



Figure 6. Post treatment OPG.

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## Abstracts

### BELL'S PALSY

Recent developments in Bell's Palsy. JN Holland, GM Weiner. *British Medical Journal* 2004; **329**: 553–557.

This is an excellent review of current management protocols for Bell's palsy.

Initially, it gives an update on incidence and aetiology. This highlights that evidence shows that latent herpetic infection, usually type 1 simplex or zoster in the cranial nerve ganglia, is the main cause. This may or may not progress to Ramsay Hunt syndrome (characterized by vesicular eruptions in the external auditory canal).

There then follows a section on clinical examination and specialized investigations explaining the difference in presentation of a Bell's palsy (lower motor neurone problem) and a stroke (upper motor neurone problem).

Evidence has shown that Bell's palsy is probably best managed with a combination of anti-virals (acyclovir) and steroid (prednisone). However, it is vitally important that the cornea is protected,

with artificial tears/ointments and taping if appropriate. Physiotherapy may be useful, although there have been few trials of its effectiveness. Surgery is not an appropriate option.

Outcomes improve with early diagnosis and appropriate management, with treatment being most effective if started within 72 hours.

If seen in general dental practice, an urgent referral to your local specialist unit may be necessary.

**Adrian Curtis**  
**Stoke Mandeville Hospital**

### ANOTHER MERCURY SCARE, OR CAUSE FOR CONCERN?

Factors affecting mercury release from dental amalgam exposed to carbamide peroxide bleaching agent. I Rotstein, Y Avron, H Shemesh, H Dogan, C Mor and D Steinberg. *American Journal of Dentistry* 2004; **17**: 347–350.

Many papers have reported that mercury may be released during bleaching procedures, particularly if these

are prolonged. In view of the relative lack of control when home bleaching kits are provided to patients, and as mercury released from dental amalgams can be absorbed by the oral mucosa, as well as by the respiratory and gastro-intestinal tracts, thereby increasing the total mercury body burden and giving a risk of a variety of toxic systemic effects, it is suggested that the various factors should be assessed when prescribing these materials.

The research found that significant amounts of mercury were released, in particular from restorations that were aged, or had not been well polished. Mercury release was also pH dependant, with buffered solutions releasing lower levels. Perhaps obviously, the longer the solution was used the higher was the mercury release. Patients using home bleaching kits should be cautioned to keep the gels in the anterior part of the mouthguard only, and to adhere rigidly to suggested treatment times and regimes.

**Peter Carrotte**  
**Glasgow Dental School**