LETTERS TO THE EDITOR

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ERRATUM

Letter *British Dental Journal* 2015; **219:** 49 'Oral health consequences of the crisis in Syria'

In the above letter we stated the sole author was Human Saltaji from the University of Alberta, Canada. The letter's co-authors, Hussam Alfakir of the University of Alberta and Othman Shibly of The State University of New York at Buffalo, were omitted in error.

We apologise for any inconvenience caused.

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PATIENT SAFETY

Cochlear implants

Sir, I was privileged to treat a young lady last week who was born profoundly deaf in both ears. Fortunately, she has been successfully treated with bilateral cochlear implants and speech processors. Before taking bite wing radiographs she asked if she was 'OK with X-rays?' I 'googled' the subject and discovered that the speech processors should be kept at least 50 cm away and preferably out of the room when radiographic examinations are undertaken. There is a website (www.bcig.org.uk) where a 'safety document' can be ordered. I wonder if other dental professionals are aware of this problem and should it be circulated to a greater extent within the profession as more of these implants procedures are carried out?

S. Harrison, Cheshire

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FIX A JAW OFF THE FLOOR

Sir, I read, with interest, the article 'Reduction of temporomandibular joint dislocation: an ancient technique that has stood the test of time' (*BDJ* 2015; **218:** 691–693).

I have spent the last 30 years treating patients with TMD and many years ago came across a small pocket-sized book entitled '*Complete domestic medicine. A treatise on the prevention and cure of diseases by regimen and simple medicines*.' This was written in 1849 by William Buchan, a Fellow of the Royal College of Physicians in Edinburgh.

In the section entitled 'Dislocation of the jaw' is written the following:

'The usual method of reducing a dislocated jaw is to sit the patient on a low stool so the assistant may hold the head pressing it against her breast. The operator then thrusts his two thumbs wrapped first in linen as far back in the patient's mouth as he can. After he has hold of the jaw, he is to press strongly downwards and backwards so the elapsed heads of the jaw may be easily pushed into their former cavities.'

This continues, however, to state 'The peasants in some parts have a peculiar way of performing this operation. One of them puts a handkerchief under the patient's chin, turns his back to that of the patient and pulls him up by the chin so as to suspend him from the floor. This method often succeeds but we think it is a dangerous one so we recommend the former.'

Although tempted, I have never had the courage to test this method myself – I am not sure my protection society would be overjoyed.

R. Gray, Cheshire

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PRESCRIPTIONS AND DRUGS

A new generation

Sir, a new generation of oral thienopyridine antiplatelet agents have been developed which have a similar mechanism of action to clopidogrel (P2Y12 platelet receptor inhibition). The novel oral antiplatelet (NOAP) agents are prasugrel (Effient) and ticagrelor (Brilique), and despite a more potent antiplatelet effect[1] it is likely that the risk of a thromboembolic event if the drug is interrupted outweighs the risk of bleeding which is likely to be manageable with local haemostatic measures if the drug is continued.[2] At a time when little is known about the aforementioned drugs, another class of antiplatelet agent has recently been given approval by the Food and Drug Administration (FDA) in the United States and is currently under further development in Europe.[3,4] Vorapaxar (Zontivity) has a novel mechanism of action (reversible and selective protease activated receptor-1 [PAR-1] inhibition). The surgical implications are not clear as this classification of drug has never before been encountered but bleeding events in non-surgical patients may be higher than with the thienopyridines, including clopidogrel.[3]

Dental colleagues must be vigilant in their medical history taking to identify patients taking these medications and be aware of the numerous drug names being used in order to be prepared to take additional precautions when performing invasive treatment. It should be noted that each of these three new drugs will normally be co-administered with aspirin and may be prescribed for a limited period of time, allowing surgery to be postponed in some cases. Clearly further research is required to draw any definitive conclusions but bleeding following dental surgery is unlikely to pose a risk which outweighs the risk of serious morbidity or mortality associated with interruption.

S. Johnston
Orkney

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2. Scottish Dental Clinical Effectiveness Programme. *Management of dental patients taking anticoagulant or antiplatelet drugs* (Draft form, due for full publication summer 2015).
3. Magnani G, Bonaca M, Braunwald E *et al.* Efficacy and safety of Vorapaxar as approved for clinical use in the United States. *J Am Heart Assoc* 2015; **4:** 1–9.
4. European Medicines Agency. *Zontivity: Opinion by the Committee for Medicinal Products for Human Use.* 2015. Available online at http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/medicines/002814/smops/Positive/human_smop_000750.jsp&mid=WC0b01ac058001d127 (accessed July 2015).

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