Singapore Demands Enhanced Health Regulations for Asia

According to Singapore’s Health Minister Khaw Boon Wan, Asia must invest more money into protective measures to prevent future outbreaks of SARS and other contagious diseases. “There is under-investment both in developed and developing countries in this area,” said Khaw, referring to public health infrastructure. Indeed, there is a lot that can be learned from other cultures. In Japan, for example, sick people are supposed to wear face masks in public. “Wearing masks when unwell to prevent spreading infection to others must become our norm,” he said in a speech. “We all need to change our daily habits.”

A Pain in the Mouth: Students Prone to Mouth Sores

As if not being cursed enough already with having to work so hard, students seem to have a high prevalence of canker sores or cold sores in addition, according to new research. After graduation, when stress levels are lower, the sores seem to appear less frequently.

How can the dentist help?
Cold sore treatment includes topical creams or oral anti-viral medications. Canker sores have to be treated with over-the-counter-anaesthetics or, in severe cases, topical-based steroids. With more serious outbreaks, a dentist can develop a special treatment plan.

The study appeared in the November/December 2003 issue of General Dentistry.

Drug against lung cancer may also help combat oral cancer

According to a study that appeared in the December 2003 issue of the International Journal of Cancer, the new drug Iressa, which is approved for treating a type of lung cancer, may also be work against oral cancers. Iressa is an inhibitor of the epidermal growth factor receptor (EGFR) which is overactive in several cancers. A new treatment strategy with radiation in combination with an EGFR inhibitor may in fact help beat oral cancer without surgery. When tumors were transplanted into mice, the combination caused a striking decrease in tumor cell proliferation.

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Updated Dental Infection Control Guidelines for Dentists

Shannon Mills, U.S.A.1

Infection control has been at the forefront of our minds, especially over the past year given the occurrence of SARS and the bird flu. Although the guidelines discussed in this article are voluntary, dentists in the US regard them as standard. Some states even adopt them as a legal standard among the laws pertaining to running a dental practice.

On December 18, 2003, the United States Centers for Disease Control and Prevention (CDC) published updated guidelines for infection control in dental health-care settings in the Morbidity and Mortality Weekly Report. These guidelines culminate over two years of work by CDC experts in infection control to revise and update recommendations that were first published in 1986 and revised in 1995. In addition to updating topics addressed in earlier guidelines, the new recommendations synthesize guidance from other CDC publications on a wide range of relevant topics. While compliance with these federal

The Sooner the Better?

New Zealand doctors head international study on best age for corrective surgery on children with cleft lip and palate

Dental Tribune International

By Cornelia Bier

Initiated by Dr Adrian Skinner, a plastic surgery registrar at Middlemore Hospital, Auckland, the study will assess the diverse outcomes for children who had the operation ten years ago. Among the checks will be a speech language assessment, a hearing test, orthodontics checks and X-rays of the head.

According to Dr Skinner, children in different countries were operated on at different ages and this resulted in varied outcomes, although the same corrective technique was being applied throughout the world. New Zealand children, for example, receive the final stage of the surgery when they are 2-9 months old, giving them an advantage in terms of hearing and speech but making their faces sometimes appear flattened. In Canada, the common practice is to wait to allow the bones to grow more. Surgery is generally done on children as old as two years, running the risk of hearing and speech impairments.

Dr John Meara, director of the Department of Plastic and Maxillofacial Surgery at Melbourne’s Royal Children’s Hospital, supports the research: “Some good quality outcome studies might dramatically change the way we treat cleft lip and palate. I think the money spent in assessing will translate into decreased unnecessary surgery, better outcomes, better health care quality and a better quality of life.” Care for children with cleft lip and palate goes on for years and involves a number of specialists from orthodontists to psychologists and speech language therapists.