LETTERS TO THE EDITOR

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Email 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). A 'Readers' Comments' section appears at the end of the full text of each letter online.

ORAL AND SYSTEMIC HEALTH

Deficits in our knowledge

Sir, in their paper *Periodontitis: a potential risk factor for Alzheimer's disease*,[1] the authors proposed several areas for further research into the relationship between sporadic late onset Alzheimer's disease (SLOAD) and periodontal disease.

This paper and others highlight deficits in our knowledge and the need to determine which established correlations between periodontal disease and systemic diseases have no underlying relationships, which are based upon an association between the diseases, and which are causal in nature and therefore potentially warranting intervention.[2] It has been also suggested that tooth eradication may reduce the systemic inflammatory burden of individuals with severe periodontitis[3] and the potential value of such a 'therapeutic' approach may be deserving of consideration where causal relationships are proved?

In some areas of the UK only a few generations ago, it was common practice for a bride-to-be to have a full dental clearance and complete dentures provided in the belief that this would reduce future dental problems and financial burden on her husband.[4] At the risk of re-inventing the wheel, I suggest that this subset of the UK population could prove very valuable in progressing research into understanding reported correlations between periodontal disease and systemic diseases (including SLOAD, CVD, diabetes, pneumonia, osteoporosis and cancer[1,5]).

Assuming statistically robust populations of early 'elective' edentulous patients and 'matched' dentate individuals with severe periodontal disease (to manage common and/or potentially confounding factors) could be recruited, they could provide retrospective epidemiological and other data on the relationship between systemic diseases and periodontal disease as assessed both clinically and implied on the basis of genetic polymorphisms identified as being disease risk factors (in dentate and edentulous patients).

For example, in the case of SLOAD, they might provide retrospective analytical routes to achieving better understanding in the following areas of research suggested by Cerajewska *et al.*:[1]

- The relationship between cognitive and periodontal status from middle to old age
- The levels of periodontal pathogens in brain tissue
- Determining whether genetic polymorphisms associated with periodontal disease are also associated with periodontitis.

Furthermore, such research could be extended to include patients who have had implants placed to support complete dentures with a view to determining whether any bacteraemia and inflammatory burden changes associated with their placement, could induce systemic effects?

With the benefit of hindsight, it is extremely regrettable that women were put though the trauma of such dental clearances and thankfully this elective clinical intervention has no place in modern

NHS DENTISTRY

The social media challenge

Sir, recently a 50-year-old lady attended the clinic suffering with spasmodic torticollis of the neck. She has been suffering with the condition for over 20 years and continues to undergo prescribed treatment of Botox injections to her sternocleidomastoid muscles. These injections have proven ineffective, leading the patient to search the Internet for alternative treatments. The reason for her referral from her GP pertained to a video she had seen on YouTube from an American dentist. The long video revealed a lady of similar age, suffering with full body dystonia who was then fitted with an intra-oral splint by her dentist as a new and innovative therapy. Following the placement of the splint there was near instant cessation of symptoms.

During the consultation, the patient replayed the video and wished to discuss at length the treatment provided in the video. She then requested that a similar such device be constructed for her. She also reported that she had contacted the patient in the video, and they were now in regular correspondence. The patient was advised that a search in the medical literature would be carried out to ascertain whether or not this treatment could be substantiated. No convincing evidence/research relating to the use of splints in treating this condition could be found.

This case highlights potential difficulties in the future provision of treatment and management of patient expectations in the NHS. The rise of social media platforms such as YouTube, Facebook, Twitter and Instagram has had an inherently positive impact. As patients become better connected and less isolated, they will seek and gain greater support. There are, however, negative consequences as patients searching for treatments have greater access to information and 'cures' for which research may not be of the highest merit. This gives patients false hopes and expectations regarding possible treatments for their conditions, pressurising clinicians to provide care without sound scientific evidence. The increasing frequency of such cases opens up new challenges for the NHS in the twenty-first century. It may become more difficult to provide treatments based on sound evidence and clinical research, whilst endeavouring to meet patient expectation. Social media is becoming a direct challenge to a clinician's ability to manage patient's expectations of their treatment and its outcome. Whilst the rise of social media is undoubtedly a positive development, it could cause significant difficulties for continued provision of evidence based practice, leading to fracturing and breakdown of the patient/clinician relationship.

https://www.youtube.com/watch?v=MoD37BbVeNM_

J. Shuttleworth, W. Smith,
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DOI: 10.1038/sj.bdj.2016.110

dentistry. However, this also means that this cohort of patients will be diminishing in number and with it the window of opportunity they offer.

P. V. Mc Crory, Cheadle, Stockport

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4. Basker R M, Davenport J C. *Prosthetic treatment of the edentulous patient*, 5th ed. Wiley-Blackwell, 2011.
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DOI: 10.1038/sj.bdj.2016.111

GORILLAS

Studies on pathology and health

Sir, colleagues with involvement in comparative medicine and 'One Health' may be interested to know about a publication, currently in preparation, on the pathology and health of gorillas. The purpose of this letter is to solicit information from members of the dental profession, not necessarily pathologists, who may have been consulted about oral lesions in live or dead gorillas and who either are willing to share data about such cases or have information as to where stored material from *Gorilla spp*. is located – in hospital laboratories or dental museums, for example.

This publication, entitled *Gorilla pathology and health: with a catalogue of preserved materials,* will be published under Elsevier's Academic Press imprint. The first part, a monograph on the diseases and pathology of gorillas, will be largely authored by John E. Cooper, a specialist veterinary pathologist, and the second part, a *Catalogue* listing information about the whereabouts of skeletons, teeth, skins, fluid-preserved specimens and laboratory resources such as histological sections, by Gordon Hull.

My colleague and I are grateful to dental surgeons who have already written to us and provided information for the book or commented on sections of the draft text. Any other colleagues reading this letter who may be able to assist are encouraged to contact me. All contributions will be fully acknowledged.

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DOI: 10.1038/sj.bdj.2016.112

EU REFERENDUM

Victim of fallacy

Sir, Dr Batchelor is to be commended for his Leader in *BDJ* 219 No. 11 (p 513) regarding the EU referendum.

He seems at one level to raise an important issue and yet at the same time to be victim of a political fallacy. He seems concerned that much of the NHS dental workforce comes from EU qualified professionals.

By concluding 'When considering how to vote in the EU referendum...' he seems to be suggesting that thinking about this should influence the decision of how to vote.

The advantages of membership to the inward mobility of the workforce is a positive factor we all recognise. The fallacy of Dr Batchelor's argument is that if the UK were outside the EU, such a workforce would not still be able to come here.

The whole point of the UK-outside-the-EU argument is that the UK will make its own rules. The UK can choose to accept to European qualifications or choose, for educational reasons, not to do so, diverting previously accepted qualifications into the ORE process.

That sounds like a better methodology for determining the skill levels needed in any inward migration of dental professionals. Put like that, voting to exit the EU might suggest a positive step for standards in UK dentistry rather than an acceptance of whatever the EU throws at us.

However, Dr Batchelor is right to suggest that a fleetness of legislative foot by the Government of the day will be required to ensure that if the UK were to exit the EU, there is not a sudden, and yet anticipated, crisis in dental workforce numbers.

That might be his next project – to draft the legislative text needed to maintain the workforce in the event of an exit.

C. Lister, Romsey

DOI: 10.1038/sj.bdj.2016.113

ORAL SURGERY

Self-milking the sialolith

Sir, as primary care practitioners charged by the NHS to deliver care at ever decreasing costs, we present this as a novel alternative to surgical interventions for the treatment of salivary gland stones.

A 47-year-old male presented to our clinic having been referred by his local GP who had prescribed 500 mg amoxicillin and 125 mg calvulonic acid for a painful floor of mouth swelling.

The patient presented with pain on the lower left submandibular region, notably worse after eating. The problem had been recurring in the last few months but had become acutely painful and swollen in the last 48 hours.

Examination revealed a 3 cm diffuse swelling in the left submandibular region behind a solid mass palpable in the left submandibular duct.

A provisional diagnosis of acute abscess caused by a submandibular sialolith was made and the gentleman advised to return for review in a week while massaging.

The patient had had a similar occurrence a few years back which resulted in the removal of his RHS submandibular gland.

On presentation after one week the patient had extracted and milked the duct himself to remove the stone. He used copious amounts of lemon juice and actively massaged the duct to remove the stone. It measured 21 × 6 mm (Fig. 1).

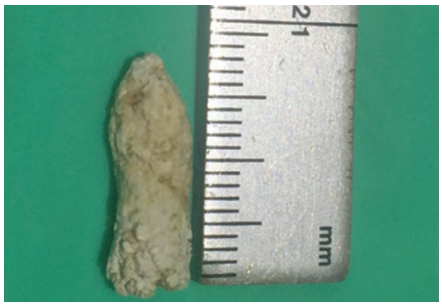

Fig. 1 The extracted sialolith

This is an interesting alternative to surgery for the removal of large stones; one we have not been taught to do!

S. Bhansali, N. Sarrami, by email

DOI: 10.1038/sj.bdj.2016.114

ANTIMICROBIAL RESISTANCE

Dangerous abuse

Sir, almost 20 years ago (1998) the World Health Assembly agreed a resolution on antimicrobial resistance, and subsequently there has been increasing awareness of the need to use antimicrobials more appropriately, with the World Health Organisation (WHO) publishing a global action plan on antimicrobial resistance in 2015.[1] The WHO plan sets out:

- To improve awareness and understanding of antimicrobial resistance
- To strengthen knowledge through surveillance and research
- To reduce the incidence of infection
- To optimise the use of antimicrobial agents
- To develop the economic case for sustainable investment that takes account of the needs of all countries,