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Cochrane Synopses

M Esposito, P Coulthard, P Thomsen, HV Worthington. Interventions for replacing missing teeth: different types of dental implants. *The Cochrane Database of Systematic Reviews* 2005, Issue 1. Art. No.: CD003815. DOI: 10.1002/14651858.CD003815.pub2.

‘There is limited evidence showing that implants with relatively smooth surfaces are less prone to loose bone due to chronic infection (perimplantitis) than implants with rougher surfaces. However, there is no evidence showing that any particular type of dental implant has superior long-term success.

Missing teeth can sometimes be replaced with dental implants into the jaw, as bone can grow around the implant. A crown, bridge or denture can then be attached to the implant. Many modifications have been developed to try to improve the long-term success rates of implants, and different types have been heavily marketed. More than 1300 types of dental implants are now available, in different materials, shapes, sizes, lengths and with different surface characteristics or coatings. However, the review found there is not enough evidence

from trials to demonstrate superiority of any particular type of implant or implant system.’

JM Zakrzewska, H Forssell, AM Glenny. Interventions for the treatment of burning mouth syndrome. *The Cochrane Database of Systematic Reviews* 2005, Issue 1. Art. No.: CD002779. DOI: 10.1002/14651858.CD002779.pub2.

‘There is insufficient evidence to show the effect of painkillers, hormones or antidepressants for ‘burning mouth syndrome’ but there is some evidence that learning to cope with the disorder, anticonvulsants and alpha-lipoic acid may help.

A burning sensation on the lips, tongue or within the mouth is called ‘burning mouth syndrome’ when the cause is unknown and it is not a symptom of another disease. Other symptoms include dryness and altered taste and it is common in people with anxiety, depression and personality disorders. Women after menopause are at highest risk of this syndrome. Painkillers, hormone therapies, antidepressants have all been tried as possible cures. This review

did not find enough evidence to show their effects. Treatments designed to help people cope with the discomfort and the use of alpha-lipoic acid may be beneficial. More research is needed.’

JV Keenan, AG Farman, Z Fedorowicz, JT Newton. Antibiotic use for irreversible pulpitis. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD004969. DOI: 10.1002/14651858.CD004969.pub2.

‘Antibiotics do not appear to significantly reduce toothache caused by irreversible pulpitis.

Irreversible pulpitis, where the dental pulp (nerve) has been damaged beyond repair is characterised by intense pain and considered to be one of the most frequent reasons that patients attend for emergency dental care. This review, which included 1 trial (40 participants), found that there is a small amount of evidence to suggest that the administration of penicillin does not significantly reduce the pain perception, the percussion perception or the quantity of pain medication required by patients with irreversible pulpitis.’