

should not be touched with the fingers. The tooth socket should be irrigated gently with normal saline to remove any blood clot that has formed. The tooth should then be replaced into the socket using minimal pressure, and splinted to the adjacent teeth with a flexible splint (e.g. aluminium foil, bluetack).

When a tooth is reimplanted, an antibiotic is prescribed for five days and a tetanus booster is given if immunisation is not up to date.

Fractured tooth

If the crown of a tooth is fractured by trauma and the broken fragment is available, it should be stored in a physiological medium until a dentist can assess the patient. Coverage of exposed dentine on the fractured crown with a temporary restoration is desirable to protect the underlying pulp tissue.

Placement of temporary restorations

Although it is unlikely that many general medical practitioners will have temporary filling materials available in their surgeries, dentine that has been exposed by caries, a lost filling or tooth fracture can be covered relatively easily with glass ionomer cement (GIC) or zinc oxide eugenol (ZOE) materials. Most GIC materials are dispensed in capsules but a hand-mixed material is available, consisting of a powder, liquid and conditioner. The surface of the cavity is painted with the

conditioner, then rinsed and dried, before placement of the filling. Zinc oxide eugenol materials consist of a powder and liquid (oil of cloves) that are mixed to a putty-like consistency before placement in the tooth.

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Conflict of interest: none declared

Self-test questions

The following statements are either true or false (answers on page 158)

5. A painful dry socket is a complication of mandibular tooth extraction.
6. Penicillin V is a suitable antibiotic for treating a dental abscess once the pus has been drained.

Book review

Therapeutic Guidelines: Endocrinology. Version 2. North Melbourne: Therapeutic Guidelines Limited; 2001. 227 pages. Price (postage not included): \$31.90 (2001), \$33 (2002); students \$25.30.

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This latest version of Therapeutic Guidelines: Endocrinology is an excellent reference source for busy general practitioners. Given the rise in many endocrine-related conditions, this is timely. The layout is simple and easy to follow with more space devoted to common conditions such as diabetes and osteoporosis, although a large number of conditions are still covered. There is a concise and succinct drug summary at the start of the book called 'Getting to know your drugs' allowing easy cross-referencing from the text. There are also some brief appendices on endocrine emergencies, pregnancy and breastfeeding, and for those interested in searching further, related web sites.

The diabetes sections are well set out and reinforce the current diagnostic criteria based on American Diabetes Association/World Health Organization guidelines. Treatment targets are up to date as is the advice on treating difficult complications

such as neuropathy. Current drug therapies are outlined logically, but some drugs such as the 'glitazones' are not available on the Pharmaceutical Benefits Scheme.

Osteoporosis is now high on the agenda of many general practitioners and this section is excellent with clear, current principles on diagnosis, prevention and management. All of the drugs described are available and well known to general practitioners, making the reading very practical.

Under the sections on contraception there is good coverage of topical issues such as depot medroxyprogesterone, the etonogestrel implant and the levonorgestrel intrauterine devices. Similarly there is a comprehensive and easy to read discussion on hormone replacement therapy addressing most of the well-known controversies.

Overall this book reads extremely well and fulfils the general practitioner's need for evidence-based guidelines, in a short but easily understood form. It compares well with other general practice guidelines such as Evidence Based Medicine.

David Mills has been in rural general practice for 15 years. He is a clinical lecturer at the Department of General Practice at the University of Adelaide and sits on the South Australian Diabetes Advisory Group.