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.

Readers may now comment on letters via the BDJ website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

TWO SIDES TO THE STORY

Sir, as a member of the British Association for the Study of Community Dentistry (BASCD) I was surprised to read in the *BDJ* that a letter[1] had been sent on my behalf to the Secretary of State for Health stating that 'BASCD is formally opposed to the Bill' and listing 'three points to be addressed at minimum'.

It is unfortunate for the reputation of a scientific association that the positives for dentistry in the Bill were not itemised. For the record these include:

- Public Health Outcomes Framework, measure of decay in 5-year-olds, means that Local Authorities will be monitored on this with respect to their public health responsibilities
- The entirety of dental commissioning (both primary and secondary) in one place (ie NHSCB)
- Single operating framework enables consistent approach to commissioning dentistry
- Dental local professional networks which enables local sensitivity and a responsible professional input to discussions.

There are always two sides to any story: that even includes the NHS Health Reform Bill!

M. Seward DBE
By email

1. Robinson P G. Open letter. *Br Dent J* 2012; **212:** 205.

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UNDIAGNOSED TEMPORAL ARTERITIS

Sir, dental surgeons may be the first health care professional to which a patient with undiagnosed temporal arteritis may present.

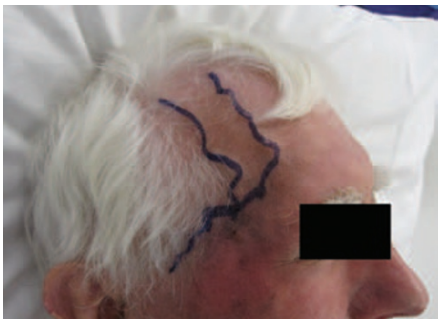

Fig. 1 Patients often present with a palpable, thickened and tender temporal artery (marked on this patient)

Although the classical presentation of this condition is with temporal headache and tenderness with associated systemic symptoms, atypical facial pain may also be a feature.

As maxillofacial surgeons, we are often involved in the investigation of temporal arteritis by performing temporal artery biopsy.

In our clinical practice, we have seen several cases initially presenting with atypical facial pain from presumed maxillary teeth, and these patients had primarily visited their dentist.

It is often the high risk cases with impending ischaemic complications that frequently have significant orofacial pain resulting from jaw or tongue claudication. In a recent review of 390 reported cases from 81 studies, 31% presented with a history of jaw claudication and pain.[1]

As an acute vasculitis, ciliary and retinal arteries may also be affected, a delay in diagnosis can lead to acute blindness which can occur in up to 20% of patients.

For this reason, dental surgeons should have a high index of suspicion and consider this in their differential diagnosis in the older patient presenting with facial pain, particularly with tenderness over the temporal region.[2] Prompt referral is indicated in these cases.

C. J. Mannion, R. Greenhalgh, Hull
N. Shah, York

1. Sheldon C A, White V A, Holland S P. Giant cell arteritis presenting with bilateral loss of vision and jaw pain: reminder of a potentially devastating condition. *J Can Dent Assoc* 2011; **77:** b55.
2. Scully C, Felix D H. Oral medicine – update for the dental practitioner orofacial pain. *Br Dent J* 2006; **200:** 75-83.

DOI: 10.1038/sj.bdj.2012.320

NO TO DIRECT ACCESS

Sir, I am writing with a petition of signatures from myself and my fellow young dentists of the South Yorkshire deanery. We are writing to express our concern at the proposal of direct access for dental patients to be seen and assessed by dental hygienists and therapists.

Whilst we recognise the utilisation of dental care professionals in our practice, we are concerned that the introduction of direct access would not be in the best interests of patients. Therapists and hygienists have a considerably shorter professional education than dental surgeons and as a result, it is rightly deemed as beyond their competency to diagnose dental conditions. As well as this, dental surgeons are often the health professional patients see most frequently, so we are relied upon to diagnose oral conditions such as oral cancer and mucosal disorders. Surely giving non-suitably trained professionals responsibility to diagnose such conditions is bordering upon neglecting patients' rights to proper treatment?

As well as this issue of competence there is also an issue highlighted in the *BDJ* (*Direct line lack of assurance*; *BDJ* 2012; **212:** 53) that the public perception