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A SHOT IN THE DARK

Sir, a 28-year-old patient was referred to the maxillofacial department regarding a possible fracture of the left infra-orbital rim. On attendance he gave a history of tripping and falling whilst under the influence of alcohol and injuring his face on a metal triangular sign. Unusually his concern was mainly that he may have a foreign body in his cheek wound.

On examination there was a small healing laceration on the left cheek with mild oedema and tenderness associated and there was reduced sensation in the V2 inferior orbital branch distribution. The remaining clinical examination was entirely normal. Radiographic evaluation from the time of incident revealed an unusually-shaped radiolucency in the upper left quadrant, which may have previously been missed due to the patient's anterior crowns (Fig. 1).

On review, an unusual radiographic appearance was noted on the occipito-mental views and prompted further investigation, consisting of a lateral cephalogram (Fig. 2). This revealed a bullet shaped object in the maxillary sinus, approximately 10 mm length with comminution of the anterior maxillary wall. At this point the patient gave a slightly altered history including being caught up in an altercation involving a firearm. Given the history of ongoing pain and discomfort in this region, the decision was made for the foreign body to be removed. This was achieved using a Caldwell-Luc procedure and the foreign body was successfully removed under general anaesthetic. The patient's post-operative recovery was uneventful.

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By email

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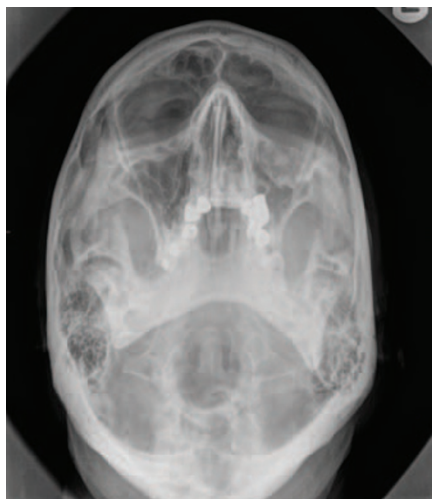


Fig. 1 OM view showing unusual radiolucency associated with the upper left lateral incisor and canine crowns



Fig. 2 Lateral cephalogram showing a foreign body within the maxillary sinus

POTENTIALLY DISASTROUS

Sir, it is important that the *BDJ* clearly distinguishes sound, proven evidence based facts from opinion in its published articles. Blurred distinctions can lead to an article being cited with an opinion claimed as fact – a potentially disastrous situation in the event of medico-legal cases should such opinion be perceived as fact. I refer to the article *Iatrogenic mandibular fractures following removal of impacted third molars: an analysis of 130 cases* (*BDJ* 2012; 212: 179–184) in the hope of making my point.

It is mentioned in this article that the external oblique ridge of the mandible provides significant strength to the mandible, which although unreferenced is no doubt true. However, this statement is soon followed by another claiming that judicious tooth/root division can potentially reduce the risk of mandibular fracture for which there is no evidence. Should this opinion be taken as