CONCLUSION

The use of newer materials and techniques in endodontic practice allows the dentist to attempt a more conservative approach to perforation repair with promising results. The case presented shows excellent healing after a 3-year period of follow up using a nonsurgical repair of an iatrogenic mid-root perforation.

ACKNOWLEDGEMENT

The author would like to thank Dr K. Gulabivala for his clinical advice and Professor W.P. Saunders and Dr K. Elias for their advice in preparing this paper.

REFERENCES

I. Mines P, Loushine RJ, West LA, Liewehr FR,

- Zadinsky JR. Use of the microscope in endodontics: A report based on questionnaire. *J Endodont* 1999; **25**: 755–758.
- Ingle JI. A standardised endodontic technique utilising newly designed instruments and filling materials. Oral Surg Oral Med Oral Pathol 1961; 14: 83–91.
- Lantz B, Persson PA. Periodontal tissue reaction after surgical treatment of root perforation in dogs' teeth. A histological study. *Odontol Revy* 1970; 21: 51–62
- Saunders WP, Saunders EM. Conventional endodontics and the operating microscope. Dent Clin North Am 1997; 41: 415–428.
- Wong R, Cho F. Microscopic management of procedural errors. Dent Clin North Am 1997; 41: 455–479.
- Rubinstein RA, Kim S. Short term observation of the results of endodontic surgery with the use of a surgical operation microscope and super-EBA as root-end filling material. J Endodont 1999; 25: 43– 48.
- Yang SF, Hsu JR, Pai SF, Tsai CL. *In-vitro* efficacy of microscope and dye on identifying root canals in root end resection. *J Endodont* 1999; 25: 293 (abstr. 44).

- Stropko JJ. Canal morphology of maxillary molars: Clinical observation of canal configuration. J Endodont 1999; 25: 446–450.
- Sempria N, Hartwell G. Frequency of fourth canals in maxillary molars located when using an operating microscope: a clinical study. J Endodont 1999; 25: 307 (abstr. 36).
- Balassari-Cruz LA, Wilcox LR. Effectiveness of gutta-percha removal with and without the microscope. J Endodont 1999; 25: 627–628.
- Fuss Z, Trope M. Root perforations: classification and treatment choices based on prognostic factors. Endodont Dent Traumatol 1996; 12: 255– 264
- 12. Foreman PC, Barnes IE. A review of calcium hydroxide. *Int Endodont J* 1990; **23:** 283–297.
- Alhadainy HA. Root perforations: A review of the literature. Oral Surg Oral Med Oral Pathol 1994: 78: 368–374.
- Schilder H. Filling root canals in three dimensions. Dent Clin North Am 1967; 11: 723– 744
- Nakata TT, Bae KS, Baumgartner JC. Perforation repair comparing mineral trioxide aggregate and amalgam using an anaerobic bacterial leakage model. J Endodont 1998; 24: 184–186.

BOOK REVIEW

Tooth Surface Loss. By R. Ibbetson and A. Elder (editors). BDJ Books, London, 2000 (80pp., £29.95). ISBN 0 904588 66 1.

This book is a compilation of articles based on a lecture series by a number of clinicians who are familiar with the many facets of tooth surface loss. The chapters cover the causes of toothwear, its prevention and control, monitoring, management, restoration and dealing with failures. The book is well illustrated with relevant clinical cases and the editors have worked hard to ensure that the various chapters have been presented in a logical order and are related to each other The novice would be advised to familiarize his/herself with the territory by first reading the editors' comments together with their chapters on treatment planning (Chapter 9) and future considerations (Chapter 13). The other chapters are relevant in their own right; but, by its very nature, a series of articles by different authors can weave its way through a subject without developing a clearly progressing theme.

Quite rightly, the book gives the impression that toothwear is a difficult subject to master; but it also provides a pointer towards the fact that some aspects of the subject are becoming less

complicated. The development of adhesive techniques have made an important impact in the management of a condition where crown length is often compromised. If a practitioner wanted to read a book that would allow him or her to understand tooth surface loss, and to be able to manage all their toothwear cases with ease, then they might be disappointed by this book. However, exactly the same problem would arise with all publications on this subject. If, on the other hand, they wanted a realistic appraisal of each aspect of the subject, then this book would certainly provide a good overview.

As stated on the front cover this is a reference book. The index is extremely good, enabling the reader to find the relevant text on key subjects. The claim that the book is the authoritative reference on tooth surface loss could be misleading in a subject that is currently undergoing development and change. Experts in the field are constantly reviewing their clinical practice in the light of experience and new evidence. As with all developing subjects, it will be necessary to keep up to date by reading clinical journals; but dentists who are unfamiliar with the subject would find this book a useful reference and a good basis for continuing education.

L.H. Mair Liverpool University Dental Hospital

ABSTRACT

HELP FOR SNORERS

The Durability of Intraoral Devices for Snoring and Sleep Apnoea. D.W. Tyler. *Journal of the Canadian Dental Association* 2000; **66:** 464–465.

Although a recent phenomenon, dental devices for treating snoring and sleep apnoea are actively promoted by seminars, laboratory mailings and trade magazines, and dentists are encouraged to include these devices in their clinical practice.

This paper looks at both the durability of these devices, and commonly encountered problems, and urges practitioners to exercise caution over their use. The problems are primarily related to the extreme forces applied to the appliances during function. Tears in the flanges, loosening of wires, and complete fracture of the appliance (which subsequently lodged in the patient's throat) have all been reported.

Practitioners are advised to inspect such appliances carefully, and to institute a regular recall and evaluation programme to inspect the device for defects. It may be that different wearers will require different types of appliance, which may only be determined after use.

Peter Carrotte Glasgow Dental School