

Current therapy for isolated toxoplasmic lymphadenopathy

To the Editor:

I read with interest the paper from Rawal et al.¹ Briefly, the authors reported a young man presenting with "a 2-month history of mildly painful, slow growing, nodular mass (1.5 × 1.0 cm) of the submental region." The patient was immunocompetent, and general or visceral symptoms were absent. The histopathologic examination of the mass showed follicular hyperplasia, monocytoid B-cell proliferation, and small non-necrotizing granulomas. These findings were consistent with toxoplasmic (Piringer-Kuchinka) lymphadenitis. The diagnostic work-up, including serologic test, was suggestive of acquired toxoplasmosis. The patient received a double therapy with pyrimethamine and sulfadiazine for 8 weeks.

I have some comments about the therapeutic approach in this patient.

Currently, treatment of acute acquired toxoplasmosis with double therapy is recommended in two well defined clinical settings:²

1. Immunodeficient patients, such as patients with acute immunodeficiency syndrome. Toxoplasmosis in these patients is often lethal, and treatment is recommended for 4-6 weeks after the resolution of signs and symptoms.
2. Immunocompetent adults with clinically overt visceral disease or severe and persistent symptoms. Treatment may be indicated for 2-4 weeks.

The isolated submandibular lymphadenopathy form of toxoplasmosis is, commonly, self-limiting. Therefore, double therapy is not indicated in this form of disease. This aspect has special significance, because double therapy is associated with serious side effects (bone marrow, skin, and kidney toxicity) in up to 40% of patients.

In conclusion, the administered treatment appears to have not been adequate for the reported patient, an immunocompetent adult with a limited and benign form of disease, following the current therapeutic recommendations.

Enrique Anton, MD, PhD
Department of Internal Medicine
Hospital of Zumarraga
Zumarraga, Spain

REFERENCES

1. Rawal Y, Allen CM, Kalmar JR. A nodular submental mass. *Oral Surg Oral Med Oral Path Oral Radiol Endod* 2007;104:734-7.
2. Mandell GL, Bennett JE, Dolin R (editors). *Treatment of toxoplasmosis: principles and practice of infectious diseases*. 6th ed. London: Churchill Livingstone; 2005. p. 3170-98.

doi:10.1016/j.tripleo.2008.11.026

In reply:

Thank you for your interest in the paper. This interesting case was documented in the Clinicopathologic Conference section of this journal primarily to discuss the differential diagnosis of a submental mass as well as the histopathology and the possibility of detecting the trophozoites and tissue cysts using immunohistochemistry. As described in the paper, the patient was referred to an infectious disease specialist who provided the necessary treatment. Also, the patient was followed up for a period of 4 years and reported no change to his health.

Yeshwant B Rawal, BDS, MDS, MS
University of Tennessee College of Dentistry
Memphis, Tennessee

doi:10.1016/j.tripleo.2009.01.001

To the Editor:

I commend Dr. Spångberg for his powerful editorial "Is endodontic treatment passé?" Many in the dental profession realize that we are currently engaged in an evolving debate that seeks to understand implant-related advances and their effect on clinical decision making. As Dr. Spångberg so aptly points out, communication regarding the long-term success of endodontic treatment among various groups has been remarkably subdued and often takes place in the context of widely varying scientific criteria. The simple fact is that endodontics works!

Equally compelling to the clinical issues he raised is consumer opinion around this topic. Recent surveys conducted by the American Association of Endodontists (AAE) consistently show that patients prefer to keep their natural teeth when given the option to do so. A practitioner who dismisses the evidence that a range of endodontic treatment options can be used to successfully maintain almost any restorable tooth, and instead singles out such a tooth for a single-tooth implant with a lower rate of long-term success, is arguably not acting

in the best interest of the patient and his or her oral health.

Recently, a study highlighting the fact that implants require significantly more follow-up treatment or surgical intervention than root canal-treated teeth¹ has garnered a great deal of media attention by consumer outlets such as WebMD and the *Los Angeles Times*, as well as dental professional publications, further illustrating the interest of patients and dentists in hearing both sides of the implant debate. The AAE has taken an active role in sharing new research with consumers and dental professionals through its public awareness campaigns and is currently developing a number of resources that will make it easier for endodontists to reach out to their colleagues in dentistry with the latest data.

Endodontists have always been dedicated to promoting the highest standards of patient care, and have eagerly encouraged the multidisciplinary approach to treatment planning that has been the hallmark of the dental profession for so many years. However, all of us must be open to evaluating all of the available scientific evidence on both sides, and determining together the appropriate course of action for each patient.

There is no doubt that implants meet the needs of many, particularly those who have lost a natural tooth. However, I must agree with Dr. Spångberg in stating that for the vast majority of cases, endodontic treatment is the most reliable choice for restoring a compromised tooth.

Louis E. Rossman, DMD

President, American Association of Endodontists
Philadelphia, Pennsylvania

REFERENCE

1. Hannahan JP, Eleazer PD. Comparison of success of implants versus endodontically treated teeth. *J Endod* 2008;34:1302-5.

doi:10.1016/j.tripleo.2009.01.011

Comments on "Cytomorphometric analysis of crack cocaine effects on the oral mucosa"

To the Editor:

We read with great interest "Cytomorphometric analysis of crack cocaine effects on the oral mucosa" by

Cogo Woyceichoski et al.,¹ reporting the effect of smoking crack cocaine on the nuclear area (NA), the cytoplasmic area (CA), and the nuclear-to-cytoplasmic area ratio (NA/CA) of oral squamous epithelial cells. We have some comments regarding this interesting paper.

First, the authors mention that Ogden et al.² reported a lower mean NA in tobacco smokers than in nonsmokers. In fact, Ogden et al.² found that the mean NA was $78.74 \pm 13.1 \mu\text{m}^2$ for smokers and $72.28 \pm 11.5 \mu\text{m}^2$ for nonsmokers. That is, mean NA in tobacco smokers was higher than in nonsmokers.

Second, the authors cite that Ramaesh et al.³ found that CA was highest in normal oral mucosa, lower in dysplastic lesions, and lowest in oral squamous carcinoma, whereas NA was lowest in normal mucosa, higher in dysplastic lesions, and highest in oral squamous carcinomas. However, Cogo Woyceichoski et al. suggested that reduced NA and increased CA are useful early indicators of malignant transformation. This inference is in conflict with Ramaesh et al.'s findings.

Finally, we think that there is some obscurity in this paper, and that the findings conflict with those of both Ogden et al.² and Ramaesh et al.,³ findings which were cited by themselves.

Mustafa Göregen, DDS

Murat Akgül, DDS, PhD

Department of Oral Diagnosis and Radiology
Ataturk University, Erzurum, Turkey

Mutan Hamdi Aras, DDS, PhD

Department of Oral and Maxillofacial Surgery
Ataturk University, Erzurum, Turkey

REFERENCES

1. Cogo Woyceichoski IE, de Arruda EP, Resende LG, Machado MA, Grégio AM, Azevedo LR, de Lima AA. Cytomorphometric analysis of crack cocaine effects on the oral mucosa. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2008;105:745-9.
2. Ogden GR, Cowpe JG, Green MW. Quantitative exfoliative cytology of normal buccal mucosa: effect of smoking. *J Oral Pathol Med* 1990;19:53-5.
3. Ramaesh T, Mendis BR, Ratnatunga N, Thattil RO. Cytomorphometric analysis of squames obtained from normal oral mucosa and lesions of oral leukoplakia and squamous cell carcinoma. *J Oral Pathol Med* 1998;27:83-6.

doi:10.1016/j.tripleo.2008.07.032