

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.

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.

BIFID MANDIBULAR CANALS

Sir, the presence of bifid mandibular canals is an unusual but not rare occurrence. The mandibular canal transmits the inferior alveolar nerve and inferior alveolar artery. Variations of normal canal anatomy have been reported with an incidence ranging from 0.08% to 65%.¹

A 42-year-old Caucasian lady was referred to the oral surgery department at Manchester Dental Hospital by her general dental practitioner with recurrent pericoronitis associated with her impacted lower left third molar. Division of the mandibular canal which was initially noted on panoramic radiography (Fig. 1) instigated more detailed investigation. Cone beam CT scanning (Figs 2-3) revealed two branches of the inferior alveolar canal, with a superior branch penetrating the distal root of the wisdom tooth and emerging from a foramen on the superior aspect of the buccal bone just distal to the crown of the tooth. The particular morphology of the nerve relative to this tooth precluded any possibility of removal of only the crown. After full discussion with the patient, especially of the increased risks of nerve damage during removal, the tooth was carefully removed under general anaesthesia. At post-operative review, no inferior alveolar or lingual nerve damage was present.

Clinicians must be aware of the implications of this variance in anatomy. Inadequate anaesthesia may be a problem, especially in cases where there are two mandibular foramen. Third molar surgery must be carried out with extreme care as the tooth may infringe on or be within the canal itself. As a second neurovascular bundle may be

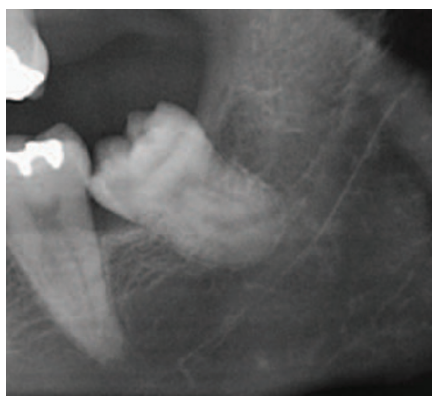
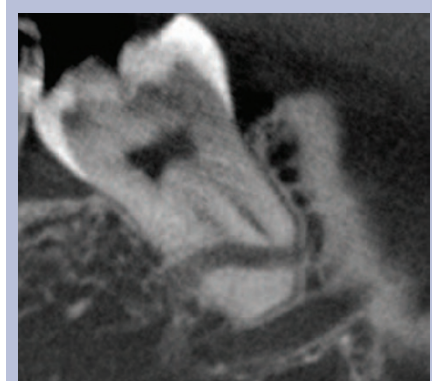
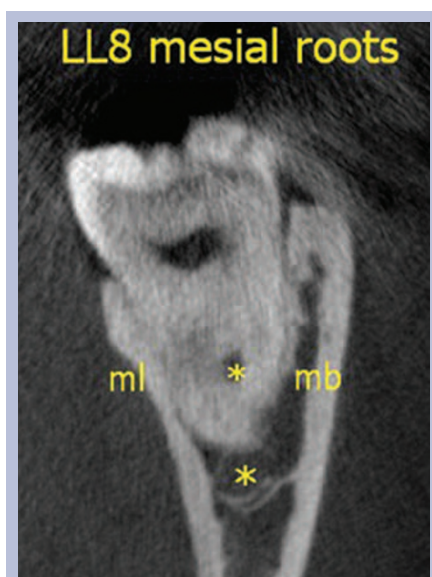


Fig. 1 Panoramic radiograph showing division of the mandibular canal



Figs 2-3 The cone beam CT scan

contained within the bifid canals, complications such as traumatic neuroma, paraesthesia and bleeding could arise because of failure to recognise the presence of this anomaly.

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1. Mizbah K, Gerlach N, Maal T J, Berge S J. The clinical relevance of bifid and trifid mandibular canals. *Oral Maxillofac Surg* 2012; **16**: 147-151.

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WELCOME NEWS

Sir, it is welcome news indeed that the Department of Health (DH) has finally amended the restriction on healthcare professionals living with HIV who wish to continue working in their chosen career. Not to have done so in the light of the evidence demonstrating the efficacy of anti-retroviral drugs could have been considered discriminatory.

Can it be a coincidence that the announcement by the DH happened so soon after the publication of the GDC's view on discrimination described in *Standards for the dental team*?

Standard 1.6: You must treat patients fairly, as individuals and without discrimination and more specifically:

1.6.1: You must not discriminate against patients on the grounds of disability.

You must also ensure that you do not discriminate against patients or groups of patients for any other reasons such as nationality, special needs, health, lifestyle or any other consideration.

Time is valuable and the Government goes to great lengths to ensure that public services operate in a timely manner. If you have ever been delayed on a rail journey or a flight there is an obligation for compensation to be