

# 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.

## BLEACHING-STAINING

### Influence of coffee and red wine on tooth color during and after bleaching

Côrtes G, Pini NP *et al. Acta Odontol Scand* 2013;  
DOI: 10.3109/00016357.2013.771404

**Following tooth whitening, patients should avoid drinks that cause tooth staining, particularly red wine.**

It is unclear if tooth staining agents, consumed during bleaching and immediately following bleaching, result in a sub-optimal tooth whitening. The method used in this *in vitro* study, carried out in Brazil, comprised 1) preparation of enamel blocks, 2) bleaching of these blocks with carbamide peroxide, 3) immersion for 15 minutes in either coffee or wine (Brazilian, of course) and, 4) storage in artificial saliva. The bleaching and staining regimens were carried out concurrently for each of 22 days, and then staining only for a further 30 days. Bleaching was not affected by the simultaneous exposure to the staining agents. Nevertheless, after bleaching was complete, staining recurred with exposure to these products but more so with wine than coffee.

DOI: 10.1038/sj.bdj.2013.554

## IMPACTED CANINES - POINT

### Palatally impacted canines: the case for preorthodontic uncovering and autonomous eruption

Mathews DP, Kokich VG. *Am J Orthod Dentofacial Orthop* 2013; **143**: 450-458

**'...complete bone removal from the coronal aspect of the tooth.'**

In the US, '...lawsuits for mismanagement of palatally impacted canines rank second in frequency, just behind periodontal problems developing during the orthodontic treatment...'. Less than 3% of canine teeth are impacted but when so, are more frequently positioned palatally. In this paper, the advantages of preorthodontic uncovering and autonomous eruption were not so much advocated but instead the shortcomings were identified of the closed surgical exposure and orthodontic traction. The disadvantages of this latter approach are 1) root resorption of the adjacent lateral incisor 'is a common aftermath', 2) increased treatment time, 3) loss of alveolar bone, not only of adjacent but also the canine tooth and, 4) gingival recession. Disadvantages of preorthodontic uncovering and autonomous eruption were described although either the authors were being disingenuous or the reasons were not entirely convincing.

DOI: 10.1038/sj.bdj.2013.555

## ROOT CANAL LEAKAGE AGAIN

### Assessment of the sealing abilities of several root canal sealers and filling methods

Özcan E, Ünverdi Eldeniz A, *et al. Acta Odontol Scand* 2013;  
DOI: 10.3109/00016357.2012.762990

**In this *in vitro* study, bacterial leakage was observed in over three-quarters of root fillings.**

The investigators compared the efficacy of combinations of two sealers and five root filling techniques to minimise leakage of *Enterococcus faecalis* into the root canal of 174 extracted single rooted incisor teeth. The root canals were prepared to an apical size of F5 using the ProTaper® rotary system (Dentsply). No combination of sealers and techniques prevented reliable bacterial leakage. Nevertheless, leakage was significantly less with the continuous wave of condensation technique compared with more traditional obturation techniques that included Thermafil® (Dentsply). There was no difference in leakage between the 'gold standard' epoxy resin-based sealer, (AH Plus®, Dentsply) and a polydimethylsiloxane-based sealer (GuttaFlow®, Coltène/Whaledent).

DOI: 10.1038/sj.bdj.2013.556

## IMPACTED CANINES - COUNTERPOINT

### Palatally impacted canines: the case for closed surgical exposure and immediate orthodontic traction

Becker A, Chaushu S. *Am J Orthod Dentofacial Orthop* 2013; **143**: 451-459

**'...bone is left intact around the crown...'**

The only substantial issue challenged in this opposing 'POINT/COUNTERPOINT' paper (pagination is duplicated in the two PDF papers), is that resorption of the adjacent lateral incisor is not associated with the closed surgical exposure and immediate orthodontic traction. This has been shown by the use of CBCT that has demonstrated that resorption of the lateral incisor tooth usually occurs 'before treatment is initiated'. Not surprisingly, these authors are not comfortable with preorthodontic uncovering and autonomous eruption approach, in that 1) there is no robust data stating how often spontaneous eruption does not occur and, 2) treatment times were no longer but indeed shorter (ca. 25 months with surgical exposure and traction v 40 months with preorthodontic uncovering and spontaneous eruption). The techniques used to carry out these two approaches are described in their respective papers.

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