Newburgh Oral Surgery P.C.

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Winter 2004/05 -A Quarterly Update

"REMINDER"

Our fifth annual Newburgh Oral Surgery, PC - NCAA challenge for referring doctors is only one month away!

The winners will have some great prizes from which to choose. Staff members cheer your doctor on to first or second place and you win too!

Referring offices will be receiving more information soon.

The World Cancer Report and the Burden of Oral Cancer

Mignogna MD, Fedele S, et al.
Eur J Cancer Prev. 2004 Apr;13(2):139-142.

The WHO has recently provided the most comprehensive global examination of cancer to date, through the publication of the World Cancer Report (WCR). According to IARC-WHO estimates, cancer rates are set to increase at an alarming rate, from 10 million new cases globally in 2000, to 15 million in 2020. However, the report states that we have the opportunity to stem the predicted sharp increase in new cancer cases by taking action now, especially through planning effective cancer control strategies, such as reducing tobacco consumption, suggesting healthy lifestyle and diet, and performing early detection through screening.

Although cancer of the oral cavity is largely related to lifestyle and can be easily detected and diagnosed at early stages through a 5 minute visual inspection of the oral mucosa, actual figures concerning its prevention and early detection are dismal. Most oral cancers are detected at a late stage, requiring complex, costly and often ineffective therapies. Similarly, current research, educational and financial resources are focused on procedures burdened by high cost, high morbidity and unacceptable high mortality. *The conclusion is that it is time to change this common point of view towards this disease and to alter this trend, stressing that there is no other oncologic specialty in which the WCR preventive guidelines could be applied in such an easy and effective manner, as in the field of oral cancer.*

Treatment of the Single Tooth Extraction Site

Michael S. Block, D.M.D.
Oral Maxillofacial Surg Clin N. Am 16 (2004) 41-63

Patients who are scheduled for extraction of a tooth desire replacement of the tooth. The traditional method has been a fixed partial denture based on the adjacent teeth. Given the success of endosseous implants, a single tooth restoration is a viable option for the patients. After a tooth is extracted, however, resorption of the labial cortical bone can occur, preventing implant placement. In these situations, adjunctive bone grafting may be necessary, which increase patient morbidity and expense.

Unpredictable loss of bone following tooth extraction or extensive bone loss present at the time of tooth extraction may prevent successful implant placement or necessitate adjunctive hard or soft tissue grafting. The use of human

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Single Tooth Extraction...*continued*

mineralized bone to graft osseous defects immediately after tooth extraction results in a site that can have an implant placed without the need for bone grafting using ramus, chin, or other donor sites.

Long-term results of this procedure are not presented in this article; however, the article provides information on a very promising technique that may benefit patients. In the author's short-term experience, the bone heights have maintained throughout early loading. From that time forward, bone height is expected to follow conventional crestal bone level patterns.

When confronted with a molar extraction site with significant bone loss before tooth extraction, the use of a graft material that will preserve or recreate bone in the planned implant site is advantageous. The mineralized bone evaluated in this patient series resulted in a site that allowed implant placement and immediate provisionalization with a restoration.

With limited follow-up, the short-term results indicate potential for restoration of the extraction site bone height and width using human mineralized bone, preserving or recreating the site's bone bulk for implant placement without adjunctive grafting procedures.

Mandibular Third Molar Removal: Risk Indicators for Extended Operation Time, Postoperative Pain, and Complications

Benediktsdottir IS, Wenzel A, et al.
Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2004 Apr;97(4):438-46.

The purpose of this study was to identify risk indicators for extended operation time and postoperative complications after removal of mandibular third molars. There were 388 molars included in the study. The teeth were removed using the buccal approach under local anesthesia. Four hours post-operatively the patient recorded his or her pain perception on a visual analogue scale (VAS). After surgery a surgeon recorded parameters regarding the tooth and if the mandibular nerve had been visible during the operation. One week postoperatively the postoperative pain and complications were recorded. Statistical analysis were used to identify risk indicators for extended operation time, postoperative pain, and complications.

Females were at higher risk for postoperative pain and dry socket than males. Older patients were at higher risk for extended operation time than younger patients. Radiographically fully impacted molars increased the risk of postoperative general infection. If the nerve was visible during surgery there was a higher risk of a high VAS score, postoperative pain, and general infection than if the nerve had not been visible. *The authors concluded that several indicators were found to increase the risk of postoperative complications, but a visible alveolar inferior nerve during the operation was repeatedly found to be the highest single risk indicator.*

Response of Oral Lichen Planus to Topical Tacrolimus in 37 Patients

Byrd JA, Davis MD, et al.
Arch Dermatol. 2004 Dec;140(12):1508-12

Topical tacrolimus has been reported to be effective for the treatment of oral lichen planus. This article describes the authors' experience with topical tacrolimus in patients treated for symptomatic oral lichen planus. A survey was mailed to 40 patients with symptomatic oral lichen planus treated with topical tacrolimus. Surveys were completed by 37 patients (93%) a mean of 1.3 years after initiation of treatment. Thirty-three (89%) of the 37 patients reported symptomatic improvement, and 31 (84%) reported partial to complete lesion clearance while using topical tacrolimus.

On average, patients noted improvement in 1 month. Twelve patients (32%) reported adverse effects consistent with those reported previously (ie, burning, irritation, and tingling). Among the 28 patients still using the medication, 15 patients (54%) apply it at least once daily. Of the 9 patients who discontinued using the medication, 5 experienced recurrence. *The authors concluded that topical tacrolimus is effective for the treatment of oral lichen planus. Most patients experienced symptomatic improvement in less than 1 month. However, the effect is temporary; when topical tacrolimus is discontinued, oral lichen planus may flare again.*

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Summer 2005 -A Quarterly Update

Winners of the Fifth Annual Newburgh Oral Surgery, P.C. NCAA Challenge

This year's winners with 99 points were Dr. Jeff Kolb and Dr. Jed Inman. Dr. Kolb won the tie breaker for first place. Dr. Inman finished in second place.

Dr. Jeffrey Kolb, first place winner, received a 2003-2004 team signed University of Kentucky basketball, March Madness book with DVD and a Dick's gift card.

Dr. Jed Inman, second place winner, received a Bracey Wright autographed basketball, March Madness book with DVD and Dick's gift card.

Outcome of Third Molars in Adults Followed During 18 Years

Clinical J Oral Maxillofac Surg. 2004 May;62(5):587-91.
Venta I, Ylipaavalniemi P, et al.

The purpose of this study was to follow the clinical changes in third molar status during an 18-year period in patients aged 20 to 38 years. The series consisted of 118 subjects (37 men and 81 women). Panoramic radiographs were taken at baseline and at age 38. All of the subjects were clinically examined at baseline and at the end of the study. Most of the initially unerupted third molars were removed during the follow-up period (73%, maxilla and mandible together). More than half of the initially partially erupted third molars were removed during the follow-up period (64%, maxilla and mandible together). The percentage of erupted third molars found in the mouth at age 38 increased significantly depending on the initial status. Of the initially unerupted, partially erupted, or erupted third molars, 10%, 33%, and 50%, respectively, were erupted at age 38 (maxilla and mandible together).

Changes in the status of third molars continued from age 32 to age 38, although to a lesser extent (8%). The 3 third molars with advanced

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A Comparison......*continued*

eruption were all maxillary teeth in men. *The authors conclude that third molars undergo continuous clinical change on a reduced scale at least up to the age of 38 years.*

hydroxyapatite surfaces, occurred as the result of a progressive condition, and was most prevalent in the PCP group. *The authors concluded that long-term controlled investigations are needed to determine the influences of implant surface and host susceptibility on implant failure in both PHP and PCP.*

A Comparison of Characteristics of Implant Failure and Survival in Periodontally Compromised and Periodontally Healthy Patients

Rosenberg ES, Cho SC, et al
Int J Oral Maxillofac Implants. 2004 Nov-Dec;19(6):873-9

This study compares implant survival and patterns of implant failure in periodontally compromised and periodontally healthy patients. Over a 13-year period, implants were placed in both periodontally compromised and periodontally healthy patients. Implants were classified in 5 different groups according to surface texture. Survival rates in each group were compared according to implant location, diameter, length, and phase of treatment. A total of 1,511 implants were placed in 334 patients. One hundred fifty-one of these patients, classified as periodontally compromised patients (PCP), received 923 implants. The remaining 183 patients, classified as periodontally healthy patients (PHP), received 588 implants.

The overall survival rate for implants placed in the PHP group was 93.7%, compared to 90.6% in the PCP group. The survival rate of hydroxyapatite-coated implants was 92.6% in the PHP group and 81% in the PCP group. The survival rate of the turned-surface implants was similar in both groups. Two types of implant failure were identified. The first was failure of the implant to osseointegrate. This type of failure occurred early in treatment and appeared to be related to smooth-surface implants placed in bone of low density. Failures of this type were distributed equally between the PHP and PCP groups. The second type of failure was related to peri-implantitis. It was observed most often with implants with

Risk Factors for Oral Cancer in Newly Diagnosed Patients Aged 45 Years and Younger

Llewellyn CD, Johnson NW, et al.
J Oral Pathol Med. 2004 Oct;33(9):52-58.

This case-control study aimed to identify the risk factors for oral cancer in patients aged 45 years and under. Patients were recruited over a 3-year period between 1999 and 2001 from 14 hospitals in the southeast of England. Fifty-three (80%) newly diagnosed patients with squamous cell carcinoma (SCC) of the oral cavity participated. The mean age of cases at diagnosis was 38.5 years and 53% were male. Patients were interviewed about main risk factors of tobacco, alcohol, cannabis and their consumption of fresh fruit and vegetables in the past. Ninety-one matched control patients were also recruited.

Significantly elevated risk was evidenced among males who had started to smoke under the age of 16 years. A significant reduction in risk was also shown for ex-smokers. Consumption of alcohol in excess of recommended amounts also produced an eightfold risk in males. The study shows that the traditional behavioral risk factors are present in younger people diagnosed with oral cancer. *The relatively short duration of exposure and the substantial number of cases without any known risk factors, particularly among females, however, suggest that factors other than tobacco and alcohol may also be implicated in the development of oral cancer in a proportion of these younger patients.*

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