

Letters to the Editor

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PERPLEXING IPSILATERAL INVOLVEMENT

Sir, we would like to share a very unusual case. We recently extracted these two severe intrinsically discoloured (greyish-black) upper and lower left third molars in a mildly asthmatic lady in her mid-30s (Fig. 1). These teeth were mildly impacted, vital, non-carious and were associated with severe pericorontitis and cheek biting. Radiographic appearance was normal. All other teeth in the oral cavity including the contralateral third molars were normal in appearance. The patient is a non-smoker and an occasional drinker. There was no history of severe childhood illness or tetracycline antibiotic therapy.



Fig. 1 The extracted upper and lower left third molars



Fig. 2 Vertical section of one of the extracted teeth

A crude vertical section of one of these teeth (Fig. 2) revealed the discolouration confined to enamel only suggesting disturbances during amelogenesis. The initial calcification of third molars occurs between the ages of 7-10. Other differentials would include porphyria or metallic discolouration.

However, this ipsilateral involvement is quite perplexing as some degree of disturbance in enamel formation is also expected on the contralateral third molars during this period.

A search of the literature for a tooth of similar description revealed no results.

It would be interesting to know if anyone else has come across such a finding before.

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AGGRESSIVE FLOSSING

Sir, a 68-year-old female recently attended the practice with pain from tooth 23 which was tender to percussion and non-vital to ethyl chloride. There was no apparent cause for this loss of vitality, no history of trauma and it was unlikely that the small restoration would have caused it. Radiographic examination (Fig. 1) showed what appeared to be a fracture of the tooth subgingivally although the patient said she had not traumatised the tooth and the tooth crown was not mobile as one might find with a fracture of this type.

Upon questioning we discovered that she flossed her teeth regularly and when asked to demonstrate, she used a strange aggressive whipping/sawing action of pulling the floss from round the distal of 23 and 24 (Fig. 2). The diagnosis was



Fig. 1 Radiograph showing a subgingival fracture of the tooth



Fig. 2 The patient's flossing technique

a non-vital 23 with periapical infection, the cause of which was abrasion from over-exuberant flossing that had led to the pulp becoming exposed.

We had not witnessed this previously and thought readers should be made aware of this apparent abnormal flossing technique as this case resulted in endodontic therapy. The benefits of flossing far outweigh the risk of damage to the proximal areas of the teeth but is the correct technique being employed? This patient said her previous dentist had told her to floss like this. We reviewed the literature to find if this was a common occurrence but could only find one other reported case.¹

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1. Salas M L, McClellan A C, MacNeill S R, Satheesh K M, Cobb C M. Interproximal cervical lesions caused by incorrect flossing technique. *Int J Dent Hyg* 2012; 10: 83-85.

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