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BOOK REVIEW

**A Colour Handbook of Oral Medicine.** By M.A.O. Lewis and R.C.K. Jordan. Manson Publishing Ltd, London, 2004 (192pp., £48.00h/b; £29.95p/b). ISBN 1-84076-032-Xh/b; 1-84076-033-8p/b.

This book uses a symptom-based approach to the diagnosis and initial treatment of oral medical conditions. Such an approach to the subject matter makes this book a genuinely practical source of reference and will be welcomed by clinicians, particularly those in the primary care setting.

The first chapter provides a useful reminder of the diagnostic process, briefly addressing history, examination and investigative methods. Importantly, it details some normal oral mucosal features that may be mistaken for

pathology. The remaining eight chapters each deal with a particular clinical sign or symptom and include ulceration, blisters, white patches, erythema, swelling, pigmentation, pain and dry mouth. These chapters are arranged in a similar, accessible format, namely a list of differential diagnoses, and then a brief paragraph relating to the topic area under discussion. Subsequently, each clinical entity is discussed under the headings of ‘aetiology and pathogenesis’, ‘clinical features’, ‘diagnosis’ and ‘management’. The text is lavishly illustrated with some 342 illustrations in total. The majority of these are high quality colour clinical photographs that often helpfully depict a variety of presentations of the same condition, so facilitating its easier identification.

Inevitably, as with all books, there are certain aspects of the text that may be

deemed a little controversial or out of date, but these are minor in nature. For example, the use of stimulated parotid flow rates is cited as an investigation for Sjögren’s syndrome. However, the revised EU-USA consensus criteria, which are now broadly adopted, require the use of unstimulated whole saliva flow rates.

In summary, this book details the salient features of a wide range of both common, and also some less common, orofacial pathologies, in a practical and accessible fashion. Although principally aimed at clinicians, this book will also appeal to dental undergraduates who are sure to find its well-planned layout and wealth of colour images of real value in their studies.

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COCHRANE SYNOPSES

Al-Ani MZ, Davies SJ, Gray RJM, Sloan P, Glenny AM. Stabilisation splint therapy for temporomandibular pain dysfunction syndrome (Cochrane Review). In: The Cochrane Library, Issue 1, 2004. Chichester, UK: John Wiley & Sons, Ltd.

**'Not enough evidence about whether stabilisation splints can reduce pain caused by painful temporomandibular (jaw) disorders.'**

Pain dysfunction syndrome (PDS) is the most common TMD (temporo-mandibular disorder, from the joint between the lower jaw and base of the skull). PDS is also called facial arthromyalgia, myofascial pain dysfunction syndrome and

craniomandibular dysfunction. One option is a splint (a type of bite plate) at night when people otherwise may grind their teeth more. The stabilisation splint (SS) is one type, also known as the Tanner appliance, the Fox appliance, the Michigan splint or the centric relation appliance. The review found there is not enough evidence from trials to show whether or not stabilisation splints can reduce PDS.'

Marinho VCC, Higgins JPT, Sheiham A, Logan S. One topical fluoride (toothpastes, or mouthrinses, or gels, or varnishes) versus another for preventing dental caries in children and adolescents (Cochrane Review). In: The Cochrane Library, Issue 1, 2004. Chichester, UK: John Wiley & Sons, Ltd.

**'Topical fluorides such as mouthrinses and gels do not appear to be more effective at reducing tooth decay in children and adolescents than fluoride toothpaste.'**

Tooth decay (dental caries) is painful, expensive to treat and can seriously damage teeth. Fluoride is a mineral that prevents tooth decay. Fluoride is added to the water supply in many areas. It can also be applied in the form of toothpastes, mouthrinses, gels or varnishes. The review of trials found that fluoride toothpastes, mouthrinses and gels reduce tooth decay in children and adolescents to a similar extent. However, toothpastes are more likely to be regularly used. There is no strong evidence that varnishes are more effective than other types of topical fluoride.'