EROSIVE LICHEN PLANUS

Sir, erosive lichen planus is a painful condition affecting the oral mucosal membranes. It is characterised by recurrent episodes at intervals of a few days to a few months.1 The management of large symptomatic erosive areas can be troublesome. There are several approaches and may include antimicrobials, steroids, immunomodulatory medication, topical analgesics and anti-inflammatories, barrier agents as well as laser removal.² Adcortyl ointment has been used for the symptomatic management of oral mucosal conditions and it has been beneficial to selective patients. Adcortyl in orabase is a paste that contained triamcinolone. Its advantage was due to adhesion to mucosal membranes and forming a protective film. Adcortyl in orabase was discontinued in 2009. Recently in our clinical practice we have used Betnovate cream 0.05% as an alternative. Betnovate cream contains the active ingredient betamethasone. It has been used in mucosal membranes before and in particular 0.05% betamethasone cream has been used as an alternative to circumcision for the treatment of phimosis in boys. In our experience the benefit obtained is worthy of further investigation. It appears that it provided symptomatic relief and was able to provide an effective barrier. Betnovate is not licensed for oral mucosal membranes and it should be used under close clinical supervision. Our clinical experience may be of benefit to several patients. Further research is essential in order to establish a clinical protocol of its use as well as a side effect profile.

A. Kanatas, Leeds P. Brotherton, Hull

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DOI: 10.1038/sj.bdj.2014.408

operator to smooth the bony shelf before wound closure.

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DOI: 10.1038/sj.bdj.2014.406

Bolitho not Bolam

Sir, I write in response to the letter published in the BDJ by A. Aslam regarding the NICE guidelines for the extraction of lower wisdom teeth. Dr Aslam refers in his letter to the Bolam test¹ which would allow any practitioner to be defended by opposing expert opinion in the event of any accusation of negligence regarding lower wisdom tooth removal.

The Bolam test has been misused and misquoted since its inception in the Bolam v Friern case in 1957. For example in the case of De Freitas,² only 11 surgeons out of 1,000 supported the defendant's actions. Despite this, the court found that this was a reasonable body of medical opinion. Due to incidents such as this, Bolam has been since modified by the case of Bolitho,3 which adds a layer of clarification to Bolam and prevents expert opinion which is illogical being used to defend allegations of negligence. It is for the judge in any case to decide what

constitutes expert opinion being illogical.

Dr Aslam relies on the belief that the English judiciary does not discriminate between expert opinion from this jurisdiction and outside. This may be the case in theory, but it is likely that opinion from the jurisdiction the case originates from will be accepted over and above that of foreign opinion when the two contrast. This is because foreign opinion is sometimes likely to lack the cultural and legal context that might mean its application to a different jurisdiction is impaired. In the example given of wisdom teeth extraction, one must remember that these extractions will most likely be privately funded in the USA whereas they are funded by the taxpayer in the UK, which is likely to affect the guidelines surrounding their removal. I would argue that the AAOMS guidelines don't have the same authority in England that the NICE guidelines do. With regards to the debate over best practice, I share Dr Aslam's confusion, but until the guidelines are modified to change this, it would be better to heed the NICE guidelines from a point of view of avoiding a negligence claim. A. C. L. Holden

By email

- Bolam v Friern Hospital Management Committee 1. [1957] 1 W.L.R. 582 2.
- De Freitas v O'Brien [1995] P.I.Q.R. P281
- Bolitho v City and Hackney HA [1993] P.I.Q.R. P334 DOI: 10.1038/sj.bdj.2014.407