Letters to the Editor

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

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MALTESER COMPROMISE

Sir, my 13-year-old daughter had upper and lower fixed braces fitted recently. During the first few days as expected she felt considerable pain, especially whilst eating. Analgesics were needed.

We were in the kitchen together on day two, when she suddenly got up from the table making a high pitched squeaking noise. She walked towards me at the sink with a look of fear and desperation on her face, her shoulders haunched.

When I realised she could not breathe I initiated strong back slaps. At number five a Malteser fired into the sink! I was almost as relieved as she.

It appeared she had been sucking a Malteser for comfort and played with it at the back of her mouth to avoid contacting the hypersensitive molars, when it slipped back.

Do we need to give additional warnings of choking hazard during this period of adaption to fixed braces? At this time the lips, tongue and teeth, normally so skilful in manipulating objects in the mouth, are all drastically compromised.

I shudder to think what might have happened if my daughter had been alone. This most frightening and potentially catastrophic experience would have much better been avoided.

J. Winston, Leicestershire

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INADEQUATE KNOWLEDGE

Sir, why it is that the dental profession and local anaesthetic (LA) manufacturers seem not to have adequate knowledge about the incidence, prevention and reporting of LA-related nerve injuries (NIs) in relation to dentistry?

In my specialist NI clinics at King's College Hospital London over five years I have seen 400 patients with dental procedure related NIs, 63 of which were LA-related. This may seem few but the significance of these injuries must not be underestimated, often having a devastating effect on the patients involved, with the majority (that I see) suffering from chronic debilitating neuropathic pain, causing interference functionally (eating, speaking, kissing, facial expressions) and psychologically. Many patients find it very difficult to come to terms with their injury particularly as a cure is not available.[1] By contrast, those undergoing a nerve block given by an anaesthetist will be informed of the potential risk of NIs in relation to brachial and spinal blocks (both motor and sensory).

An NHS dentist working for 25-30 years probably administers on average at least 100,000-150,000 inferior dental blocks (IDBs). Anecdotal evidence suggests that dentists may experience 1-3 permanent NIs during their working life, thus the incidence may be in the range 1:30,000 to 1:150,000. A recent UK dental professional survey indicated an incidence of LA related NI may be around one in 10,000 patients with the majority being temporary NIs, making these injuries significantly more common than previously realised. However, it is relatively simple to prevent them and we have identified several risk factors which include: multiple IDBs,[2] pain on injection,[2] and high concentration LA IDBs.[3] The nerve more likely to be damaged during IDBs is the lingual nerve (70%).

Interestingly, articaine infiltrations are increasingly demonstrating similar efficacy to lidocaine IDBs for mandibular dentistry therefore avoiding the necessity of an IDB.[4] It has become routine practice for paedodontic extraction of premolars using articaine infiltrations and many practitioners are doing this rather than IDBs for routine mandibular restorative treatment.

All clinicians should document unusual patient reactions occurring during the injection of LA blocks (such as sharp pain or an electrical shock-like sensation) and on those occasions check on their patient's recovery. Early prescription of high dose steroids and/or NSAIDs is not yet evidence-based proven but may facilitate a reduction in neural inflammation. If the NI persists longer than 28 days post surgery the dentist or registered practice manager are obligated to report the complication to the CQC;[5] in addition the patient is able to self report.

T. Renton
By email

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