

Ectopic eruption of first permanent molars: a preliminary report of presenting features and associations

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Aim

To investigate presenting features of ectopically erupting first permanent molars and associations with other dental anomalies.

Study design

Prospective convenience study.

Methods

A group of 28 panoramic radiographs were collected, over a 24-month period, of 7- to 11-year-old children with radiographic evidence of ectopic eruption of first permanent molars, who presented to a dental teaching hospital in England. A further 20 radiographs were collected of matched patients with no evidence of ectopic molar eruption. All radiographs were analysed under standard conditions to record the distribution and type of ectopic eruption (if present). In addition, the presence of the following dental anomalies was noted: cleft lip and/or palate; supernumerary teeth; hypodontia; and, infraocclusion of primary molars. Chi-squared analysis was performed to determine any significant differences in the frequency of these dental anomalies

between ectopic molar and control groups.

Results

For patients with ectopic molar eruption, the majority demonstrated ectopic eruption of either one or two first permanent molars (32% and 57% of subjects, respectively). There was a similar proportion of 'jumps' and 'holds'. Some 92% of these were maxillary teeth and there was equal left and right distribution. Interestingly, a positive record of ectopic eruption was only documented in the dental records of 35% of these subjects. Children with ectopic eruption were significantly more likely to have at least one additional dental anomaly than was the case for the control group (60% vs. 25%). Notably, primary molar infraocclusion and cleft lip/palate were significantly more frequent in the ectopic group.

Conclusions

This study, the first in a British population, identified a significant association between ectopic eruption of first permanent molars and other dental anomalies. A multifactorial aetiology is thus supported and clinicians should be alert to the co-existence of ectopic eruption and other dental anomalies.

Eur Arch Paediatr Dent 2007; Sep 8: 153-157.

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ABSTRACTS

Periodontal problems associated with compromised anterior teeth

Byrne, P.J., Irwin, C., Mullally, B., Allen, E., Ziada, H.

Abstract

Periodontal disease can significantly impact on the appearance of the anterior teeth. Prior to any definitive treatment, stabilisation of the periodontal condition is a requirement. Treatment options can range from the placement of simple restorations, through orthodontic realignment, to the extraction and replacement of hopeless teeth. Each treatment plan must be individually tailored to the patient and level of periodontal disease, and must include provision for maintenance periodontal therapy.

Clinical relevance

Periodontal diseases may compromise the prognosis of anterior teeth. Management is challenging and clinicians should take into consideration the short- and long-term survival in treatment planning.

Dent Update 2008; 35: 21-28.

Management of patients with reduced oral aperture and mandibular hypomobility (trismus) and implications for operative dentistry

Garnett, M.J., Nohl, F.S., Barclay, S.C.

Reduced oral aperture and mandibular mobility/trismus are relatively common conditions that can be encountered in patients attending general dental practice, community dental practice and district general or dental teaching hospitals. All dental specialties may see patients with these conditions, and regardless of which environment or specialty, both patient and clinician may experience significant problems. The purpose of this opinion-based paper is to identify and review the causes of such conditions, to review the development of problems encountered for patients and clinicians, and to identify options to treat or manage the conditions.

British Dental Journal 2008; 204: 125-131.

Using a cold test to assess pulpal anaesthesia

Balto, K.

Design

This was a randomised controlled trial (RCT).

Intervention

Groups given a true cold test (test group) or a sham cold test (control) were compared.

Outcome measure

If pain was experienced during the procedure, patients were asked to point to their level of pain on a visual analogue scale (VAS). Stages of the RCT were divided as follows: before entering the pulp chamber; while entering the pulp chamber; preparing the canals; irrigating the canals; and, obturation of the canals.

Results

Unadjusted results showed that 12% of test subjects experienced pain during the RCT compared with 38% of control subjects (N=83; P 0.004; power, 84%). Multiple logistic regression analysis controlled for confounders and effect-modifiers (odds ratio, 0.20; P 0.01). Subjects who had a negative response to the cold test were approximately 80% less likely to experience pain during the procedure than subjects who had only soft tissue signs of anaesthesia.

Conclusions

The cold test is a significantly better indicator of pulpal anaesthesia than the current standard of care, i.e., using soft tissue signs alone. We strongly advocate the use of the cold test to assess pulpal anaesthesia.

Evid Based Dent 2007; 8 (4); 102.

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