

# Letter to the editor

Sir,

## Re: critical review on dry socket.

I refer to the article 'Contemporary view on dry socket (alveolar osteitis): a clinical appraisal of standardization, aetiopathogenesis and management: a critical review by Dr I. R. Blum'.<sup>1</sup>

I have personally observed through reading of published articles on the subject that there are a lot of inconsistency not only in diagnostic criteria but also in the study designs. So, I was expecting a systematic review (considered the highest level in the evidence hierarchy)<sup>5</sup>, NOT a critical review. But, separating the 'Wheat' from the 'chaff' was not possible according to Dr I. R. Blum, hence a quantitative systematic review (meta-analysis) was not possible.

I will like to make the following observations and comments:

1. It is unfortunate that despite a plethora of published articles on the subject, a quantitative systematic review (meta-analysis) cannot be done 106 years after the condition was first described by CRAWFORD.
2. What many practitioners consider alveolar osteitis (because of the age-long teaching, as being the commonest post extraction socket healing

complication), are either frank socket suppurative infections or exuberant erythematous granulation tissue<sup>3</sup>.

3. Aetiology of alveolar osteitis no doubt is multifactorial but the role of bacteria in aetiopathogenesis is undoubtful<sup>2-4</sup>.
4. I agree with Dr I. R. Blum that the possibility of a genetic factor in aetiopathogenesis of alveolar osteitis should be thoroughly investigated.
5. For adequate understanding of the aetiopathogenesis of the condition, standardization of terms and definition is a must.

However, the descriptive definition of Dr I. R. Blum is a good starting point. But, the phrase 'not relieved with mild analgesics' should be added to the descriptive definition in my opinion.

In conclusion, in this era of evidence-based medicine, a multicentre randomized controlled studies should be encouraged in different countries. Not until after this can a quantitative systematic reviews (meta-analysis) be done to harmonize practitioners view on alveolar osteitis Dr I. R. Blum should be commended for his 'Critical' NOT 'Systematic' review on alveolar osteitis.

Dr W. L. Adeyemo

Senior Registrar  
Department of Oral and Maxillofacial  
Surgery  
Lagos University Teaching Hospital  
Lagos  
Nigeria  
E-mail: [lanreadeyemo@yahoo.com](mailto:lanreadeyemo@yahoo.com)

## References

1. BLUM IR. Contemporary views on dry socket (alveolar osteitis): a clinical appraisal of standardization, aetiopathogenesis and management: a critical review. *Int J Oral Maxillofac Surg* 2002; **31**: 309–317.
2. BROWN LR, MERILL SS, ALLEN RE. Microbiology study of intraoral wounds. *J Oral Surg* 1970; **28**: 89–95.
3. CHEUNG LK, CHOW LK, TSANG MH, TUNG LK. An evaluation of complications following dental extractions using either sterile or clean gloves. *Int J Oral Maxillofac Surg* 2001; **30**: 550–554.
4. NITZAN D, SPERRY JF, WILKINS D. Fibrinolytic activity of oral anaerobic bacteria. *Arch Oral Biol* 1978; **00**: 465–470.
5. SUTHERLAND SE. Evidence-based Dentistry: Part IV. Research Design and Levels of Evidence. *J Can Dent Assoc* 2001; **67**: 375–378.