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Without publication research is sterile; but where to publish and how to avoid rejection?

By Prof. Khalid Almas

The famous phrase "Without publication research is sterile" came from Curzon and Cleaton-Jones (1). Aspiring authors in academia gradually develop passion for publications due to various reasons. There is therefore, a competition amongst faculty to have their clinical or basic science research, as well as clinical techniques, diagnoses, case reports etc., published as soon as possible. There is also compelling as well as competing needs of Institutions to publish or perish. That is also reflected in faculty at various levels of their career ladder. Now the question arises, where to publish?

The simple and unified approach at most of the biomedical institutions is to publish in, the Institute for Scientific Information (ISI), high Impact factor (IF) journals. So the message is clear and loud.

The most common indicator, the ISI IF, is calculated for a particular year for a specific journal according to the formula IF = C/A where C = the total cites in a particular year to articles published in the preceding two years and A = the number of articles published in the preceding two years. The change in IF is listed on yearly basis with five years mean IF of individual journals. The pros and cons of Impact factors will be discussed some other time.

To maintain the prestige of reputable (specialty and general) journals, they have to publish their acceptance/rejection rate of submitted manuscripts. The writing and submission of manuscript is a humble effort, so to receive the reviewers comments on rejected manuscripts should also be received without emotions or humility.

To avoid rejection of submitted manuscripts, first of all we have to acknowledge the common reasons of REJECTION. Rejection is always disappointing. It is a fact that even the best scholars and writers submit papers that are rejected or require major revisions. Good papers get rejected for a number of reasons. The number of journal pages available has not kept pace with the number of articles and authors. There may be nothing basically wrong with the manuscript. For the journal’s purposes, it may be more confirmatory than original. Insufficient journal priority and backlog inventory are potential indications of submission to the wrong journal at the wrong time. (2). Compromised protocols, conflict of interest and incomprehensible writings are also major points for rejection.

On the other hand, per a quote attributed to Samuel Johnson, “Your manuscript is both good and original, but the part that is good is not original, and the part that is original is not good.”(3). Some of the more common reasons for rejection include: poorly written/poor style, sweeping conclusions unjustified by data, lack of IRB approval, flawed or poor study design (methods), lack of proper controls, nonrandomized interventions, inadequate sample size, faulty statistical analysis, and hypothesis not adequately tested.

The post review rejection (and revision) phase follows a quote attributed to Franklin Jones: “Honest criticism is hard to take, particularly from a relative, a friend, an acquaintance, or a stranger.”(4). Address all of the reviewers’ concerns for resubmission to another journal and remember that the next reviewer may be the same. Try to put
Dr. Adel Al-Agl becomes member of the editorial board of SJMMS

On behalf of the Research Unit, we would like to congratulate Dr. Adel Al-Agl for being selected as a member of the editorial board of the Saudi Journal of Medicine and Medical Sciences. Dr. Adel is well known for his positive contribution to the research in our college. He has executed many research projects published in well-reputed international journals. We wish him all the best.

We also would like also to extend our appreciation and thanks to Dr. Aiman Ali, who has contributed positively to the first cycle of the SJMMS editorial board.

Statement of Appreciation

We would like to extend our appreciation to all the faculty members of College of Dentistry who have placed tremendous effort in improving the research profile of the college this year. It is because of these extraordinary efforts, we now have 45 publications (28 International, 17 local) till Sept this year and also, a lot of papers are In Press.

As compared to the last year in which we had 35 publications, a clear progress can be seen which is highly appreciable.

References:
1. Curzon MEJ and Cleaton-Jones PE. Writing scientific papers for publication: “Without publication research is sterile”. Europ Arch of Paed Dent 2012; 13: 4-10

**Abstract**

**OBJECTIVES:** To report the prevalence of medical emergencies in dental clinics and self-perceived competence of dentists in the Eastern Province of Kingdom of Saudi Arabia (KSA). **MATERIALS AND METHODS:** In this cross-sectional study, a self-administered questionnaire was distributed to a random sample of 198 dentists working in private and government dental clinics in the Eastern Province of KSA. The respondents were approached twice to ensure good participation in the study. **RESULTS:** One hundred and forty-five dentists returned the questionnaires yielding a response rate of 73.2%. Half were male (50.3%) and 56% worked in private dental clinics. About 67% of the respondents reported having encountered any episodes of medical emergencies. Vasovagal syncope was the most common medical emergency experienced by 53.1% of the dentists, followed by hypoglycemia (44.8%) and only 5.5% had faced foreign body aspiration. The responding dentists had encountered 599 episodes of medical emergencies in the last 3 years. Almost 45% of the participants felt competent to perform cardiopulmonary resuscitation (CPR). Most of the participants (74.3%) reported that they had emergency kits in their clinics; more than 70% of the dentists kept oxygen, adrenaline, and glucose. One-third of them were either not confident or did not know how to use the emergency drugs. **CONCLUSIONS:** The study findings revealed that dentists quite commonly encounter medical emergency situations during their practice in dental clinics, but a considerable proportion of dentists did not feel competent enough to handle medical emergency conditions.


**Abstract**

**INTRODUCTION:** Cultural competencies in multicultural societies with different ethnic perceptions pose a challenge during the management and treatment of patients with dental fear and anxiety. This study aimed to identify the most common and relevant pathways of fear and anxiety related to root canal treatment in different ethnic groups. **METHODS:** All participants visiting the Griffith University Dental Clinics, Gold Coast, Australia, were invited to participate if they had undergone primary root canal treatment or were scheduled to undergo the same. Patients with mental disabilities, those with no history of root canal treatment, those who only had surgical root canal treatment, and those below 20 years old were excluded. All participants completed the "My Endodontic Fear questionnaire." **RESULTS:** Eight hundred seventy-nine patients (20-90 years old) who had root canal treatment or were scheduled to have one consented to participate in this study. White (54.5%) and Arab/African respondents (30.9%) were more likely (P < .001) to use the conditioning pathway compared with East Asian (10.5%) or Aboriginal/Pacific Islander groups (3.9%). Age was a significant factor for all ethnicities (P < .05); 40-year-old and 65+year-old groups showed less fear compared with the 20- to 39-year-old groups. Female sex was significantly related to the use of the informative (P < .001) and parental (P = .002) pathways. **CONCLUSIONS:** The present study showed that different pathways appear to be adopted by different ethnic groups, indicating the importance of customizing strategies in a multicultural society to manage fear and anxiety related to root canal treatment.


**Abstract**

**Objectives:** This cross-sectional study sought to obtain the perceptions of third year students of the University of Dammam faculty of dentistry about the usefulness of Internet-based educational videos in assisting oral biology lectures. **Methods:** The study was conducted at the College of Dentistry, University of Dammam during Mar 2014.
A validated questionnaire containing 10 questions was distributed to all of the participants. The first eight questions, related to the usefulness of videos during lectures, required dichotomized (agree/disagree) responses. For the last two questions (number of videos to be added and the time period allocated to these videos in each lecture), multiple options were provided for selection. The data were analysed statistically by using the chi-square test. **Results:** The sample size was 70 students (39 male and 31 female), with an overall response rate of 97%. The majority of students positively perceived the role of videos in assisting lectures. However, significant differences ($p < 0.05$) were found between male and female students regarding their understanding of lectures with/without videos and retention of knowledge gained from lectures with videos. **Conclusions:** Videos should be included in the lectures, so long as any video included is analogous to the desired learning outcomes of the lecture.


Abstract

Peer review process is an important step, when it comes to publication of a manuscript and is directed towards facilitating the journal editor in making a decision. Unfortunately a delay in publication due to lengthy peer review processing times, not only negatively effects the research potential of individual authors but also delays the publication of novel findings. Steps should be taken to make this process more efficient by taking measures to reduce long peer review times and to ensure well-timed publication of scientific research.


Editorial: No abstract available


Abstract

**Objectives:** This study was performed to observe the type and level of fluoride compounds existent in 'over-the-counter' (OTC) adult toothpastes available in the open market of Saudi Arabia and to compare them with local and international guidelines. **Materials and Methods:** More than 100 hyper stores, shops and pharmacies of Dammam and Al Khobar cities were selected randomly and searched for the availability of fluoride containing adult toothpastes. Only toothpastes in which fluoride was present as an active ingredient were included and name of the compound of fluoride and its concentration stated on the packaging of the toothpaste were noted. **Results:** There were 59 different commercial brands of OTC toothpastes in which sodium fluoride was found in 59.3% of the toothpaste brands (35 of 59), 32.2% of the brands (19 of 59) had sodium monofluorophosphate, 3.3% toothpaste brands (2 of 59) had a combination of sodium fluoride and sodium monofluorophosphate as an active ingredient, and 5% of the brands (3 of 59) mentioned the fluoride concentration in parts per million (ppm) but did not indicate the type of compound of fluoride present in them. Fluoride concentration found in toothpastes ranged between 1,000-1,470 ppm. **Conclusions:** Types of fluoride compounds found in toothpastes were consistent with internationally published guidelines. However, majority of toothpastes had 1,450 ppm fluoride which was consistent with Gulf Cooperation Council (GCC) and European guidelines but exceeded the normal range set by United States Food and Drug Administration (US-FDA) and American Dental Association (ADA). Care should be taken when these toothpastes are being used to prevent possible side-effects of fluoride over-exposure.


Abstract

The maxillary sinus augmentation procedure has been gaining more acceptance among dental professionals. The aim of this review article is to provide an update about various aspects of anatomy, physiology, and common pathological conditions of the maxillary sinus and their clinical relevance to the sinus augmentation procedure and
subsequent implant placement.


**Abstract**

**OBJECTIVES:** The aim of this in vitro study was to analyze the real hydrogen peroxide (HP) concentration in various commercially available tooth-whitening products containing HP and/or carbamide peroxide (CP).

**MATERIALS AND METHODS:** Sixteen commercially available tooth-whitening products containing various concentrations of CP or HP were investigated. The products were divided into four groups: dentist-supervised home bleaching products (Group 1, n = 5), in-office bleaching products (Group 2, n = 4), over-the-counter bleaching products (Group 3, n = 3) and whitening toothpastes and rinses (Group 4, n = 4). The peroxide concentration was determined using the oxy-reduction titration method. All the reagents used in the study were of analytic grade and freshly prepared before the experiment. **RESULTS:** The HP concentration in various dentist-supervised home bleaching products and in-office bleaching products ranged from 3.02-37.08% (expected range = 3-38%). The HP concentration of over-the-counter whitening products ranged from 1.24-5.57% (expected range cannot be estimated as no concentration of active ingredient was provided). Among whitening toothpastes and rinses, Colgate Plax whitening rinse showed more than 1% HP concentration, whereas it was lower than 0.05% in other whitening toothpastes and oral rinses (expected range cannot be estimated as no active ingredient was mentioned). **CONCLUSIONS:** HP concentration of most of the professional tooth-whitening products was different from the expected concentrations, although the deviations were small and most of the products were close to the expected concentration. No concentration of active ingredient was provided for over-the-counter whitening products and no active ingredient was mentioned for whitening toothpastes and rinses.


**Abstract**

**Objective:** To evaluate bone regeneration in a heterogenous, deproteinized bone mineral (DBM) when used as an onlay graft. **Materials and methods:** In this study, eight rabbits received two titanium bone graft holders (TBGHs), one on the left and one on the right lateral surface of the mandible. Each TBGH possessed two cylindrical chambers, which were perforated with numerous sub-millimeter pores. On the experimental side of the jaw, the chambers were filled with DBM particles (Bio-Oss®, Geistlich Pharmaceutical AG, Walhusen, Switzerland). Chambers on the opposite (control) side of the jaw were empty (no DBM). Following TBGH placement both the control and experimental TBGHs were covered with a barrier layer of collagen membrane (Bio-Gide®, Geistlich Pharmaceutical AG, Walhusen, Switzerland). After twelve weeks, sections of the mandible were harvested for radiographic and histomorphometric evaluation. **Results:** New bone formation was seen in both test and control chambers. However, the newly generated bone was greater in the experimental (DBM) group (18.41%) than in the control group (5.31%). The difference was statistically significant ($p < 0.001$). Upon quantification of the radio-dense area from the radiographs, there was significantly more bone and/or graft in the experimental group (12.96 mm$^2 \pm 1.48$) than the control group (8.59 mm$^2 \pm 3.54$) ($p < 0.001$). Similarly, the DBM chambers were filled to a significantly greater height (2.73 mm $\pm 0.24$) than the control chambers (1.83 mm $\pm 0.72$) ($p < 0.001$). **Conclusion:** DBM can enhance greater new bone formation when used as an onlay graft, underneath a rigid barrier.

**Abstract**

The aim of this study is to report a case of large aggressive central giant cell granuloma (CGCG) of the mandible treated with corticosteroids and surgery. A 22-year-old male presented with painless progressive swelling in the chin region. Biopsy confirmed the diagnosis of CGCG. Management of the lesion was carried out in 3 phases. Phase-1 comprised of intra-lesional corticosteroids, phase-2 comprised of surgical management and phase-3 consisted of post-surgical intra-lesional corticosteroid. In this extensive case, although intra-lesional corticosteroid was given pre-operatively, there was no evidence of a reduction in size of the lesion both clinically and radio-graphically. This case suggests that injection of a low dose of corticosteroids pre-operatively may not be effective in such large aggressive CGCGs. Nevertheless, combined medical and surgical management is always advantageous for extensive aggressive lesions in order to reduce the size and thus minimize the need for mutilating bone resections and loss of teeth that ultimately result in functional and esthetic defects.


**Abstract**

**OBJECTIVES:** To evaluate the short- and long-term effects of the mandibular anterior repositioning appliance (MARA) on mandibular dimensions in patients with Class II malocclusion and to assess the stability of the MARA results. **MATERIALS AND METHODS:** Multiple electronic databases were searched for articles published in any language until March 2014. A manual search was also performed of reference lists of retrieved articles. The primary outcomes were the short-and long-term effects of the MARA appliance on mandible dimensions. The secondary outcome was postretention stability. Outcome measures were total mandibular unit length, corpus length, and ramus height. Two reviewers examined all articles independently and assessed their methodologic quality. Meta-analyses were conducted using random-effects models. The Cochrane test and the I(2) statistic were used to assess heterogeneity. Sensitivity analyses were performed and publication bias was evaluated. **RESULTS:** Seven retrospective clinical controlled studies that compared MARA with controls were included. Three of the studies were medium quality; the rest were low quality. Meta-analysis of the short-term effects revealed a significant increase in total mandibular unit length (1.16 mm/y) and ramus height (1.58 mm/y) with MARA and a nonsignificant increase in corpus length (0.21 mm/y). Analyses of the long-term effects showed a statistically significant advantage of MARA over controls for all three variables, but the effect sizes were small. More high-quality studies are warranted. **CONCLUSIONS:** The MARA appliance produced statistically significant mandibular growth enhancement in the short- and long-term. These findings, however, may not be clinically significant.

**IN PRESS PUBLICATIONS**


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We wish you all the best for the
“NEW ACADEMIC YEAR”