Letters to the Editor

Send your letters to the Editor,
British Dental Journal,
64 Wimpole Street,
London
W1G 8YS
Email bdj@bda.org

Priority will be given to letters less than 500 words long.
Authors must sign the letter, which may be edited for reasons of space.

COMPARATIVE CARIOGENICITY

Sir, I was saddened to find that the red herring of intrinsic and extrinsic sugars and their comparative cariogenicity appeared once again in the paper *A comparison of the nutritional knowledge...* (*BDJ* 2011; **210:** 33-38).

The report of the Committee on Medical Aspects of Food Policy, 'Dietary sugars and human disease', has been responsible for much confusion in the delivery of diet advice since it was published in 1989. The myth that intrinsic sugars are somehow less potentially damaging to the dentition than extrinsic sugars was debunked by I. Hussein, M. A. Pollard and M. E. J. Curzon in *A comparison of the effects of some extrinsic and intrinsic sugars on dental plaque pH* (*Int J Paediatr Dent* 1996; **6:** 81-86). The most sensible advice to give patients is to avoid eating between meals as all snacking has the potential to cause either caries or obesity.

I. Kirk
Wirral

The lead author of the article, Dr Maria Morgan, responds: I would like to thank the correspondent for their interest in the article. But I and my colleagues would like to emphasise that we referred to the COMA report 'Dietary sugars and human disease' as part of the guidelines that are in current use. It was not our intention to focus in on non-milk extrinsic sugars and intrinsic sugars per se. *We would agree with what the correspondent says about snacking, that for the general population snacking should be kept to a minimum, but there will be some instances where smaller frequent meals are indicated for specific nutritional concerns. I hope this clarifies things.*

DOI: 10.1038/sj.bdj.2011.149

COMPLAINANTS WANT CASH

Sir, I would strongly encourage *BDJ* readers not to be misled by your dental news headline 'Most complainants just want an apology' generated by the Parliamentary and Health Service Ombudsman (PHSO). Sixteen years of instructions in preparing liability and causation reports leads me to believe – as far as clinical matters are concerned – that complainants want money.

Aggrieved dental patients are quick to find out that complaining to a PCT, GDC and PHSO will, if upheld, not involve compensation for general and special damages. As a result they immediately consult a personal injury solicitor through the internet. The solicitor or their instructed expert will then take a view. The result is that approximately 75% of the matters complained about are completely without merit and another 10% marginal. None of this appears in any statistical data not least the PHSO. Even the defence societies are unaware of the number of complainants unless they receive a Letter before Action. Many of these lie dormant in files for three years before being shredded. It is the classical iceberg phenomenon.

My expertise is only with high street dentistry. However, contrary to the findings of consumer orientated government quangos attempting to redress the balance of power between patients and dentists, the compensation culture is alive and kicking and complainants want more than just an apology.

E. Gordon
By email

DOI: 10.1038/sj.bdj.2011.150

CYCLIC NEUTROPENIA

Sir, I am writing this letter in regards to a 5-year-old patient who presented in our Oral Maxillofacial Department, with a history of recurrent oral ulcerations. The patient was referred in by their general medical practitioner due to ulcers that had occurred in the mouth every six weeks. The ulcers lasted for a few days and had been an ongoing problem for three years. The patient's mother mentioned that the oral ulcers seemed to coincide with malaise, fatigue and with the patient generally feeling ill and run down whilst the oral ulcers were present. Other than this, the patient's medical history was unremarkable. Extraoral examination was also unremarkable but intraorally, the patient had slightly inflamed gingivae, with sites of recovering ulcers.

In order to help diagnose the cause of the ulceration, it was decided that it was necessary to arrange for a blood test to be taken. However, it was not just the one blood test that would be performed, but a series of blood tests every week for six weeks. The patient returned for a review appointment along with the blood test results after this period. Five of the six weeks showed normal blood test results; however, on one of the weeks there was a marked decrease in the neutrophil count, and this coincided with the patient presenting with oral ulcers and feeling fatigued.

Based on the history and the blood results, a diagnosis of cyclic neutropenia was made.

This rare condition was explained to the patient's parent and the patient was referred back to the general medical practitioner in order to have appropriate treatment in order to combat the deficiency in neutrophils that occur in a regular occurrence. The patient was advised to use Orabase, which helped