

The management of dry socket/ alveolar osteitis

Abstract

Dry socket/alveolar osteitis is a very debilitating, severely painful but relatively common complication following dental extractions. Its incidence is approximately 3% for all routine extractions and can reach over 30% for impacted mandibular third molars.

A number of methods have been suggested in the literature as to how this condition may be prevented and managed. Most of these suggestions are empirical and not evidence based.

This paper is a review of the literature on dry socket. The results of an audit carried out in the Dublin Dental School and Hospital are also presented and a suggestion is made as to how best this painful condition may be managed.

Our audit showed that a wide range of treatments are being used in the treatment of dry socket: rinsing of the socket with chlorhexidine (74%) or saline (26%); placement of a non-resorbable obtundant dressing (56%); and, instruction in home rinsing of the socket with chlorhexidine (44%).

This condition is one of the most examined topics in dentistry and is currently being researched in the Dublin Dental School and Hospital. Over the years little progress has been made in establishing firm conclusions as to how best dry socket should be managed. Our recommendations are based on a review of the literature, being the best available evidence on which to base our clinical practice.

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Fire safety in the dental practice: a literature review

Précis

The aim of this literature review is to establish how fire safety regulations relate within the dental practice setting, in accordance with current legislation.

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Cleft-affected children in Mayo: 1999-2007

Abstract

The aims of this study were to investigate the medical and dental care of children born in Mayo with cleft lip and/or palate in the period 1999-2007. Thirteen subjects were identified – nine males and four females. Galway was the main locus for cleft surgical referral and care, with 10 subjects receiving treatment by the same surgeon. A total of 54% of subjects required ENT care, with 62% receiving speech and language therapy. DMFT and dmft were zero and 0.037, respectively. Mean age at first dental visit (to a private or community dental clinic, specialist paediatric dental practice or Western Health Board orthodontic service) was 21 months. This represents progress in the objective of early access and provision of dental care for this special care dentistry needs group.

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