Merry Christmas from the team at Research Review

Making Education Easy

Issue 30 - 2011

ONE FILLING

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Welcome to the 30th edition of Dental Review, which has now been humming along for five years. Many thanks to all those subscribers who completed last month's survey

about the publication. It is very pleasing to be involved with something that is well read, saved for future reference and often passed on to others to look at.

This issue has the usual very varied mix, from depth perception to whiplash, bleaching to toothbrushes, and pulp stones to local anaesthetics. I hope you find it interesting and that you will continue to follow Dental Review in 2012. In the meantime I have my Christmas hat on, so it must be time to send you all my best wishes for the season.

Nick Chandler

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Treatment of intrabony defects after impacted mandibular third molar removal with bioabsorbable and non-resorbable membranes

Authors: Corinaldesi G et al

Summary: Extracting impacted mandibular third molars may be indicated as part of the treatment of periodontal problems distal to the second molars, but it may not resolve issues and can even worsen the problem. Eleven patients with bilateral probing depths of at least 6 mm distal to the second molars had their third molars removed and a bioabsorbable collagen membrane placed on one side and a non-resorbable expanded polytetrafluoroethylene (ePTFE) membrane on the other. Nine months later both treatments were successful, with reductions in probing depth.

Comment: The small number of patients involved indicates the difficulty in finding appropriate patients – just finding the 11 people with two identical impactions mesio-angularly and horizontally (and matching other stringent inclusion criteria) took two years. The once-only surgical procedure technique using the resorbable membrane avoids damaging newly formed tissues and would appear to have advantages. However, there is much controversy on this topic, as indicated by the length of the discussion section in this paper and the number of related publications currently on library shelves.

Reference: Journal of Periodontology 2011;82:1404-1413

http://www.joponline.org/doi/abs/10.1902/jop.2011.100466

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procedures.

A comparison of conventional and new rubber dam systems in dental practice

Authors: Feierabend SA et al

Summary: Two hundred patients received at least one treatment with conventional rubber dam and one with a new system (OptraDam, Ivoclar Vivadent) introduced in 2005 and which requires no clamps or frame. Dental students, staff and patients completed questionnaires on the advantages and disadvantages of the systems and their preferences. The general preference of the patients was for the old system (52%). The insertion of both systems was considered easy, with the new dam needing clamps only 48% of the time. While the OptraDam outperformed the conventional system for anterior teeth, overall the preference was for the conventional dam.

Comment: The first published attempts at moisture control in the mouth were made in 1835, followed by Barnum's introduction of dams in 1869. Rubber dam use is still considered difficult and time consuming, so efforts to modify it to change these perceptions are laudable. Patients in this experiment rarely reported discomfort, and there are several publications reporting the excellent patient acceptance of dams. Repeating this experiment outside the confines of a dental school would be interesting.

Reference: Operative Dentistry 2011;36:243-250

http://www.jopdentonline.org/doi/abs/10.2341/09-283-C?journalCode=odnt

Teaching local anesthesia in dental schools: opinions about the student-to-student administration model

Author: Hossaini M

Summary: This study was an online survey to gather opinions on teaching of local anaesthesia. It involved 152 respondents from three dental schools. While respondents mostly agreed that they should practice on one another, almost 16% thought it was unethical to inject solely for the purpose of practice and training, and the majority thought opting out of the exercise should be an option. The results suggested that while it is desirable to learn a variety of injections, few are performed on a day-to-day basis. It may be realistic to teach just inferior dental blocks, and allow trainees to use their cognitive and clinical skills from this to apply other techniques.

Comment: Administering local anaesthetic injections to student colleagues (usually friends!) and being on the receiving end are probably enduring memories of the beginning of our clinical dental training. It is exciting but safe and is very much a rite of passage in undergraduate courses. We are reminded that there is a lack of affordable and practical simulation models available for this aspect of dental training.

Reference: Journal of Dental Education 2011;75:1263-1267 http://www.jdentaled.org/content/75/9/1263.abstract_



www.trademe.co.nz/jobs

Depth and distance perception of dentists and dental students

Authors: Dimitrijevic T et al

Summary: One hundred and sixty three undergraduates from three class year groups and 20 experienced dentists performed three tasks. These involved depth perception, distance estimation and writing. Stereopsis and visual acuity were also measured. The results were dramatic, with many having great difficulty gauging depths and distances.

Comment: This lengthy paper alerts us to the difficulties many have in assessing depths and distances. One student had poor visual acuity and also performed poorly on a cutting exercise; perhaps routine testing of new students to detect visual and perceptual problems would be worthwhile? Fortunately, a reduction in absolute error was noted with greater clinical experience.

Reference: Operative Dentistry 2011;36:467-477

http://www.jopdentonline.org/doi/abs/10.2341/10-290-L

Treating a maxillary midline diastema in adult patients: a general dentist's perspective

Authors: Chu CH et al

Summary: An account is given of the maxillary midline diastema and how it may or may not constitute an aesthetic problem. Five cases are then described, with treatment involving composite buildup, porcelain veneers and three with orthodontic components in their management.

Comment: A very clear, evidence-based account of managing the situation with a flowchart to help with decisions. The benefits of study models, diagnostic wax-ups and silicone stents/indexes are emphasised. Much more comprehensive than your average 'case report'.

Reference: Journal of the American Dental Association 2011;142:1258-1264

http://jada.ada.org/content/142/11/1258.abstract



Dental Review is also made available to Dental Therapists through the kind support of the New Zealand Dental Therapists' Association

Frequent jaw-face pain in chronic whiplash-associated disorders

Authors: Häggman-Henrikson B et al

Summary: This experiment aimed to investigate the frequency of jaw-face pain in patients with chronic whiplash associated disorders (WAD). It involved a questionnaire given to 50 patients with chronic WAD and a similar group of healthy subjects (mean age 39 years). The main finding was that discomfort in the jaw and face was almost as frequent as neck pain and pain in the head and shoulders in the WAD group.

Comment: Whiplash is most commonly associated with traffic accidents but is also seen after some falls. Most (88%) reported pain in the jaw-face and also reported stiffness/numbness in the jaw-face. The high frequency of facial numbness found in this study has not been reported before, and suggests some degree of disturbed trigeminal nerve function.

Reference: Swedish Dental Journal 2011;35:123-131

http://tinyurl.com/whiplash-related-discomfort



Independent commentary by Associate Professor Nick Chandler of the Department of Oral Rehabilitation, University of Otago.

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Laboratory efficacy of three compact toothbrushes to reduce artificial plaque in hard to reach areas

Authors: Yankell SL et al

Summary: There are hundreds of toothbrush designs available, with their most challenging task reaching the gingival, subgingival and interproximal regions. All aim to help patients who are sub-optimal with their brushing. This paper describes a model with simulated anterior and posterior teeth, which was used to test the ability of three brushes in removing artificial plaque.

Comment: The main reasons why we are poor at plaque removal are our poor techniques and brushing for too short a time. We need all the help we can get with brushes and other devices. This paper provides an interesting insight into how these things can be researched. The artificial plaque used was developed in 1995 and is pressure-sensitive, and the toothbrushing machine provides results that predict clinical performance.

Reference: American Journal of Dentistry 2011;24:195-199

http://www.amjdent.com/Archive/Abstracts/2011/August%202011%20Abstracts.html

Effect of sodium hypochlorite on human pulp cells: an in vitro study

Authors: Essner MD et al

Summary: This study used cultured human pulp cells obtained from extracted third molars and subjected them to sodium hypochlorite (NaOCI) concentrations from 0.04 to 0.33%. The lowest concentration did not affect the viability of the cells.

Comment: Pulp regeneration studies commenced in the 1960s, and today's treatment protocols vary greatly but may include full-strength (5.25%) NaOCI followed by antibiotic pastes. Research on much lower concentrations is now indicated. Nevertheless, full-strength solutions of hypochlorite have shown clinical success in revascularisation cases and also remain the most effective way to achieve haemostasis when treating an exposed pulp when reversible pulpitis is the diagnosis.

Reference: Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontics 2011;112:662-666

http://tinyurl.com/treating-exposed-pulp

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Association of pulp stones with coronary artery stenosis

Authors: Ezoddini-Ardakani F et al

Summary: Researchers have proposed that the pathogenesis of pulp stones is similar to that of calcified atheromas found in cardiovascular diseases. Sixty-one patients aged up to 55 years undergoing X-ray coronary angiography were invited to have panoramic dental radiographstaken. These films were viewed witha 4.5x magnifier. Pulp stones were counted and were present in 82% of patients who had at least one significant coronary artery stenosis. They were found in 48% of patients with normal coronary arteries.

Comment: Pulp stones were comprehensively reviewed by Wellington-based endodontist Radu Goga and his co-authors in 2008 (International Endodontic Journal 41:457-468). Stones are a somewhat forgotten subject until you are faced with being unable to see and access the orifices of root canals because they are in the way. The statistically significant findings in this paper raise the possibility that dental radiographs could be a screening method for some heart diseases.

Reference: Community Dental Health 2011;28:305-307

http://www.cdhjournal.org/view.php?article_id=386&journal_id=40

Congratulations

to Dr Jo Milne, Dentist from Milford, Auckland

who is the winner of a Garmin nuvi GPS unit from our recent Dental Review subscriber survey.

Modified technique for vital bleaching of teeth pigmented by amalgam: a case report

Authors: Calazans FS, Miranda MS

WATARA BAY

Summary: A patient presented with a shallow amalgam occlusal restoration that had darkened a maxillary premolar. The tooth was isolated and bleached three times for 15 minutes with a 35% hydrogen peroxide gel, with a thorough wash with water between applications. The patient was then seen a week later for the same procedure. Opaque and translucent composite resins were then placed a further week later, giving a brighter tooth, the colour change being satisfactory two years later.

Comment: The potential adverse effects of this treatment are outlined, the key one of which is sensitivity, which was not a problem for this patient. Recommendations are made regarding the most appropriate provisional (temporary) restorations for use between visits, but the report does not reveal the material used for the patient described. The paper advises that teeth treated in this way cannot be permanently restored directly after the bleach procedure, as oxygen release may interfere with adhesion.

Reference: Operative Dentistry 2011;36:678-682

http://www.jopdentonline.org/doi/abs/10.2341/11-061-T

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