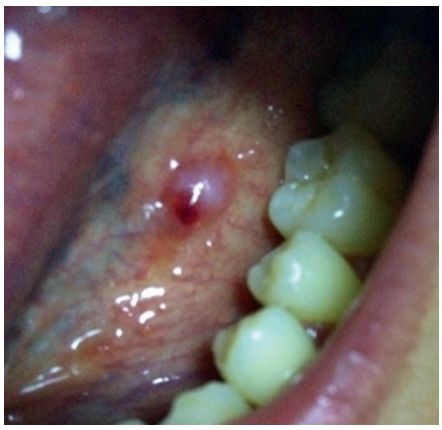

Fig. 1 A ranula

have had to be performed in the operating room under general anesthesia. Three weeks after the initial visit, the vesicle suddenly increased in size after a dinner and caused significant discomfort, so I performed an incision and drainage by myself using a fine needle to alleviate the symptom. One day after incision, the lesion became whitish and solid with no accumulated mucus, and then the lesion started to decrease in size and was completely resolved at two months after incision. No recurrence of ranula has been shown since the incision procedure.

Recent studies have shown that excision of the ranula and the sublingual gland is the standard and radical treatment for a ranula and yields the least possibility of recurrence.[1-3] Incision and drainage are only performed in infants and should be avoided in adults since they result in a rapid closure of the wound and a quick recurrence usually occurs.[1,4,5] My experience indicated that a small superficial ranula may completely resolve after incision and drainage, probably because it is originated from minor salivary glands at this location rather than the sublingual gland.[4] Therefore, incision and drainage can still be attempted to achieve a better cost-benefit in treatment of first-onset superficial ranula, especially in some situations like the shortage of medical resources or poor candidates for surgery. If the ranula recurs after incision and drainage, then excision of the ranula and the sublingual gland is recommended.

Wenjia Xie, China

1 Lee D H, Yoon T M, Lee J K, Lim S C. Treatment outcomes of the intraoral approach for a simple ranula. *Oral Surg Oral Med Oral Pathol Oral Radiol* 2015; 1**19:** e223-225.

2 Zhi K, Gao L, Ren W. What is new in management of pediatric ranula? *Curr Opin Otolaryngol Head Neck Surg* 2014; **22:** 525-529.

3 Patel M R, Deal A M, Shockley W W. Oral and plunging ranulas: What is the most effective treatment? *Laryngoscope* 2009; **119:** 1501-1509.

4 Albsoul N M, Obeidat F O, Altaher R N, Jubouri S A, Hadidy A M. Recurrent right sublingual ranula, concomitant with ipsilateral submandibular salivary gland aplasia. *Int J Surg Case Rep* 2013; **4:** 229-231.

5 Zhi K, Wen Y, Ren W, Zhang Y. Management of infant ranula. *Int J Pediatr Otorhino laryngol* 2008; **72:** 823-826.

DOI: 10.1038/sj.bdj.2015.794

COMMUNICATION

Naming names

Sir, I thank Stephen Hancocks for stressing the urgent need for the institutionalisation of efficacious health communication strategies, harnessing the power of words in the delivery of healthcare and health promotion.[1] We live in truly cosmopolitan and multicultural societies. Patients, healthcare providers, nurses and physicians come from diverse political, gender, marital status, cultural, ideological, religious, economic and linguistic hues and cues, and hence is the need to advance global citizenship and nurture interpersonal and inter-institutional communications in an increasingly transnational work environment. The word is mightier than the sword, and if swords can coerce us into submission, nothing seems to be more powerful than the words that can shape our opinions, foster cultural, religious and social diversity, and promote tolerance, harmonious coexistence and mutual understanding; all lie at the heart of our ethos to promote scientific, educational and research collaboration across and between societies.

Munjed Farid Al Qutob, London

1. Hancocks S. Naming names. *Br Dent J* 2015; **219:** 193.

DOI: 10.1038/sj.bdj.2015.795

RIGHT OF REPLY

Stereopsis

Sir, Syrimi and Ali wrote on the need for stereopsis in dentists (*Br Dent J* 2015, **218:** 597-598). The paper is an interesting one, but I believe their conclusion to be stronger than that represented in the few papers that were available for review. All the articles used the TNO test which uses 3-D pictograms to decide whether a student could see stereoscopically. The point in dentistry however is not whether one can see stereoscopically, but rather the ability to place an instrument close to, or on, a tooth. This is stereo perception and is important in avoiding erroneously placing a bur and causing damage. Subjects with poor stereo perception are considerably aided by visual clues such as objects lying in front or behind other objects.

Miller commented on this paper by saying *'that if one uses a mirror to view the operative field then one is using monocular vision....'* I am surprised by this remark as stereoscopic binocular vision is most certainly used for example when shaving or putting on make-up with a mirror. Indeed, Wheatstone invented the earliest (mirror) stereoscope in 1838[1] and similar mirror stereoscopes were used to view and measure stereopair photographs in surveying and photogrametry until the recent advent of digital methods.

P. Howell, London

1. Stereoscope. Wikipedia. Available online at https://en.wikipedia.org/wiki/Stereoscope (accessed October 2015).

DOI: 10.1038/sj.bdj.2015.796

Discrepancy in guidelines in periodontal examination

Sir, I want to share with the readers the discrepancy that I have noted in the recommendation in the basic periodontal examination and its implications.

According to the British Society of Periodontology,[1] if a score of three noted when recording basic periodontal examination (BPE), full pocket charting should be done for the sextants with score three, irrespective of the number of sextants with the score three; however, according to the Scottish Dental Clinical Effectiveness Programme (SDCEP)[2] the recommendation is that for patients with a BPE score of three in more than one sextant, a six point periodontal charting should be done throughout the entire dentition.

This has led to confusion in students while doing a periodontal examination here at the University of Dundee. I hope this discrepancy is addressed sooner rather than later.

Z. Imran, Dundee

1. British Society of Periodontology TBSo. Basic periodontal examination (BPE) 2011. Available Online at: http://www.bsperio.org.uk/publications/downloads/39_143748_bpe2011.pdf (Accessed October 2015).
2. SDCEP. Prevention and treatment of periodontal diseases in primary care, guidance in brief 2014. Available online at: http://www.sdcep.org.uk/wpcontent/uploads/2015/01/SDCEP+Periodontal+Disease+Guidance+in+Brief.pdf (Accessed October 2015).

DOI: 10.1038/sj.bdj.2015.797

ERRATUM

Letter *British Dental Journal* 2015; **219:** 245-246, 'Cochlear implant update'

In the above letter we stated the sole author was V Kumar. We wish to clarify that the author's name should have read Vagish Kumar L S.

We apologise for any inconvenience caused.

DOI: 10.1038/sj.bdj.2015.798