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LIDOCAINE (XYLOCAINE, LIGNOCAINE) DISCOVERED FROM BARLEY – UK DENTAL ARTICLES

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Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) <1946 to Present>
Search Strategy:
1 exp *Lidocaine/ (12090)  
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3 exp Anesthesia, Dental/ (10118)  
4 (1 or 2) and 3 (409)  
5 limit 1 to dentistry journals (690)  
6 limit 2 to dentistry journals (401)  
7 exp Oral Surgical Procedures/ (52328)  
8 (1 or 2) and 7 (94)  
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10 (1 or 2) and 9 (377)  
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13 exp Great Britain/ (304798)  
14 (british dental journal or dental update or primary dental journal or primary dental care).jn. (18506)  
15 13 or 14 (317631)  
16 12 and 15 (51)  
17 limit 16 to (editorial or letter or news) (13)  
18 16 not 17 (38)  

AIM: This prospective, randomised, parallel, controlled study was conducted firstly to compare the onset of local anaesthesia (LA) when using the conventional technique versus the Wand computer-controlled LA and secondly to assess the pain experience in children.

METHOD: Thirty children were randomly allocated to the treatment group (Wand) or the control group (conventional). Lidocaine 2% with adrenaline (1:80,000) was given as a buccal infiltration. The onset of pulpal anaesthesia was tested using an analytic electric pulp tester (EPT). The pain experience during the LA was recorded using a modified visual analogue score (VAS).

RESULTS: Median time for the onset of LA was 6.30 minutes for the control and 7.25 minutes for the Wand group. Mean pain experience score for the control group was 9.78% as opposed to 8.46% in the Wand group. Statistical analysis showed that there was no statistically significant difference in the onset of LA (p = 0.486) and the pain experience (p = 0.713) between the two groups.

CONCLUSION: When placing a buccal infiltration on upper first permanent molars, the onset of LA and the pain experience was no different using the Wand and the conventional technique.

Publication Type
Comparative Study. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't.
Date Created
20121109
Year of Publication
2012

RESS: Median time for the onset of LA was 6.30 minutes for the control and 7.25 minutes for the Wand group. Mean pain experience score for the control group was 9.78% as opposed to 8.46% in the Wand group. Statistical analysis showed that there was no statistically significant difference in the onset of LA (p = 0.486) and the pain experience (p = 0.713) between the two groups.

CONCLUSION: When placing a buccal infiltration on upper first permanent molars, the onset of LA and the pain experience was no different using the Wand and the conventional technique.

Publication Type
Comparative Study. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't.
Date Created
20121109
Year of Publication
2012
AIM: To compare the efficacy of 2% lidocaine and 4% articaine both with 1:100,000 adrenaline in anaesthetising the pulps of mandibular incisors.

METHODS: Thirty-one healthy adult volunteers received the following local anaesthetic regimens adjacent to a mandibular central incisor: 1) buccal infiltration of 1.8 mL lidocaine plus dummy lingual injection (LB), 2) buccal plus lingual infiltrations of 0.9 mL lidocaine (LBL), 3) buccal infiltration of 1.8 mL articaine plus dummy lingual injection (AB), 4) buccal plus lingual infiltrations of 0.9 mL articaine (ABL). Pulp sensitivities of the central incisor and contralateral lateral incisor were assessed electronically. Anaesthetic efficacy was determined by two methods: 1) Recording the number of episodes with no responses to maximal electronic pulp tester stimulation during the course of the study period, 2) recording the number of volunteers with no response to maximal pulp tester stimulation within 15 min and maintained for 45 min (defined as sustained anaesthesia). Data were analysed by McNemar, chi-square, Mann-Whitney and paired t-tests.

RESULTS: For both test teeth, the number of episodes of no sensation on maximal stimulation was significantly greater after articaine than lidocaine for both techniques. The split buccal plus lingual dose was more effective than the buccal injection alone for both solutions (p <0.001). 4% articaine was more effective than 2% lidocaine when comparing sustained anaesthesia in both teeth for each technique (p <0.001), however, there was no difference in sustained anaesthesia between techniques for either tooth or solution.

CONCLUSIONS: 4% articaine was more effective than 2% lidocaine (both with 1:100,000 adrenaline) in anaesthetising the pulps of lower incisor teeth after buccal or buccal plus lingual infiltrations.

Title
Articaine hydrochloride: a safe alternative to lignocaine?. [Review] [14 refs]

Comments
Comment in: Dent Update. 2008 Nov;35(9):642; PMID: 19068523

Source
Dental Update. 35(4):253-6, 2008 May.

Authors
Franz-Montan M; Ranali J; Ramacciato JC; de Andrade ED; Volpato MC; Groppo FC.

Authors Full Name
Ranali, J; Ramacciato, J C; de Andrade, E D; Volpato, M C; Groppo, F C.

Institution
Franz-Montan, M. Physiological Sciences, Piracicaba Dental School, State University of Campinas, Piracicaba, 13414903, Brazil.

Title
Ulceration of gingival mucosa after topical application of EMLA: report of four cases.

Source
This study reports four cases of mucosa ulceration after a 30-minute application of EMLA (0.3 g) as a topical anaesthetic in dentistry. The subjects returned the next day with a white ulceration and desquamation on the application site. EMLA cream should not be applied to the oral mucosa for 30 minutes.

Publication Type
Case Reports. Journal Article.
Date Created
20080211
Year of Publication
2008

Abstract
A case of transient left lateral rectus nerve palsy, following an inferior alveolar nerve block to enable the surgical removal of a permanent mandibular left third molar tooth, is reported. The anatomy related to this case is considered together with suggestions for management of such patients.

Publication Type
Journal Article.
Date Created
20070115
Year of Publication
2007

Abstract
A case of transient left lateral rectus nerve palsy, following an inferior alveolar nerve block to enable the surgical removal of a permanent mandibular left third molar tooth, is reported. The anatomy related to this case is considered together with suggestions for management of such patients.
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<7>
Unique Identifier
11384023
Status
MEDLINE
Authors
Meechan JG; Cole B; Welbury RR.
Authors Full Name
Cole, B; Welbury, R R.
Institution
Meechan, J G. Department of Oral and Maxillofacial Surgery, The Dental School, University of Newcastle Upon Tyne. J.G.Meechan@ncl.ac.uk
Title
Source
Abstract
OBJECTIVES: This investigation was designed to study the haemodynamic effects of two different local anaesthetic solutions during restorative dental treatment in children.
METHODS: Ten children participated. At one visit the local anaesthetic was 2% lidocaine (lignocaine) with 1:80,000 epinephrine (adrenaline); at the other the anaesthetic was 3% prilocaine with 0.03IU/ml felypressin. Local anaesthetic was administered at a dose of 0.5 ml/10 kg body weight. Blood pressure and heart rate were measured before and during treatment with an automatic blood pressure recorder. Data were analysed by ANOVA and Student’s paired t test.
RESULTS: Significant differences between treatments in diastolic blood pressure (F = 2.37; P = 0.05) and heart rate (F = 2.98; P< 0.02) were noted. The heart rate increased ten minutes following the injection of the epinephrine-containing solution. The diastolic blood pressure fell 20 minutes after injection of lidocaine with epinephrine.
CONCLUSION: The choice of local anaesthetic solution influences the haemodynamic response during restorative treatment in children.

<8>
Unique Identifier
11352393
Status
MEDLINE
Authors
Speirs AF; Taylor KH; Joanes DN; Girdler NM.
Authors Full Name
Taylor, K H; Joanes, D N; Girdler, N M.
Institution
Speirs, A F. Division of Restorative Dentistry, Leeds Dental Institute, University of Leeds, UK.
Title
A randomised, double-blind, placebo-controlled, comparative study of topical skin analgesics and the anxiety and discomfort associated with venous cannulation.
Source
Abstract
OBJECTIVES: To compare the effect of topical skin anaesthetic agents on the discomfort and anxiety associated with venous cannulation.
METHODS: 20 healthy volunteers underwent venous cannulation on three separate occasions having received topical skin application of either 4% amethocaine gel (Ametop), 5% eutectic mixture of lidocaine and prilocaine (EMLA) or E45 cream (placebo). Visual analogue and verbal rating scales were used to assess pain and anxiety associated with the venous cannulation, and anticipated anxiety for future cannulation, under each drug condition.
RESULTS: Subjects were aged 22-53 years (mean 32.8 years). The mean visual analogue scores (VAS) for discomfort were found to be significantly lower (p< 0.001) with Ametop (VAS = 18mm) and EMLA (VAS = 29mm) compared with the control (VAS = 38mm). There was a positive correlation (R² = 72%, p<0.001) between discomfort and the predicted anxiety if cannulation was to be repeated with the same cream. With the placebo a positive correlation (R² = 19.8%, p = 0.05) was found between the level of anxiety before cannulation and the level of discomfort recorded.
CONCLUSIONS: Ametop and EMLA topical anaesthetic agents produce effective skin anaesthesia for venous cannulation. The use of topical analgesia can reduce perceived anxiety...
about future cannulation procedures. This has application in the management of anxious patients undergoing intravenous sedation, suggesting that topical analgesia prior to venous cannulation may significantly aid anxiolysis.

**Authors**
Ball IA.

**Institution**
Ball, I A. Bath & West Community NHS Trust, Dental Department.

**Title**
Allergic reactions to lignocaine.

**Source**

**Abstract**
True allergic reactions to local analgesics are extremely rare. This case report illustrates the procedures adopted to manage a patient with a history of suspected allergy. A young woman was found to have a true type I hypersensitivity to lignocaine. Another routinely used local analgesic agent, prilocaine, was tested by the same methods and found to give no allergic response. Dental treatment was successfully completed using the latter and the patient advised to wear a medical alert bracelet.

**Authors**
Duckworth GM; Millward HR; Potter, CD; Hewson, G; Burkoth, TL; Bellhouse, BJ.

**Institution**
Duckworth, G M. Medical Engineering Unit, University of Oxford.

**Title**
Oral PowderJect: a novel system for administering local anaesthetic to the oral mucosa.

**Source**

**Abstract**
OBJECTIVE: To assess the feasibility of using an Oral PowderJect (OPJ) to safely deliver a dose of dry powdered anaesthetic to the oral mucosa, producing an analgesic effect.

**DESIGN:** Single centre: Part 1. An open, non-randomised safety study to check for mucosal damage. Part 2. A double blind sham controlled study to test the anaesthetic effect.

**SETTING:** General practice.

**SUBJECTS:** Adult, healthy volunteers (4 male, 10 female).

**MATERIALS AND METHODS:** Part 1. An OPJ was used to deliver powdered lignocaine hydrochloride to the mucosal surface which was then checked visually for damage. Part 2. An OPJ containing lignocaine hydrochloride (active) or an empty OPJ (sham) was fired at the oral mucosa. The treated area and an untreated (control) site were probed with the back end of a dental needle.

**RESULTS:** The OPJ delivery caused no visible mucosal damage. The median VAS score for pain on blunt probing was 10 for the OPJ active sites. This was significantly lower than the median VAS score for the sham sites at 30 (P = 0.0033) and the control sites at 58 (P < 0.0001).

**CONCLUSIONS:** The OPJ can safely deliver powdered lignocaine hydrochloride to the oral mucosa without causing tissue damage. The OPJ delivery of powdered lignocaine hydrochloride can significantly reduce the pain from a blunt needle probe at 1 minute post delivery.
OBJECTIVES: To estimate odontogenic bacteraemia following three different types of local anaesthetic injections, namely: buccal infiltration analgesia (BIA), conventional intraligamental analgesia (CIA), and modified intraligamental analgesia (MIA).

PATIENTS AND METHODS: The bacteraemia-producing potential of three methods of injecting local analgesic solution was determined by taking blood samples, using aseptic technique, from 143 children, aged 1 year 11 months to 19 years 4 months, undergoing general anaesthesia for dental extractions. Of these 143 children, a subgroup of 50 had blood taken before any dentogingival manipulative procedures to provide a baseline level of bacteraemia. The injection methods were buccal infiltration, conventional intraligamental, and a modified intraligamental. The blood samples were taken 30 seconds after injection and cultured in aerobic and anaerobic broth cultures (Bactec) and from lysis filtration vials (Isolator).

RESULTS: The percentage prevalence of bacteraemia was: baseline level 8%; buccal infiltration analgesia 16%; modified intraligamental analgesia 50%; and conventional intraligamental analgesia 97%. These values were statistically significantly different using the chi-squared test (P < 0.001). The mean value for colony forming units per millilitre (Isolator system) was 252 (sd = 646) for the intraligamental technique but zero for baseline, infiltration and modified intraligamental techniques.

CONCLUSIONS: All local anaesthetic techniques studied were associated with bacteraemia which may have implications for antibiotic prophylaxis for dental treatment. The intraligamental techniques had statistically significantly greater percentage prevalence of bacteraemia compared with baseline. The modified intraligamental technique causes significantly less bacteraemia than the conventional intraligamental technique.

Evidence for safety margins of lignocaine local anaesthetics for peri-oral use. [Review] [43 refs]

The evidence for the safety margins of doses of lignocaine local anaesthetics for standard injections for oral and dental purposes has been reviewed. Trials of peri-oral dosages leading to toxicity in humans have not been reported. The overwhelming evidence from trials of the normal dose range used clinically points to a restriction of total doses much lower than the 25 ml (500 mg) as published for 2% lignocaine with 1:80,000 adrenaline for a healthy adult. The recommendations are: 1. In mixtures of two pharmacologically active drugs (dual formulations) for peri-oral injections, to base the safety limit of local anaesthetic on the circulating level of lignocaine, rather than the amount of adrenaline contained in the injected volume. 2. Thus the suggested usual upper limit for dosage for a healthy adult patient is four and a half 2 ml (or 2.2-ml) cartridges of lignocaine with adrenaline (180-198 mg lignocaine or 2.57-2.82 mg/kg) body weight, if carefully given. 3. For some medically compromised patients, minimal doses only of lignocaine and adrenaline (about one cartridge) should be used and especial caution is necessary in patients likely to react adversely to the exogenous adrenaline of the dual formulation. 4. For both children and adults, the dosages should broadly be related to body size and note taken of the total dose which accrues from topical use of other formulations of lignocaine, such as pastes or creams or sprays. The doses injected should be the minimum that allow the treatment to proceed. If necessary the doses are better given at a series of appointments rather than as a large volume on one single occasion. [References: 43]
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**<13>**

Unique Identifier
9452627

Status
MEDLINE

Authors
Selcuk E; Erturk S; Afrashi A.

Authors Full Name
Erturk, S; Afrashi, A.

Institution
Selcuk,E. Department of Oral and Maxillofacial Surgery, School of Medicine, Ege University, Bornova, Izmir, Turkey.

Title
An adverse reaction to local anaesthesia: report of a case. [Review] [11 refs]

Source
Dental Update. 23(8):345-6, 1996 Oct.

Abstract
The safety of local anaesthetic agents is high but adverse reactions do occur. A common mistake among practitioners is misdiagnosing an adverse reaction to local anaesthesia as a hypersensitivity reaction. Some prospective dental patients are unable to undergo routine dental treatment because they have been mislabelled as allergic to local anaesthetics. This case report illustrates the need for practitioners to be sure of the signs and symptoms of potential adverse reactions and their appropriate management. [References: 11]

Publication Type
Case Reports. Journal Article. Review.

Date Created
19980217

Year of Publication
1996

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**<15>**

Unique Identifier
7632484

Status
MEDLINE

Authors
Marinho RO.

Institution
Marinho,R O. Department of Oral Surgery, King's College Hospital, London.

Title
Abducent nerve palsy following dental local analgesia.

Source

Abstract
A case of temporary abducent nerve palsy, following posterior superior alveolar nerve block during removal of an upper third molar tooth is presented. The relevant anatomy and other causes of sixth nerve palsy are considered, together with guidelines for the management of such an occurrence.

Publication Type
Case Reports. Journal Article.

Date Created
The effect of two different local anaesthetic solutions on pain experience following apicectomy.

Abstract

Post-operative pain experience following apicectomy of a single maxillary anterior tooth was compared in two groups of patients having this treatment under local anaesthesia. Twenty patients received 3.6 ml of 2% lignocaine with 1:80,000 adrenaline and 23 patients the same volume of 1.5% etidocaine with 1:200,000 adrenaline, as the local anaesthetic agent. Although soft tissue anaesthesia lasted significantly longer when etidocaine with adrenaline was used, pain experience and analgesic intake did not differ between regimens. Lignocaine with adrenaline produced better operating conditions as haemorrhage control was more effective and the quality of operative anaesthesia was more satisfactory than with etidocaine and adrenaline. The use of etidocaine with adrenaline offered no advantages over lignocaine with adrenaline when administered as infiltration anaesthesia for apical surgery.

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To request copies of any of these articles please use one of our request forms. Articles can be emailed or posted for a charge of £2.50 each.

**Abstract**

The effects of adrenaline-containing and adrenaline-free dental local anaesthetic solutions on blood glucose concentration were investigated in single-blind cross-over studies in ten healthy volunteers and in ten patients having lower third molar surgery. The solutions compared were 2% lignocaine containing 1:80,000 adrenaline (Xylocaine) and 3% prilocaine with 0.03 IU/ml felypressin (Citanest). In all cases, 4.4 ml of solution was used. In the volunteer study the blood glucose concentration increased from 4.48 +/- 0.72 mmol/litre immediately before the injection of Xylocaine to 5.07 +/- 0.99 mmol/litre 30 minutes following the injection; with Citanest the pretreatment concentration of 4.56 +/- 0.92 mmol/litre changed to 4.24 +/- 0.62 mmol/litre at 30 minutes. This increase in blood glucose concentration following the administration of Xylocaine was significant (t = 3.39, P less than 0.01), as was the difference between treatments (t = 2.64, P less than 0.05). In the patient study, the blood glucose level prior to the injection of Xylocaine was 4.56 +/- 1.59 mmol/litre and this increased to 5.24 +/- 0.86 mmol/litre 30 minutes after the local anaesthetic was injected. The pretreatment blood glucose level of 4.52 +/- 0.82 mmol/litre in patients when Citanest was used changed to 4.33 +/- 0.71 mmol/litre 30 minutes following the injection. The difference at 30 minutes in the changes in blood glucose concentration between local anaesthetic regimes in patients having third molar surgery was significant (t = 2.60, P less than 0.05). (ABSTRACT TRUNCATED AT 250 WORDS)
A comparison of the effect of two different dental local anaesthetic solutions on plasma potassium concentration.

Source

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Publication Type
Comparative Study. Journal Article.
Date Created
19871105
Year of Publication
1987

<22>
Unique Identifier
3472559
Status
MEDLINE
Authors
Gray RJ; Lomax AM; Rood JP.

Authors Full Name
Gray, R J; Lomax, A M; Rood, J P.

Title
Periodontal ligament injection: with or without a vasoconstrictor?.

Source

Local Messages
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Publication Type
Comparative Study. Journal Article.
Date Created
19870626
Year of Publication
1987

<23>
Unique Identifier
2949766
Status
MEDLINE
Authors
Curley RK; Baxter PW; Tyldesley WR.

Authors Full Name
Curley, R K; Baxter, P W; Tyldesley, W R.

Title
An unusual cutaneous reaction to lignocaine.

Source

Local Messages
THIS JOURNAL IS AVAILABLE IN THE BDA LIBRARY

Publication Type
Journal Article.
Date Created
19810925
Year of Publication
1981

<25>
Unique Identifier
6941803
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Authors
Brown RD.

Authors Full Name
Brown, R D.

Title
The failure of local anaesthesia in acute inflammation. Some recent concepts.

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<td>Authors</td>
<td>Goebel WM; Allen G; Randall F.</td>
<td>Authors Full Name</td>
<td>Goebel, W M; Allen, G; Randall, F.</td>
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<td>Title</td>
<td>Comparative circulatory serum levels of 2 per cent mepivacaine and 2 per cent lignocaine.</td>
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<td>Authors</td>
<td>Rood JP.</td>
<td>Authors Full Name</td>
<td>Rood, J P.</td>
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<tr>
<td>Title</td>
<td>The pressures created by inferior alveolar injections.</td>
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<td>Authors</td>
<td>Eldridge DJ; Rood JP.</td>
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<td>Eldridge, D J; Rood, J P.</td>
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<tr>
<td>Title</td>
<td>A double-blind trial of 5 per cent lignocaine solution.</td>
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<tr>
<td>Authors</td>
<td>Rood JP.</td>
<td>Authors Full Name</td>
<td>Rood, J P.</td>
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<td>Title</td>
<td>Inferior alveolar nerve blocks. The use of 5 per cent lignocaine.</td>
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<td>Local Messages</td>
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Date Created 19761121
Year of Publication 1976

Unique Identifier 1065345
Status MEDLINE
Authors Cannell H; Cannon PD.
Authors Full Name Cannell, H; Cannon, P D.
Title Intraosseous injections of lignocaine local anaesthetics.
Local Messages THIS JOURNAL IS AVAILABLE IN THE BDA LIBRARY
Publication Type Journal Article.
Date Created 19761002
Year of Publication 1976

Unique Identifier 1057982
Status MEDLINE
Authors Cannell H; Beckett AH.
Authors Full Name Cannell, H; Beckett, A H.
Title Peri-oral injections of local anaesthetic into defined sites.
Local Messages THIS JOURNAL IS AVAILABLE IN THE BDA LIBRARY
Publication Type Journal Article.
Date Created 19751223
Year of Publication 1975

Unique Identifier 1054596
Status MEDLINE
Authors Anonymous.
Authors Full Name
Title Letter: 'Circulating levels of lignocaine after perio-oral injections'.
Local Messages THIS JOURNAL IS AVAILABLE IN THE BDA LIBRARY
Publication Type Journal Article.
Date Created 19750625
Year of Publication 1975

Unique Identifier 1053919
Status MEDLINE
Authors Cannell H; Walters H; Beckett AH; Saunders A.
Authors Full Name Cannell, H; Walters, H; Beckett, A H; Saunders, A.
Title Circulating levels of lignocaine after peri-oral injections.
Local Messages THIS JOURNAL IS AVAILABLE IN THE BDA LIBRARY
Publication Type Journal Article.
Date Created 19750521
Year of Publication 1975
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1. **Ravindranathan N.**
   - **Title:** Allergic reaction to lignocaine. A case report.

2. **Rood JP.**
   - **Title:** A case of lignocaine hypersensitivity.
   - **Source:** British Dental Journal. 135(9):411-2, 1973 Nov 6.

3. **Brown G; Ward NL.**
   - **Title:** Prilocaine and lignocaine plus adrenaline. A clinical comparison.

4. **THEXTON R; WISHART C; BAXENDINE WP.**
   - **Title:** Xylocaine; a clinical report.
   - **Source:** British Dental Journal. 88(8):214-8, 1950 Apr 21.
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LIDOCAINE (XYLOCAINE, LIGNOCAINE) DISCOVERED FROM BARLEY – UK DENTAL ARTICLES

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Status
MEDLINE
Authors
BREMER G; EKMANNER S; et al.
Authors Full Name
BREMER, G; EKMANNER, S.
Title
Xylocaine; a new local anaesthetic.
Source
Other ID
Source: CLML. 4916:328n
Local Messages
THIS JOURNAL IS AVAILABLE IN THE BDA LIBRARY
Publication Type
Journal Article.
Date Created
19491201
Year of Publication
1948