HLA-B27, the latter being strongly associated with ankylosing spondylitis. Using a microsatellite typing approach, Barnetche et al⁴ showed the positive association between HLA-A*02 and RA. Schiff et al⁵ found in RA patients that Aw31 was highly associated with RA; however, Aw31 was negatively associated with rheumatoid factor, as was the case with the patient in this case study.

Conclusions

Although the TMJ is seldom the first joint affected by RA, this case showed how TMJ signs and symptoms may lead to its early diagnosis. In this respect, dentists' awareness may play a critical role in the early diagnosis and management of TMJ arthritis.

Acknowledgments

The authors reported no conflicts of interest related to this study.

References

- Sidebottom AJ, Salha R. Management of the temporomandibular joint in rheumatoid disorders. Br J Oral Maxillofac Surg 2013;51:191–198.
- Helenius LM, Hallikainen D, Helenius I, et al. Clinical and radiographic findings of the temporomandibular joint in patients with various rheumatic diseases. A case-control study. Oral Surg Oral Med Oral Pathol Oral Radiol Endod 2005;99:455–463.
- Larheim TA. Role of magnetic resonance imaging in the clinical diagnosis of the temporomandibular joint. Cells Tissues Organs 2005;180:6–21.
- Barnetche T, Constantin A, Gourraud PA, et al. Microsatellite typing of the human leucocyte antigen region: Analytical approach and contribution to rheumatoid arthritis immunogenetic studies. Tissue Antigen 2006;68:390–398.
- Schiff B, Mizrachi Y, Orgad S, Yaron M, Gazit E. Association of HLA-Aw31 and HLA-DR1 with adult rheumatoid arthritis. Ann Rheum Dis 1982;41:403–404.

Literature Abstract

Estimating and explaining the effect of education and income on head and neck cancer risk: INHANCE consortium pooled analysis of 31 case-control studies from 27 countries

This study investigated the risk for head and neck cancer associated with lower socioeconomic status (low educational attainment and household income) and examined these associations by age, sex, cancer subsite, and geographic location. A total of 23,964 cases with head and neck cancer and 31,954 controls from 31 studies in 27 countries were selected from the International Head and Neck Cancer (INHANCE) pooled database. Study-specific odds ratios (OR) and 95% confidence intervals (CI) for the association of education and income were assessed using unconditional logistic regression. Summary effect estimates, subgroup analyses, sensitivity analysis, and the socioeconomic effect after adjusting for behavioral risk factors also were examined. Low education was found to be associated with an increased risk for head and neck cancer (OR = 2.50, 95% CI: 2.02 to 3.09). Approximately one-third of this increased risk was not explained by cigarette smoking and alcohol after adjusting for lifestyle behaviors. This risk remained high even among those who never smoked or drank alcohol (OR 1.61, 95% CI: 1.13 to 2.31). Low household income also was associated with a similar increased risk of head and neck caner (OR 2.44, 95% CI: 1.62 to 3.67), and 39% of this risk was not explained after adjusting for smoking and alcohol. Risk for cancer associated with low socioeconomic status unexplained by smoking and alcohol were found to be higher in women than in men, in the oropharynx than in other sites, in South/Central America than in Europe/North America, and was highest in countries with greater income inequality. The authors concluded that socioeconomic status is a strong risk factor for head and neck cancer. The lowest education and income levels were associated with more than a twofold increased risk of cancer, which is not explained by behavioral risk factors, and varies across cancer site, age, sex, and region. The recognition of these socioeconomic factors may help the development of better preventive approaches for head and neck cancer.

Conway DI, Brenner DR, McMahon AD, et al. Int J Cancer 2015;136:1125–1139. References: 54. Reprints: David I Conway, University of Glasgow Dental School, 378 Sauchiehall Street, Glasgow G2 3JZ UK. Email: david.conway@glasgow.ac.uk—Teo Juin Wei, Singapore

Copyright of International Journal of Prosthodontics is the property of Quintessence Publishing Company Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.