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WARTS continued

internal warts developed carcinoma-in-situ, on abnormal tissue that sometimes advances to cancer. During the study, one of these women developed true invasive cancer of the cervix. And in Great Britain, where cervical cancer deaths in women under age 35 has doubled in the past ten years, doctors are convinced that there is a link between the increase in cervical cancer and a reported rise in the occurrence of genital warts. Since there is, at present, no way to predict which cases of venereal warts may lead to cancer, most doctors advise that women have internal warts removed, a tactic that almost always rids the body of the virus and protects against future malignancies.

Removal tactics for internal warts depend on the size of the warts. Warts that are less than two centimeters wide can be treated with a medication called podophyllin, which is painted on the warts and washed off after four hours. After a few days the warts fall off. They can also be treated with cryosurgery, where an instrument treated with liquid nitrogen is held to the affected area, thus "freezing" the tissue. Again, after a few days the warts fall off. In rare cases, a simple excision is performed. With warts larger than two centimeters, the most effective form

of treatment is laser surgery, where the warts are burned off. Some doctors, however, feel that lasers are used too readily. "Lasers are very trendy now," comments Paul Silva, M.D., of the department of obstetrics and gynecology at Los Angeles Women's Hospital, "but laser surgery is a major procedure and often requires general anesthesia." One alternative for treating large warts is a cream containing 5-Fluorouracil, an anticancer drug.

External warts tend to be easier to treat. Although they do not cause cancer (evidently because they're caused by different strains of papillomaviruses than internal warts are), they should be removed because they're easily transmissible. The most common treatment used right now is podophyllin, which is applied by a doctor in his office.

Researchers are also experimenting now with injections of interferon to eradicate external warts. This protein, which is also being studied as a possible treatment for some types of cancer, seems to keep warts from multiplying, while preventing further wart growth.

In a small number of both internal and external wart cases, these medications and surgical procedures may not eradicate the virus, and warts will reappear. Usually, however, reappearance of the warts occurs because you've been reinfected by your sexual partner.

How do you prevent getting venereal warts in the first place? It's not easy. Because warts take so long to manifest

themselves, examining your partner before you have sex may not always prove effective. The best protection against warts appears to be certain barrier methods of birth control. Condoms seem to protect both men and women. Chemical contraceptives (such as foams and creams) can protect women from internal warts—although they don't protect against external wart infections.

If you think that you've been exposed to venereal warts, beware that the virus is contagious and can be easily spread to other people in the weeks or months before the warts become visible. Since there is no way to tell whether sexual contact did result in contracting the virus, during the eight-month period in which the warts could appear you should explain the risk to your partner and suggest he use a condom for protection. If a woman's only sexual partner is the man who "gave" her warts, he should also use a condom to avoid reinfection—and, of course, he should be treated.

Right now, there seems to be little prospect that researchers will develop a vaccine against warts, but there may be one important breakthrough for women in the next few years—the ability to use a Pap smear to quickly "type" the individual viruses involved in warts. Since only 2 of the 25 known papillomaviruses are thought to also cause cervical cancer, "typing" can reassure many women with warts that the virus strain they've contracted won't lead to cancer. □



Taming the uncouth tooth—how to have a grin you can bare

BY JULIA JOHNSON DANES

Are you satisfied with your smile? Or is it spoiled by a mouthful of silver fillings or teeth that are less than pearly white? Well, thanks to recent advances in cosmetic dentistry, those of us with less-than-perfect teeth may now be able to smile with polish.

THE FILLINGS OF THE FUTURE Most of us aren't strangers to cavities. They happen when bacteria eats through the enamel, the slick, hard coating of the tooth that protects the crown (the visible part of your tooth) and the softer layers and nerves underneath. Traditionally, dentists have always filled cavities with gold or the much more widely used silver. The trouble with filling cavities with silver is that while it's cheap (\$65 to \$95 per filling) and longer lasting than any other material, if the cavity's in a front tooth, the filling is right there for all to see, every time you open your mouth.

But now, the more aesthetically pleasing way to fill a cavity is by using the "bonding" method. First, the dentist removes the decayed area and paints your tooth's enamel with a diluted acid solution, which renders the tooth porous. A bonding resin, made up of a composite of glass filler and plastic, is blended to match the color of your tooth, and is then applied to the acid-etched surface. The resin flows into the newly created pores, where it hardens with the help of a high-intensity light. The bonded filling is invisible to everyone but your dentist.

Bonding isn't just used for fillings. In fact, by filling (continued)

Mouth makeover: This young woman fractured two of her front teeth in an accident. Ronald Goldstein, D.D.S., of Atlanta, Georgia, fixed her smile (see bottom photo) by building up the broken teeth with a bonding resin so that they match the surrounding teeth in size and color.



Photos courtesy of Ronald E. Goldstein, D.D.S., Atlanta, Georgia, author of *Change Your Smile* (Quintessence, 1984)

TEETH continued

spaces between teeth with the resin and sculpting it, your dentist can make gaps vanish. Short or broken teeth can be built up to match the surrounding teeth in both shape and color. White spots or heavy stains can be covered over.

This is not to say that bonding is without drawbacks. While silver fillings can last up to 20 years, the life expectancy of a bonded filling is only 5 to 6 years.

It should also be noted that bonding resin can prove difficult to work with, so it could take your dentist up to twice as long to fill your cavities than with metal alloys. Says Allen Kincheloe, D.D.S., a dentist in private practice in Houston, Texas, "Silver alloy is a very forgiving substance. If you are filling a tooth with it and there is a little moisture present, it will still work. But with bonding," he explains, "if there's moisture or your gums bleed, the filling could discolor, become sensitive, chip or fall out." Because it takes more time to put in, the bonded filling can cost more than silver: Expect to pay anywhere from \$100 to \$200 for a bonded filling, and about \$200 to \$250 for a tooth that has been rebuilt. Be sure to check your insurance coverage before you have any work done—not all companies will pick up the added cost of bonding.

TEETH BLEACHING If your smile just isn't bright enough, your dentist may suggest you bleach your teeth to remove stains caused by tobacco, coffee, overly fluoridated water or by reactions to drugs (such as tetracycline). In this process, a strong peroxide solution called superoxol is placed on a tooth that has been heated up to 175 degrees Fahrenheit. This is repeated once a week for about five weeks. If you avoid staining agents like those mentioned above, the whitening effects can be permanent. Depending on the severity of the stains, the price for bleaching can range from \$60 to \$300 per tooth. Since this is done for cosmetic purposes, insurance companies rarely pay for it.

COSMETIC CAPPING Caps are porcelain coverings fitted over teeth that are broken, misshapen or badly stained. Traditionally, the capping process involves cutting away part of the tooth that's there and attaching a metal substructure to it, over which the porcelain cap is shaped. Many problems that might have called for capping in the past can now be taken care of with banding, which is also less costly. But when the teeth are so badly broken down that not enough enamel remains for the bonding resin to adhere to, caps may be the only alternative. They can run from \$400 to \$1,000 per tooth; if the work is restorative, and not strictly

cosmetic, insurance companies may cover a good part of the cost.

BRIDGING THAT GAP If you lose a tooth, whether due to accident or disease, your dentist will suggest filling the space with a bridge—or false tooth—both for cosmetic purposes and to keep your remaining teeth in line. He'll make an impression of your surrounding teeth and send it off to a lab, where a bridge will be made to fit into the gap. Again, thanks to the bonding process, the attachment of permanent bridges is easier and less expensive than ever. Rather than cutting down the teeth on either side of the gap and fitting them with caps to support the false tooth, it is now possible to fit in a tooth equipped with little metal brackets, which are then bonded to the living teeth. This apparatus, called the Maryland bridge, is particularly successful when used on front teeth (provided the surrounding teeth are healthy), and usually has a life expectancy of five years—although it has been known to last for as long as ten. A Maryland bridge can cost anywhere from \$800 to \$2,000; insurance coverage will depend on your individual policy, since some companies consider this an experimental procedure.

BRACE YOURSELF If the thought of an orthodontist laying stainless-steel tracks through your mouth has kept you from getting your teeth into line, there's no need to wait any longer. Nowadays, orthodontists can straighten teeth with much less noticeable clear plastic brackets, banded to the surface of the tooth. And if you'd like your braces to appear truly invisible, ask your dentist if your problem can be solved with lingual braces, which are attached to the backs of your teeth. Stainless-steel and plastic braces cost around \$2,500 to \$3,000, and linguals are about \$4,000. Insurance companies will probably cover what they consider to be the necessary costs—and any extra expense you go to for aesthetic purposes may have to come out of your own pocket.

If you've only got one crooked tooth, your dentist may be able to correct it with—you guessed it—bonding. According to Jerry Lucas, D.D.S., a dentist practicing in Oklahoma City, Oklahoma, "You can build up parts of the enamel and reduce others slightly to give the crooked tooth the illusion of straightness." This illusion will cost around \$200 per tooth to create, and your insurance company probably won't spring for it.

That Christie Brinkley smile may be just around the corner. □

how to handle a dental emergency

No matter how careful you are with your teeth, there's always the chance that you may have a tooth knocked out, lose a filling or come down with a toothache. Ask your dentist for a phone number where he can be reached day or night, or have him recommend a hospital in your neighborhood that treats dental emergencies. If you're traveling when the emergency occurs, ask friends, business associates or the hotel clerk to suggest a dentist.

Here, some tips for dealing with specific emergencies:

Knocked-out tooth Drop the tooth in a glass of milk to preserve its ligaments and fibers. (Don't wrap the tooth up in a tissue or a piece of cotton—if the tooth dries out, the fibers, which are needed for reimplantation, will be destroyed.) And get to the dentist fast—the tooth needs to be back in your mouth in under 30 minutes for the operation to be successful.

Chipped tooth Rinse your mouth with warm salt water. Use an over-the-counter painkiller, such as Benzodent, to ease discomfort until you get to the dentist. Even if the chip seems insignificant, see the dentist; the nerve might be exposed, and if left untreated, the injury could cause damage to the root of the tooth.

Lost filling Rinse your mouth with warm salt water. If you can't see your dentist right away, buy a dental first-aid kit at your drugstore to fill the tooth and help ease any pain until the filling can be permanently replaced.

Toothache Again, rinse with warm salt water and use an over-the-counter painkiller until you can get to the dentist. Don't grin and bear it—the pain could be caused by a gum or nerve infection. Best to diagnose and treat the cause before it becomes more serious.

To keep teeth in good shape, brush after every meal, floss daily and see your dentist every six months for a checkup and a cleaning. □