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## CochraneSynopses

### ADHESIVES FOR FIXED ORTHODONTIC BANDS

Millett DT, Glennly AM, Mattick CR, Hickman J, Mandall NA. Adhesives for fixed orthodontic bands. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No. CD004485. DOI: 10.1002/14651858.CD004485.pub2.

‘There is insufficient evidence to determine the most effective adhesive for attaching orthodontic bands to molar teeth in patients with full arch fixed orthodontic appliances.

Orthodontic treatment involves using fixed or removable appliances (braces) on teeth to correct their position. It has been shown that the quality of treatment result obtained with fixed dental appliances is much better than with removable appliances. The success of a fixed dental appliance depends on the metal attachments (brackets and bands) being securely attached to the teeth so that they do not become loose during treatment. Brackets are usually attached to teeth other than molars, where bands (metal rings that go round the teeth) are more commonly used. There is insufficient evidence with regard to the most effective adhesive for attaching orthodontic bands to molar teeth.’

### COMPLETE OR ULTRA CONSERVATIVE REMOVAL OF DECAYED TISSUE IN UNFILLED TEETH

Ricketts DNJ, Kidd EAM, Innes N, Clarkson J. Complete or ultraconservative removal of decayed tissue in unfilled teeth. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No. CD003808. DOI: 10.1002/14651858.CD003808.pub2.

‘A systematic review of the literature revealed four studies comparing complete and minimal (ultraconservative) caries removal. It was found that partial caries removal in symptomless, primary or permanent teeth reduces the risk of pulp exposure. We found no detriment to the patient in terms of pulpal symptoms in this

procedure. Therefore, partial caries removal is preferable to complete caries removal in the deep lesion, in order to reduce the risk of carious exposure. However, there is insufficient evidence to know whether it is necessary to re-enter and excavate further but studies that have not re-entered do not report adverse consequences.’

### INTERVENTIONS FOR REPLACING MISSING TEETH: TREATMENT OF PERIMPLANTITIS

Esposito M, Grusovin MG, Coulthard P, Worthington HV. Interventions for replacing missing teeth: treatment of perimplantitis. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No. CD004970. DOI: 10.1002/14651858.CD004970.pub2.

‘As with natural teeth, dental implants can be lost due to gum disease (perimplantitis). This review looked at which are the most effective treatments to arrest perimplantitis.

Five studies were included in the review and evaluated five different treatment modalities. In one small study of short duration (4 months) it was shown that the use of locally applied antibiotics in addition to the deep manual cleaning of the diseased implants decreased the depth of the pockets around the implants of an additional 0.6 mm in patients affected by severe forms of perimplantitis. In conclusion, at present, there is no reliable evidence to determine which is the most effective way to treat perimplantitis. This is not to say that currently used interventions are not effective. The majority of trials testing more complex and expensive therapies did not show any statistically or clinically significant advantages over the deep mechanical cleaning around the affected implants.’

### POTASSIUM CONTAINING TOOTHPASTES FOR DENTINE HYPERSENSITIVITY

Poulsen S, Errboe M, Lescay Mevil Y, Glennly A-M. Potassium containing toothpastes for dentine

hypersensitivity. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No. CD001476. DOI: 10.1002/14651858.CD001476.pub2.

‘Dentine hypersensitivity is a sharp, sudden pain arising from the teeth when exposed to touch or hot and cold foods. If dental disease is not the cause of the pain, toothpastes containing potassium have been recommended to reduce tooth sensitivity. This review of trials found there was not enough evidence to show that potassium is effective in desensitising teeth. More research is needed.’

### SCREENING PROGRAMMES FOR THE EARLY DETECTION AND PREVENTION OF ORAL CANCER

Kujan O, Glennly AM, Oliver RJ, Thakker N, Sloan P. Screening programmes for the early detection and prevention of oral cancer. *Cochrane Database of Systematic Reviews* 2006, Issue 3. Art. No. CD004150. DOI: 10.1002/14651858.CD004150.pub2.

‘More evidence needed to find out whether screening programmes could detect oral cancer earlier and reduce the number of deaths from this disease.

Cancer of the mouth and back of the throat (oral cancer) has a low survival rate, largely because the disease is often not diagnosed until it is advanced. Screening the general population for oral cancer might make it possible to detect cases of the disease earlier. The most common method is visual inspection by a clinician, but other techniques include the use of a special blue ‘dye’ and an imaging technique. The review found that there is not enough evidence to decide whether screening by visual inspection reduces the death rate for oral cancer, and no evidence for other screening methods.’