

# Letters to the editor

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## Oral health

### OHRQoL in systemic sclerosis

Sir, we read with interest the article by Veale *et al.* (*BDJ* 2016; **221**: 305–310) about the oral and maxillofacial manifestations of systemic sclerosis.<sup>1</sup> Systemic sclerosis is a multisystem disease in which functional impairment and work disability are common. Oral manifestations of systemic sclerosis include caries, xerostomia, microstomia, gingival recession, periodontal disease and bone resorption of the mandible, sometimes leading to fractures.<sup>2</sup>

Instruments have been developed to assess oral health-related quality of life (OHRQoL) that may be diminished specifically by problems resulting from poor oral health.

Studies of oral health in systemic sclerosis have been performed with small samples, often without appropriate controls. Oral health-related quality of life in systemic sclerosis has not been robustly estimated.<sup>3</sup>

Global oral health-related quality of life is significantly impaired in systemic sclerosis. There is some evidence from studies in non-systemic sclerosis subjects that oral health-related quality of life is associated with global health-related quality. Oral health-related quality of life in systemic sclerosis is independently associated with global health-related quality of life. Oral health-related quality of life, however, is not related to physician-assessed disease severity. Systemic sclerosis patients have more missing teeth, more periodontal disease, less saliva production, smaller interincisal distance and poorer oral health-related quality of life than controls subjects.<sup>4,5</sup>

Given the impact of poor oral health on health-related quality of life, healthcare professionals caring for systemic sclerosis patients should pay more attention to oral health, as has been previously suggested,

as interventions to improve oral health in systemic sclerosis have the potential to improve overall health-related quality of life.

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4. Maddali Bongli S, Del Rosso A *et al.* The Italian version of the Mouth Handicap in Systemic Sclerosis scale (MHSS) is valid, reliable and useful in assessing oral health-related quality of life (OHRQoL) in systemic sclerosis (SSc) patients. *Rheumatol Int* 2012; **32**: 2785–2790.
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## Pharmacology

### Discontinuation of bisphosphonates

Sir, in May 2007 a 62-year-old female presented with pain and a bad taste from her lower right jaw. Her previous history included the extraction of the 46 some eight months previously. Her medical history included osteoporosis, type 2 diabetes and a smoking habit of 100 rollups a week. Her drug history included alendronic acid since July 2004. Examination revealed suppuration from the site of the previous extraction with non-vital bone present within the wound. Radiographic evidence of sequestra formation supported a diagnosis of osteonecrosis. Treatment included chlorhexidine M/W, surgical debridement, and culture and sensitivity guided antibiotic Rx (metronidazole). The alendronic acid was discontinued in June 2007 (circa 3-year administration). Following removal of a bony sequestrum symptoms continued episodically but were controlled with regular irrigations and C&S guided systemic antibiotics.

A bone mineral density scan was performed in March 2008 and return to medicated skeletal protection was not indicated. In July 2008 the patient presented with increased pain and dysaesthesia affecting the right side of the lower lip. A radiograph (Fig. 1) demonstrated osteolysis approaching the ID canal with osteosclerotic thickening of the lamina dura of 45, 44 and 43 and a widening of the periodontal space – all signs of progression of the disease. Further antibiotics and surgical debridement gave some relief and in September 2008 resolution of the dysaesthesia was reported and the patient announced that she 'felt best for two years.' Placed on long-term review, a radiograph taken in December 2011 (Fig. 2) demonstrated evidence of bone regeneration and reduced osteosclerosis with return of near normal thickness of the lamina dura and periodontal space of previously affected teeth. The patient was still smoking 100



Fig. 1 Radiograph taken in July 2008

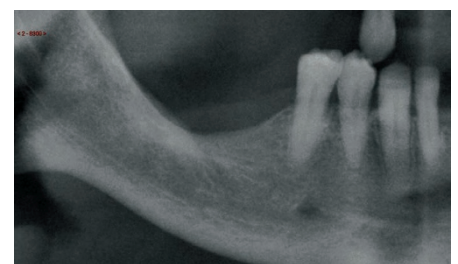


Fig. 2 Radiograph taken in December 2011