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Abstract

WHAT PERCENTAGE OF YOUR PATIENTS HAVE A LATEX ALLERGY?
Latex allergy in dentistry. Review and report of case presenting as a serious reaction to latex dental dam. Chin SM, Ferguson JW and Bajurnow T. *Australian Dental Journal* 2005; **49**: 146–148.

It is now estimated that 8-12% of healthcare workers and 1-6% of the general population have a latex allergy. Irritant contact dermatitis may cause redness and dry skin in the vicinity of contact with latex, but is usually associated with incomplete drying after the use of detergents. Allergic contact dermatitis results from chemicals used in the manufacture of latex gloves, may take several hours to develop a more severe reaction that may extend beyond the area of contact. True latex allergy is a reaction to the latex proteins and will become more severe with successive exposures. A medical history may reveal risk factors for latex allergy which include eczema; patients who have experienced multiple surgical procedures and/or prolonged exposure to latex; patients with a history of atopy or a food allergy, particularly to chestnuts, potatoes, and fruits such as kiwi, banana and avocado whose antigens are similar to latex.

The case report presented describes a patient who suffered erythemia, facial swelling and airway compromise, but this was first incorrectly diagnosed as a reaction to local anaesthetic. Only when far more severe symptoms occurred at a subsequent visit was latex allergy confirmed. Corticosteroids, antihistamines and subsequently adrenaline were required in treatment, and all practitioners are cautioned to be increasingly aware of this relatively new problem in general dental practice.

September

CPD Answers

1. A,C	6. B, C
2. A, B	7. A, B, C
3. A, C	8. A, C
4. A,B	9. A, B, D
5. A, B, C	10. A, B, D

Erratum

General Dental Practitioners and Implant Suprastructures (*Dent Update* 2005; **32**: 355-361)

Farah A. Ramjohn was incorrectly given the title 'Consultant in Restorative Dentistry' when, at the time, she was a Dental Student at Liverpool Dental Hospital undertaking the project as part of her BDS degree. She is now in General Practice in London.

Cochrane Synopses

TG Mettes, MEL Nienhuijs, WJM van der Sanden, EH Verdonschot, AJM Plasschaert. Interventions for treating asymptomatic impacted wisdom teeth in adolescents and adults. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD003879. DOI: 10.1002/14651858.CD003879.pub2.

'Wisdom teeth, or third molars, generally erupt into the mouth between the ages of 17 to 24 years. However, more than other teeth, wisdom teeth often fail to erupt or erupt only partially. An impacted wisdom tooth is called asymptomatic if the patient does not experience signs or symptoms of pain or discomfort associated with this tooth. General agreement exists that removal is appropriate in case of symptoms of pain or pathological conditions. Controversial statements exist with regard to the prophylactic removal of asymptomatic or disease-free impacted third molars. This review found no evidence to support or refute routine prophylactic removal of asymptomatic impacted wisdom teeth in adults; no studies of adults met the criteria for inclusion. However, it found some reliable evidence that suggests that the prophylactic removal of impacted third molars in adolescents to reduce or prevent late incisor crowding cannot be justified. Such removal neither reduces or prevents late incisor crowding.'

P Beirne, A Forgie, JE Clarkson, HV Worthington. Recall intervals for oral health in primary care patients. *The Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD004346. DOI: 10.1002/14651858.CD004346.pub2.

'The effects on oral health and the economic impact of altering the recall interval between dental check-ups (the time period between one dental check-up and the next) are unclear
Primary care dental practitioners in many countries have traditionally recommended dental check-ups at 6-monthly intervals for patients.
Only one randomised controlled trial satisfied the eligibility criteria for this review. Due to the limited quantity and quality of the available evidence, no conclusions could be reached regarding the beneficial and harmful effects of varying recall intervals between dental check-ups.
There is insufficient evidence to support or refute the practice of encouraging patients to attend for dental check-ups at 6-monthly intervals.'