The **Library and Information Service** provides free specialist information skills training for all UH Bristol staff and students.

To book a place, email: **library@uhbristol.nhs.uk**

If you're unable to attend we also provide **one-to-one** or **small group** sessions. Contact **library@uhbristol.nhs.uk** to arrange a session.

**Literature Searching**
An in-depth guide on how to search the evidence base, including an introduction to UpToDate and Anatomy.tv.

Useful for anybody who wants to find the best and quickest way to source articles.

**How to understand an article**
How to assess the strengths and weaknesses of published articles.

Examining bias and validity.

**Medical Statistics**
A basic introduction to the key statistics in medical articles.

Giving an overview of statistics that compare risk, test confidence, analyse clinical investigations, and test difference.

<table>
<thead>
<tr>
<th>November (1pm)</th>
<th>December (12pm)</th>
<th>January (1pm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weds 4th</td>
<td>Literature Searching</td>
<td>Critical Appraisal</td>
</tr>
<tr>
<td>Thurs 12th</td>
<td>Understanding articles</td>
<td>Statistics</td>
</tr>
<tr>
<td>Fri 20th</td>
<td>Statistics</td>
<td>Weds 20th</td>
</tr>
<tr>
<td>Mon 23rd</td>
<td>Literature Searching</td>
<td>Literature searching</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thurs 28th</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Understanding articles</td>
</tr>
</tbody>
</table>
## Contents

Your Friendly Local Librarian........................................................................................................... 3
New From Up-to-Date.......................................................................................................................... 5
New from the Dental Elf...................................................................................................................... 6
Current Awareness Database Articles on Oral and Maxillofacial Surgery........................................ 6
  Oral surgery....................................................................................................................................... 7
  Bisphosphonate-related osteonecrosis of the jaw.......................................................................... 10
  Maxillofacial...................................................................................................................................... 13
  Cleft lip and palate............................................................................................................................. 18
Journal Tables of Contents................................................................................................................ 21
  Head and Neck.................................................................................................................................. 21
  British Journal of Oral and Maxillofacial Surgery.............................................................................. 21
  Oral Surgery Oral Medicine Oral Pathology Oral Radiology............................................................ 22
  Oral Surgery...................................................................................................................................... 22
  The Cleft Palate-Craniofacial Journal............................................................................................... 22

---

**Your Friendly Local Librarian...**

Whatever your information needs, the library is here to help. As your outreach librarian I offer **literature searching services** as well as training and guidance in **searching the evidence** and **critical appraisal** – just email me at library@uhbristol.nhs.uk

**Outreach:** Your Outreach Librarian can help facilitate evidence-based practise for all in the oral and maxillofacial surgery team, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books**, and setting up individual **current awareness alerts**. We also offer one-to-one or small group training in **literature searching, accessing electronic journals, and critical appraisal**. Get in touch: library@uhbristol.nhs.uk

**Literature searching:** We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence. Please email requests to library@uhbristol.nhs.uk
UpToDate is the leading evidence-based clinical decision support system, designed for use at the point of care.

It contains more than 9,500 searchable topics across the following specialities:

- Adult and paediatric emergency medicine
- Allergy and immunology
- Cardiovascular medicine
- Dermatology
- Drug therapy
- Endocrinology and diabetes mellitus
- Family medicine
- Gastroenterology and hepatology
- General surgery
- Geriatrics
- Haematology
- Hospital Medicine
- Infectious diseases
- Nephrology and hypertension
- Neurology
- Obstetrics and gynaecology
- Oncology
- Paediatrics
- Primary care internal medicine
- Psychiatry
- Pulmonary, critical care and sleep medicine
- Rheumatology

How to access UpToDate

You can access UpToDate from any computer via [www.uptodate.com](http://www.uptodate.com). You will need your NHS Athens username (register through [http://openathens.nice.org.uk/](http://openathens.nice.org.uk/)).
INTRODUCTION — The face is vital to human appearance and function. Facial injuries can impair a patient's ability to eat, speak, interact with others, and perform other important functions. Studies suggest that disfiguring facial injuries can have severe psychological and social consequences. The treatment of facial injuries must first focus on threats to life, but important secondary considerations are function and long-term cosmesis.

The basic anatomy, clinical manifestations, and acute management of facial trauma in adults will be reviewed here. Eye injuries, pediatric facial trauma, and other aspects of facial trauma management are discussed separately.

INTRODUCTION — Fractures of the facial bones are uncommon occurrences in children younger than five years of age; the incidence increases with increasing age and peaks between 16 and 20 years [1]. One reason for this difference is that young children are relatively protected from the mechanical forces that lead to facial injury [2]. As they age, they participate in activities that increase the risk of exposure to such forces (eg, falls from height, sports, bicycle riding, etc).

EPIDEMIOLOGY — The nasal bones and mandible are the facial bones most commonly fractured in children. Nasal fractures occur more commonly than do mandibular fractures because they require less force to produce. Childhood nasal trauma typically results from falls, contact sports, weight lifting, and automobile crashes (usually involving bicyclists or pedestrians). Child abuse also must be considered.

Most of these injuries are minor. In one retrospective series of 241 children with nasal injury 98 of whom were examined by rhinoscopy, 73 cases involved septal deviation, subluxation,
or fracture (30 percent), 13 cases septal hematoma formation (5 percent), and 12 cases subperichondrial abscess (5 percent).

New from the Dental Elf

Hilotherapy improved levels of facial pain and oedema after maxillofacial surgery suggests review

Oct 29 2015

The application of ice to the site of an injury to reduce local oedema and pain (cryotherapy) is widely used in orthopaedic injuries and sports medicine. Hilotherapy, which delivers cooled water through a contoured face mask to the site of pathological or surgical injury, provides a potential alternative that may reduce the risks of cryotherapy such as iatrogenic cold injury, patient-reported discomfort, and reduced compliance. The aim of this review was to assess the effects of hilotherapy following oral and maxillofacial surgery.

Current Awareness Database Articles on Oral and Maxillofacial Surgery

Below is a selection of articles on oral and maxillofacial surgery recently added to the healthcare databases, grouped in the following categories:

- Oral surgery
- Bisphosphonate-related osteonecrosis of the jaw
- Maxillofacial
- Cleft lip and palate

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: library@uhbristol.nhs.uk
Oral surgery

**Title:** Surveillance of antibiotic and analgesic use in the oral surgery department of the university dentistry clinical center of Kosovo

**Citation:** Therapeutics and Clinical Risk Management, October 2015, vol./is. 11/(1497-1503)

**Author(s):** Haliti N.R., Haliti F.R., Kocani F.K., Gashi A.A., Mrasori S.I., Hyseni V.I., Bytyqi S.I., Krasniqi L.L., Murtezani A.F., Krasniqi S.L.

**Abstract:** Background: Because Kosovo has no reliable information on antimicrobial and analgesic use in dental practice, the survey reported here evaluated the antibiotic and analgesic prescriptions in the Oral Surgery Department of the University Dentistry Clinical Center of Kosovo (UDCCK). Methods: The data of 2, 442 registered patients for a 1-year period were screened and analyzed concerning antibiotic and analgesic use as per standards of rational prescription. Results: Dentistry doctors prescribed antibiotics significantly more often than analgesics. Antibiotics were prescribed in 8.11% of all cases, while only 1.35% of total prescriptions were for analgesics. The total consumption of antibiotic drugs in the UDCCK was 4.53 Defined Daily Doses [DDD]/1,000 inhabitants/day, compared with only 0.216 DDD/1,000 inhabitants/day for analgesics. From a total number of 117 patients, 32 patients received combinations of two antibiotics. Conclusion: Pharmacotherapy analysis showed that the prescription rates of antibiotics and analgesics in the UDCCK are not rational in terms of the qualitative aspects of treatment. For the qualitative improvement of prescription of these drug groups, we recommend the implementation of treatment guidelines following rational standards.

---

**Title:** Comparison of direct laryngoscopy and video laryngoscopy in intubating a mannequin: Should video laryngoscopy be available to manage airway emergencies in the oral and maxillofacial surgery office?

**Citation:** Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 73/10(1901-1906)

**Author(s):** Lambert R.C., Ban C., Rivera A.U., Eckert G.J., Krishnan D.G., Bennett J.D.

**Abstract:** Purpose Video laryngoscopy (VL) is an innovation in tracheal intubation that could be beneficial in an emergency situation. However, the technique could be detrimental if it prolongs intubation performed by an inexperienced physician. The purpose of this study was to compare direct laryngoscopy (DL) with VL skill for oral and maxillofacial surgery (OMS) residents and practitioners to assess the practicality of recommending the inclusion of VL as a component of OMS emergency airway management. Materials and Methods To address the research purpose, the authors designed and implemented a randomized crossover study investigating the performance of OMS residents and practitioners to intubate a mannequin using DL versus VL. The predictor variables were the experience level of the participants and their ability to intubate with DL and with VL. The outcome variables were time to view cords, the Cormack-Lehane glottis view achieved, the time to intubate the mannequin, and the total time for performing laryngoscopy and intubation. Comparisons of laryngoscopy and intubation and resident and practitioner experiences were compared using Cox proportional hazards survival analysis. Results Data from 22 OMS residents and 26 practitioners were assessed. The comparison outcomes between DL and VL
showed that the time to view cords was shorter for VL, the Cormack-Lehane glottis view was better for VL, the time to intubate was shorter for DL, and the total time between techniques was not statistically different. OMS practitioners showed better times than OMS residents and showed adeptness with VL that was comparable to DL. Conclusion The combined findings with OMS residents and practitioners showed comparable total intubating times between DL and VL, which is consistent with what has previously been reported with other medical colleagues.

Title: Insurance status, an important predictor of oral cancer surgery outcomes

Citation: Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 73/10(2049-2056)

Author(s): Weyh A.M., Lunday L., McClure S.

Abstract: Purpose Patients without insurance, or using Medicaid, generally have a lower socioeconomic status. They have less access to screening and regular medical care, resulting in later diagnosis of oral cancer. This study examined the association between insurance status and the likelihood of complications after head and neck cancer surgery. Materials and Methods A retrospective cross-sectional study was implemented to determine whether patients' insurance status is associated with increased complications and length of stay after oral cancer surgery. Patients were grouped into 4 cohorts: 1) private insurance, 2) Medicare, 3) Medicaid, and 4) uninsured. Patients were stratified further to consider age, gender, initial staging, pre-existing comorbidities, and social history. Data were analyzed with chi-squared test, 1-way analysis of variance, odds ratios, and binary logistic regression. Results This study consisted of 89 surgically treated patients. The uninsured and Medicaid groups had the highest incidence of postoperative complications. Uninsured patients, followed by the Medicare cohort, were the most likely to have an extended length of stay. Conclusion Uninsured and Medicaid patients are at increased probability for major and minor complications after head and neck cancer surgery. Uninsured patients also showed the greatest tendency for a prolonged length of hospital stay. This could reflect their lack of preventive care, increased use of tobacco and alcohol, presentation with more advanced disease, and delays in initiating treatment.

Title: Assessment of the OsteoMark-Navigation system for oral and maxillofacial surgery

Citation: Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 73/10(2005-2016)

Author(s): Peacock Z.S., Magill J.C., Tricomi B.J., Murphy B.A., Nikonovskiy V., Hata N., Chauvin L., Troulis M.J.

Abstract: Purpose To assess the accuracy of a novel navigation system for maxillofacial surgery using human cadavers and a live minipig model. Materials and Methods We tested an electromagnetic tracking system (OsteoMark-Navigation) that uses simple sensors to determine the position and orientation of a hand-held pencil-like marking device. The device can translate 3-dimensional computed tomographic data intraoperatively to allow the surgeon to localize and draw a proposed osteotomy or the resection margins of a tumor on bone. The accuracy of the OsteoMark-Navigation system in locating and marking osteotomies and screw positions in human cadaver heads was assessed. In group 1 (n = 3, 6 sides), OsteoMark-Navigation marked osteotomies and screw positions were compared to
virtual treatment plans. In group 2 (n = 3, 6 sides), marked osteotomies and screw positions for distraction osteogenesis devices were compared with those performed using fabricated guide stents. Three metrics were used to document the precision and accuracy. In group 3 (n = 1), the system was tested in a standard operating room environment. Results For group 1, the mean error between the points was 0.7 mm (horizontal) and 1.7 mm (vertical). Compared with the posterior and inferior mandibular border, the mean error was 1.2 and 1.7 mm, respectively. For group 2, the mean discrepancy between the points marked using the OsteoMark-Navigation system and the surgical guides was 1.9 mm (range 0 to 4.1). The system maintained accuracy on a live minipig in a standard operating room environment. Conclusion Based on this research OsteoMark-Navigation is a potentially powerful tool for clinical use in maxillofacial surgery. It has accuracy and precision comparable to that of existing clinical applications.


Citation: British Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 53/8(783-785),

Author(s): Franchi G., Kadlub N., Diner P.A., Bandini M., Vazquez M.-P., Picard A.

Title: Oral health-related quality of life changes in standard, cleft, and surgery patients after orthodontic treatment.

Citation: American journal of orthodontics and dentofacial orthopedics : official publication of the American Association of Orthodontists, its constituent societies, and the American Board of Orthodontics, Oct 2015, vol. 148, no. 4, p. 568-575 (October 2015)

Author(s): Antoun, Joseph S, Fowler, Peter V, Jack, Hannah C, Farella, Mauro

Abstract: The purpose of this study was to investigate the effect of orthodontic treatment on oral health-related quality of life (OHRQoL) in groups of standard patients with severe malocclusions; cleft lip, cleft palate, or cleft lip and palate patients; and orthognathic surgery patients. The study sample consisted of 83 consecutive patients undergoing treatment at the orthodontic unit of Christchurch Hospital, Christchurch, New Zealand, divided into 3 groups: 30 adolescents with severe malocclusions; 24 adolescents with cleft lip, cleft palate, or cleft lip and palate; and 29 adults with severe skeletal discrepancies requiring both orthognathic surgery and orthodontic treatment. Each patient completed the Short Form of the Oral Health Impact Profile (OHIP-14) questionnaire before and after orthodontic treatment. The baseline OHIP-14 subscale scores among the 3 study groups were significantly different, with the surgery patients having nearly twice the OHIP-14 scores of the other 2 groups for nearly half of the items (P <0.05). The surgery patients experienced the greatest reduction in OHIP-14 scores (ie, improvement in OHRQoL), with the largest effect sizes reported for the psychological discomfort (+2.73) and disability (+2.65) domains. The group with clefts experienced the smallest changes in OHIP-14 scores across all 7 domains (-0.03 to +0.63). After adjusting for age and sex, the surgical patients had a significantly greater reduction in pretreatment OHIP-14 scores than did the standard
and the cleft patients (P <0.01). The effect of orthodontic treatment on OHRQoL varies for different patient groups even after adjusting for age and sex. The greatest improvement in OHRQoL occurred in adults with a need for orthognathic surgery, whereas the least improvement seemed to occur in adolescents with cleft lip, cleft palate, or cleft lip and palate. Copyright © 2015 American Association of Orthodontists. Published by Elsevier Inc. All rights reserved.

**Bisphosphonate-related osteonecrosis of the jaw**

**Title:** Jaw Bone Samples From Bisphosphonate-Treated Patients: A Pilot Cohort Study.

**Citation:** Clinical implant dentistry and related research, Oct 2015, vol. 17 Suppl 2, p. e679.

**Author(s):** Cardemil, Carina, Thomsen, Peter, Larsson Wexell, Cecilia

**Abstract:** Osteonecrosis of the jaw (ONJ) is a severe complication of bisphosphonate treatment. A detailed characterization of sampled peri-necrotic jawbone from bisphosphonate-treated patients was performed at tissue and cellular level (histological analyses and gene expression). Alveolar bone samples were collected from patients with (n = 5) and without ONJ (n = 5). Healthy patients served as controls (n = 10). The histological analysis demonstrated low to moderate inflammation, displaying areas of inflammatory infiltrate in the bone marrow. Multinuclear giant cells and osteoclasts were found in both groups. Markers of bone formation (alkaline phosphatase, Col1a1, and osteocalcin), bone resorption (receptor activator of NF-kappaB ligand [RANKL], osteoprotegerin [OPG], tartrate-resistant acid phosphatase, and cathepsin K), inflammation (tumor necrosis factor-alpha, interleukin [IL]-1β, and IL-6), angiogenesis (vascular endothelial growth factor A), and apoptosis (Casp3, Casp8, p53, and Smac) were evaluated. Nonparametric statistical tests were used to identify differences between the groups. In patients with ONJ, the expression level of the proinflammatory marker IL-1β was strongly up-regulated compared with controls (p = .040). A down-regulated expression of Casp8 compared with controls was observed (p = .014) in patients treated with bisphosphonates. The RANKL/OPG ratios were similar in the three groups. The results indicate a need to further investigate the molecular mechanisms involved in the course of ONJ related to antiresorptive treatment. © 2015 Wiley Periodicals, Inc.

**Title:** Intraindividual comparison of preoperative (99m)Tc-MDP SPECT/CT and intraoperative and histopathological findings in patients with bisphosphonate- or denosumab-related osteonecrosis of the jaw.

**Citation:** Journal of cranio-maxillo-facial surgery : official publication of the European Association for Cranio-Maxillo-Facial Surgery, Oct 2015, vol. 43, no. 8, p. 1461-1469

**Author(s):** Assaf, Alexandre T, Zrnc, Tomislav A, Remus, Chressen C, Adam, Gerhard, Zustin, Jozef, Heiland, Max, Friedrich, Reinhard E, Derlin, Thorsten

**Abstract:** Bisphosphonate- or denosumab-related osteonecrosis of the jaw (BRONJ/DRONJ) requires reliable preoperative assessment of the extent of disease for surgical planning. The aim of this study was to compare the extent of BRONJ/DRONJ as detected by Tc-99m-
methylene diphosphonate (MDP) bone scintigraphy with intraoperative and histopathological findings, and to assess the additional value of hybrid single photon emission computed tomography/computed tomography (SPECT/CT) for evaluation of disease. Twenty-one patients with BRONJ/DRONJ underwent three-phase bone scintigraphy including SPECT/CT. The diagnostic certainty using conventional SPECT or fused SPECT/CT imaging was compared. Location and extent of disease on scintigraphic imaging and pre-and intra-operative clinical assessment were compared. Intraoperative and histopathological findings served as reference standard. A total of 29 sites of BRONJ/DRONJ were histopathologically confirmed in 21 patients. Bone scintigraphy demonstrated increased perfusion in 57.1% of patients, increased blood pool in 76.2%, and increased tracer accumulation at the metabolic phase in all patients. The intensity of tracer accumulation at the metabolic phase correlated significantly with clinical stage of disease (rs = 0.47, p = 0.03). Clinical examination (p < 0.0001), but not SPECT (p = 0.19), underestimated the extent of disease as determined by surgical evaluation. SPECT/CT offered a significantly higher diagnostic certainty (p < 0.0001). In patients with BRONJ/DRONJ, the true extent of osseous lesions as determined by surgery is significantly underestimated by clinical examination. Tc-99m-MDP bone scintigraphy can reliably predict the extent of disease. Hybrid SPECT/CT may significantly increase the diagnostic certainty of anatomical localization. Copyright © 2015 European Association for Cranio-Maxillo-Facial Surgery. Published by Elsevier Ltd. All rights reserved.

Title: Bisphosphonate-Related Osteonecrosis of the Jaw in an 80-Year-Old Woman with Diabetes Mellitus: Case Report.

Citation: Journal of the American Geriatrics Society, Oct 2015, vol. 63, no. 10, p. 2221-2222

Author(s): Valenzuela, Lizette, Alonso-Bouzón, Cristina, Mañas, Leocadio Rodriguez

Title: Genetic association between VEGF polymorphisms and BRONJ in the Korean population.

Citation: Oral diseases, Oct 2015, vol. 21, no. 7, p. 866-871

Abstract: The purpose of this study was to evaluate the association between vascular endothelial growth factor (VEGF) polymorphisms and bisphosphonate-related osteonecrosis of the jaw (BRONJ) in the Korean population. Forty-five individuals (2 men, 43 women; mean age: 68.7 ± 12.3 years) were recruited for this study. All visited the Yonsei University Dental Hospital for surgical intervention from January 2012 to January 2013 and had a history of bisphosphonate (BP) administration (oral and/or intravenous). Patients were allocated to case (n = 26) or control (n = 19) groups according to the patients’ selection criteria. Association between three VEGF single nucleotide polymorphisms (rs699947 (-2578 C>A), rs2010963 (-634 G>C) and rs3025039 (+936 C>T)) and BRONJ were investigated using multiple logistic regression analysis and Fisher’s exact test where appropriate (α = 0.05). The CC homozygotes of rs2010963 and rs3025039 of VEGF gene were associated with an increased risk of BRONJ (P = 0.04, 0.03, respectively). In haplotype analysis, no differences in haplotype C-C (-2578/-634) and haplotype C-C-C (-2578/-634/+936) were observed. The CC homozygotes of rs2010963 and rs3025039 polymorphisms in the VEGF gene were associated with an increased risk of BRONJ in the Korean population. Further
epidemiological cohort studies with a larger sample size would be required to confirm the suggestive correlations. © 2015 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

Title: Treatment of Osteonecrosis of the Jaw.


Author(s): Yamachika, Eiki, Matsubara, Masakazu, Ikeda, Atsushi, Matsumura, Tatsushi, Moritani, Norifumi, Iida, Seiji

Abstract: The definition of bisphosphonate-related osteonecrosis of the jaw (BRONJ) was recently broadened and it is now known as medication-related osteonecrosis of the jaw (MRONJ). To date, the management of MRONJ is controversial. Conservative treatment is recommended, but it is difficult to successfully treat stage 3 MRONJ. Administration of teriparatide for the MRONJ treatment has only been documented in independent case reports and there are few reports on men with MRONJ treated with teriparatide. An 81-year-old man was referred in May 2014 for treatment of an unhealed tooth extraction wound in the mandible. He took minodronic acid hydrate (1 mg/d orally) for 2 years because of osteoporosis cure. On clinical examination, soft tissue swelling in the left mandibular first molar region extended to the inferior border of the mandible with extraoral fistula. Computed tomography (CT) revealed osteolysis extending to the inferior border resulting in pathologic fracture of mandibular bone. Based on these findings, a diagnosis of stage 3 MRONJ was made. We performed conservative treatment, including amoxicillin, but his symptoms did not improve. He was then treated with once-weekly subcutaneous injection of teriparatide. Although teriparatide injections were started without antibiotics, after 1 week, swelling, erythema, and purulent discharge from the extraoral fistula increased rapidly. Therefore, we combined the once-weekly teriparatide injection with amoxicillin administration. Three months later, the osteonecrosis had healed and CT showed significant bone regeneration and healing of the mandibular pathologic fracture. In addition, the mandibular fistula showed healing and the intraoral fistula was covered with normal mucosa.

Title: Bisphosphonate-Related Osteonecrosis of the Jaw After Tooth Extraction.


Author(s): Bezerra Ribeiro, Ney Robson, de Freitas Silva, Leonardo, Matos Santana, Diego, Maia Nogueira, Renato Luiz

Abstract: Bisphosphonates are widely used for treatment or prevention of bone diseases characterized by high osteoclastic activity. Among the oral medicines used to treat osteoporosis, alendronate has been often used. Despite of the low rate of complications on its use, cases of osteonecrosis of the jaw have been reported on literature after tooth extractions. The main symptoms include pain, tooth mobility, swelling, erythema, and ulceration. The risk factors related to osteonecrosis of the jaw associated with bisphosphonate are exposition time to the medicine, routes of administration, and oral surgical procedures performed. The aim of this work is to report a case of a patient showing osteonecrosis of the jaw associated with the use of oral bisphosphonates after tooth extractions. The patient was treated through the suspension of the alendronate with the
removal of the necrotic tissue and the foci of infection. After a year's follow-up, the patient showed no recurrence signs. From the foregoing, the interruption of the alendronate use and the surgical treatment associated to antibiotic therapy showed effective on the patient's treatment.

Title: New cancer therapies and jaw necrosis.

Citation: British dental journal, Sep 2015, vol. 219, no. 5, p. 203-207 (September 11, 2015)

Author(s): Patel, V, Kelleher, M, Sproat, C, Kwok, J, McGurk, M

Abstract: Osteonecrosis of the jaw (ONJ) has a number of causes, the most familiar being radiation or bisphosphonate induced. Various other novel anti-neoplastic and bone-targeting therapies that can also cause jaw necrosis have recently become available. This has led to the suggested acronym MRONJ for medication-related osteonecrosis of the jaw. This article summarises the available information on these drugs and their implications for the dental surgeon.

Maxillofacial

Title: Truview EVO2 laryngoscope reduces intubation difficulty in maxillofacial surgeries

Citation: Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 73/10(1919e1-1919e8), 0278-2391;1531-5053 (01 Oct 2015)

Author(s): Shrestha S., Arora S., Jain D., Rattan V., Sharma R.K.

Abstract: Purpose Recently, there has been a dramatic increase in the use of the Truview EVO2 for the management of patients with potentially difficult airways. However, the comparison of Truview EVO2 with the classic Macintosh laryngoscope in patients with maxillofacial trauma remains unevaluated. Thus, the purpose of this study was to evaluate and compare the intubation conditions with the Truview EVO2 video laryngoscope and the Macintosh laryngoscope in patients with maxillofacial injury. Materials and Methods Forty-two patients with American Society of Anesthesiologists status I and II requiring nasotracheal intubation for maxillofacial surgery were included in this prospective randomized trial. Anesthesia was induced with fentanyl 2 mug/kg, propofol 2 to 3 mg/kg, and rocuronium bromide 0.6 mg/kg. Intubation was performed with the Macintosh laryngoscope or the Truview EVO2 video laryngoscope. Comparative data based on the Intubation Difficulty Scale score were assessed as the primary outcome. Laryngoscopic view, time taken for glottis visualization, time taken to pass the endotracheal tube, total time to intubate, and the number of optimizing and hemodynamic variables were recorded as secondary outcomes. Results The 2 groups were comparable in patient characteristics and preoperative airway assessment parameters. The Intubation Difficulty Scale score was significantly less in the Truview EVO2 group compared with the Macintosh group (mean +/- standard deviation, 0.30 +/- 0.7 vs 1.70 +/- 1.8; P = .002). The Truview EVO2 video laryngoscope required significantly less time for glottic visualization (9.40 +/- 10.9; P = .002). The Truview EVO2 provided a significantly better laryngoscopic view as graded by the percentage of glottic opening and the modified Cormack-Lehane grading system compared
Title: Does self-citation influence quantitative measures of research productivity among academic oral and maxillofacial surgeons?

Citation: Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 73/10(1981e1-1981e7), 0278-2391;1531-5053 (01 Oct 2015)

Author(s): Susarla S.M., Swanson E.W., Lopez J., Peacock Z.S., Dodson T.B.

Abstract: Purpose Quantitative measures of research productivity depend on the citation frequency of a publication. Citation-based metrics, such as the h-index (total number of publications h that have at least h citations), can be susceptible to self-citation, resulting in an inflated measure of research productivity. The purpose of the present study was to estimate the effect of self-citation on the h-index among academic oral and maxillofacial surgeons (OMSs). Materials and Methods The present study was a cross-sectional study of full-time academic OMSs in the United States. The predictor variable was the frequency of self-citation. The primary outcome of interest was the h-index. Other study variables included demographic factors and citation metrics. Descriptive, bivariate, and regression statistics were computed. Results The study sample consisted of 325 full-time academic OMSs. Most surgeons were men (88.3%); approximately 40% had medical degrees. The study subjects had an average of 23.5 +/- 37.1 publications. The mean number of self-citations was 15 + 56. The sample's mean h-index was 6.6 +/- 7.6 and was associated with self-citation (r = 0.71, P <.001). Approximately 9% of subjects had a change in their h-index after removing self-citations. After adjusting for PhD degree, total number of publications, and academic rank, an increasing self-citation rate influenced the h-index (r = 0.006, P <.001). Surgeons with more than 14 self-citations were more likely to have their h-index influenced by self-citation. Conclusion Self-citation among full-time academic OMSs does not substantially affect the h-index. Surgeons in the top quartile of self-citation rates are more likely to influence their h-index.

Title: Antibiotic prescribing habits of oral and maxillofacial surgeons in conjunction with routine dental implant placement

Citation: Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 73/10(1926-1931), 0278-2391;1531-5053 (01 Oct 2015)

Author(s): Deeb G.R., Soung G.Y., Best A.M., Laskin D.M.

Abstract: Purpose Although various prophylactic systemic antibiotic regimens have been suggested to minimize failure after dental implant placement, the role of antibiotics in implant dentistry is still controversial. The purpose of the present survey was to determine the current antibiotic prescribing habits of oral and maxillofacial surgeons in conjunction with routine dental implant placement to determine whether any consensus has been
reached among such practitioners. Materials and Methods An electronic survey was sent by electronic mail to all members of the American College of Oral and Maxillofacial Surgeons. The questions asked were related to whether antibiotics were routinely prescribed either pre- or postoperatively during routine dental implant placement, and, if so, what antibiotics, dosage, frequency, and duration were used. The survey participants were also asked to specify whether they were in solo private practice, group private practice, academia, military, or "other." The results were tabulated and analyzed using SAS software. Descriptive statistics and chi<sup>2</sup> analyses were used. Results A total of 217 members responded to the survey. Overall, 112 of 217 (51.6%) prescribed antibiotics preoperatively (95% confidence interval [CI] 50.0 to 58.2%) and 152 of 213 (71.4%) prescribed antibiotics postoperatively (95% CI 65.0 to 77.0%) during routine dental implant placement. Also, 72 (34%) indicated that they prescribed antibiotics both pre- and postoperatively. The most common preoperative regimen used was amoxicillin 2 g given 1 hour before the procedure (32%, n = 36). The most common postoperative regimen used was amoxicillin 500 mg 3 times daily for 5 days (53%, n = 81). Conclusions We found no consensus among oral and maxillofacial surgeons regarding the use of antibiotics in association with routine dental implant placement, the type of regimen to use, or whether such use is even effective in preventing early implant loss. Furthermore, most of the antibiotic regimens being used are not in accordance with the recommendations current in the published data.

Title: Airway Management in Severe Combat Maxillofacial Trauma

Citation: Otolaryngology - Head and Neck Surgery (United States), October 2015, vol./is. 153/4(532-537), 0194-5998;1097-6817 (01 Oct 2015)

Author(s): Keller M.W., Han P.P., Galarneau M.R., Brigger M.T.

Abstract: Objectives Airway stabilization is critical in combat maxillofacial injury as normal anatomical landmarks can be obscured. The study objective was to characterize the epidemiology of airway management in maxillofacial trauma. Study Design Retrospective database analysis. Setting Military treatment facilities in Iraq and Afghanistan and stateside tertiary care centers. Subjects In total, 1345 military personnel with combat-related maxillofacial injuries sustained March 2004 to August 2010 were identified from the Expeditionary Medical Encounter Database using International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes. Methods Descriptive statistics, including basic demographics, injury severity, associated injuries, and airway interventions, were collected. A logistic regression was performed to determine factors associated with the need for tracheostomy. Results A total of 239 severe maxillofacial injuries were identified. The most common mechanism of injury was improvised explosive devices (66%), followed by gunshot wounds (8%), mortars (5%), and landmines (4%). Of the subjects, 51.4% required intubation on their initial presentation. Of tracheostomies, 30.4% were performed on initial presentation. Of those who underwent bronchoscopy, 65.2% had airway inhalation injury. There was a significant relationship between the presence of head and neck burn and association with airway inhalation injury (P <.0001). There was also a significant relationship between the severity of facial injury and the need for intubation (P =.002), as well as the presence of maxillofacial fracture and the need for tracheostomy (P =.0001). Conclusions There is a high incidence of airway injury in combat maxillofacial trauma, which may be
underestimated. Airway management in this population requires a high degree of suspicion and low threshold for airway stabilization.

**Title:** Microsurgical reconstruction of the head and neck region: Current concepts of maxillofacial surgery units worldwide

**Citation:** Journal of Cranio-Maxillofacial Surgery, October 2015, vol./is. 43/8(1364-1368), 1010-5182;1878-4119 (01 Oct 2015)


**Abstract:** Introduction Microvascular surgery following tumor resection has become an important field of oral maxillofacial surgery (OMFS). Following the surveys on current reconstructive practice in German-speaking countries and Europe, this paper presents the third phase of the project when the survey was conducted globally. Methods The DOESAK questionnaire has been developed via a multicenter approach with maxillofacial surgeons from 19 different hospitals in Germany, Austria and Switzerland. It was distributed in three different phases to a growing number of maxillofacial units in German-speaking clinics, over Europe and then worldwide. Results Thirty-eight units from Germany, Austria and Switzerland, 65 remaining European OMFS-departments and 226 units worldwide responded to the survey. There is wide agreement on the most commonly used flaps, intraoperative rapid sections and a trend towards primary bony reconstruction. No uniform concepts can be identified concerning osteosynthesis of bone transplants, microsurgical techniques, administration of supportive medication and postoperative monitoring protocols. Microsurgical reconstruction is the gold standard for the majority of oncologic cases in Europe, but worldwide, only every second unit has access to this technique. Conclusion The DOESAK questionnaire has proven to be a valid and well accepted tool for gathering information about current practice in reconstructive OMFS surgery. The questionnaire has been able to demonstrate similarities, differences and global inequalities.

**Title:** Historical maxillofacial surgery: The Bradmore extractor and the removal of an arrowhead from the left cheek of the future Henry V in 1403

**Citation:** British Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 53/8(781-782), 0266-4356;1532-1940 (01 Oct 2015)

**Author(s):** Altman K.


**Citation:** British Journal of Oral and Maxillofacial Surgery, October 2015, vol./is. 53/8(783-785), 0266-4356;1532-1940 (01 Oct 2015)

**Author(s):** Franchi G., Kadlub N., Diner P.A., Bandini M., Vazquez M.-P., Picard A.
Title: The most-cited articles in dental, oral, and maxillofacial traumatology during 64 years.

Citation: Dental traumatology : official publication of International Association for Dental Traumatology, Oct 2015, vol. 31, no. 5, p. 350-360 (October 2015)

Author(s): Jafarzadeh, Hamid, Sarraf Shirazi, Alireza, Andersson, Lars

Abstract: Citation analysis helps to identify the research trends within a research field and helps to identify the most frequently occurring parameters. The aim of this study was to identify the 100 most-cited articles in the field of dental, oral, and maxillofacial traumatology over the past 64 years. A comprehensive list of the most-cited articles in dental, oral, and maxillofacial trauma was compiled using 'All Databases' section of the ISI Web of Knowledge. Related articles were considered to be those articles in which part or all of the experiment or study was related to dental and/or oral and maxillofacial trauma. In case reports, if a part of a treatment plan was related to the topic, that article was considered to be relevant. The characteristics analyzed included number of citations, authors, journals, institution, country of origin, publication year, article type, study material, and topic. The number of citations for each article ranged from 69 to 229. The journal Dental Traumatology was the most represented, followed by the journal Oral and Maxillofacial Surgery. Of the 100 articles, 83% were original articles, 15% were review articles, and 2% were case report/case series. Therapy and prognosis-related topics were the most common topics. Most articles came from institutions in the United States, followed by the Scandinavian countries. University Hospital of Copenhagen was the source of the highest number (34) of the most-cited articles; the same author wrote or co-wrote 22 of the 100 most-cited articles. The list of most-cited articles in the field of dental, oral, and maxillofacial traumatology gives a good scientometric picture of trauma research in the world. A large number of the most-cited articles are mainly from the field of dental traumatology and originate from a few research teams. © 2015 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

Title: Morphological and morphometric evaluation of the ilium, fibula, and scapula bones for oral and maxillofacial reconstruction.

Citation: Microsurgery, Oct 2015, vol. 35, no. 7, p. 590. (October 2015)

Title: Professional Reimbursements in Maxillofacial Trauma Surgery: Effect of the Affordable Care Act.

Citation: Plastic and reconstructive surgery, Oct 2015, vol. 136, no. 4 Suppl, p. 138-139

Author(s): Khansa, Ibrahim, Khansa, Lara, Pearson, Gregory D

Title: Sports-Related Maxillofacial Injuries.

Citation: The Journal of craniofacial surgery, Oct 2015, vol. 26, no. 7, p. 2120-2123

Author(s): Murphy, Colm, O'Connell, John Edward, Kearns, Gerard, Stassen, Leo

Abstract: Sports-related maxillofacial injuries contribute a significant proportion of the workload in a maxillofacial unit. The aim of this study was to identify the incidence of
maxillofacial sports-related injuries, treatments required, and assess the impact of the injury on future sport participation. A retrospective review was carried out on all maxillofacial trauma referrals from September 1, 2009 to August 31, 2010. Patient records were reviewed and the following variables were recorded: age, sex, sport involved, injury sustained, mechanism of injury, treatment, subsequent participation, and interval before return to sport. The study population included 162 patients with sports-related facial injuries. The most common sporting injuries were as follows: Gaelic football 35.3% (N = 57), soccer 22.3% (N = 36), rugby 12.4% (N = 20), and equine sports 12.4% (N = 20). The most common injury sustained was zygomatic complex fracture 36.4% (N = 59). Mandibular fracture occurred in 20% (N = 33), orbit fracture in 14.2% (N = 23), and nasal bone fracture in 12.3% (N = 20). The most common mechanism of injury was from a clash of heads (23.4%) followed by an elbow to the face (17.2%). The majority of patients (84%) resumed participation in their chosen sport at mean interval of 7.3 weeks (range 1-18 weeks). This study identified a significant number of sporting facial injuries, which presented over 1 year. In total, 113 patients underwent a surgical procedure for the management of their injuries. This study highlights the need to educate all players regarding use of personal protective equipment and adherence to the rules of sports.

Title: Common maxillofacial terminology: Do our patients understand who we are?
Citation: The surgeon : journal of the Royal Colleges of Surgeons of Edinburgh and Ireland, Oct 2015, vol. 13, no. 5, p. 300.,
Author(s): Howe, Thomas E, Varley, Iain

Cleft lip and palate

Title: Systemic connective tissue features in women with fibromuscular dysplasia
Citation: Vascular Medicine (United Kingdom), October 2015, vol./is. 20/5(454-462),
Author(s): Oconnor S., Kim E.S., Brinza E., Moran R., Fendrikova-Mahlay N., Wolski K., Gornik H.L.
Abstract: Fibromuscular dysplasia (FMD) is a non-atherosclerotic disease associated with hypertension, headache, dissection, stroke, and aneurysm. The etiology is unknown but hypothesized to involve genetic and environmental components. Previous studies suggest a possible overlap of FMD with other connective tissue diseases that present with dissections and aneurysms. The aim of this study was to investigate the prevalence of connective tissue physical features in FMD. A total of 142 FMD patients were consecutively enrolled at a single referral center (97.9% female, 92.1% of whom had multifocal FMD). Data are reported for 139 female patients. Moderately severe myopia (29.1%), high palate (33.1%), dental crowding (29.7%), and early-onset arthritis (15.6%) were prevalent features. Classic connective features such as hypertelorism, cleft palate, and hypermobility were uncommon. The frequency of systemic connective tissue features was compared between FMD patients with a high vascular risk profile (having had 3/41 dissection and/or 3/42 aneurysms) and
those with a standard vascular risk profile. A history of spontaneous pneumothorax (5.9% high risk vs 0% standard risk) and atrophic scarring (17.6% high risk vs 6.8% standard risk) were significantly more prevalent in the high risk group, p<0.05. High palate was observed in 43.1% of the high risk group versus 27.3% in the standard risk group, p=0.055. In conclusion, in a cohort of women with FMD, there was a prevalence of moderately severe myopia, high palate, dental crowding, and early-onset osteoarthritis. However, a characteristic phenotype was not discovered. Several connective tissue features such as high palate and pneumothorax were more prominent among FMD patients with a high vascular risk profile.
and palate and severe midface deficiency. Prosthodontic rehabilitation is often required to establish adequate occlusion and provide a more proportional facial appearance. This clinical report describes the interdisciplinary management of an adult with complete bilateral cleft lip and palate who was treated with distraction osteogenesis using a rigid external distraction device for maxillary advancement and his prosthodontic rehabilitation with a dual path removable partial overdenture to develop definitive facial and dental esthetic form. Copyright © 2015 Editorial Council for the Journal of Prosthetic Dentistry. Published by Elsevier Inc. All rights reserved.
cleft lip-palate patients. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Title: Nasopharyngeal airway volume for different GOSLON scores in patients with unilateral cleft lip and palate
Citation: Cleft Palate-Craniofacial Journal, September 2015, vol./is. 52/5(e176-e179)
Author(s): Olmez Gurlen S., Aras I., Dogan S.
Abstract: Objective: The aim of this study is to evaluate the nasopharyngeal airway volumes of patients with unilateral cleft lip and palate (UCLP) with different GOSLON scores. Methods: The study sample consisted of 34 patients with UCLP and 20 controls with no cleft history. In the UCLP group, three experienced examiners used the GOSLON Yardstick to rate dental arch relationships, and the sample was divided into three groups as GOSLON 2 (G2) (n = 13), GOSLON 3 (G3) (n = 10), and GOSLON 4 (G4) (n = 11). Airway volumes were constructed using three-dimensional computed tomography data and divided into four compartments named the nasal airway, and superior, middle, and inferior pharyngeal airways. Results: No statistically significant difference was detected among G2, G3, and G4 between the constitutive airway departments of the nasopharyngeal region. However, nasal airway volumes were significantly higher in the control group when compared with the UCLP group. Discussion: Although there was no correlation among the investigated parameters, it is also a fact that airway capacities display a great variability among patients when investigated three dimensionally. Conclusion: Although the severity of GOSLON scores might predetermine the extent of which the airways are affected from the cleft, a larger sample size is needed in future studies.
Journal Tables of Contents

The most recent issues of key journals. Click on the journal covers for the tables of contents. If you would like any of the papers in full text then get in touch:

library@uhbristol.nhs.uk

Head and Neck
Vol. 37, iss. 11, November 2015

British Journal of Oral and Maxillofacial Surgery
Vol. 53, iss. 8, October 2015
http://www.bjoms.com/
Oral Surgery Oral Medicine Oral Pathology Oral Radiology
Vol. 120, iss. 4, October 2015
http://www.oooojournal.net/issue/S2212-4403(15)X0010-1

Oral Surgery
Vol. 8, iss. 4, November 2015

The Cleft Palate-Craniofacial Journal
Vol. 52, iss. 5, September 2015
http://www.cpcjournal.org/toc/cpcj/52/5
To access electronic resources you need an NHS Athens username and password

To register, click on the link: https://openathens.nice.org.uk/

You need to register using an NHS PC and an NHS email address.

Registration is a quick, simple process, and will give you access to a huge range of online subscription resources, including:

- UpToDate
- Dynamed
- NHS Evidence
- Anatomy.tv
- E-journals
- E-books

For more information or help with setting up your Athens account, email: Library@uhbristol.nhs.uk
Library Opening Times

Staffed hours: 8am-5pm, Mon-Fri
Swipe-card access: 7am-11pm 7 days a week

Level 5, Education and Research Centre
University Hospitals Bristol

Contact your outreach librarian:

Jo Hooper
UH Bristol Library Service

library@uhbristol.nhs.uk
Ext. 20105