that an underlying condition is the reason for the postoperative mortality and not the weight. For example, cancer, kidney disease and COPD, all cause weight loss. This increased mortality during surgery for those grossly underweight would improve outcomes for those overweight.

DOI: 10.1038/sj.bdj.2013.502

VENEERS

Shear bond strength of porcelain laminate veneers to enamel, dentine and enamel–dentine complex bonded with different adhesive luting systems

Öztürk E, Bolay S *et al.* *J Dent* 2013; 41: 97–105

Why then are veneers so successful?

In this *in vitro* study, shear bond strengths until failure were measured between ceramic veneers (IPS e.max Press – lithium disilicate glass ceramic, Ivoclar Vivadent), luted with different adhesive systems, and preparations purported to be in 1) enamel only, 2) dentine only, and 3) involving both enamel and dentine. It was concluded that limiting the preparation to enamel only, was more important than the choice of resin cement. Can these results be reconciled with recommendations for veneer preparations and clinical outcome measures? In the introduction to this paper, it is stated that the aprismatic and hypermineralised surface layer (ca. 0.5 mm), that is resistant to acid-etching, should be removed. As a consequence, preparations for ceramic veneers invariably involve dentine at 'the cervical and proximal regions'. Yet other *in vitro* studies and clinical observations, report that ceramic veneers perform satisfactorily.

DOI: 10.1038/sj.bdj.2013.503

NOSOLOGY – TMD

A new surgical classification for temporomandibular joint disorders

Dimitroulis G. *Int J Oral Maxillofac Surg* 2013; 42: 218–222

A simple classification that also guides treatment.

The key message from a recent paper that explores periodontal classifications (*Community Dent Oral Epidemiol* 2012; 40: 385–395), is that such are only useful if they steer treatment. When considering TMD, particularly TMJ surgery, the 'RDC-TMD (classification) has remained firmly embedded in the research world with little use in clinical practice'. The Wilkes classification, widely used by surgeons, focuses on only two disorders (internal derangement and osteoarthritis). The authors of this paper propose a classification based on 5 categories with 1 being normal and 5 showing 'catastrophic changes' to the joint such that the patient would benefit from surgery. This classification is simple, directs the surgeon towards particular treatment approaches and offers a framework for comparing outcomes from different centres.

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ROOT RESORPTION – ORTHODONTICS

Apical root resorption: the dark side of the root

da Silva Campos MJ, Simões Silva K *et al.* *Am J Orthod Dentofacial Orthop* 2013; 143: 492–498

Cone beam computed tomography offers an insight into apical root resorption following orthodontic treatment.

In this study that recruited 25 patients undergoing orthodontic treatment, the investigators measured labial and lingual root resorption in the sagittal plane, of 82 incisor teeth. Before recording CBCT, planar radiography demonstrated that all teeth already exhibited apical root resorption. Neither CT imaging was carried out before orthodontic treatment, nor was there a control group. Nevertheless, the investigators assert 1) the difference between the length of a tooth at its apical extension and the resorptive front was more than 1 mm, and 2) that this resorption would 'not (be) identifiable by conventional radiographic methods'. They state that generally 'flat root resorption does not occur at the apical region'. There was also no difference between the pattern of resorption observed on the labial and lingual root surfaces.

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