

ORAL SURGERY CARE



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Spring 2024

Spring Greetings,

Enjoy our quarterly newsletter reviewing recent oral surgery and dental implant publications.

The first article emphasizes how thinking for dental pain management has evolved. The ADA has now taken a stronger stand to recommend ibuprofen and acetaminophen to manage post-surgical dental pain. Note that a “just in case” prescription for an opioid analgesic is actively discouraged, especially for children, adolescents and young adults. This population is especially vulnerable to the risks of opioid abuse and addiction, which can sometimes begin with a single, first-time exposure.



Oral Surgery Care

We thank you again for your trust in our care for your family of patients. Please contact us whenever we can help.

Best Regards,

Dr. Brent Florine

Evidence-based Clinical Practice Guideline for the Pharmacologic Management of Acute Dental Pain in Adolescents, Adults, and Older Adults

Alonso Carrasco-Labra, Deborah Polk, et al.
J Am Dent Assoc 2024 Feb;155(2):102-117

A panel convened by the American Dental Association Science and Research Institute, the University of Pittsburgh, and the University of Pennsylvania conducted systematic reviews and formulated evidence-based recommendations for the pharmacologic management of acute dental pain after simple and surgical tooth extraction(s) and for the temporary management (ie., definitive dental treatment not immediately available) of toothache associated with pulp and periapical diseases in adolescents, adults, and older adults.

The panel conducted 4 systematic reviews to determine the effect of opioid and nonopioid analgesics, local anesthetics, corticosteroids, and topical anesthetics on acute dental pain. The panel used the Grading of Recommendations, Assessment, Development and Evaluation approach to assess the certainty of the evidence and the Grading of Recommendations, Assessment,

Development and Evaluation Evidence-to-Decision Framework to formulate recommendations. The panel formulated recommendations and good practice statements using the best available evidence.

There is a beneficial net balance favoring the use of nonopioid medications compared with opioid medications. In particular, nonsteroidal anti-inflammatory drugs alone or in combination with acetaminophen likely provide superior pain relief with a more favorable safety profile than opioids. Nonopioid medications are first-line therapy for managing acute dental pain after tooth extraction(s) and the temporary management of toothache. The use of opioids should be reserved for clinical situations when the first-line therapy is insufficient to reduce pain or there is contraindication of nonsteroidal anti-inflammatory drugs. *The authors conclude that clinicians should avoid the routine use of just-in-case prescribing of opioids and should exert extreme caution when prescribing opioids to adolescents and young adults.*

American Association of Oral and Maxillofacial Surgeon's Position Paper on Oral Mucosal Dysplasia

Eric Carlson, Deepak Kademani, et al.
J Oral Maxillofac Surg 2023 Aug;81(8):1042-1054

Oral potentially malignant disorders (OPMDs) of the oral mucosa include leukoplakia, erythroplakia, erythroleukoplakia, lichen planus, and oral lichenoid lesions, each with varying incidences of dysplastic disease at the

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American Association ...continued

time of presentation and each with observed incidences of malignant transformation over time. The primary goal of the management of dysplasia, therefore, includes their early detection and treatment prior to malignant transformation. The recognition and management of these OPMDs and an understanding of their potential progression to oral squamous cell carcinoma will reduce the morbidity and mortality associated with these lesions with expedient and properly executed treatment strategies that will have a positive effect on patient survival.

It is the purpose of this position paper to discuss oral mucosal dysplasia in terms of its nomenclature, epidemiology, types, natural history, and treatment to acquaint clinicians regarding the timing of biopsy, type of biopsy, and follow-up of patients with these lesions of the oral mucosa. This position paper represents a synthesis of existing literature on this topic with the intention of closing gaps in our understanding of oral mucosal dysplasia while also stimulating new thinking to guide clinicians in the proper diagnosis and management of OPMDs. *The fifth edition of the World Health Organization classification of head and neck tumors published in 2022 represents new information regarding this topic and a construct for this position paper.*

Third Molar Surgical Difficulty Scales: Systematic Review and Preoperative Assessment Form

C Gay-Escoda, A Sanchez-Torres, et al.
Med Oral Patol Oral Cir Bucal 2022 Jan 1;27(1)

The main objective of this systematic review was to collect the pre-existing scales for assessing the difficulty of third molar extraction. The secondary objective was to design a proposal for a preoperative evaluation protocol for the difficulty of third molar extraction. Two independent researchers conducted an electronic search in Pubmed (MEDLINE), Cochrane, and Scopus databases during March 2021. Included studies evaluated the prediction of the difficulty of surgical removal of impacted upper or lower third molars using new indices/scales or pre-existing scales with or without modifications. Articles referring to coronectomies or assessing pre-surgical difficulty using other tools were excluded. Neither language nor publication date restrictions were applied.

Out of 242 articles, 13 prospective cohort studies were finally selected. Seven developed new indices/scales, and 6 assessed the predictive ability of some pre-existing scales. Most of the indices/scales contained radiological variables and few added any patient-related variables. The authors in this study proposed a preoperative assessment protocol of the difficulty of third molar extraction to facilitate treatment planning and/or considerate referral in cases of high difficulty. This proposal used patient-related, radiological and surgical variables. *The investigators concluded that a preoperative protocol to evaluate the surgical difficulty, including different patient-specific, radiological and surgical variables, could facilitate*

treatment planning, help clinicians prevent complications and assess the possibility of referral.

Association Between Daily Toothbrushing and Hospital-Acquired Pneumonia

Selina Ehrenzeller, Michael Klompas, et al.
JAMA Intern Med 2024 Feb 1;184(2):131-142

Hospital-acquired pneumonia (HAP) is the most common and morbid health care-associated infection, but limited data on effective prevention strategies are available. The purpose of this study was to determine whether daily toothbrushing is associated with lower rates of HAP and other patient-relevant outcomes. A search of PubMed, Embase and 3 trial registries was performed from inception through March 9, 2023. Randomized clinical trials of hospitalized adults were analyzed comparing daily oral care with toothbrushing vs regimens without toothbrushing.

The primary outcome of this systematic review was HAP. Secondary outcomes included hospital and intensive care unit (ICU) mortality, duration of mechanical ventilation, ICU and hospital lengths of stay, and use of antibiotics. Subgroups included patients who received invasive mechanical ventilation vs those who did not, toothbrushing twice daily vs more frequently, toothbrushing provided by dental professionals vs. general nursing staff, electric vs manual toothbrushing.

A total of 15 trials met inclusion criteria, including 10,742 patients (2033 in the ICU and 8709 in non-ICU departments; effective population size was 2786 after shrinking the population to account for 1 cluster randomized trial in non-ICU patients). Toothbrushing was associated with significantly lower risk for HAP and ICU mortality. Reduction in pneumonia incidence was significant for patients receiving invasive mechanical ventilation but not for patients who were not receiving invasive mechanical ventilation. Toothbrushing for patients in the ICU was associated with fewer days of mechanical ventilation and a shorter ICU length of stay. Brushing twice a day vs more frequent intervals was associated with similar effect estimates. Results were consistent in a sensitivity analysis restricted to 7 studies at low risk of bias (1367 patients). Non-ICU hospital length of stay and use of antibiotics were not associated with toothbrushing.

The findings of this review suggest that daily toothbrushing may be associated with significantly lower rates of HAP, particularly in patients receiving mechanical ventilation, lower rates of ICU mortality, shorter duration of mechanical ventilation, and shorter ICU length of stay. Policies and programs encouraging more widespread and consistent toothbrushing are warranted.

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