

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.

'COUNTING MOLES ON YOUR ARMS'

Prediction of high naevus count in a healthy UK population to estimate melanoma risk

Ribero S, Zugna D *et al.* *Br J Dermatol* 2015 doi: 10.1111/bjd.14216.

Not only do dentists have a pivotal role in screening for intra-oral cancer, but also for facial skin perturbations.

Of note '...the incidence of all forms of facial skin cancers is at least 20 times that of oral squamous cell carcinoma'. (*Fac Dent J* 2012; 3: 158–165). The 'ugly duckling mole' (appearance different from other moles) must raise suspicion of melanoma. But application of, and meeting the ABCDE rule (asymmetry, border irregularity, colour variegation, diameter >6 mm, elevation/enlarging), makes a compelling reason for referral. When considering screening for melanoma, most valid is a total body naevus (mole) count; more than 100 naevi being a 'strong predictor of risk of melanoma'. But counting the number of moles over the whole body is time-consuming. This study recruited 3,694 female twins and a control group (n = 415). Women with more than 11 moles on the right arm (when compared with 16 other body sites) were approximately nine times more likely to have more than 100 naevi (OR = 9.38). The right arm was the best marker. There was also a highly significant association between face naevi and total body naevus count.

DOI: 10.1038/sj.bdj.2015.915

GUSTATORY SWEATING

Frey syndrome: factors influencing the time to event

Lafont M, Whyte A *et al.* *Int J Oral Maxillofac Surg* 2015; 44: 834–839

Almost one third of patients developed Fry syndrome following parotidectomy.

Frey syndrome, or when described more informatively as gustatory sweating, occurs when postganglionic parasympathetic fibres of the auriculo-temporal nerve supplying the parotid gland are sectioned and then regenerate. Gustatory sweating can occur following parotidectomy. The main symptom is sweating over the pre-auricular region, and or the temporal region, after eating. This symptom can be accompanied by redness, heat or pain. The length of time to presentation after surgery can vary from a few days to possibly years. In this retrospective study, the investigators interrogated the clinical notes of 334 patients who underwent a parotidectomy, from 2002 to 2012. Only 14.4% of patients were lost from the study. Survival analysis (Kaplan-Meier) was used to analyse the data. Counterintuitively those who received treatment for malignant parotid gland tumours appeared to be less likely to develop gustatory sweating than those patients with benign tumours. In this study, almost one third of patients developed gustatory sweating, but of note, it did not occur until some 4 years after parotidectomy.

DOI: 10.1038/sj.bdj.2015.917

THE IMPACT

Childhood dental injuries: a resiliency model of adaptation

Porritt JM, Rodd HD *et al.* *Int J Paediatr Dent* 2015; 25: 267–281

Parental concerns about their child's dental injury, obviously should also be met.

How do children feel about their dental injury and what do their parents think? In this study, children who suffered trauma to their permanent teeth completed several questionnaires exploring, among other issues, health-related quality of life and coping styles. These were answered at baseline and 6 months after trauma. Parents were also invited to complete a questionnaire that explored 'previous stressors/strains on the family, social support, healthcare satisfaction, and family impacts'. This study recruited 108 children and 113 parents. Less than half the participants completed the study. The findings were not surprising. As shown by other studies, females experienced more negative outcomes after dental trauma compared with males. In addition, coping style, social support, and family functioning significantly predicted the child's oral health-related quality of life. If parents were comfortable with the treatment that their child had received, they were satisfied.

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WITH AN AIM TO PREVENT 'CHIPPING'

Improving shear bond strength between feldspathic porcelain and zirconia substructure with lithium disilicate glass-ceramic liner

Wattanasirmit K, Srimeepong V *et al.* *Dent Mater J* 2015; 34: 302–309

Thermocycling reduced dramatically the shear bond strengths of those test specimens with a lithium disilicate intermediate glass-ceramic layer.

Glass joining can use an intermediate ceramic layer. Such an approach is used in decorative stained glass and fuel cell technology. Could an intermediate ceramic layer prevent 'chipping' of laminate all-ceramic restorations? This somewhat confusing paper reports *in vitro* experiments investigating, among other characteristics, the shear bond strengths of all-ceramic restorations comprising veneered feldspathic porcelain on a lithium disilicate glass-ceramic liner that in turn is joined to the zirconia substructure. With no thermocycling, the shear bond strengths of the test specimens were improved with the intermediate glass-ceramic layer, compared with the controls with no intermediate layer. A possible explanation for these observations is that the intermediate lithium disilicate ceramic layer reduces the stresses caused by the different coefficients of thermal expansion between the zirconia substructure and veneering porcelain. But after thermocycling, the shear bond strengths of the test specimens were reduced, so much so that the mean value for 'the control group...was significantly higher than the thermocycled specimens (p < 0.05)'.

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