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1. Most Downloaded

Adverse drug events in the oral cavity

Abstract

Adverse reactions to medications are common and may have a variety of clinical presentations in the oral cavity. Targeted therapies and the new biologic agents have revolutionized the treatment of cancers, autoimmune diseases, and inflammatory and rheumatologic diseases but have also been associated with adverse events in the oral cavity. Some examples include osteonecrosis, seen with not only bisphosphonates but also antiangiogenic agents, and the distinctive ulcers caused by mammalian target of rapamycin inhibitors. As newer therapeutic agents are approved, it is likely that more adverse drug events will be encountered. This review describes the most common clinical presentations of oral mucosal reactions to medications, namely, xerostomia, lichenoid reactions, ulcers, bullous disorders, pigmentation, fibrovascular hyperplasia, white lesions, dysesthesia, osteonecrosis, infection, angioedema, and malignancy. Oral health care providers should be familiar with such events, as they will encounter them in their practice.

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2. Recent Article

Decompression of keratocystic odontogenic tumors leading to increased fibrosis, but without any change in epithelial proliferation

Abstract

Objective

The aim of this study was to investigate whether decompression treatment induces changes in the histology or biologic behavior of keratocystic odontogenic tumor (KCOT).

Study Design

Seventeen patients with KCOT underwent decompression treatment with or without enucleation. Histologic evaluation and immunohistochemical expression of p53, Ki-67, and Bcl-2 were analyzed by using conventional microscopy.

Results

KCOT showed significantly increased fibrosis ($P = .01$) and a subjective reduction in mitotic activity ($P = .03$) after decompression. There were no statistically significant changes in the expression of proliferation markers. An increase in daughter-cysts or epithelial rests was seen after decompression ($P = .04$). Recurrence was noted in four of 16 cases, and expression of p53 was strongly correlated with prolonged duration of treatment ($P = .01$) and intense inflammatory changes ($P = .02$).

Conclusions

Structural changes in the KCOT epithelium or capsule following decompression facilitate surgical removal of the tumor. There was no statistical evidence that decompression influences expression of proliferation markers in the lining, indicating that the potential for recurrence may not be restricted to the cellular level. The statistically significant increase of p53 expression with increased duration of treatment and increase of inflammation may also indicate the possibility of higher rates of recurrence with prolonged treatment and significant inflammatory changes.

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http://www.oooojournal.net/article/S2212-4403(16)30748-9/abstract

3. Most Cited

Position statement of the American Academy of Oral and Maxillofacial Radiology on selection criteria for the use of radiology in dental implantology with emphasis on cone beam computed tomography

Abstract

A Position Paper Subcommittee of the American Academy of Oral and Maxillofacial Radiology (AAOMR) reviewed the literature since the original position statement on selection criteria for radiology in dental implantology, published in 2000. All current planar modalities, including intraoral, panoramic, and cephalometric, as well as cone beam computed tomography (CBCT) are discussed, along with radiation dosimetry and anatomy considerations. We provide research-based, consensus-derived clinical guidance for practitioners on the appropriate use of specific imaging modalities in dental implant treatment planning. Specifically, the AAOMR recommends that cross-sectional imaging be used for the assessment of all dental implant sites and that CBCT is the imaging method of choice for gaining this information. This document will be periodically revised to reflect new evidence.

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4. Open Access Article

مقاله ی زیر بصورت کامل قابل دریافت و درصورت تمایل قابل ترجمه می باشد

Cell genomics and immunosuppressive biomarker expression influence PD-L1 immunotherapy treatment responses in HNSCC - a computational study

Abstract

Objectives

PD-L1 expression is correlated with objective responses rates (ORR) to PD-1 and PD-L1 immunotherapies. However, both immunotherapies have only demonstrated 12.0-24.8% ORR in patients with HNSCC showing a need for a more accurate method to identify those who will respond prior to their therapy. Immunohistochemistry to detect PD-L1 reactivity in tumors can be challenging and additional methods are needed to predict and confirm PD-L1 expression. Here, we hypothesized that HNSCC tumor cell genomics influences cell signaling and downstream effects on immunosuppressive biomarkers and that these profiles can predict patient clinical responses.

Study Design

We identified deleterious gene mutations in SCC4, SCC15, and SCC25 and created cell line-specific predictive computational simulation models. The expression of 24 immunosuppressive biomarkers were then predicted and used to sort cell lines into those that would or would not respond to PD-L1 immunotherapy.

Results

SCC15 and SCC25 were identified as cell lines that would respond to PD-L1 immunotherapy treatment and SCC4 was identified as a cell line that would not likely respond to PD-L1 immunotherapy treatment.

Conclusions

This approach, when applied to patient HNSCC cancer cells, has the ability to predict PD-L1 expression and predict PD-1 or PD-L1 targeted treatment responses in those patients.

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