

Treatment of third molar teeth part II – surgery

Abstract

The indications for removal of third molar teeth along with the pre-operative assessment of the patient have been outlined¹. This article reviews the surgical options and identifies the possible postoperative sequelae and potential complications of treatment.

Summary

Third molar surgery is by far the commonest procedure carried out by oral surgeons and some oral and maxillofacial surgeons. Against a background of potential complications and in an increasingly litigious world, it is important to be aware of the various treatment protocols.

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Tooth brushing, tooth wear and dentine hypersensitivity – are they associated?

Abstract

Evidence suggests that patients suffer the painful symptoms of dentine hypersensitivity when dentine is exposed and the dentinal tubule system is opened to the oral cavity to allow stimuli to trigger a neural response in the pulp via a hydrodynamic mechanism. The processes needed to localise lesions of dentine hypersensitivity include loss of enamel and/or gingival recession. Whilst tooth brushing with or without toothpaste appears to cause minimal wear to enamel (in the absence of acids), circumstantial evidence implicates tooth brushing with gingival recession and exposure of dentine. Other tooth wear processes, notably attrition and acid erosion, cause loss of enamel and can expose dentine. Therefore, sensitivity may result. How lesions of dentine hypersensitivity are initiated is a matter of conjecture and based on extrapolating data from studies, mainly in vitro, to effect in vivo. Again, this circumstantial type of evidence suggests that abrasion by some toothpastes and erosion by dietary acid could open the tubule system. Little is known about the actual effect of de-sensitising toothpastes on lesions of dentine hypersensitivity even though they are formulated to either occlude dentinal tubules or block the neural response in the pulp. Clinical studies have produced contradictory findings for the efficacy of products and there have been extremely few evidence-based reviews. In conclusion, available evidence supports a probable link of tooth brushing, with or without toothpaste and an acidic diet, to both tooth wear and dentine hypersensitivity, and also suggests that dentine hypersensitivity is a tooth wear phenomenon. Although there is a need for more direct clinical and scientific evidence for these associations, it is recommended that they be taken into consideration when planning management strategies for the dentine hypersensitivity sufferer.

Key words:

Dentine hypersensitivity, abrasion, acid erosion, attrition, toothbrushes, toothpaste, acidic foods, enamel, dentine, tooth wear.

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Antibiotic prophylaxis for bacterial endocarditis – a study of knowledge and application of guidelines among dentists and cardiologists

Abstract

Antibiotic prophylaxis and infective endocarditis is a controversial topic. The compliance with available guidelines among dentists is poor. The dental health education of patients by their cardiologists is inadequate.

Objective: The objective of this study was to investigate the knowledge and application of available guidelines on antibiotic prophylaxis to prevent infective endocarditis among general dental practitioners and cardiologists.

Design: Structured postal questionnaire

Subjects and methods: A list of 515 dentists was obtained from a register held by the Postgraduate Medical and Dental Board. A list of 85 cardiologists was obtained from a national register held by the Cardiothoracic Society of Ireland.

Results: A 31% response rate was obtained from the cardiologists and 37% from the dentists. The majority of the cardiologists (84%) were in hospital practice and 64% of dentists were in private general practice. Cardiologists showed a preference for the AHA guidelines (50%) and more dentists use the BSAC guidelines (56%). The cardiologists were very familiar with the cardiac conditions that pose a risk for dental patients but weak at educating their patients on the importance of good dental health. The dentists were good at identifying procedures that could place their patients at risk but less informed about which cardiac conditions warranted prophylaxis. Decision-making among the dentists with regard to choice of prophylaxis and appropriate treatment intervals was poor.

Conclusions: The knowledge of and compliance with the available guidelines is poor. Dental health education of at-risk patients by their cardiologists and dentists is inadequate. Further regular education of patients, dentists and medical practitioners is required.

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