case cannot be included in the first group of DSO lesions which results from overuse of the masticatory muscles. It is also difficult to consider the case in the second group owing to the absence of pus formation, fistula formation, or sequestration. In our opinion, this case of diffuse sclerosing osteomyelitis might have resulted from a bacterial infection of the alveolar bone following tooth extraction. Besides, the existence of a localized chronic hyperplastic gingivitis in the region could be as a result of the infection. The aetiology of gingivitis in the region was probably the deposition of calculus due to a problematic healing process of the affected area. All persistent complications following an extraction should be investigated carefully. In conclusion, definitive diagnosis of diffuse sclerosing osteomyelitis should not be made without the histopathological examination of the surgical specimen, since the other findings may be misleading.

Features	Diffuse sclerosing osteomyelitis	Fibrous dysplasia
Age	Any age with a predilection for young adults	Decades 1 and 2
Sex	Predilection for women	Same for both sex
Localization	Almost all cases in the mandible	More frequent in maxilla
Radiography	Initial radiolucent stage, advanced stages: not well-defined sclerotic, unilateral	Initial radiolucent stage, advanced stages: well-defined sclerotic, unilateral
Aetiology	Micro-organisms of low virulence Chronic muscular hyperactivity	Unknown

Table 1. *Differential diagnosis of the presented lesion.*

References

1. Suei Y, Tanimoto K, Taguchi A, Yamada T, Yoshiga K, Ishikawa T and Wada T. Possible identity of diffuse sclerosing osteomyelitis and chronic recurrent multifocal osteomyelitis. One entity or two. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 1995; **80:** 401–408.
2. Regezi JA, Sciubba J. Inflammatory jaw lesions: diffuse sclerosing osteomyelitis. In: *Oral Pathology* 2nd ed. Regezi JA, Sciubba J, eds. Philadelphia: W.B. Saunders, 1993; p.432.
3. Montonen M, Kalso E, Pylkkaren L, Lindström BM, Lindqvist C. Disodium clodronate in the treatment of diffuse sclerosing osteomyelitis (DSO) of the mandible. *Int J Oral Maxillofac Surg* 2001; **30:** 313–317.
4. Ogawa A, Miyate H, Nakamura Y, Shimada M, Seki S, Kudo K. Treating chronic diffuse sclerosing osteomyelitis of the mandible with saucerization and autogenous bone grafting. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2001; **91:** 390–394.
5. Parker ME. Infections of the teeth and jaws. In: *Oral and Maxillofacial Diagnostic Imaging*. Farman AG, Nortje CJ, Wood RE, eds. St Louis: Mosby, 1993; pp.195–198.
6. van Merkesteyn JPR, Groot RH, Bras J, Bakker DJ. Diffuse sclerosing osteomyelitis of the mandible: clinical radiographic and histologic findings in twenty-seven patients. *J Oral Maxillofac Surg* 1988; **46:** 825–829.
7. Groot RH, van Merkesteyn JPR, Bras J. Diffuse sclerosing osteomyelitis and florid osseous dysplasia. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 1996; **81:** 333–342.
8. Jacobsson S. Diffuse sclerosing osteomyelitis of the mandible. *Int J Oral Surg* 1984; **13:** 363–385.
9. Uglesic V, Bagatin M. Diffuse sclerosing osteomyelitis: A review and case. *Acta Stomatol Croat* 1988; **22**(4): 297–304 (Abstr.).
10. Petrikowski CG, Pharoah MJ, Lee L, Grace MGA. Radiographic differentiation of osteogenic sarcoma, osteomyelitis, and fibrous dysplasia of the jaws. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 1995; **80:** 744–750.

COCHRANE SYNOPSES

Esposito M, Coulthard P, Oliver R, Thomsen P, Worthington HV. Antibiotics to prevent complications following dental implant treatment (Cochrane Review). In: The Cochrane Library, Issue 3, 2004. Oxford, UK: Update Software.

'No strong evidence either to recommend or discourage the use of antibiotics to prevent infections when having a dental implant inserted.

Missing teeth can sometimes be replaced with dental implants to which a crown, bridge or denture can be attached. Bacteria introduced during placement of implants can lead to infection. No reliable evidence of the effects of preoperative antibiotics for patients receiving implants was found. Some people are prone to infection, including those with immuno-deficiencies or metabolic diseases (like diabetes), people at risk of endocarditis (a heart infection) and people who have received radiotherapy to the head and neck area. For these patients, preoperative antibiotics might be beneficial. These recommendations are not based on evidence from the review, but on subjective clinical sense and experience.'

Marinho VCC, Higgins JPT, Logan S, Sheiham A. Fluoride mouthrinses for preventing dental caries in children and adolescents (Cochrane Review). In: The Cochrane Library, Issue 3, 2004. Oxford, UK: Update Software.

'Regular supervised use of fluoride mouthrinses by children would reduce their tooth decay, even if they drink fluoridated water and use fluoridated toothpaste.

Fluoride is a mineral that prevents tooth decay (dental caries). Since widespread use of fluoride toothpastes and water fluoridation, the value of additional fluoride has been questioned. Fluoride mouthrinse is a concentrated solution that needs to be used regularly to have an effect. The review of trials found that regular use of fluoride mouthrinse reduces tooth decay in children, regardless of other fluoride sources. One in two children with high levels of tooth decay (and one in 16 with the lowest levels) would have less decay. However, more research is needed on adverse effects and acceptability of mouthrinses.'