



Fig. 1 The device as it appeared on the bracket table



Fig. 2 The device *in situ*

Could any members of the dental community help shed further light on the use and indications for such a device?

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DOI: 10.1038/sj.bdj.2015.5

DENTAL PATIENTS

Transgender issues

Sir, recently, a case in which a hospital dentist needing to make an admission was unsure of the patient's gender raised issues of awareness. The patient identified herself as female and this was respected throughout her uneventful stay in hospital and treatment but the case highlighted a number of pending issues related to the dental care of intersex, transgender and trans-sexual individuals:

1. Have we given due consideration to these patients in our routine practice?
2. Is our curriculum adept in sensitising

- us to the issues of this community?
3. Are hospital policies explicit in the way such individuals must be handled?
4. Are the medical, psychosocial and legal aspects of dental care for these patients clearly understood?
5. Is it feasible and recommended to have special wards earmarked for them?
6. How do we ensure a non-discriminatory healthcare environment for these patients?
7. How can they be mainstreamed in the medical milieu?

Two years back the Honourable Supreme Court of India made an important observation that 'Many hospitals and other institutions do not admit [transgender individuals] in women's wards because women do not feel comfortable or free in their presence and in men's wards they face sexual abuse. Provision of separate wards in all hospitals and other institutions is necessary'.¹ Nothing substantial appears to have happened since then. We believe that many of our worldwide colleagues have faced a similar situation and request the *BDJ* to bring these issues to the attention of the worldwide dental fraternity, steer the process of finding effective solutions and help in achieving a truly equitable dental healthcare system for all.

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1. The Hindu. Court notice to Centre, States on transgender issue. 2 October 2012. Available at: <http://www.thehindu.com/news/national/court-notice-to-centre-states-on-transgender-issue/article3956185.ece> (accessed November 2014).

DOI: 10.1038/sj.bdj.2015.6

INFECTIOUS CONTROL

Oral-systemic relationships

Sir, Laurence *et al.* identified an association between the presence of a dental infection and an increased likelihood of

hospital admission among adult patients with a sickle cell crisis event. The study was a cross-sectional analysis of data from the Nationwide Emergency Department Sample which is the largest all-payer emergency department (ED) database currently available in the US.¹ Using the same analysis we have demonstrated an association between the presence of either a dental infection or dental caries and an increased likelihood of hospital admission among adult patients with pneumonia.² We concluded that the presence of a dental infection may worsen the overall clinical symptomatology in ED patients with pneumonia thereby increasing their likelihood for hospital admission. Given the lack of data demonstrating a plausible biological pathway between the presence of dental caries and an increased likelihood for the development of pneumonia, we suggested that dental caries may be a marker for poor oral hygiene and increased dental plaque rather than serve directly as a source of respiratory pathogens.

It is likely that infections are more concerning than dental caries to an ED physician and therefore have a greater likelihood of being diagnosed and coded appropriately, thereby presenting a limitation of our analysis. Despite such limitations, our studies suggest that dental infections can result in worsening overall health as evidenced by an increased likelihood of hospital admission and that this deserves further study as a valid and reliable outcome when studying oral-systemic relationships.

B. Laurence, N-K. Mould-Millman, USA

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2. Laurence B, Mould-Millman N, Scannapieco F, Abron A. Hospital admissions for patients with pneumonia more likely with concomitant dental infections. *Clin Oral Investig* 2014; [Epub ahead of print].

DOI: 10.1038/sj.bdj.2015.7