

Herpes Simplex Virus
Infections

Oral Candidiasis

Orofacial Infections
in Children



Part One

**oral medicine update: infectious
oral lesions**

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Opposing Comments

Dr. Pogrel compared his recent article in the October 2012 *Journal*, “Permanent Nerve Damage From Inferior Alveolar Nerve Blocks: A Current Update,” to his previous article, “Permanent Nerve Damage From Inferior Alveolar Nerve Blocks — An Update to Include Articaine.”¹ In both articles, he demonstrates internal bias in that the data for lidocaine, articaine and prilocaine does not support the author’s abstract and discussion sections.

The author failed to note that the product insert demonstrates more than 11 paresthesias in 882 patient treatments with Septocaine and that the Food and Drug Administration added the following to the end of the adverse events section of the product insert in September 2005: “Persistent paresthesias of the lips, tongue and oral tissues have been reported with use of articaine hydrochloride, with slow, incomplete or no recovery. These post-marketing events have been reported chiefly following nerve blocks in the mandible and have involved the trigeminal nerve and its branches.”

A critical review of the data the author presents in the article demonstrates that permanent paresthesias in the data correlate best with percent concentration and usage patterns: 2 percent lidocaine with one-half times the expected occurrences, 2 percent and 3 percent mepivacaine with two times the expected occurrences, 4 percent prilocaine with three times the expected occurrences and 4 percent articaine with the expected occurrence rate (twice that of lidocaine).

The author’s explanation for the drop in the number of patients he reported with permanent paresthesias between this and a previous article fails to take into account the more obvious reason. He reports that he saw 19 patients per year in 2003 through 2005 and seven patients per year in 2006 through 2011,

and believes this to be due to dentists not referring patients to him because of publicity that there was no treatment available for the condition. However, the more obvious reason might be the warnings of paresthesias following the use of 4 percent articaine with mandibular block injections.

The author’s first reference, *Nerve Injuries Following Nerve Blocking In The Pterygomandibular Space* by Ehrenfeld M, Cornelius CP, et al.,² is a perspective study and has a high degree of scientific validity. That study reported seven permanent paresthesias with 506 mandibular block injections with articaine³ local anesthetic. The Haas and Lennon article⁴ was discounted though it reported findings that span a 21-year period in the province of Ontario, Canada, as well as an article on the adverse events reported to the FDA⁵ where 4 percent prilocaine and 4 percent articaine were associated with 7.3 and 3.6 times more paresthesias, respectively.

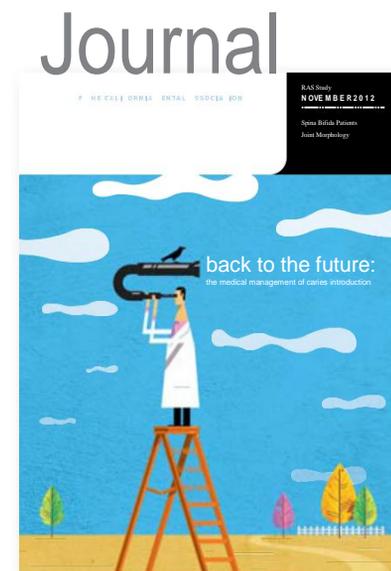
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Disclosure: Dr. Dower has been an expert witness for patients due to paresthesias from articaine local anesthetic.

References

1. Pogrel, MA. Permanent nerve damage from inferior alveolar nerve blocks-an update to include articaine. *J Calif Dent Assoc* 35:271-3, 2007.
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4. Haas DA, Lennon D. A 21-year retrospective study of reports of paresthesia following local anesthetic administration. *J Can Dent Assoc* 61:319-320, 323-6, 329-30, 1995.
5. Garisto GA, Gaffen AS, et al. Occurrence of paresthesia after dental local anesthetic administration in the United States. *J Am Dent Assoc* 141:836-844, 2010.



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