

# ORAL SURGERY CARE



Summer 2016

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Greetings!

Along with our pleasant weather, enjoy this summer reading with a review of some of the latest literature in oral surgery and implant dentistry.

Much has been written in recent years about the so-called prescription painkiller epidemic, and the overdose death of Prince in April of 2016 brought a new wave of publicity about the perils of prescription narcotics. Is this just another example of undeserved media hype? I have put together some information reviewing the data about opioid painkillers and how it may impact prescribing decisions in everyday practice. How codeine, hydrocodone and oxycodone relate to one another is also reviewed. I would be happy to present this in your office to you and your staff. Call if you are interested.



Oral Surgery Care

Thank you for including us in the care of your patients. We appreciate your trust.

Regards,

*Dr. Brent L. Florine*

## Risk Assessment and Sensitivity Meta-analysis of Alveolar Osteitis Occurrence in Oral Contraceptive Users

Bienek DR, Filliben JJ  
*J Am Dent Assoc.* 2016 Jun;147(6):394-404

In this study, the authors conducted an alveolar osteitis (AO) risk assessment and global sensitivity meta-analysis within populations using oral contraceptives (OCs). Sex, smoking, and timing within the menstrual cycle were considered as factors. Eligibility criteria for inclusion of a study in the meta-analysis were experimental or medical record survey data evaluating AO and OC use, ability to draw pairwise comparisons for factors of interest, and description of the number of AO events relative to the number of participants in the respective group.

The risk ratio of AO in females not using OCs was 1.2 greater than that in males. Among females, OC use significantly increased the average risk of AO occurrence by nearly 2-fold (13.9% versus 7.5%). There was no statistical evidence of lower risk in females menstruating at the time of exodontia. *In 85.7% of the studies, smokers had an overall higher rate of AO than did nonsmokers. To mitigate the increased risk of AO occurrence in females, the dentist should be cognizant of patients using OCs and smoking tobacco.*

## Oral Health-related Quality of Life Following Third Molar Surgery with or without Application of Ice Pack Therapy

Ibikunle AA, Adeyemo WL et al.  
*Oral Maxillofac Surg.* 2016 May 3

The purpose of this study was to evaluate the effect of ice pack therapy on oral health-related quality of life (OHRQoL) following third molar surgery. All consecutive subjects who required surgical extraction of lower third molars and satisfied the inclusion criteria were randomly allocated into two groups. Subjects in group A were instructed to apply ice packs directly over the masseteric region on the operated side intermittently after third molar surgery. This

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## Quality of Life...continued

first application was supervised in the clinic and was repeated at the 24-h postoperative review. Subjects in group A were further instructed to apply the ice pack when at home every one and a half hours on postoperative days 0 and 1 while he/she was awake as described. Group B subjects did not apply ice pack therapy. Facial swelling, pain, trismus, and quality of life (using Oral Health Impact Profile-14 (OHIP-14) instrument) were evaluated both preoperatively and postoperatively. Postoperative scores in both groups were compared.

A significant increase in the mean total and subscale scores of OHIP-14 was found in both groups postoperatively when compared with preoperative value. Subjects who received ice pack therapy had a better quality of life than those who did not. Subjects whose postoperative QoL were affected were statistically significantly higher in group B than in group A at all postoperative evaluation points. Statistically significant differences were also observed between the groups in the various subscales analyzed, with better quality of life seen among subjects in group A. *Quality of life after third molar surgery was significantly better in subjects who had cryotherapy after third molar than those who did not have cryotherapy. Cryotherapy is a viable alternative or adjunct to other established modes of improving the quality of life of patients following surgical extraction of third molars.*

## Keratinized Mucosa Around Implants in Partially Edentulous Posterior Mandible

Roccuzzo M, Grasso G, et al.  
*Clin Oral Implants Res.* 2016 Apr;27(4):491-6

**T**he purpose of this research was to investigate the clinical conditions around dental implants placed in the posterior mandible of healthy or moderately periodontally compromised patients, in relation to the presence or not of keratinized mucosa (KT). One hundred and twenty-eight patients who needed an implant in the posterior mandible were consecutively enrolled in a private specialist practice. Only one implant per patient was examined originally placed either within KT or alveolar (AM) mucosa. At 10 years, clinical and radiographic measures were recorded by a calibrated operator. The number of sites treated according to therapy modalities C and D (antibiotics and/or surgery) during the 10 years was also registered.

Ninety-eight patients completed the 10-year study. The absence of KT was associated with higher plaque accumulation, greater soft-tissue recession (REC), and a higher number of sites that required additional surgical and/or antibiotic treatment. Patient-reported outcomes regarding maintenance procedures

presented major differences between the groups. In 11 of the 35 AM cases, additional free gingival graft (FGG) was successfully employed to reduce discomfort and to facilitate optimal plaque control. Implants that are not surrounded by KT are more prone to plaque accumulation and REC, even in patients exercising sufficient oral hygiene and receiving adequate supporting periodontal therapy (SPT). *In selected cases, particularly in the edentulous posterior mandible, where ridge resorption leads to reduced vestibular depth and lack of KT, additional FGG can be beneficial to facilitate proper oral hygiene procedures.*

## Juvenile Ossifying Fibroma of the Jaw: a Retrospective Study of 15 Cases

Han J, Hu L, et al.  
*Int J Oral Maxillofac Surg.* 2016 Mar;45(3):368-76

**T**he management of patients with juvenile ossifying fibroma (JOF) remains controversial. To explore the correlations between different treatments and the patient prognosis, 15 cases of JOF of the jaw were reviewed. Five patients were male and 10 were female. Patient age at the time of disease onset ranged from 7 to 18 years (mean 10.9 years). Nine tumours were located in mandible and six in the maxilla. These cases typically manifested clinically as painless swelling of the jaw (9/15, 60%); 40% (6/15) of the cases were associated with pain, diplopia, stuffy nose, and/or rapid growth.

Images of JOF can show a radiolucent, mixed, or ground glass-like appearance. Pathological examinations revealed 10 cases of juvenile trabecular ossifying fibroma (JTOF) and five cases of juvenile psammomatoid ossifying fibroma (JPOF). In terms of the treatment plan, six patients initially received radical surgery; nine patients underwent conservative treatment, among whom six (6/9, 66.7%) had one or more recurrence. At the end of the follow-up period, 12 patients had no evidence of tumour recurrence and three cases were alive with a tumour. *In summary, surgeons should develop the surgical plan according to the extent of the lesion, relapse status, growth rate, and family choice, and these patients should be followed up closely.*

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