

COMMENT

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.

The following two letters are in response to the article 'The ultimate guide to restoration longevity in England and Wales. Part 5: crowns: time to next intervention and to extraction of the restored tooth' published in the BDJ on 6 July 2018.

Restoration longevity

New treatment plan

Sir, after reading 'The ultimate guide to restoration longevity in England and Wales. Part 5: crowns: time to next intervention and to extraction of the restored tooth'¹ in the July issue of the BDJ, I changed a treatment plan in the hope of a better and more minimalist approach.

As shown in Figure 1 15, 16 and 17 all had MOD carious, leaking and fractured amalgams; I had replaced the amalgams with composite cores under rubber dam (Fig. 2) with the intention of crowning or onlays if stable – that is, until I read the latest research indicating the reduced lifespan of teeth restored with crowns.



Fig. 1 15, 16 and 17: long standing and failing amalgams secondary to caries and fracture

I looked again at the pictures after amalgam removal and at the composite cores (incidentally highlighting the benefit of photographing one's work to allow for reflection

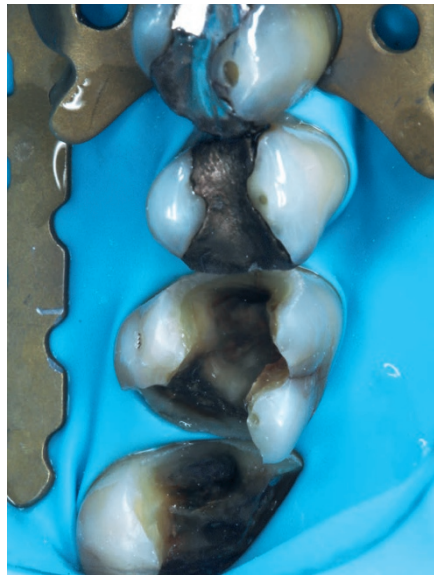


Fig. 2 Rubber dam placement & removal of amalgam 16, 17; disto-buccal cusp 16 fractured & to be removed



Fig. 3 Finished restorations in 15, 16 and 17

and discussion with peers). I then concluded that, rather than cutting away tooth out of habit, with the favourable occlusion and guidance, I would polish the composites up instead as permanent restorations (Fig. 3).

The patient seemed keen on this change of treatment plan in avoiding further work and potentially having more tooth left to play with in the future. In keeping with the findings of the article, as a young dentist (BDS 2015) I hope my direct restorations will perform well! My only regret is not placing an opaquer to hide the amalgam stained dentine.

A Parr, by email

1. Burke F J T, Lucarotti P S K. The ultimate guide to restoration longevity in England and Wales. Part 5: crowns: time to next intervention and to extraction of the restored tooth. *Br Dent J* 2018; **225**: 33–48.

DOI: 10.1038/sj.bdj.2018.762

Patient and dentists' interests matter

Sir, with all this information on longevity and further interventions¹, what should we answer when a patient asks 'how long will this last?'

We can, of course, quote the published papers but shouldn't the real answer be 'I don't know how long my restorations last' unless the practitioner has undertaken a proper audit of this type of treatment. I also wonder how reliable and useful is the information given over in the above¹ and preceding articles.

While recognising that the figures are drawn from actual treatments carried out – ie what practitioners did – we do not know why they did what they did and what their decision making process was. Secondly, how is this information to be used when there is a patient in the dental chair?

A look at Cochrane reviews will reveal that most relevant papers published in relation to the above or related topics are excluded because of bias or inadequate protocols.

With restoration failure, there is no universally applied standard. There are, then, two