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**.

Umbrella review – single v multiple visits

Endodontic treatment in single and multiple visits: an overview of systematic reviews

Moreira MS, Anuar ASN *et al. J Endod* 2017; **43:** 864–870

Regardless of pulpal or periradicular status, there was no difference in 'repair or success rates' between single or multiple visits for root canal therapy.

An umbrella review considers only the highest level of evidence, specifically systematic reviews and meta-analyses. Such a review offers decision-makers an insight into the subject area (*Int J Evid Based Healthc* 2015; **13:** 132–140). These investigators compared outcomes following single and multiple visits for endodontic treatments. Twenty systematic reviews were identified of which only eight were of sufficient rigor to be included (two papers were considered together as a single systematic review). The Assessment of Multiple Systematic Reviews tool (AMSTAR) was used to assess the risk of bias; three systematic reviews were of low risk, three of moderate risk and one of high risk. The investigators reported there were no differences in outcomes between single visit root canal therapy or that carried out with multiple visits, irrespective of the pulpal or periradicular status. Patient-centred outcomes should also be considered in such reviews. These authors did not cite a recent paper that found '…scheduling treatments as well as patients' and dentists' preferences' should influence the decision between single or multiple visits root canal therapy (*J Endod* 2016; **42:** 1446–1452). This latter paper found there was no difference in cost-effectiveness between single and multiple visits root canal therapy.

DOI: 10.1038/sj.bdj.2017.708

Quality of life: implants following surgical resection

Systematic review of literature: functional outcomes of implant-prosthetic treatment in patients with surgical resection for oral cavity tumors

Said MM, Otomaru T *et al. J Investig Clin Dent* 2017; doi: 10.1111/jicd.12207

No improvement in quality of life after implant prosthetic reconstruction following resective surgery for cancer.

Eight studies fulfilled the inclusion and exclusion criteria, three of which reported on the same patient cohort. This small number of studies is acceptable, as few patients require such treatment. Three studies measured functional activity, such as the ability to chew peanuts, and five looked at quality of life with the use of questionnaires. Although there was no improvement in quality of life after implant prosthetic reconstruction, there was increased patient satisfaction with implant-retained prosthesis. In addition, there was a consensus that non-implant-retained prosthesis can successfully rehabilitate patients following maxillectomy or marginal mandibulectomy.

DOI: 10.1038/sj.bdj.2017.709

'Perspective-sensitive account'

Identity change and informed consent

Witt K. *J Med Ethics* 2017; **43:** 384–390

Is there a distinction between gaining informed consent for identity change and other interventions?

Reconstruction of the anterior tooth sextant, the inane clip-on veneer, non-surgical facial aesthetics, orthognathic surgery and facial allograft transplantation, each can transform appearances if not shape identity. The author of this scholarly paper uses the example of an individual who has been suffering from Parkinson's disease for many years. But when treated with deep brain stimulation he was changed from a modest, loving husband with a clear work ethic, to a person who is loud, easily offended, rows with his wife and has left his job. Is this an acceptable trade-off for an improvement in motor symptoms? This powerful example focuses on identity change.

At the heart of this open access extended essay, is the proposal that the following three pillars should each be met in order that consent is given for identity change:

Requirement 1: 'an assessment of preintervention quality of life and the identity change from…(the) preintervention perspective,'

Requirement 2: 'an assessment of postintervention quality of life from…(the) postintervention perspective,' and the key requirement that links Requirement 1 and Requirement 2 is

Requirement 3: 'preintervention and postintervention quality of life are weighted equally…'.

The essayist refers to this process of achieving informed consent as the 'perspective-sensitive account'. This contrasts with the 'standard conception' of informed consent that is based on information and yet more information. In addition, too much emphasis is given to the pre-intervention perspective. It is argued that the 'standard conception' is flawed in that it ignores opposing judgements. These are categorised according to the 'blatant mistake', the 'subtle mistake', and when 'patients overlook "ordinary" bits of information about the consequences of an intervention'. An avenue to consider these from a dental viewpoint is the somewhat banal example of altering someone's appearance and possibly identity by placing ceramic veneers in combination with non-surgical facial aesthetics. If the patient overlooks the rare but catastrophic effect of incorrect placement of fillers, or a chipped veneer, they have over-looked '"ordinary" bits of information about the consequences of an intervention'. The 'blatant mistake' is when the patient is uncomfortable with the outcome of the intervention. For example, oro-facial aesthetics may have the consequence that the patient is now the centre of unwanted attention. The 'subtle mistake' is when the individual denies themselves treatment because they are too concerned with the possible outcome of that treatment.

DOI: 10.1038/sj.bdj.2017.710

Official journal of the British Dental Association.