

CONTENTS

- Preface** xi
 Leslie R. Halpern and Meredith August
- Anesthetic Issues and Anxiety Management in the Female Oral and Maxillofacial Surgery Patient** 141
 Karen E. Crowley
- Gender differences in preoperative anxiety, perioperative pain experience, and physiologic responses to anesthesia exist. Pharmacokinetic and pharmacodynamic gender differences in anesthetic drugs are especially significant for propofol and nondepolarizing muscle relaxants. Nonobstetric anesthesia for the pregnant patient is briefly reviewed.
- Autoimmune Disease and the Female Patient** 153
 Andrea Schreiber
- This article focuses on the pathogenesis of the gender gap of autoimmune disease. Specifically, the discussion characterizes the role of sex hormones in the immune response and a female predilection for the common diseases seen in daily practice (ie, lupus erythematosus, myasthenia gravis, and other autoimmune diseases). A comparison between the sexes, with respect to autoimmune disease mechanisms, is presented to give oral and maxillofacial surgeons a better insight as to the role of sex and successful surgical treatment outcomes in this population of patients.
- Etiology of Oral Cancer in the Young Patient: Is Tongue Cancer Becoming the Other Cancer in Women?** 163
 Maria B. Papageorge
- The recently reported increase in the incidence of oral cancer in a younger population, especially in young women, in the absence of the traditional risk factors has raised concern. Of particular interest is the increased incidence of carcinoma of the tongue, which has been suggested to be a distinct entity. Although there are conflicting data on incidence and sex distribution, studies suggest that the physiologic response to risk factors by men and women and the clinical behavior of these cancers in the younger population may be different than the normal variant. Effort is currently being made to elucidate the etiology and pathogenesis of oral cancer in the younger population.

Eating Disorders in the Female Patient: Pathophysiology and Treatment Strategies	173
Gayle Tutone Miranda and Vasiliki Karlis	
<p>Eating disorders are common in girls and women. Two common eating disorders—<i>anorexia nervosa</i> and <i>bulimia nervosa</i>—have significant medical complications. Oral and maxillofacial surgeons must be cognizant of the signs, symptoms, and medical consequences of these disorders. The increased incidence of these diseases has implications in the surgical management the oral and maxillofacial surgery patient. A review of the literature and guidelines in the perioperative management of these surgical patients are presented in this article.</p>	
Impact of Postmenopausal Osteoporosis on the Oral and Maxillofacial Surgery Patient	187
Julie Glowacki	
<p>With aging, there is a loss of skeletal mass in women and men, but the rate of loss accelerates in perimenopausal women. With the loss of bone mass there is increased risk for fracture in the axial and appendicular skeleton. The mandible and maxilla also experience age-related declines in some parameters of architecture and trabecular pattern, but those do not seem to be directly associated with fracture risk. Although the literature is controversial regarding the generalizability of the impact of systemic osteoporosis on the oral/maxillofacial patient, it is prudent to give consideration to an individual patient's osteoporosis status, risk, and anti-osteoporosis therapies when planning oral and maxillofacial surgical procedures.</p>	
Osteonecrosis and Bisphosphonates in Oral and Maxillofacial Surgery	199
Ahmad N. Chaudhry and Salvatore L. Ruggiero	
<p>Bisphosphonates are a class of compounds approved for the treatment of multiple myeloma, hypercalcemia of malignancy, osteolytic lesions of metastatic disease, Paget's disease, and most commonly, osteoporosis. Recently, these drugs have been associated with a new clinical entity, bisphosphonate related osteonecrosis (BRON) which is characterized by jaw necrosis that typically presents following dentoalveolar surgery. The pathogenesis for this complication appears to related to bisphosphonate mediated inhibition of osteoclast function and normal bone remodeling. This complication can have a significant impact on the quality of life for those patients with advanced stages of necrosis.</p>	
Oral and Maxillofacial Surgery for the Pregnant Patient	207
Thomas R. Flynn and Srinivas M. Susarla	
<p>This article describes clinical approaches for the perioperative management of the pregnant oral and maxillofacial surgical patient. The following topics are discussed: ethical principles of treatment during pregnancy, physiologic changes and their treatment considerations, fetal and maternal risks of various medications, medical problems occurring during pregnancy, and common minimally invasive approaches that the surgeon can apply to minimize the risk to the mother and unborn child. The strategies discussed provide successful treatment outcomes during this important time in the female surgical patient's life.</p>	

Condylar Resorption	223
Maria E. Papadaki, Fardad Tayebaty, Leonard B. Kaban, and Maria J. Troulis	
<p>Idiopathic condylar resorption almost exclusively affects women. Its exact etiology and pathogenesis remain unclear. It has been associated with rheumatoid arthritis, temporomandibular joint internal derangement, condylar fractures, connective tissue or autoimmune diseases, orthodontic treatment, and orthognathic surgery. In most cases, however, there is no identifiable precipitating event, hence the term "idiopathic condylar resorption." The female predisposition to this condition may be attributed to the influence of estrogen and prolactin on the bone response. Treatment of idiopathic condylar resorption is controversial. Condylectomy and reconstruction with costochondral graft offer definitive management of active idiopathic condylar resorption.</p>	
Cosmetic Surgery Considerations in the Female Patient	235
G.E. Ghali and Christopher M. Harris	
<p>A greater number of women than men undergo facial cosmetic procedures. Oral and maxillofacial surgeons should have an in-depth knowledge of the physiologic and anatomic differences between the sexes with respect to surgical treatment options. Gender differences in regard to the planning and management of female cosmetic surgery patients are the focus of this article.</p>	
Chronic Facial Pain in the Female Patient: Treatment Updates	245
Franci Stavropoulos and Barbara A. Hastie	
<p>Over the past decade, gender-related differences in pain and analgesia have been examined in experimental settings with conflicting evidence on whether men and women differ in their response to pain. New advances in research have begun to investigate the influence of genetic factors in moderating sex differences in analgesic response. This article provides oral and maxillofacial surgeons with evidence-based data on the issues of chronic pain between the sexes to suggest alternative approaches to the management of pain in their male and female patients.</p>	
The Abused Female Oral and Maxillofacial Surgery Patient: Treatment Approaches for Identification and Management	259
Deborah L. Zeitler	
<p>Violence and abuse affect one in four women during their lifetime. Specifically, a woman seeking treatment of a facial injury has a one in three chance of being a victim of violence and abuse. Many dental professionals, however, are uncomfortable discussing these issues with potential victims. The oral and maxillofacial surgeon is in a unique position to approach the topic of violence and abuse. This article discusses violence and abuse as it pertains to the female patient and family members. Suggestions for screening and evaluation of patients are discussed. The overall importance of timely identification for stopping this cycle of violence and abuse and the obligations of health care providers are also addressed.</p>	

Sexual Dimorphism and Temporomandibular Disorders (TMD) Leslie R. Halpern, Marci Levine, and Thomas B. Dodson	267
<p>Numerous studies suggest a sexual predilection for temporomandibular disorders. The purpose of this article is to review and summarize patient-oriented and basic science studies that address the topic of a female predilection for temporomandibular disorders. The information presented provides oral and maxillofacial surgery practitioners with evidence-based data to suggest a female predilection for temporomandibular disorders based on biologic, genetic, and behavioral/psychosocial factors.</p>	
Erratum: Risk of Periodontal Defects After Third Molar Surgery: An Exercise in Evidence-based Clinical Decision-making Thomas B. Dodson and Daniel T. Richardson	279
Index	281