

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.

LETTERS

RADIOTHERAPY INDUCED MALIGNANCIES

Sir, I was interested to read an article regarding *The oral management of patients who have received radiotherapy to the head and neck region* (*BDJ* 2013; 214: 387–393). Radiotherapy is a common treatment modality for head and neck cancers and it is important for dental professionals to be able to recognise the many side effects of radiotherapy.¹

Working as a dentist in a head and neck oncology department, I think it is also important that patients and healthcare professionals are not only reminded of the fact that cancer patients are generally at a greater risk of developing secondary primary malignancies, but are also aware of the rare but serious risk of developing a secondary malignancy as a result of radiotherapy treatment, due to the mutagenic effects it may cause.

Head and neck radiotherapy induced malignancies (RIM) tend to have a long latency period and can present as swellings or masses which may be mistaken for dental pathology. Research has shown that radiation-induced head and neck sarcomas tend to be detected quite late resulting in poor long term prognosis. They can then be even more challenging to treat especially as radical surgery is sometimes required in a pre-irradiated site and in close proximity to important structures.² This reinforces the importance of cancer screening and early referrals when abnormalities are detected.

The incidence of RIM are only likely to increase due to progressive ageing of the population and the increased survival of head and neck cancer patients due to better treatment regimes.

K. Amin, London

1. Ray-Chaudhuri A, Shah K, Porter R J. The oral management of patients who have received radiotherapy to the head and neck region. *Br Dent J* 2013; 214: 387–393.
2. Patel S G, See A C, Williamson P A, Archer D J, Evans P H. Radiation induced sarcoma of the head and neck. *Head Neck* 1999; 21: 346–354.

DOI: [sj.bdj.2013.1050](https://doi.org/10.1111/bdj.2013.1050)

LACK OF TMJ KNOWLEDGE

Sir, we have recently conducted a survey on the current status of knowledge of TMJ amongst UK GDPs which illustrates that basic history taking of temporomandibular joint dysfunction is not well understood.

An online survey tool was emailed to 150 newly qualified GDPs to which 142 responded. The survey contained the following questions:

1. Are you comfortable taking TMJ history?
2. Do you know the pre-existing factors that are relevant to TMJ pathology?
3. Are you comfortable in examination of TMJ?
4. Do you make splints for your TMJ patients?
5. What type of splint do you make for your patient if one is fabricated?

6. Do you prescribe jaw exercises for your patients?
7. How long do you treat a patient conservatively prior to referring to secondary care?
8. Have you heard of Wilkes Clinical Score of staging for TMJ pathology?
9. Do you know about the following surgical treatments for TMJ? Highlight Arthroscopic Lysis and Lavage, meniscectomy, eminectomy, discectomy, condylar shave, TMJ replacement (Fig. 1)
10. Do you think you would benefit from additional/refresher TMJ teaching?

Almost half (46.8%) the respondents were not comfortable with taking a TMJ history and over half (56.6%) were not entirely comfortable with examination of the TMJ. There was varied fabrication of different types of splints to treat TMJ symptoms. A recent Cochrane analysis¹ again showed that no one bite splint is superior to others which suggests that more time-consuming repositioning or stabilisation splints should not be used in the first instance, with the simple lower soft splint providing a good

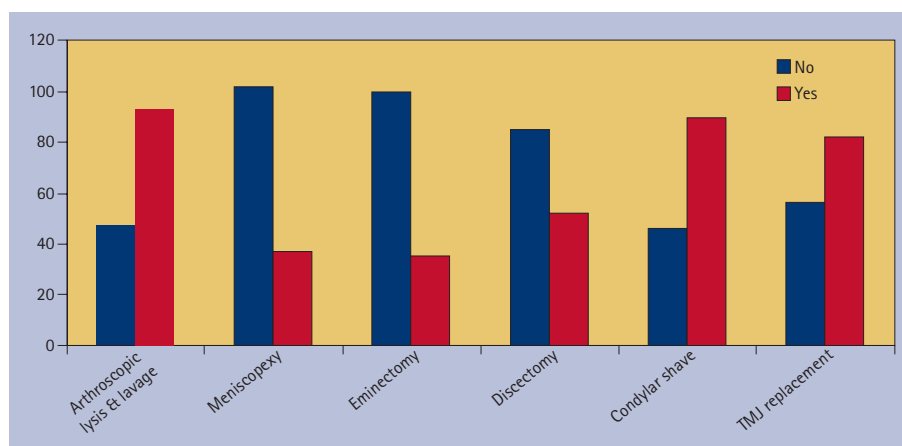


Fig. 1 Do you know about the following surgical treatments for TMJ?