

# LETTERS TO THE EDITOR

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Email [bdj@bda.org](mailto:bdj@bda.org). 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](http://www.bdj.co.uk)). A 'Readers' Comments' section appears at the end of the full text of each letter online.

## DENTAL EDUCATION

### The next generation

Sir, I read the opinion paper 'Identifying and preparing the next generation of part-time clinical teachers from dental practice' by D. R. Radford *et al.*<sup>1</sup> with great interest. As a recent graduate, now working as a general dental practitioner, I found the opinion paper extremely easy to relate to.

Excellent non-academic clinical teachers are of paramount importance at undergraduate level, particularly when dental students are most impressionable towards the end of the 5 year programme. I, for one, found the supportive expertise and the balanced approach from experienced general dental practitioners to be invaluable. An expert clinical teacher can allow the self-directed learner to grow into a reflective practitioner.

I agree with the authors that the development from experienced clinical practitioner to novice clinical teacher through to experienced clinical teacher is an under researched area. This area is absolutely invaluable to help develop the next generation of young dentists and to adequately prepare them to become ethical, reflective practitioners ready for lifelong learning.

L. Clements, Oxfordshire

1. Radford D R, Hellyer P, Meakin N, Jones K A. Identifying and preparing the next generation of part-time clinical teachers from dental practice. *Br Dent J* 2015; **219**: 319–332.

DOI: 10.1038/sj.bdj.2015.828

## CASE REPORTS

### A bridge too far!

Sir, having just returned from working on a hospital ship in the Amazonian villages of Peru, I was (for want of a better word) gobsmacked by this very interesting piece of dentistry.

Villagers travel by boat on the mighty Amazon River for days, to one of the larger towns like Iquitos for some fairly complex dental treatment. Apparently anterior cosmetic dental work (whether needed or not!) makes the person more 'marriageable material' where partner choice is limited as the average village has less than a hundred inhabitants!

## IN PRACTICE

### Is lipstick oral health?

Sir, your editorial of the above title appearing in the *British Dental Journal*<sup>1</sup> raises intriguing questions regarding the current expansion of dental practice taking place in North America. Professional courses are being offered as 'continuing dental education' by university-affiliated dental schools in 'Neuromodulators: cosmetic treatment of the upper face and bruxism'.

These courses are essentially the art and science of eliminating or diminishing the facial wrinkles of ageing. By precise administration of neuromodulators Botox, Dysport and Xeomin, these drugs cause paralysis of facial wrinkling muscles by preventing the release of the neurotransmitter, acetylcholine, at the neuromuscular junction of striated muscle, which produces 'chemical

denervation', resulting in temporary paralysis of the muscles.

The temporary nature of the paralysis, lasting from three to six months is due to the re-establishment of neuromuscular transmission by the growth of axonal sprouts at the neural end-plate region. These new axonal sprouts then begin to release acetylcholine, restoring muscular function. The consequent recurrence of the wrinkles then requires re-administration of the drugs at regular intervals, ensuring regular 'maintenance' of the wrinkle-free state.

The traditional role of dentists as 'operators of the teeth' is now being expanded into cosmeticians, to which your editorial has drawn attention.

G. H. Sperber, Edmonton, Canada

1. Hancocks S. Is lipstick oral health? *Br Dent J* 2015; **219**: 367.

DOI: 10.1038/sj.bdj.2015.827

A very pleasant 34-year-old gentleman with average oral hygiene, presented with raging toothache in his upper right quadrant. At first glance, I assumed he was wearing an ill-fitting partial metal denture that was floating in the breeze (Fig. 1).

Upon closer examination I was astonished to see that it was a 9-unit cantilever

bridge suspended on (what was by now) a severely periodontally compromised 16. The other end of the bridge had, at one time, 'rested against' a long exfoliated 24.

It consisted of a metal substructure with pink porcelain that appeared to have been relined with some form of acrylic resin, containing encased acrylic teeth with his initials MTF in gold (Fig. 2).

After further questioning it appeared that it had been constructed over four years before and had only recently started giving him problems!

The extraction took a matter of seconds



Fig. 1 It looks like a denture



Fig. 2 The metal substructure