Dear Colleague:

I am hopeful that this quarter’s newsletter finds you having a healthy and prosperous summer. Our practice is continuing to thrive thanks to all of your support. I am grateful for the opportunity to care for your patients.

As always, I hope you find the topics interesting. Please feel free to send me your thoughts about the articles. Also, I would encourage you to view the recent updates regarding medication related osteonecrosis of the jaws (MRONJ) that can be found at www.aaoms.org.

Regards,

Dr. Kevin M. Andrus

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**Single-dose Intra-alveolar Chlorhexidine Gel Application, Easier Surgeries, and Younger Ages are Associated with Reduced Dry Socket Risk**

Haraji A, Rakhshan V. et al.

Although dry socket (DS) is commonly investigated, many of its risk factors remain highly controversial. In addition, few studies are available to show the preventive effect of chlorhexidine gel on DS. Moreover, analyses of DS risk factors are scarce, and their interactions have not been assessed previously. Therefore, the simultaneous effect of chlorhexidine gel and 4 DS risk factors and their interactions were analyzed in this study. Using a split-mouth randomized clinical trial design, the investigators enrolled a cohort of patients requiring extraction of 2 mandibular third molars. The primary predictor variable was extraction socket treatment status, classified as experimental or standard.

Experimental treatment was the insertion of chlorhexidine gel (0.2%) into the extraction socket. Each patient had 1 third molar randomly selected as the treatment site. The contralateral third molar served as the control socket and was treated in the usual manner. The primary outcome variable was DS status, present or absent, assessed on postoperative day 3. Other study variables were categorized as demographic, smoking, and surgical difficulty according to the Pederson scale. Appropriate statistics analyses were used to measure the association between risk for DS and chlorhexidine gel use, age, gender, smoking, and surgical difficulty and their interactions. The sample consisted of 90 bilateral extraction sockets in 45 patients (24 men; 21 smokers; mean age, 21.1).

Results found that when other factors and their interactions were controlled for, chlorhexidine gel application lowered the risk of DS. Increasing age was associated with an increased risk for DS. A similar association existed between increased difficulty level of extraction and DS risk. The effect of gender was marginally significant, whereas smoking did not have a significant influence. Intra-alveolar application of chlorhexidine gel and practicing less traumatic surgeries are advocated, particularly in older patients. Smoking seems unlikely to affect DS frequency.

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**Correlation Between Schneiderian Membrane Perforation and Sinus Lift Graft Outcome: a Retrospective Evaluation of 359 Augmented Sinus**

Nolan PJ, Freeman K, et l.

The purpose of this study was to estimate the incidence of sinus membrane perforation in maxillary sinus augmentation surgery using a lateral approach and the impact of sinus integrity on incidence of sinusitis and bone graft survival in the
Correlation ...continued

maxillary sinus. A total of 359 sinus augmentation procedures (208 patients) were evaluated retrospectively for sinus integrity during augmentation, complications, graft failure, and implant loss.

The incidence of sinus membrane perforation was 41%. There was an overall sinus graft failure rate of 6.7%; of the failed sinus grafts, 70.8% had a perforated sinus membrane at augmentation. There were 11.3% of sinuses with perforated membranes at graft placement that failed compared with 3.4% of sinuses with intact membranes failing (general linear model [GLM]). Age, gender, and provider type were not significantly associated with sinus integrity at 1 year.

Overall, 11.3% of sinuses with perforated membranes at graft placement required secondary antibiotics for sinusitis and infection compared with 1.4% of sinuses with intact membranes (GLM, P). Of the sinuses requiring secondary antibiotics, 30% failed compared with 5% of untreated sinuses (GLM). Of the sinuses developing sinusitis or secondary infection requiring antibiotics, 85% had a membrane perforation during augmentation compared with 39.2% of those not requiring antibiotics; gender, age, and provider were not associated with antibiotic use. In the present study, antibiotic use for postoperative sinusitis and infection and graft failure were shown to be statistically higher in sinuses with perforated membranes at augmentation.

Is it Time to Incorporate ‘Depth of Infiltration’ in the T Staging of Oral Tongue and Floor of Mouth Cancer?


The purpose of this study was to summarize recent acquisitions in three-dimensional tongue and floor of mouth anatomy that can help in better evaluation of the pathways of cancer progression within these oral subsites, thus giving some hints for refining of the current TNM staging system. The Visual Human Project is an initiative aimed at establishing a three-dimensional dataset of anatomy of two cadavers made available free to the scientific community. Visual Human data have been analyzed by specific software thus improving three-dimensional understanding of the tongue myostructure. It is already known that there is limited prognostic utility in using the two-dimensional surface diameter alone as criterion for T1-T3 definition. Recently, also the T4a categorization for the infiltration of ‘deep’ or extrinsic tongue muscles has been criticized. This is largely because the descriptor ‘deep’ does not take into account the fact that considerable portions of these muscles lie in a very superficial plane. Different prognosticators have been proposed for inclusion into the TNM staging system of oral cancer but ‘depth of tumor infiltration’ seems to be the most robust, universally recognized, and reproducible in the preoperative, intraoperative, and postoperative settings.

Oral tongue and floor of mouth cancer needs to be classified according to a revised TNM staging system in which ‘depth of infiltration’ should be taken into account. An ‘ideal cut off’ for distinguishing ‘low’ (T1-T2) from ‘high-risk’ (T3-T4) categories has been proposed based on the literature review, but needs retrospective as well as large prospective trials before its validation.

Nonsteroidal Anti-inflammatory Drugs and Antihypertensives: How Do They Relate?


Nonsteroidal anti-inflammatory drugs (NSAIDs) are widely available as over-the-counter medications, despite their numerous side effects and drug interactions. The purpose of this article was to increase awareness of the hypertensive potential of NSAIDs and their interference with antihypertensives. Patients with hypertension appear to be more susceptible than normotensive individuals to the blood pressure-increasing effect of NSAIDs.

Most studies have found that short-term use of NSAIDs does not pose a major risk for hypertension or increase in cardiovascular disease in healthy individuals. The calcium channel blockers and β-blockers seem to be least affected by the concomitant use of NSAIDs. A dentist must weigh the benefits and disadvantages of using NSAIDs in patients taking antihypertensive drugs. For those who may be at greater risk, such as patients with hypertension and the elderly, careful selection of the class of NSAID and close monitoring are appropriate measures, especially if long-term use is anticipated.