# **Dental implications**

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#### Treating acute sinusitis (page 39)

Treatment of acute dental pain involving the maxillary teeth requires careful diagnosis. While an acute apical infection or acute pulpitis needs treatment, in the absence of a clear dental or alveolar cause, maxillary sinusitis should be considered in the differential diagnosis.

Characteristically dental pain related to maxillary sinusitis is not related to one tooth. Where the dental/sinus pain has persisted for some time it may be referred to the mandibular teeth. Often those with acute maxillary sinusitis experience a bad taste and smell early in the morning related to pharyngeal sinus drainage. Tenderness of teeth to percussion, increased sensitivity of the maxillary teeth to cold food or drink, or when tested with ice, are distinctive signs. To assist in the diagnosis, an appropriate x-ray e.g. an orthopantomograph (OPG), may be very useful to demonstrate the anatomy of the dentition and the maxillary sinus.

Where pain is being experienced and in the absence of any dental or dento-alveolar pathology, local anaesthesia can be used to assist the diagnosis. A dose of 1 mL of 4% prilocaine without a vasoconstrictor, placed in the buccal fold adjacent to the first maxillary molar generally brings relief of maxillary sinus pain in approximately two minutes.

Dental treatment of pain from maxillary sinusitis is similar to that outlined in 'Treating acute sinusitis', however where the maxillary teeth are excessively sensitive to cold a short course, over four to six days, of a non-steroidal anti-inflammatory drug is useful. Ibuprofen 400 mg three times daily is an effective measure. Where there is persistent sinusitis the patient should be referred for medical management of the condition.

### Australian Pregnancy Register for Women on Antiepileptic Medication

The Centre for Clinical Neuropharmacology at St. Vincent's Hospital in Melbourne is researching links between pregnancy, epilepsy and antiepileptic medications. The Australian Pregnancy Register for Women on Antiepileptic Medication was launched in 1999. It aims to research the incidence of birth defects in children born to women with epilepsy. This will help to establish whether certain drugs or drug combinations are safer than others.

Previous research shows a slightly higher risk of birth defects for women with epilepsy who take antiepileptic drugs. Information collected through the register will help determine whether this elevated risk is due to drugs or to the epilepsy itself.

Women who become pregnant while taking antiepileptic drugs are encouraged to contact the register. Participation is voluntary. Health professionals involved in caring for these women can encourage them to contact the register.

Participation in the register takes the form of four telephone interviews during and after pregnancy. A consent form is signed before any information is collected. Women taking antiepilepsy medication for an indication other than epilepsy are also encouraged to contact the Centre.

Telephone 1800 069 722.

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