

Histopathologic Findings in Temporomandibular Joints of Aged Individuals. Castelli W. *J Prosthet Dent* 53:415, 1985.

Twenty-four cadaver temporomandibular joints from aged persons were studied to determine the nature and frequency of the histologic changes. The overall histologic aspect of the joint tissues, the smoothness of the articular surfaces, and the quality of the histologic changes were observed. Degenerative changes with fibrocartilaginous hyperplasia were seen in 30.4% of the condyles. Pressure erosion of the subjacent bone was the most common pathologic change in the condyle. The changes are thought to be due to higher than normal joint compressive forces. Pathologic alterations, with neovascularization and myxomatous degenerative change, were seen in 21.4% of the articular discs. Thirteen per cent of the retrodiskal pad and synovial tissue specimens were abnormal, with the most common pathologic change being abnormal proliferation of the synovial villi. Moderate to intense fibrocartilaginous proliferation was found in 8.6% of the articular eminence and fossa specimens.—RICHARD LAMPING

Reprint requests to Dr. Castelli: University of Michigan, Department of Anatomy and Cell Biology, Ann Arbor, MI 48109.

Observer Performance in Assessment of Condylar Position in Temporomandibular Joint Radiograms. Liedberg J, Rohlin M, Westesson P. *Acta Odontol Scand* 43: 53-58, 1985.

Many clinicians and investigators use the radiographic appearance of the condyle of the temporomandibular joint (TMJ) in centric occlusion for diagnostic and research information. Although methods have been devised to standardize patient positioning during imaging, errors in interpretation still occur. A study was performed to find the degree of interobserver and intraobserver variability in assessment of condylar position on TMJ radiographs. Images from 31 patients—lateral oblique transcranial radiographs and corrected sagittal tomograms using lateral, central, and medial condylar cuts—were read by three observers on two occasions, three months apart. Intraobserver agreement ranged from 81 to 90%. However, concordant reports between any two observers ranged from 69 to 79%, and agreement among all three observers was 63%. The authors conclude that both interobserver and intraobserver variation in radiographic assessment of condylar position must always be expected. This weakness in interpretation must be added to the limitation of imaging technique in depicting the condylar position correctly. Furthermore, more discriminating criteria are necessary to allow comparison of different studies dealing with condylar position and its therapeutic implications.—JAMES R. HUPP

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The Usefulness of Preoperative Laboratory Screening. Kaplan EB, Sheiner LB, Boeckmann AJ, et al. *JAMA* 253: 3576-3581, 1985

The value of routine preoperative laboratory screening is controversial. In retrospective study the records of

2,000 patients were reviewed with respect to routine preoperative laboratory studies. The authors sought to determine how many of the routinely ordered tests were medically indicated. They also assessed the effects of abnormal test results on planned surgery. The study found that 60% of the 2,800 tests examined in the study were performed without recognizable medical indications for ordering the tests. Overall, only 0.15 % of the tests revealed significant abnormalities, but the authors found no cases in which an abnormal laboratory value altered surgical plans or postoperative care. In fact, in most cases the abnormality was not mentioned in the progress notes or discharge summary. The authors conclude that a large portion of preoperative testing can be safely eliminated. A list of medical indications for particular preoperative tests is given. Clinicians who insist that preoperative tests are necessary for medicolegal reasons must weigh the risks of missing an abnormality resulting from not ordering a test against the legal implications of ignoring an abnormal result of a routinely ordered test. Such unexpected abnormalities are frequently ignored. An editorial comment concerning this article appears later in the same issue.—JAMES R. HUPP

Reprint requests to Dr. Sheiner: Department of Laboratory Medicine, M-523, UCSF, San Francisco, CA 94143.

Lip Injury Guard. Robins MK, Weiss LP. *J Prosthet Dent* 53:429, 1985

A method is described for the fabrication of a plastic extraoral chin-stabilized lip injury guard that protects the lower lips of patients in vegetative coma from self-inflicted injury. An alginate mouldage of an average chin and lower lip is made and poured in dental stone. A sheet of mouth guard material is vacuum-adapted to the cast. The guard is then trimmed, smoothed, and affixed to the patient's lower lip and chin by an elastic band that attaches to the guard bilaterally and wraps around the back of the patient's head.—RICHARD LAMPING

Reprint requests to Dr. Robins: 18432 Lynton Road, Shaker Heights, OH 44122.

The Effect of Ketamine on the Functional Residual Capacity in Young Children. Shulman et al. *Anesthesiology* 62:551-556, 1985

The effect of ketamine on the functional residual capacity (FRC) was measured in nine ASA class I children prior to elective surgery. FRC was determined by the closed-circuit helium dilution method on the day prior to surgery in the awake state and also following induction of anesthesia on the day of operation. The anesthetic consisted of ketamine by continuous intravenous infusion following preanesthetic sedation with atropine and tri-clofos or flunitrazepam. There were no significant differences in FRC between the measurements in the awake state and anesthetized (392 ± 43 SEM ml, and 411 ± 53 SEM ml, respectively), and the authors conclude that ketamine does not affect resting lung volume in young children.—S. W. PAULETTE

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