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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

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**Lunchtime Drop-in Sessions**

**January - June 2016**

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

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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.

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New from Up-To-Date

Facial trauma in adults
Author: Ryanne J Mayersak, MD, MS

Literature review current through: Dec 2015. | This topic last updated: Nov 04, 2014.

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 [1-9]. 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.

http://www.uptodate.com/contents/facial-trauma-in-adults?source=search_result&search=maxillofacial&selectedTitle=1%7E41

Management of acquired maxillary and hard palate defects
Authors: Daniel Buchbinder, DMD, MD; Devin J Okay, DDS


INTRODUCTION — Head and neck cancer and its treatment can cause significant difficulties in orofacial function and thus impair quality of life. When surgery results in a maxillary defect, morbidity can be due to nasal regurgitation (food, liquid, and sound) through the defect, loss of teeth and the inability to chew properly, malnutrition, impaired speech, and distortion of the facial appearance. Severe psychological issues can be a secondary consequence of these complications.

The approach to managing maxillary defects, including both the use of a prosthesis (obturator) and surgical reconstructive techniques, will be reviewed here. The management of soft palate and mandibular defects is discussed separately.

New From the Dental Elf

Crowns more effective than fillings for decay in primary molar teeth

http://www.nationalelfservice.net/dentistry/caries/crowns-more-effective-than-fillings-for-decay-in-primary-molar-teeth/

Jan 6 2016

Globally dental caries affects 60-90% of children, most commonly in primary molar teeth. If this is not managed it can lead to pain and infection and impact on ability to grow and thrive. The aim of this review was to evaluate the clinical effectiveness and safety of all types of pre-formed crowns for restoring primary teeth compared with conventional filling materials (such as amalgam, composite, glass ionomer cement, resin-modified glass ionomer, and compomers), other types of crowns or methods of crown placement and non-restorative caries treatment or no treatment.

Atherosclerosis and periodontal disease is there an association?

http://www.nationalelfservice.net/dentistry/periodontal-disease/atherosclerosis-and-periodontal-disease-is-there-an-association

Dec 18 2015

Atherosclerosis is a chronic inflammatory disease of the arterial wall and an underlying cause of a number of cardiovascular diseases (CVDs) e.g. coronary artery disease (CAD), peripheral arterial disease and stroke, contributing to morbidities and mortalities worldwide. A number of studies have linked atherosclerosis with periodontal disease so the aim of this review was to evaluate the association between periodontal disease and carotid atherosclerosis.

Top Dental Elf Blogs of 2015


Jan 4 2016

During 2015 we published 200 dental health blogs. Covering a wide range of topics. Our most popular blogs each month are listed below. One of the most popular was our November blog on eating disorders and oral health, which was published jointly with the Mental Elf. Highlights included the long awaited Cochrane Review of water fluoridation and the update of the NICE guidance on Infective endocarditis.
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: Oral and Maxillofacial Surgery 2025: 50 Years of Evolution of a Surgical Specialty.

Citation: Journal of Oral & Maxillofacial Surgery (02782391), 2015, vol./is. 73/12(0-0),

Title: Reduced occurrence of ventilator-associated pneumonia after cardiac surgery using preoperative 0.2% chlorhexidine oral rinse: results from a single-centre single-blinded randomized trial.

Citation: Journal of Hospital Infection, 2015, vol./is. 91/4(362-366), 01956701

Abstract: Since mechanical ventilation after cardiac surgery increases the risk of ventilator-associated pneumonia (VAP), we conducted a prospective randomized controlled trial to investigate the effect of preoperative 0.2% chlorhexidine on postoperative VAP. Ninety-four patients scheduled for heart surgery were randomized to a chlorhexidine group (N = 47) or control (saline) group (N = 47). On the day before surgery, patients gargled three times with 0.2% chlorhexidine or saline 30min after each meal and 5min after teeth brushing at bedtime. VAP occurred in 8.5% of the chlorhexidine group and in 23.4% of the controls. Preoperative chlorhexidine mouthwash reduced the incidence of postoperative VAP significantly.

Title: Application of Additive Manufacturing in Oral and Maxillofacial Surgery.

Citation: Journal of Oral & Maxillofacial Surgery 2015, vol./is. 73/12(2408-2418),

Abstract: Additive manufacturing is the process of joining materials to create objects from digital 3-dimensional (3D) model data, which is a promising technology in oral and maxillofacial surgery. The management of lost craniofacial tissues owing to congenital
abnormalities, trauma, or cancer treatment poses a challenge to oral and maxillofacial surgeons. Many strategies have been proposed for the management of such defects, but autogenous bone grafts remain the gold standard for reconstructive bone surgery. Nevertheless, cell-based treatments using adipose stem cells combined with osteoconductive biomaterials or scaffolds have become a promising alternative to autogenous bone grafts. Such treatment protocols often require customized 3D scaffolds that fulfill functional and esthetic requirements, provide adequate blood supply, and meet the load-bearing requirements of the head. Currently, such customized 3D scaffolds are being manufactured using additive manufacturing technology. In this review, 2 of the current and emerging modalities for reconstruction of oral and maxillofacial bone defects are highlighted and discussed, namely human maxillary sinus floor elevation as a valid model to test bone tissue-engineering approaches enabling the application of 1-step surgical procedures and seeding of Good Manufacturing Practice-level adipose stem cells on computer-aided manufactured scaffolds to reconstruct large bone defects in a 2-step surgical procedure, in which cells are expanded ex vivo and seeded on resorbable scaffolds before implantation. Furthermore, imaging-guided tissue-engineering technologies to predetermine the surgical location and to facilitate the manufacturing of custom-made implants that meet the specific patient’s demands are discussed. The potential of tissue-engineered constructs designed for the repair of large oral and maxillofacial bone defects in load-bearing situations in a 1-step surgical procedure combining these 2 innovative approaches is particularly emphasized.

Bisphosphonate-related osteonecrosis of the jaw

**Title:** Impact of Osteonecrosis of the Jaw on Osteoporosis Treatment in Japan: Results of a Questionnaire-Based Survey by the Adequate Treatment of Osteoporosis (A-TOP) Research Group.

**Citation:** Calcified tissue international, Dec 2015, vol. 97, no. 6, p. 542-550 (December 2015)

**Author(s):** Taguchi, Akira, Shiraki, Masataka, Tsukiyama, Mayumi, Miyazaki, Teruhiko, Soen, Satoshi, Ohta, Hiroaki, Nakamura, Toshitaka, Orimo, Hajime

**Abstract:** Dentists request a discontinuation of antiresorptive agents, such as bisphosphonate, before and after tooth extractions to prevent osteonecrosis of the jaw (ONJ). However, little is known about how this affects ONJ and osteoporosis treatment and how medical professionals and dentists cooperate to treat ONJ in patients with osteoporosis. This study aimed to clarify the impact of ONJ on osteoporosis treatment in Japan. A structured questionnaire including 14 key clinical queries was sent to 488 medical professionals as part of the Japanese Osteoporosis Intervention Trial (JOINT)-04, and 206 responses were received. A total of 173 respondents had received discontinuation requests from dentists. Of these, 28 respondents experienced 30 adverse events including ten fractures and one incidence of ONJ. The respondents who refused discontinuation requests observed no cases of ONJ. Approximately 16 % of respondents had patients who discontinued osteoporosis treatment, following a requested drug discontinuation, after tooth extraction. Dentists requested discontinuations for many medications that were not
associated with the incidence of ONJ. Approximately 76% of respondents had never requested oral health care from dentists before osteoporosis treatment and 72% reported no cooperation between dentists and medical professionals in their region. Our results suggest that drug discontinuation may increase adverse events and disturb osteoporosis treatment without completely preventing ONJ. Currently, both medical professionals and dentists in Japan still continue to recommend their own treatment position. A forum to share information about ONJ among medical professionals, dentists, and patients is required.

**Title:** Bisphosphonate drug holidays - when, why and for how long?

**Citation:** Climacteric : the journal of the International Menopause Society, Dec 2015, vol. 18 Suppl 2, p. 32-38 (December 2015)

**Author(s):** Anagnostis, P, Stevenson, J C

**Abstract:** Bisphosphonates are first-line agents used for the treatment of osteoporosis in postmenopausal women and men. Although their efficacy in the reduction of vertebral, non-vertebral and hip fracture risk has been established, some concerns have arisen associated with their long-term use. These include osteonecrosis of the jaw and atypical (subtrochanteric and femoral shaft) fractures. The latter may result from accumulation of fatigue damage due to oversuppression of bone turnover in susceptible individuals. In this respect, the concept of a 'drug holiday' after completion of a reasonable period of bisphosphonate therapy has emerged. Theoretically, this allows bone turnover to increase and permits normal skeletal maintenance and repair, although there is as yet no good evidence that bisphosphonate discontinuation will reduce the risk of these adverse events. Current data derive from studies in postmenopausal women and support a beneficial effect of alendronate or zolendronate continuation in high-risk groups, such as those with T-score < -2.5 or prevalent vertebral fractures after completion of 5 or 3 years, respectively. The optimal length of a 'drug holiday' has not been established but existing data suggest up to 5 years with alendronate, 3 years with zoledronate and 1 year with risedronate. A decision to recommence therapy should then probably be based on regular reassessment of bone mineral density and fracture risk.

**Title:** Administration of teriparatide improves the symptoms of advanced bisphosphonate-related osteonecrosis of the jaw: preliminary findings.

**Citation:** International journal of oral and maxillofacial surgery, Dec 2015, vol. 44, no. 12, p. 1558-1564 (December 2015)

**Author(s):** Kakehashi, H, Ando, T, Minamizato, T, Nakatani, Y, Kawasaki, T, Ikeda, H, Kuroshima, S, Kawakami, A, Asahina, I

**Abstract:** Teriparatide is a synthetic polypeptide hormone that contains the 1-34 amino acid fragment of the recombinant human parathyroid hormone that stimulates bone formation. Currently, it is approved only for the treatment of osteoporosis. The outcomes of daily teriparatide injections for the treatment of bisphosphonate-related osteonecrosis of the jaw in 10 patients are reported here. Two of the 10 cases dropped out due to adverse events. Of the remaining eight cases, seven exhibited clinical improvement of the jaw-related
symptoms of osteonecrosis and progression of the sequestration, while one case did not show improvement of the symptoms. Administration of teriparatide in patients with osteonecrosis of the jaw promotes bone formation and subsequent sequestration over a short period of time. These results suggest that adjunctive teriparatide therapy is a viable and effective option for treating osteonecrosis of the jaw. Copyright © 2015 International Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

**Title:** Knowledge and attitudes of Brazilian dental students and dentists regarding bisphosphonate-related osteonecrosis of the jaw.

**Citation:** Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer, Dec 2015, vol. 23, no. 12, p. 3421-3426 (December 2015)

**Author(s):** de Lima, Paula Baptistella, Brasil, Veruska Lima Moura, de Castro, Jurema Freire Lisboa, de Moraes Ramos-Perez, Flávia Maria, Alves, Fábio Abreu, Dos Anjos Pontual, Maria Luiza, da Cruz Perez, Danyel Elias

**Abstract:** The aim of this study was to evaluate the knowledge of Brazilian dentists (DEN) and dental students (DS) about bisphosphonates (BP) and bisphosphonate-related osteonecrosis of the jaw (BRONJ). A convenience sample of 104 DEN and 100 DS was randomly selected and invited to answer a questionnaire. The questionnaire was structured on the basis of the main information about BP and the risk factors associated with the development of BRONJ. The data obtained were analyzed by the chi-square and Fisher's exact tests, considering significance of 5 %. Seventy-five (72.1 %) DEN and 75 (75 %) DS did not know the BP cited in the questionnaire (p < 0.0001), and their commercial brand names were not recognized by 88 (84.6 %) DEN and 86 (86 %) DS (p < 0.0001). In the same way, 62 (59.6 %) DEN (p = 0.04) and 58 (58 %) DS (p < 0.0001) did not recognize BRONJ as an oral side effect of BP or point out oral conditions that were not associated with the use of BP. Practical initiatives, such as free lectures and workshops, must be taken to broaden the knowledge of DEN and DS about BP and thus contribute to the prevention of BRONJ.

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**Maxillofacial**

**Title:** Disaster management and the role of oral maxillofacial surgeons

**Citation:** Journal of Clinical and Diagnostic Research, December 2015, vol./is. 9/12(JE01-JE04),

**Author(s):** Kattimani V.S., Tiwari R.V., Pandi S.C., Meka S., Lingamaneni K.P.

**Abstract:** "Disaster" the word itself suggests an event resulting in great loss and misfortune. In this developing world, India is becoming more powerful and is shining across the world. But we are still left to deal with various disasters, so that no harm comes to mankind. India has the occasional national disaster to which we have to promptly respond. Like the rest of the world, India has become a terror prone nation and recent attacks since the last decades affected not only the function but also it made citizens insecure. As we are in a large nation so, no matter how large a disaster it may be; we have to overcome it. The oral and maxillofacial region in a human body is very delicate with complicated anatomy, which decides the life of a human being. The management of disaster is a multitask approach, in
which maxillofacial surgeon plays an important role. It is a very difficult task to operate in disaster zone. It is essential for a surgeon to make quick and important decisions under stressful conditions. Usually the surgeries are performed in a well-equipped hospital but, when it comes to disaster zone the surgeon have to treat the patient with a minimal armamentarium available within a fraction of time. The surgical competence in a disaster field is an alarming situation. Disaster management itself is not an alarming situation but the time management is important for better outcomes. A surgeon however should be trained, so that he should not miss injuries for better outcomes along with personal safety. The article discusses about disaster management strategy and guidelines for both oral maxillofacial surgeons and the statutory body to make maxillofacial surgeon as part of disaster management team for better outcomes

Title: Determinants of length of hospitalization due to acute odontogenic maxillofacial infections: A 2009-2013 retrospective analysis

Citation: Medical Principles and Practice, December 2015, vol./is. 24/2(129-135)

Author(s): Rasteniene R., Aleksejuniene J., Puriene A.

Abstract: Objectives: To investigate the determinants of the length of hospitalization (LOH) due to acute odontogenic maxillofacial infections (AOMIs) from 2009 to 2013. Materials and Methods: Dental records of adult patients with AOMIs and related data were retrieved from the Vilnius University's dental hospital. The LOH was related to several determinants in each of the following domains: outpatient primary care, severity of AOMIs, lifestyle and disease domains. Determinants were also associated with the LOH using multivariate analysis. Results: A total of 285 patients were hospitalized with AOMIs, of which 166 (58.2%) were males and 119 (41.8%) were females. The mean LOH was 8.3 +/- 4.9 days. The bivariate analysis did not reveal any statistically significant differences in LOH between patients with AOMIs who received urgent outpatient primary care and those who did not receive such care prior to hospitalization. All AOMI severity-related determinants were associated with the LOH. The LOH was related to coexisting systemic conditions but not to the higher severity of dental or periodontal diseases. Both bivariate and multivariate analyses revealed similar trends, where the most significant determinants of a longer LOH were related to the severity of AOMIs. Conclusion: The most important determinants regarding longer hospitalization were indicators of infection severity such as an extension of the odontogenic infection and the need for an extraoral incision to drain the infection.

Title: Trend and Characteristics of 2,636 Maxillofacial Fracture Cases over 32 Years in Suburban City of Japan.

Citation: Craniomaxillofacial trauma & reconstruction, Dec 2015, vol. 8, no. 4, p. 281-288, 1943-3875

Author(s): Yamamoto, Kazuhiko, Matsusue, Yumiko, Horita, Satoshi, Murakami, Kazuhiro, Sugiura, Tsutomu, Kirita, Tadaaki

Abstract: Trend and characteristics of maxillofacial fractures in 2,636 patients over 32 years were analyzed retrospectively. Patients comprised 1,764 males and 872 females with ages ranging from 0 to 99 years. Patients younger than 30 years consisted of 60% maxillofacial
fractures in the early period but decreased to 40% in the late period. In contrast, patients older than 60 years gradually increased to 30%. In terms of cause, traffic accidents consisted of more than 50%, predominantly motorcycle accidents, but gradually decreased to 40%. In contrast, falls markedly increased from less than 10 to 30%. Fractures occurred in the midface in 938 patients, in the mandible in 1,490, and in both in 208. In the midface, zygoma fractures consisted of 50% throughout the period. In the mandible, condyle fractures were observed in 40%, followed by fractures of the symphysis and angle. The ratio of condylar fractures slightly increased. Open reduction and internal fixation (ORIF) were performed in 782 patients, followed by observation in 716, maxillomandibular fixation (MMF) in 605, intramaxillary splinting (IMS) in 294, transcutaneous reduction (TCR) in 126, and others in 113. MMF markedly decreased from more than 30 to less than 5% and observation increased from 20 to 40%.

Title: Maxillofacial Fractures Surgically Managed at Aalesund Hospital between 2002 and 2009.

Citation: Craniomaxillofacial trauma & reconstruction, Dec 2015, vol. 8, no. 4, p. 321-325,

Author(s): Helgeland, Espen, Dahle, Ida Marie, Leira, Jan Inge, Loro, Lado Lako

Abstract: This study analyses the demographics, etiology, and complications in patients operated for maxillofacial fractures by oral and maxillofacial surgeons at the Aalesund Hospital between 2002 and 2009. A total of 188 fractures in 139 patients were studied. The male-to-female ratio was 3.6:1 and the mean age was 35.7 ± 17.2 years. Males were significantly younger than females (p < 0.05). Mandibular (52.7%) and zygomatic complex fractures (33.5%) were the most frequent. Most patients (41.7%) sustained their injuries as a result of interpersonal violence (IPV) followed by falls (25.9%) and traffic accidents (15.8%). Significantly more males were victims of IPV (p < 0.05). Almost half of the female cohort sustained their injuries from falling. More than half of those who sustained their injuries between midnight and morning were intoxicated. The majority of cases were treated by open reduction and internal fixation (56.8%). Posttraumatic and postoperative complications were seen in 25% of the patients, with infection (8.6%) occurring most frequently. Mandibular and zygomatic complex fractures were the most frequent in our study. IPV in association with alcohol and drugs was a major cause of maxillofacial fractures, especially among young adult males. Falls were the predominant cause of fractures among females.

Title: Application of Maxillomandibular Fixation for Management of Traumatic Macroglossia: A Case Report.

Citation: Craniomaxillofacial trauma & reconstruction, Dec 2015, vol. 8, no. 4, p. 352-355,

Author(s): Shanti, Rabie M, Braidy, Hani F, Ziccardi, Vincent B

Abstract: We present a case of a 14-year-old adolescent boy who has oral cavity after gunshot wound to the tongue presenting with hemorrhage from the tongue requiring coil embolization of the right lingual artery. The patient subsequently developed macroglossia, which was managed with maxillomandibular fixation for a period of 3 weeks with complete resolution of glossal edema.
Title: Survey of Australasian oral and maxillofacial surgeons 2011—scope and workforce issues.

Citation: International journal of oral and maxillofacial surgery, Dec 2015, vol. 44, no. 12, p. 1569-1573 (December 2015)

Author(s): Ricciardo, P, Bobinskas, A, Vujcich, N, Nastri, A, Goss, A

Abstract: This study examined the qualifications, training, and practice patterns of oral and maxillofacial surgeons in Australia in 2011. This information was compared to similar studies performed in 1986 and 1995. It was found that dentoalveolar surgery comprised the greatest proportion of practice. There had been major growth in dental implantology, orthognathic surgery, and management of pathology. These increases were directly related to the standardization and increase in qualifications and training. The workforce had increased at the highest rate predicted, but was only just keeping up with the increases in population and the number of general health practitioners. Copyright © 2015. Published by Elsevier Ltd.

Title: Buccal mucosa urethroplasty: a 10-year retrospective review of maxillofacial and urological outcomes.

Citation: Irish journal of medical science, Dec 2015, vol. 184, no. 4, p. 761-767

Author(s): O'Connell, J E, Cullen, I M, Murphy, C, Flood, H, Kearns, G J

Abstract: Reconstruction of a urethral stricture poses a difficult surgical problem. Anastomotic repair remains the gold standard. Strictures longer than 2 cm may require substitution urethroplasty. This is a retrospective review of all patients who underwent urethral reconstruction with an autologous free buccal mucosa graft at a Regional hospital between 1998 and 2009. Variables recorded included; demographics: patient gender/age; follow-up period. Urology: pre-operative diagnosis/aetiology; presenting complaint; previous urological surgery, pre-operative retrograde urethrogram, stricture length, graft size, operative time/blood loss, morbidity, complications. Maxillofacial: pre-/post-operative inter-incisal opening, patency of Stenson's parotid duct, ipsilateral parotid swelling, sensory nerve deficit. A total of eight male patients were included. Mean age was 33 years. Two patients had one-stage dorsal onlay urethroplasty, and the remaining six had a two-stage BMG urethroplasty. All patients underwent a urethrogram 20 days post-operatively, which demonstrated no leak, and a good caliber grafted urethra in all cases. A flexible cystoscopy scope was accommodated in all patients 8 weeks post-operatively. Mean follow-up was 42 months. At long-term follow-up, there was no evidence of stricture formation, and all patients were voiding well. There were no long-term intra-oral complications. This study suggests that anterior urethral strictures up to 6 cm in length may be predictably and safely managed with buccal mucosal urethroplasty. The buccal mucosa is easy to harvest, and can be used successfully in one- and two-stage grafting procedures. The rate of complications, from both a urological and maxillofacial perspective, in the group of patients studied was low.
Title: Rapid prototyping modelling in oral and maxillofacial surgery: A two year retrospective study.

Citation: Journal of clinical and experimental dentistry, Dec 2015, vol. 7, no. 5, p. e605.

Author(s): Suomalainen, Anni, Stoor, Patricia, Mesimäki, Karri, Kontio, Risto K

Abstract: The use of rapid prototyping (RP) models in medicine to construct bony models is increasing. The aim of the study was to evaluate retrospectively the indication for the use of RP models in oral and maxillofacial surgery at Helsinki University Central Hospital during 2009-2010. Also, the used computed tomography (CT) examination - multislice CT (MSCT) or cone beam CT (CBCT) - method was evaluated. In total 114 RP models were fabricated for 102 patients. The mean age of the patients at the time of the production of the model was 50.4 years. The indications for the modelling included malignant lesions (29%), secondary reconstruction (25%), prosthodontic treatment (22%), orthognathic surgery or asymmetry (13%), benign lesions (8%), and TMJ disorders (4%). MSCT examination was used in 92 and CBCT examination in 22 cases. Most of the models (75%) were conventional hard tissue models. Models with colored tumour or other structure(s) of interest were ordered in 24%. Two out of the 114 models were soft tissue models. The main benefit of the models was in treatment planning and in connection with the production of pre-bent plates or custom made implants. The RP models both facilitate and improve treatment planning and intraoperative efficiency. Rapid prototyping, radiology, computed tomography, cone beam computed tomography.

Title: Moxifloxacin versus Clindamycin/Ceftriaxone in the management of odontogenic maxillofacial infectious processes: A preliminary, intrahospital, controlled clinical trial.

Citation: Journal of clinical and experimental dentistry, Dec 2015, vol. 7, no. 5, p. e634.

Author(s): Gómez-Arámbula, Hansel, Hidalgo-Hurtado, Antonio, Rodríguez-Flores, Rosaura, González-Amaro, Ana-María, Garrocho-Rangel, Arturo, Pozos-Guillén, Amaury

Abstract: The aim of this study was to compare the days of hospitalization length between patients treated with Moxifloxacin with that of patients treated with a Clindamycin/Ceftriaxone combination and additionally, to isolate and identify the oral pathogens involved in orofacial odontogenic infections. A pilot-controlled-clinical-trial was carried out on hospitalized patients with cervicofacial odontogenic abscesses or cellulitis, who were randomly assigned to two study groups: 1) patients who received Moxifloxacin, and 2) patients receiving Clindamycin/Ceftriaxone combination. Infiltrate samples were collected through transdermic or transmucosal punction and later cultured on a media specific for aerobic and anaerobic microorganisms. Mean hospitalization duration in days until hospital discharge and susceptibility assessment in rates were established. Mean hospitalization time in days of patients treated with Moxifloxacin was 7.0 ± 1.6 days, while in the Clindamycin/Ceftriaxone group, this was 8.4 ± 1.8 days, although significant difference could not be demonstrated (p=0.074). A total of 43 strains were isolated, all of these Gram-positive. These strains appeared to be highly sensitive to Moxifloxacin (97.5%) and Ceftriaxone (92.5%). Moxifloxacin and Ceftriaxone appear to be potential convenient and rational alternatives to traditional antibiotics, for treating severe odontogenic
infections, in conjunction with surgical extraoral incision, debridement, and drainage. Orofacial odontogenic infections, antimicrobial susceptibility, antimicrobial resistance.

Title: Etiology and injury patterns of maxillofacial fractures from the years 2010 to 2013 in Mecklenburg-Western Pomerania, Germany: A retrospective study of 409 patients.

Citation: Journal of cranio-maxillo-facial surgery: official publication of the European Association for Cranio-Maxillo-Facial Surgery, Dec 2015, vol. 43, no. 10, p. 1948-1951

Author(s): Schneider, Daniel, Kämmerer, Peer W, Schön, Gerhard, Dinu, Christian, Radloff, Sarah, Bschorer, Reinhard

Abstract: The aim of the present study was to illustrate the injury patterns and the etiology of accident victims with maxillofacial fractures in the state of Mecklenburg-Western Pomerania (M-P), Germany. Between 2010 and 2013, patients with maxillofacial fractures from the Department of Oral and Maxillofacial Surgery at the Helios Kliniken Schwerin, were evaluated with a specially constructed data set in a retrospective analysis. After review of the patient records, a case-related data collection was performed with the pre-set characteristics: age, gender, age group, maxillofacial fracture, and cause of injury. Of 409 patients, 79% (n = 323) were male and 21% (n = 86) were female. A fracture of the zygomaticomaxillary complex was most frequently observed (31%; n = 240). Midface fractures with orbital floor involvement were the most common fracture types (48.4%; n = 137). A significant percentage of the fractures (45.2%; n = 185) were caused by interpersonal violence; 70.8% (n = 131), and thus the majority of the patients who were treated due to a brutal offense, had consumed alcohol. Within this group, men in the age group of 20-29 years were most prevalent (38.7%; n = 125). Etiologically, 25.2% (n = 103) of fractures were caused by a fall. The regionalization of data on the distribution, emergence, and localization of maxillofacial fractures in M-P allows not only a national comparison but also an international comparison with areas that are in a similar strong socio-demographic change, as it applies to the East German population. This provides the opportunity to develop the global preventive measures and to apply suitable quality management.

Title: Consensus or controversy? The classification and treatment decision-making by 491 maxillofacial surgeons from around the world in three cases of a unilateral mandibular condyle fracture.

Citation: Journal of cranio-maxillo-facial surgery: official publication of the European Association for Cranio-Maxillo-Facial Surgery, Dec 2015, vol. 43, no. 10, p. 1952-1960

Author(s): Kommers, Sofie C, Boffano, Paolo, Forouzanfar, Tymour

Abstract: Many studies are available in the literature on both classification and treatment of unilateral mandibular condyle fractures. To date however, controversy regarding the best treatment for unilateral mandibular condyle fractures remains. In this study, an attempt was made to quantify the level of agreement between a sample of maxillofacial surgeons worldwide, on the classification and treatment decisions in three different unilateral
mandibular condyle fracture cases. In total, 491 of 3044 participants responded. In all three mandibular condyle fracture cases, a fairly high level of disagreement was found. Only in the case of a subcondylar fracture, assuming dysocclusion was present, more than 81% of surgeons agreed that the best treatment would be open reduction and internal fixation. Based on the study results, there is considerable variation among surgeons worldwide with regard to treatment of unilateral mandibular condyle fracture. 3D imaging in higher fractures tends to lead to more invasive treatment decisions. Copyright © 2015 European Association for Cranio-Maxillo-Facial Surgery. Published by Elsevier Ltd. All rights reserved.

Title: Maxillofacial Surgeon as Fact Witness for Medico-Legal Cases: Indian Scenario.

Citation: Journal of maxillofacial and oral surgery, Dec 2015, vol. 14, no. 4, p. 962-971

Author(s): Kedarnath, N S, Shruthi, R

Abstract: An Oral and Maxillofacial surgeon at any time during the practice will encounter medicolegal cases (MLC). There are lacunae in the knowledge and understanding of the correct method of dealing with such cases. Many of the practitioners are apprehensive and anxious as they have to interact with individuals and systems outside the normal realm of practice. In today’s arena, it is of utmost importance to be aware of legal system and law of the land. An OMF surgeon needs to have thorough understanding in recording and maintenance of the details of all MLCs and presenting the same in the court. Professional guidelines for expert witness are often not well recognised as those relating to the clinical practice. Surgeon has an obligation to conduct him/herself to highest ethical standards. This article provides insight into the details of registration of MLC, examination and recording of injuries, collecting medico-legal evidences and writing a medico legal report. Also discusses the court proceedings and possible questions that may be faced by the surgeon in the court.

Title: Maxillofacial trauma in the emergency department: pearls and pitfalls in airway management.

Citation: Minerva anestesiologica, Dec 2015, vol. 81, no. 12, p. 1346-1358 (December 2015)

Author(s): Coppola, S, Froio, S, Merli, G, Chiumello, D

Abstract: Maxillofacial trauma poses a challenge for the anesthesiologist because injuries can often compromise the patient's airways. Airway maintenance is the first step in the American College of Surgeons Advance Trauma Life Support (ATLS®) protocol. However, clinical dilemmas may arise about the best way to manage a potentially life-threatening injury. There are no recommendations about the best time to intubate, the warning signs for deciding to intubate, or which device should be used when difficulty is expected. In this context the ATLS® approach is important but not sufficient. It is also necessary to recognize and be able to manage specific problems in this scenario where clinical priorities may be conflicting, may suddenly change or may be hidden. This clinical review discusses the complexity of this scenario, providing an overview of the conditions at greatest risk for airway obstruction and the options for airway management, on the basis of the recent literature. Clinicians must recognize the milestones and pitfalls of this topic in order to adopt a systematic approach for airway management, to identify specific characteristics
associated with it, and to establish the utility of different instruments for airway management.

**Title:** Effects of intraoperative administration of carbohydrates during long-duration oral and maxillofacial surgery on the metabolism of carbohydrates, proteins, and lipids.

**Citation:** Oral and maxillofacial surgery, Dec 2015, vol. 19, no. 4, p. 417-421

**Author(s):** Yamamoto, Toru, Yoshida, Mitsuhiro, Watanabe, Seiji, Kawahara, Hiroshi

**Abstract:** Insulin resistance in patients undergoing invasive surgery impairs glucose and lipid metabolism and increases muscle protein catabolism, which may result in delayed recovery and prolonged hospital stay. We examined whether intraoperative administration of carbohydrates during long-duration oral and maxillofacial surgery under general anesthesia affects carbohydrate, proteins, and lipid metabolism and the length of hospital stay. We studied 16 patients with normal liver, kidney, and endocrine functions, and ASA physical status I or II, but without diabetes. Patients were randomly assigned to receive 0.1 g/kg/h of (n = 8) or lactated Ringer’s solution (n = 8). Blood was collected before (T0) and 4 h after (T1) the start of surgery. We analyzed the plasma levels of glucose, ketone bodies, 3-methylhistidine (3-MH), and the length of hospital stay. At T0, no statistically significant differences were observed in the levels of glucose, ketone bodies, and 3-MH between the groups. At T1, no statistically significant difference in glucose levels was found between the groups. However, ketone bodies were significantly lower, and the changes in 3-MH levels were significantly less pronounced in the glucose-treated group compared with controls. No significant differences were observed between the groups in terms of length of hospital stay. The administration of low doses of glucose during surgery was safe, did not cause hyperglycemia or hypoglycemia, and inhibited lipid metabolism and protein catabolism. Additional experiments with larger cohorts will be necessary to investigate whether intraoperative management with glucose facilitates postoperative recovery of patients with oral cancer.

**Title:** Ferraro’s Fundamentals of Maxillofacial Surgery, 2nd Edition.

**Citation:** Plastic and reconstructive surgery, Dec 2015, vol. 136, no. 6, p. 1389-1390

**Author(s):** Seaward, James R, Kane, Alex A

**Title:** Recent advances in the management of oral and maxillofacial trauma.

**Citation:** The British journal of oral & maxillofacial surgery, Dec 2015, vol. 53, no. 10, p. 913-921

**Author(s):** O’Connor, Rory C, Shakib, Kaveh, Brennan, Peter A

**Abstract:** This review summarises recently published papers on maxillofacial trauma in 2 widely read journals: the British Journal of Oral and Maxillofacial Surgery (BJOMS) and the International Journal of Oral and Maxillofacial Surgery (IJOMS). Since a large proportion of the injuries seen in oral and maxillofacial surgery (OMFS) departments are fractures of the
facial skeleton, we primarily focus on their assessment and treatment, but also cover problems that affect the temporomandibular joint (TMJ) (including ankylosis), military injuries, polytrauma, and the use of perioperative drugs. Between 2012 and 2013, 121 articles were published in the 2 journals. Most of the research concerned mandibular fractures, particularly those involving the condyle, but epidemiological studies and midfacial fractures were also well represented. Even though the incidence of facial injury is high, it is difficult to collect data particularly when long-term evaluation is required, as rates of compliance and attendance at follow up tend to be low. The number of large-scale studies was therefore small. A concerted effort to collaborate nationally and across specialties to undertake larger studies will help to improve outcomes. Copyright © 2015 The British Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

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**Title:** How would you persuade reluctant commissioners to purchase maxillofacial services from your Trust?

**Citation:** The British journal of oral & maxillofacial surgery, Dec 2015, vol. 53, no. 10, p. 922-925

**Author(s):** Cheong, Ryan Chin Taw, Chong, Yu Jeat

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**Title:** Industrial maxillofacial injuries in the United Kingdom.

**Citation:** The British journal of oral & maxillofacial surgery, Dec 2015, vol. 53, no. 10, p. 926-931

**Author(s):** Chiu, Geoff A, Bullock, M, Edwards, A

**Abstract:** The treatment of maxillofacial injuries forms a substantial part of the work in oral and maxillofacial units, but injuries sustained in work-related incidents are uncommon, mainly because of the strict enforcement of Health and Safety policies. We used data from the Health and Safety Executive in the United Kingdom to review the incidence and aetiology of maxillofacial injuries that result from industrial accidents in the UK, and highlight the case of a worker who sustained an isolated fracture of the nasoethmoidal complex when he was trapped in a cheese press. In 2010-2011, roughly 115 379 accidents or incidents at work were reported in the UK, and of the 1623 (1%) that were maxillofacial, 81% occurred in the service sector. The most common mechanism of injury was assault (37%) and the most common injury was contusion (30%). Since the introduction of the Health and Safety Act, work-related accidents in the UK have decreased considerably. However, they will continue to occur because of human error. Copyright © 2015 The British Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

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**Title:** Clinical applicability of robot-guided contact-free laser osteotomy in cranio-maxillofacial surgery: in-vitro simulation and in-vivo surgery in minipig mandibles.

**Citation:** The British journal of oral & maxillofacial surgery, Dec 2015, vol. 53, no. 10, p. 976-981

**Author(s):** Baek, K-W, Deibel, W, Marinov, D, Griessen, M, Bruno, A, Zeilhofer, H-F, Cattin, Ph, Juergens, Ph
Abstract: Laser was being used in medicine soon after its invention. However, it has been possible to excise hard tissue with lasers only recently, and the Er:YAG laser is now established in the treatment of damaged teeth. Recently experimental studies have investigated its use in bone surgery, where its major advantages are freedom of cutting geometry and precision. However, these advantages become apparent only when the system is used with robotic guidance. The main challenge is ergonomic integration of the laser and the robot, otherwise the surgeon’s space in the operating theatre is obstructed during the procedure. Here we present our first experiences with an integrated, miniaturised laser system guided by a surgical robot. An Er:YAG laser source and the corresponding optical system were integrated into a composite casing that was mounted on a surgical robotic arm. The robot-guided laser system was connected to a computer-assisted preoperative planning and intraoperative navigation system, and the laser osteotome was used in an operating theatre to create defects of different shapes in the mandibles of 6 minipigs. Similar defects were created on the opposite side with a piezoelectric (PZE) osteotome and a conventional drill guided by a surgeon. The performance was analysed from the points of view of the workflow, ergonomics, ease of use, and safety features. The integrated robot-guided laser osteotome can be ergonomically used in the operating theatre. The computer-assisted and robot-guided laser osteotome is likely to be suitable for clinical use for ostectomies that require considerable accuracy and individual shape. Copyright © 2015 The British Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

Title: Special training in maxillofacial surgery for medical students - economic burden or investment in the future?

Citation: The British journal of oral & maxillofacial surgery, Dec 2015, vol. 53, no. 10, p. 1012-1014

Author(s): Bauer, Florian, Rommel, Niklas, Rohleder, Nils, Koerdt, Steffen, Wolff, Klaus-Dietrich, Mitchell, David A, Kesting, Marco

Abstract: We measured the motivation and interest of medical students in oral and maxillofacial surgery at a German university. After a detailed cost-benefit analysis of a course that used an ex-vivo animal model and active participation in the operating theatre, we measured changes in the students' interest in taking up a surgical specialty in the future. We found that practical experience could lower the expenses of the course by almost 70%. Twenty per cent of students chose oral and maxillofacial surgery as an elective in their final year. These students could be residents one day. Copyright © 2015 The British Association of Oral and Maxillofacial Surgeons. Published by Elsevier Ltd. All rights reserved.

Title: Extended role of Thudichum's nasal speculum for maxillomandibular segmental osteotomy: a new technique.

Citation: The British journal of oral & maxillofacial surgery, Dec 2015, vol. 53, no. 10, p. 1045-1046

Author(s): Tauro, David P, Uppada, Uday Kiran
Title: How often does the operating list follow the planned order? An analysis of elective maxillofacial operating lists.

Citation: The surgeon : journal of the Royal Colleges of Surgeons of Edinburgh and Ireland, Dec 2015, vol. 13, no. 6, p. 312-315,

Author(s): Islam, Shofiq, Taylor, Christopher J, Ahmed, Siddiq, Ormiston, Ian W, Hayter, Jonathan P

Abstract: The authors explored consistency of the observed running order in operating sequence compared with prior scheduled listing. We analysed potential variables felt to be predictive in the chances of a patient having their procedure as previously scheduled. Data were retrospectively collected for a consecutive group of patients who underwent elective maxillofacial procedures over a four week period. The consistency of scheduled and observed running order was documented. We considered four independent variables (original list position, day of week, morning or afternoon list, seniority of surgeon) and analysed their relationship to the probability of a patient undergoing their operation as per listing. Logistic regression analysis was used to determine significant associations between predictor variables with an altered list order. Data were available for 35 lists (n = 133). 49% of lists were found to run according to prior given order, the remainder subject to some alteration. Logistic regression analysis showed a statistically significant association between original scheduled position and day of week, with list position consistency. Patients listed first were twelve times more likely to have their operation as listed compared to those placed fourth (OR 12.7, 95% CI 3.7-43, p < 0.05). Operating lists at the start of a week were subject to less alteration (p < 0.05). There was no demonstrated relationship between the grade of surgeon operating and alteration in operating sequence. Approximately half of lists showed some alteration to the previously printed order. It appears that being first on an elective list offers the greatest guarantee that a patient will have their operation as per prior schedule. It may be reasonable for clinicians to be mindful of potential operating list alterations when preparing their patients for elective surgery. Copyright © 2014 Royal College of Surgeons of Edinburgh (Scottish charity number SC005317) and Royal College of Surgeons in Ireland. Published by Elsevier Ltd. All rights reserved.

Title: The Partnership of Medical Genetics and Oral and Maxillofacial Surgery When Evaluating Craniofacial Anomalies.

Citation: Journal of Oral & Maxillofacial Surgery (02782391), 2015, vol./is. 73/12(0-0)

Abstract: A medical geneticist who has an interest in craniofacial anomalies forms a natural partnership with an oral and maxillofacial surgeon, which facilitates patient care. Using complementary diagnostic and therapeutic skills, the search for a recognizable pattern can lead to a syndrome diagnosis. After the initial examination, there is usually genetic testing to confirm the clinical diagnosis. Once established, care coordination and genetic counseling can be provided for the parents and the patient. Enrolling the patient into a research study could be helpful to understand the diagnosis but, in some circumstances, might not have immediate clinical relevance. A multidisciplinary craniofacial team is generally necessary for long-term management. This article discusses illustrative patients evaluated from 2007 through 2011 with the senior oral and maxillofacial surgeon at the Massachusetts General
Hospital (Leonard B. Kaban, DMD, MD). These include single patients with the Nablus mask-like facies syndrome and auriculo-condylar syndrome and a series of 20 patients with Gorlin syndrome followed by a multispecialty team. A successful collaboration between a medical geneticist and an oral and maxillofacial surgeon optimizes the treatment of patients with craniofacial anomalies.

**Title:** Time trends and determinants of acute odontogenic maxillofacial infections in Lithuania: a retrospective national 2009-2013 treatment data audit.

**Citation:** Community Dental Health, 2015, vol./is. 32/4(209-215)

**Title:** Participation of Canadian Oral and Maxillofacial Surgeons in Oral, Lip, and Oropharyngeal Cancer Care.

**Citation:** Journal of Oral & Maxillofacial Surgery (02782391), 2015, vol./is. 73/12(2440-2445)

**Abstract:** Purpose: The purpose of this study was to assess the participation of Canadian oral and maxillofacial surgeons (OMSs) in the various phases of oral, lip, and oropharyngeal cancer care. Materials and Methods: A survey was conducted to quantify participation in oral, lip, and oropharyngeal cancer care and assess participation ranging from screening for malignancy to active treatment and rehabilitation of those with late-stage disease. Results: Three hundred ninety-one surgeons were contacted and 206 (52.7%) responded to the online survey. The survey showed 98.1% of respondents were involved with cancer screening and 97.1% were involved in prevention and early intervention (monitoring and treatment) of premalignant lesions. In addition, 95.1% of respondents participated in diagnosis and staging of tumors. Early-stage cancer was managed surgically by 49.5% of respondents, whereas 11.2% of respondents managed late-stage disease. Management of oral rehabilitation was performed by 79.0% of respondents. Conclusion: OMSs are an integral part of all phases of oral and oropharyngeal cancer care, including primary surgical oncology, in Canada. Although OMSs in Canada participate widely in integral prevention and survivor rehabilitation programs, few members participate in late-stage disease management and regional multidisciplinary care teams.

**Title:** Endoscopic Endonasal Anterior Maxillotomy.

**Citation:** Laryngoscope, 2015, vol./is. 125/12(2668-2671)

**Title:** Maxillomandibular advancement for obstructive sleep apnea.

**Citation:** Operative Techniques in Otolaryngology - Head & Neck Surgery, 2015, vol./is. 26/4(197-202)

**Title:** The Reverse Zygomatic Implant: A New Implant For Maxillofacial Reconstruction.

**Citation:** International Journal of Oral & Maxillofacial Implants, 2015, vol./is. 30/6(1405-1408)
Cleft lip and palate

**Title:** Transverse dental arch relationship at 9 and 12 years in children with unilateral cleft lip and palate treated with infant orthopedics: a randomized clinical trial (DUTCHCLEFT).

**Citation:** Clinical oral investigations, Dec 2015, vol. 19, no. 9, p. 2255-2265

**Author(s):** Noverraz, R L M, Disse, M A, Ongkosuwito, E M, Kuijpers-Jagtman, A M, Prahl, C

**Abstract:** A long-term evaluation to assess the transverse dental arch relationships at 9 and 12 years of age in unilateral cleft lip and palate treated with or without infant orthopedics (IO). The hypothesis is that IO has no effect on the transverse dental arch relationship. A prospective two-arm randomized controlled trial (DUTCHCLEFT) in three academic cleft palate centers (Amsterdam, Nijmegen and Rotterdam, the Netherlands). Fifty-four children with complete unilateral cleft lip and palate and no other malformations were enrolled in this evaluation. One group wore passive maxillary plates (IO+) during the first year of life, and the other group did not (IO-). Until the age of 1.5, all other interventions were the same. Hard palate was closed simultaneously with bone grafting according to protocol of all teams. Orthodontic treatment was performed when indicated. The transverse dental arch relationship was assessed on dental casts using the modified Huddart/Bodenham score to measure the maxillary arch constriction at 9 and 12 years of age. No significant differences were found between the IO+ and IO- groups. Differences between the centers increased from 9 to 12 years of age. Transverse dental arch relationships at 9 and 12 years of age do not differ between children with UCLP treated with or without IO. There is no orthodontic need to perform IO as applied in this study in children with UCLP.

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**Title:** Disrupting the intrinsic growth potential of a suture contributes to midfacial hypoplasia.

**Citation:** Bone, Dec 2015, vol. 81, p. 186-195 (December 2015)

**Author(s):** Li, Jingtao, Johnson, Chelsey A, Smith, Andrew A, Salmon, Benjamin, Shi, Bing, Brunski, John, Helms, Jill A

**Abstract:** Children with unoperated cleft palates have nearly normal growth of their faces whereas patients who have had early surgical repair often exhibit midfacial hypoplasia. Surgical repair is responsible for the underlying bone growth arrest but the mechanisms responsible for these surgical sequelae are poorly understood. We simulated the effect of cleft palate repair by raising a mucoperiosteal flap in the murine palate. Three-dimensional micro-CT reconstructions of the palate along with histomorphometric measurements, finite element (FE) modeling, immunohistochemical analyses, and quantitative RT-PCR were employed to follow the skeletal healing process. Inflammatory bone resorption was observed during the first few days after denudation, which destroyed the midpalatal suture complex. FE modeling was used to predict and map the distribution of strains and their associated stresses in the area of denudation and the magnitude and location of hydrostatic and distortional strains corresponded to sites of skeletal tissue destruction. Once re-epithelialization was complete and wound contracture subsided, the midpalatal suture
complex reformed. Despite this, growth at the midpalatal suture was reduced, which led to palatal constriction and a narrowing of the dental arch. Thus the simple act of raising a flap, here mimicked by denuding the mucoperiosteum, was sufficient to cause significant destruction to the midpalatal suture complex. Although the bone and cartilage growth plates were re-established, mediolateral skeletal growth was nonetheless compromised and the injured palate never reached its full growth potential. These data strongly suggest that disruption of suture complexes, which have intrinsic growth potential, should be avoided during surgical correction of congenital anomalies. Copyright © 2015. Published by Elsevier Inc.

**Title:** Maxillary dental anomalies in patients with cleft lip and palate: a cone beam computed tomography study

**Citation:** The Journal of clinical pediatric dentistry, December 2015, vol./is. 39/2(183-186), 1053-4628

**Author(s):** Celikoglu M., Buyuk S.K., Sekerci A.E., Cantekin K., Candirli C.

**Abstract:** OBJECTIVE: To compare the frequency of maxillary dental anomalies in patients affected by unilateral (UCLP) and bilateral (BCLP) cleft lip with palate and to determine whether statistical differences were present or not between cleft and normal sides in UCLP group by using cone beam computed tomography (CBCT). In addition, the frequency of those dental anomalies was compared with previous studies presenting the same population without cleft. Study Design: Fifty non-syndromic patients affected by UCLP (28 patients) and BCLP (22 patients) were selected for analysis of dental anomalies by means of CBCT. The frequency of maxillary dental anomalies including tooth agenesis, microdontia of lateral incisor, ectopic eruption and impaction of canine and supernumerary tooth were examined. Pearson chi-square and Fisher's exact tests were performed for statistical comparisons. RESULTS: All patients affected by UCLP and BCLP were found to have at least one maxillary dental anomaly. The most frequently observed dental anomaly was tooth agenesis (92.5% and 86.4%, respectively) in UCLP and BCLP groups. Tooth agenesis and canine impaction were observed more commonly in the cleft side (75.0% and 35.7%, respectively) than in the normal side (57.1% and 14.3%, respectively) in UCLP group (p<0.05). All dental anomalies were found to be higher in both cleft groups than in general populations not affected by cleft. CONCLUSION: Since patients affected by UCLP and BCLP had at least one dental anomaly and higher dental anomaly frequency as compared to patients without cleft, those patients should be examined carefully prior to orthodontic treatment.

**Title:** Erratum to: Transverse dental arch relationship at 9 and 12 years in children with unilateral cleft lip and palate treated with infant orthopedics: a randomized clinical trial (DUTCHCLEFT).

**Citation:** Clinical oral investigations, Dec 2015, vol. 19, no. 9, p. 2351. (December 2015)

**Author(s):** Noverraz, R L M, Disse, M A, Ongkosuwito, E M, Kuijpers-Jagtman, A M, Prahl, C
**Title:** Taurodontism in patients with nonsyndromic cleft lip and palate in a Brazilian population: a case control evaluation with panoramic radiographs.

**Citation:** Oral surgery, oral medicine, oral pathology and oral radiology, Dec 2015, vol. 120, no. 6, p. 744-750 (December 2015)

**Author(s):** Melo Filho, Mario Rodrigues, Nogueira Dos Santos, Luis Antônio, Barbosa Martelli, Daniella Reis, Silveira, Marise Fagundes, Esteves da Silva, Myrian, de Barros, Letízia Monteiro, Coletta, Ricardo D, Martelli-Júnior, Hercílio

**Abstract:** The purpose of this study was to evaluate the prevalence of taurodontism in patients with nonsyndromic cleft lip and palate (NSCLP) within a Brazilian population. The study was designed as an epidemiologic case-control single-center study. Three hundred eighty-eight patients were included: 88 had NSCLP, and 300 comprised the control group. The first and second permanent mandibular molars were included in this study. By using panoramic radiographs, taurodontism was categorized as mesotaurodontism, hypotaurodontism, and hypertaurodontism. Seventy patients (23.3%) from the control group and 36 patients (40.9%) from the case group presented taurodontism (P < .001). In the control group, 108 (9%) teeth showed taurodontism, whereas in the case group with cleft lip and palate (CLP), 64 (18.2%) teeth showed dental anomalies (P < .001). In both groups, most taurodontic teeth presented hypotaurodontism, followed by mesotaurodontism, while hypertaurodontism was found in only two teeth. The probability of taurodontism in patients with cleft lip (CL) was 2.36 (P = .010) times higher compared with those with CLP, whereas the occurrence of taurodontism in patients with cleft palate (CP) was 3.15 (P = .002) times greater than in patients with CLP. The results from this study indicate a close relationship between taurodontism and NSCLP and the possibility of different cleft subphenotypes. Copyright © 2015 Elsevier Inc. All rights reserved.

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**Title:** The frequency of non-syndromic distomolar teeth in a Greek population sample?

**Citation:** Journal of clinical and experimental dentistry, Dec 2015, vol. 7, no. 5, p. e589.

**Author(s):** Mitsea, Anastasia, Vardas, Emanouel, Papachatzopoulou, Angeliki, Kalfountzos, Georgios, Leventis, Minas, Tsiklakis, Kostas

**Abstract:** To investigate the frequency of non-syndromic distomolars in a Greek population sample. The study population of this retrospective study consisted of 859 Orthopantomograms (OPGs) of 425 male and 434 female patients, attended the Department of Oral Diagnosis and Radiology, Dental School of Athens seeking for treatment. The OPGs were taken as a part of the patients treatment planning. Patients' mean age was 33.57 years. Exclusion criteria from this study was cleft lip ± palate and diseases associated with systemic conditions and syndromes (such as cleidocranial dysplasia and Gardner syndrome). OPGs were only included in the study if at least one 3rd molar was present. The data collected were the number of 3rd molars, the number of distomolars, the age and the gender of each patient, information concerning previous extraction of 3rd molars. Statistical evaluation of the data included descriptive and bivariate analyses (Chi-square test and Spearman’s rho correlation coefficient). In an attempt to further estimate the correlation between the presence of upper and lower 3rd conditions we assumed that the absence of 3rd molars, the presence of 3rd molars, and the presence of distomolars was ordinal in nature and we calculated the Spearman Correlation Coefficient. The number of distomolars
was greater in the maxilla than in the mandible. In the maxilla the distomolars were located almost equally in both left and right side. It was more possible lower left distomolars to be present in males than in females. Furthermore, males present higher prevalence of supernumerary teeth than females. Early radiographic diagnosis of distomolars is fundamental so as to prevent complications such malocclusion, delayed eruption or displacement root or/ and resorption of adjacent teeth, pulp necrosis, follicular cyst, pain. Non syndromic, distomolars, supernumerary molars, fourth molars.

Title: Dental anomalies associated with cleft lip and palate in Northern Finland.

Citation: European journal of paediatric dentistry : official journal of European Academy of Paediatric Dentistry, Dec 2015, vol. 16, no. 4, p. 327-332,

Author(s): Lehtonen, V, Anttonen, V, Ylikontiola, L P, Koskinen, S, Pesonen, P, Sándor, G K

Abstract: Despite the reported occurrence of dental anomalies of cleft lip and palate, little is known about their prevalence in children from Northern Finland with cleft lip and palate. The aim was to investigate the prevalence of dental anomalies among patients with different types of clefts in Northern Finland. Design and Statistics: patient records of 139 subjects aged three years and older (with clefts treated in Oulu University Hospital, Finland during the period 1996-2010 (total n. 183) were analysed for dental anomalies including the number of teeth, morphological and developmental anomalies and their association with the cleft type. The analyses were carried out using Chi-square test and Fisher’s exact test. Differences between the groups were considered statistically significant at p values < 0.05. More than half of the patients had clefts of the hard palate, 18% of the lip and palate, and 13% of the lip. At least one dental anomaly was detected in 47% of the study population. Almost one in three (26.6%) subjects had at least one anomaly and 17.9% had two or three anomalies. The most common type of anomaly in permanent teeth were missing teeth followed by supernumerary teeth. Supernumerary teeth were significantly more apparent when the lip was involved in the cleft compared with palatal clefts. Missing teeth were less prevalent among those 5 years or younger. The prevalence of different anomalies was significantly associated with the cleft type in both age groups. Dental anomalies are more prevalent among cleft children than in the general population in Finland. The most prevalent anomalies associated with cleft were missing and supernumerary teeth.

Title: Disrupting the intrinsic growth potential of a suture contributes to midfacial hypoplasia

Citation: Bone, December 2015, vol./is. 81/(186-195), 8756-3282 (December 01, 2015)

Author(s): Li J., Johnson C.A., Smith A.A., Salmon B., Shi B., Brunski J., Helms J.A.

Abstract: Children with unoperated cleft palates have nearly normal growth of their faces whereas patients who have had early surgical repair often exhibit midfacial hypoplasia. Surgical repair is responsible for the underlying bone growth arrest but the mechanisms responsible for these surgical sequelae are poorly understood. We simulated the effect of cleft palate repair by raising a mucoperiosteal flap in the murine palate. Three-dimensional micro-CT reconstructions of the palate along with histomorphometric measurements, finite element (FE) modeling, immunohistochemical analyses, and quantitative RT-PCR were
employed to follow the skeletal healing process. Inflammatory bone resorption was observed during the first few days after denudation, which destroyed the midpalatal suture complex. FE modeling was used to predict and map the distribution of strains and their associated stresses in the area of denudation and the magnitude and location of hydrostatic and distortional strains corresponded to sites of skeletal tissue destruction. Once re-epithelialization was complete and wound contracture subsided, the midpalatal suture complex reformed. Despite this, growth at the midpalatal suture was reduced, which led to palatal constriction and a narrowing of the dental arch. Thus the simple act of raising a flap, here mimicked by denuding the mucoperiosteum, was sufficient to cause significant destruction to the midpalatal suture complex. Although the bone and cartilage growth plates were re-established, mediolateral skeletal growth was nonetheless compromised and the injured palate never reached its full growth potential. These data strongly suggest that disruption of suture complexes, which have intrinsic growth potential, should be avoided during surgical correction of congenital anomalies.

Title: Oral health-related quality of life before and after crown therapy in young patients with amelogenesis imperfecta

Citation: Health and Quality of Life Outcomes, December 2015, vol./is. 13/1(no pagination),

Author(s): Pousette Lundgren G., Karsten A., Dahllof G.

Abstract: Background: Amelogenesis imperfecta (AI) is a rare, genetically determined defect in enamel mineralization associated with poor esthetics and dental sensitivity. Because the condition is associated with negative social outcomes, this study evaluated oral health-related quality of life (OHRQoL), dental fear, and dental beliefs before and after early prosthetic crown therapy for AI during adolescence. Methods: The study included 69 patients with AI, aged 6-25 yr: 33 males and 36 females (mean age 14.5 +/- 4.3); healthy controls (n = 80), patients with cleft lip and palate (CLP; n = 30), and patients with molar incisor hypomineralization (MIH; n = 39). All matched in age and gender, and all but the CLP group in socioeconomic area. Patients completed three questionnaires measuring OHRQoL (OHIP-14), dental fear (CFSS-DS), and dental beliefs (DBS-R). Twenty-six patients with severe AI between ages 9 and 22 yr received crown therapy and completed the questionnaires twice: before and after therapy. Results: OHIP-14 scores were significantly higher among patients with AI (7.0 +/- 6.7), MIH (6.8 +/- 7.6) and CLP (13.6 +/- 12.1) than healthy controls (1.4 +/- 2.4) (p < 0.001). After crown therapy, quality of life problems in the 26 patients with severe AI decreased significantly, from 7.8 +/- 6.1 to 3.0 +/- 4.8 (p < 0.001). Early prosthetic therapy did not increase dental fear or negative attitudes toward dental treatment. Conclusions: OHRQoL increased after early crown therapy in patients with severe AI. Therapy did not increase dental fear or negative attitudes toward dental treatment.
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