

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.

Antibiotics – abortion

Use of antibiotics during pregnancy and risk of spontaneous abortion

Muanda FT, Sheehy O *et al.* *CMAJ* 2017; **189**: 625–633

Prescribing vigilance.

After taking into account for potential confounders, use of azithromycin (odds ratio [OR] 1.65, 95% confidence interval [CI] 1.34–2.02), clarithromycin (OR 2.35, CI 1.90–2.91), metronidazole (OR 1.70, CI 1.27–2.26), among other antimicrobials, were associated with an increased risk of spontaneous abortion. The dental use of clarithromycin, which is active against beta-lactamase-producing bacteria, offers no advantage when compared with first line antibiotics used in dentistry (www.sdcep.org.uk/wp.../03/SDCEP-Drug-Prescribing-for-Dentistry-3rd-edition.pdf). However, azithromycin, a macrolide, may have a role for those patients with a sub-optimal response to conventional periodontal therapy, and in the treatment of cyclosporine-induced gingival overgrowth. Metronidazole is a suitable alternative for those dental patients who are allergic to penicillin. This was a nested case-control study (in this study for each abortion, ten controls were randomly selected and matched by gestational age and year of pregnancy) using data from the Quebec Pregnancy Cohort (1998–2009).

DOI: 10.1038/sj.bdj.2017.493

Misinformation

Keeping the faith – reporting on antimicrobial resistance in an era of fake news

Tillotson GS. *Lancet Infect Dis* 2017; **17**: 473–474

‘...genuine efforts of well intentioned experts...’

Funds were made available to fight antibiotic resistance by among others, the European Union, the UN General Assembly and committees convened by the then US President. Some of these actions were founded by reports from the esteemed UK economist ‘Jim’ O’Neill’s review on antimicrobial resistance: ‘*Antimicrobial resistance: Tackling a crisis for the health and wealth of nations*, 2014.’ This report estimated that antimicrobial resistance could cause 10 million deaths a year by 2050 costing ‘the world up to 100 trillion USD.’ In addition, the US Centers for Disease Control and Prevention, published a list of 18 resistant bacteria including *Clostridium difficile*, carbapenem resistant Enterobacteriaceae, and drug-resistant *Neisseria gonorrhoeae*. The veracity of these reports has been questioned by de Kraker (*PLoS Med* 2016; **13**: e1002184) and by the Reuters news agency. de Kraker argues ‘estimates...should be accompanied by clear acknowledgment of the associated uncertainties regarding the incidence of infections, the prevalence of resistance, and the attributable mortality.’ In addition, she states ‘...modeling future scenarios using unreliable contemporary estimates is of questionable utility.’

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Endodontic retreatment

Postoperative pain after the removal of root canal filling material using different techniques in teeth with failed root canal therapy: a randomized clinical trial

Topçuoğlu HS Topçuoğlu G. *Acta Odontol Scand* 2017; **75**: 249–254

The use of hand files was associated with more postoperative pain.

The investigators suggest that the main cause of pain associated with non-surgical endodontic retreatment is extrusion of debris during removal of root canal filling material. The principal aim of this study was to explore the degree of postoperative pain when carrying out non-surgical endodontic retreatment on upper incisor teeth carried out 1) using hand files, 2) PROTAPER® UNIVERSAL RETREATMENT and 3) RECIPROC® one file endo system. The most severe postoperative pain was experienced by those whose retreatment was carried out by hand files and occurred in about half of the patients. Regardless of method, no pain was reported after 7 days. The RECIPROC system completed the task in the shortest time (3 minutes vs. 7 minutes for use of hand files).

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Oral cancer

Oral and oropharyngeal cancer and the role of sexual behaviour: a systematic review

Chancellor JA, Ioannides SJ *et al.* *Community Dent Oral Epidemiol* 2017; **45**: 20–34

Limited and inconsistent evidence that sexual behaviours are a risk factor for oropharyngeal cancer.

Primary prevention may have a major impact on that minority of tumours classified as D-tumours (D for deterministic such as HPV-16 head and neck – *Science* 2015; **347**: 78–81). But what is the evidence that sexual behaviour is a risk factor for oropharyngeal cancer. From a pool of 513 papers, 20 met the inclusion criteria; only two papers were rated as moderate quality and 18 as weak. The investigators used the Effective Public Health Practice Project Quality Assessment Tool. This has been used in areas such as the promotion of sexual health and substance misuse. Of note, two studies found a significant negative association with oral cavity cancers and oral sex. But when taken in the round, five studies reported that oral sex was associated with oral cancer and nine studies reported that a ‘high number of lifetime sexual partners’ was associated with oral cancer. After adjusting for confounders, never or rare use of a condom was associated with a risk of oropharyngeal cancer, but then those who had sex with a person who had genital warts were not associated with oropharyngeal cancer. They concede that due to the sensitivity of this subject there may underreporting in some, but then again overreporting in other groups.

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