larly at the oral commisure. A novel device, custom-made in our maxillofacial laboratory from Kombiplast (an ethylene-
methyl methacrylate/polystyrene material) incorporating an endotracheal tube clasp was designed.

Methods: A case series of 3 patients with significant facial burns in which the device was successfully used is described.

Results: The device was constructed and used successfully in all patients without accidental extubation.

Conclusion: This device is a further example of how the expertise of the maxillofacial laboratory can contribute to the management of patients in other specialties.

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Serum zinc levels and oral dysaesthesia—is there a link?

David Houghton *, K.H. Taylor, K.D. Mizen

Mid Yorkshire Hospitals NHS Trust, United Kingdom

Aims: To audit serum zinc levels in patients presenting to our department with oral dysaesthesia.

Methods: A retrospective audit was conducted between January and May 2003 on the management of patients presenting with oral dysaesthesia and ulceration. Patients were identified from the biochemistry database and data was collated regarding the number of patients whose serum zinc levels had been assayed and how these patients had been managed. To complete the audit cycle a further retrospective audit was conducted between January and May 2008.

Results: In the 2003 audit, 34 patients (age range 20–82 years) were identified who had presented with oral dysaesthesia and whose serum zinc levels had been assayed. Of these, 31 patients were found to be zinc deficient (normal serum zinc levels 12.6–20.0 µg/mL). In 2008, 23 patients (age range 11–74 years) were identified. Of these, 3 were found to be zinc deficient (normal serum zinc 9.8–17.9 µg/mL).

Discussion: In our re-audit, the ‘normal’ range for serum zinc had changed and as a result only 3 patients out 23 were found to be deficient. Evidence of a link between low serum zinc and oral dysaesthesia is limited. Classically, zinc levels are difficult to assay as serum zinc does not reflect the physiological status. Therefore this test may be of limited value in the management of patients with oral dysaesthesia.

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Oral and maxillofacial bone tumours in the paediatric population of West Midlands: a retrospective analysis, management and long term follow-up outcomes over a 15-year period


Birmingham Children’s Hospital, United Kingdom

Aims: This study presents our experience of paediatric oral and maxillofacial bone tumours treated at the Birmingham Children’s Hospital from 1995 to 2008 inclusive.

Methods: The oral and maxillofacial unit at Birmingham Children’s Hospital serves a population area of 5.2 million. Details including the diagnosis, the age, incidence, management and recurrence rates of the bone tumours over a period of 15 years were entered retrospectively into a database. Data was collected from the case notes, the histopathology reports, the radiographs and biochemical tests.

Results: The total number of patients treated was 64. The mean age was 11.6 years old with a female to male ratio of 1:1.5. Benign lesions accounted for 97.13% and malignant lesions accounted for 2.87%. Odontogenic tumours accounted for 48.9% and the most common was the odontoma. The most common non-odontogenic tumour was the central giant cell granuloma. The mandible was mostly affected. The 6–11 years age group accounted for the largest number of tumours.

Conclusions/clinical relevance: In conclusion, this database is a useful tool to quantify and qualify our everyday practice. The majority of the paediatric oral and maxillofacial tumours are of benign nature requiring conservative management or minimal surgical intervention. However, it is important to recognise that malignant lesions can occur in children. This database helps us improve the quality of our services and may be useful in clinical audit and further epidemiological studies. We hope that this will encourage all the maxillofacial departments throughout UK to create their own departmental bone tumours database for children.

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Oral syphilis—a diagnosis to remember

James Morrison *, R. MacFadzean, L. Colgan, J.C. Devine

Southern General Hospital, Glasgow, United Kingdom

Introduction/aim: The incidence of syphilis and other sexually transmitted infections has increased rapidly over recent years. Overall diagnoses of infectious syphilis rose by 24% in men who have sex with men, 32% in heterosexual males and 32% in females.

Syphilis is associated with concurrent HIV infection especially in men who have sex with men.