



Figure 3. Occlusal radiographs confirm the diagnosis: a very faint outline of the stone is visible.

new methods of diagnosis have been developed, including sialography, ultrasonography and endoscopy. Endoscopy is also used successfully for removal of calculi, as is lithotripsy – although the latter can damage salivary gland tissue.¹⁰

Sialolithiasis is extremely rare in children. However, it is important to realize that the condition can occur in childhood and must be considered by the dental surgeon as part of the differential diagnosis when dealing with oral swellings.

REFERENCES

1. Shafer WG, Hine MK, Levy BM, eds. Physical and chemical injuries in the oral cavity. In: *Textbook of Oral Pathology*, 4th ed. Philadelphia: WB Saunders, 1983; p.561.
2. Rauch S, Gorlin RJ. Diseases of the salivary glands. In: Gorlin RJ, Goldman HM, eds. *Thomas's Oral Pathology*, 6th ed. St. Louis: Mosby, 1970; pp.997–1003.
3. Tholen EF. Sialolithiasis. *J Oral Surg* 1949; **7**: 63.
4. Wakeley CPG. The formation of salivary calculi and their treatment. *Lancet* 1929; **1**: 708.
5. Blatt IM. Studies in sialolithiasis. 3. Pathogenesis, diagnosis and treatment. *South Med J* 1962; **57**: 723–729.
6. Longhurst P. Submandibular sialolithiasis in a child. *Br Dent J* 1973; **18**: 291–292.
7. Teppan MG, Rohival, RL. Multiple salivary calculi in Wharton's Duct. *J Laryngol Otol* 1985; **99**: 1313–1314.
8. Maizumi Y, Komori Y, Nishihara S et al. Sialolithiasis in children. Report of two cases. *Jpn J Oral Maxillofac Surg* 1980; **26**: 1598–1602.
9. Roberg T. Sialolithiasis. *Ann Surg* 1904; **39**: 669.
10. Nahlieli O, Neder A, Baruchin AM. Salivary gland endoscopy. A new technique. *J Oral Maxillofac Surg* 1994; **52**: 1240–1242.



Figure 4. The sialith (stone). The coin is a 2p piece.

ABSTRACT

IS EVERYTHING BAD FOR YOUR TEETH?

In Vitro Approach to Evaluate Potential Harmful Effects of Beer on Teeth. F.N. Nogueira, D.N. Souza and J. Nicolau. *Journal of Dentistry* 2000; **28**: 271-276.

The good news is that this research was carried out in Brazil, and only looked at seven different beer brands from that country. The bad news is that, of course, the results may be the same in Britain, and beer or lager drinkers may be advised to do some research of their own along similar lines.

Samples were analysed for pH, titratable acidity, and calcium and phosphate concentrations. Samples of tooth tissue were then exposed to solutions to assess the demineralization potential.

It was found that the pH of the beers were all around 4 (3.79–4.80). Not only did this lead to erosion of the tooth substance, but it is postulated that the high maltose concentration in the beers, converted to glucose in under 60 seconds in the mouth, has the potential to commence a carious attack as well.

The suggestion in the introduction to the paper that these effects could perhaps be

reduced by drinking one's beer through a straw were apparently not pursued!

Peter Carrotte
Glasgow Dental School

BOOK REVIEW

Tooth Extraction: A Practical Guide.

By Paul D. Robinson. Butterworth Heinemann, Oxford, 2000 (144pp., £14.99 p/b). ISBN 0-72-361071-1.

This new publication is actually an update of Howe's *The Extraction of Teeth* last published 30 years ago. Dental practice has changed significantly in this time but exodontias remain a required skill for most practitioners. With less undergraduate experience in extractions, this new edition is all the more welcome and is essential reading for students at all levels. It will also provide a useful recap of technique for experienced practitioners.

The text is split into five chapters. The first contains background information on pre-op assessment, instrumentation and anaesthetic choice. It also has a fascinating image of 'potential surprises' on page 15 which maybe shouldn't be the first thing to which you turn. Chapters two and three deal with the fundamentals of non-surgical and surgical extractions,

respectively. They deal concisely and fully with forcep selection, operator position, technique, flap design, bone removal and suturing. Forcep design and elevators are explained. One of the few omissions is the lack of any reference to the now very popular 'luxators' which may have been useful. Post-op care is also covered in some detail. Chapter four is deliberately brief and concerned with extractions under general anaesthetic. Although sedation gets a brief mention it may have been more appropriate in our present climate to elaborate on it a little more. The final chapter deals with complications in extractions dealing well with both common and uncommon eventualities. OAFs and dry sockets, to take just two examples, are fully explained and advice given on treatment.

This is an excellent, timely and inexpensive text and will be required reading in most dental schools. It is equally useful to the established practitioner who may find the hints and tips contained within its pages very worthwhile. The author describes exodontia as an art, this may well be true but his text certainly goes some way to making the skills involved seem practical and achievable.

Jason Leitch
Glasgow Dental School