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Orofacial pain. Guidelines for assessment, diagnosis, and management, 4th edition (2008)

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This book constitutes a major effort to combine a clinical overview of orofacial pain (as implied in the title) with a substantial consideration of the underlying basic science. This is an enormous undertaking and it is surprising to learn in the Acknowledgements section that the original plan was for something even larger.

What has been produced is an excellent reference source which someone coming afresh to an aspect of orofacial pain, could use to their advantage. If that was the aim of the book, then it is undoubtedly a success.

However, it would be more difficult to recommend the book as a stand-alone core text for use by students or graduates. I say this aware of the fact that a constant problem for any reviewer of a multidisciplinary piece of work is that they will tend to judge it by how well it deals with their own areas of interest or expertise. Nevertheless, it would be inappropriate not to comment on the flaws which one finds. As someone with an interest in basic neuroscience, I was disappointed at the inaccuracies, not to mention outright errors, which I found. To mention but two of these:

1. The description in Chapter 1 (in the text and in three diagrams) of nucleus caudalis—the trigeminal nucleus

most involved in pain processing. Here the anatomy is wrong by 90 degrees. The nucleus is described as having a rostro-caudal distribution of laminae, when any neuroanatomist could tell you that they, the laminae, are organized dorsoventrally (or posteroanteriorly depending on the nomenclature one uses). There is, as the authors point out, a rostro-caudal somatotopic organization within the nucleus—but it is quite wrong to confuse that organization with its laminar structure.

2. The discussion of the innervation of tooth pulp in Chapter 7. The authors refer only to A-delta and C fibres. However, it is now over quarter of a century since the first definitive report that pulp has a significant A-beta fibre innervation as well as receiving A-delta and C fibres. I often think one could borrow a phrase from former US Vice President, Al Gore, when talking about pulpal A-beta fibres—they are an ‘inconvenient truth’. It is indeed inconvenient that one can no longer relate the belief that the only sensation which can be evoked from pulpal nerves is pain, with the fact that pulp is innervated only by small fibres (A-delta and C) which, elsewhere in the body, are the only ones associated with pain. Failure

to acknowledge the existence of pulpal A-beta fibres only serves to perpetuate this myth.

Inevitably when a reader finds errors in those parts of a book where their expertise lies, it diminishes their confidence in the accuracy of other parts where they have less knowledge. That may be unfair to this substantial piece of work, but such is human nature!

In conclusion, I would be happy to recommend this book as a reference source to a postgraduate student embarking on a study of orofacial pain. However, my recommendation would come with a warning that for some aspects of the subject, it will be necessary to go to more specialized sources.

Samuel W. Cadden

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