

LETTERS TO THE EDITOR

Send your letters to the Editor, British Dental Journal, 64 Wimpole Street, London, W1G 8YS
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.

PHARMACOLOGY

Dabigatran specific antidote

Sir, I am in total agreement with Scully and Robinson (*BDJ* 2015; 219: 515). Oral anticoagulation with vitamin K antagonists has been used for several decades but has a number of limitations. New oral anticoagulants (dabigatran, rivaroxaban and apixaban) represent a new era in anticoagulation therapy but an area of concern with these medications is the treatment of complications of haemorrhage. The major drawback is the absence of an effective antidote.

Idarucizumab is the first dabigatran specific antidote under study.¹ As a specific reversal agent for dabigatran, idarucizumab does not alter the effect of other oral anticoagulants.

Reversing dabigatran therapy with idarucizumab may expose patients to the thrombotic risk of their underlying disease.² Idarucizumab will rarely be used in clinical practice.³ The introduction of the new oral anticoagulants poses a number of challenges in dental surgery. The number of patients prescribed new oral anticoagulants has been increasing and it is necessary to carefully evaluate the bleeding risk of dental treatment, as well as the thrombotic risk of suppressing the new oral anticoagulant.

A. Curto, Spain

1. Grottke O, Honickel M, van Ryn J, ten Cate H, Rossaint R, Spronk H M. Idarucizumab, a specific dabigatran reversal agent, reduces blood loss in a porcine model of trauma with dabigatran anticoagulation. *J Am Coll Cardiol* 2015; **66**: 1518–1519.
2. Starke R M, Komotar R J, Connolly E S. A prospective cohort study of idarucizumab for reversal of dabigatran-associated hemorrhage. *Neurosurgery* 2015; **77**: N11–13.
3. Traynor K. Idarucizumab approved for reversal of anticoagulant effects of dabigatran. *Am J Health Syst Pharm* 2015; **72**: 2002–2004.

DOI: 10.1038/sj.bdj.2016.201

ORTHODONTICS

Upcoming prosecution

Sir, your readers may not be aware that the GDC will very shortly be prosecuting well-known orthodontist John Mew. He is charged that he acted in a 'dishonest' and

MEDICAL EMERGENCIES

Sepsis in primary dental care

Sir, following the recent media coverage and public awareness campaigns regarding sepsis, we feel it is vitally important to raise awareness of the potential for sepsis to arise in the general dental practice setting. Sepsis occurs when the body's immune system responds to infection (such as an odontogenic infection) in an exaggerated way. This can cause a cascade of reactions from shock to organ failure and even death.¹ There may often be the presence of an underlying systemic disease. NHS England published a wide-ranging sepsis action plan at the end of last year² and the health secretary Jeremy Hunt has revealed plans to develop further tools to help diagnose and raise awareness.³ We would like to discuss the warning signs or 'red flags' that can emerge, which include:

Altered mental state (ie slurred speech or confusion); malaise, shivering (rigors) and muscle pain; failure to pass urine in the previous 18 hours; breathlessness and an increased breathing rate (over 20 respirations per minute); derangement of blood pressure and body temperature; tachycardia; non-blanching rash; cyanosis of the skin, lips or tongue.

'misleading' fashion by early treatment of an 8-year-old child.

On the face of it, it would appear that the conflict is due simply to a difference of opinion between John Mew and another orthodontist – although the allegations are not expressed in these terms, the GDC preferring such euphemisms as 'inaccurate diagnosis of the patient's needs' and 'providing treatment which was not clinically indicated'.

This issue of opinion is unequivocally covered by the British Orthodontic Society's (BOS') document Professional Standards for Orthodontic Practice which states on page 8 that 'the benefits of early treatment should be fully discussed...' and that 'Practitioners should be clear that their advice is their opinion based on their

In the case of younger children and babies these signs may present differently. A high index of suspicion should be adopted in certain groups of patients, including those over 75 years of age, the immunocompromised, the pregnant and those with recent surgical interventions. Patients exhibiting signs of sepsis should be urgently referred to the local emergency department, where further investigations can be carried out and acted upon. Immediate treatment can include high flow oxygen, intravenous fluids and antibiotics.² Spotting a deterioration in these signs can help stop sepsis, a condition which claims an estimated 44,000 lives each year,⁴ from progressing. Publication of the final specific guidance for clinicians from NICE on sepsis is expected in July of this year.²

D. Gilway, S. J. Brown, by email

1. Carter L, Lewis E. Death from overwhelming odontogenic sepsis: a case report. *Br Dent J* 2007; **203**: 241–242.
2. NICE. 2016. Sepsis: guidance and guidelines. Available at: <https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0686/documents> (accessed 28 January 2016).
3. Department of Health. New action to reduce sepsis. 5 January 2015. Available at: <https://www.gov.uk/government/news/new-action-to-reduce-sepsis> (accessed 28 January 2016).
4. The UK Sepsis Trust. 2016. Available at: <http://sepsistrust.org> (accessed 28 January 2016).

DOI: 10.1038/sj.bdj.2016.202

assessment of the available evidence...'

By the time you receive this letter the case may well be over. However, I am concerned that your readers may not be aware that, in spite of the BOS guidelines on 'opinion', orthodontists may still get into difficulty with the GDC.

N. Stimson, Editor, *Cranio UK journal*
DOI: 10.1038/sj.2016.203

COMMUNITY DENTISTRY

A new dimension

Sir, we would like to congratulate Caton *et al.*,¹ for their qualitative paper on their evaluation of a community dental service for the homeless and hard to reach.