

Letters to the editor

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Dental trauma

Knife crimes and facial injuries

Sir, knife crimes are on a steady rise in the UK producing deleterious effects on the victim, family and community. More than 5,000 recorded hospital consultations in England were noted in 2017–18 related to assault by sharp weapons (14% rise compared to 2016–17). Disturbingly, 10–17-year-olds accounted for 21% of all offensive weapon possessions.¹ The increase in the number of female offenders involved in Offensive Weapons Related Crimes (OWC) in recent years is alarming.

A 23-year-old Asian female was brought in via ambulance after being stabbed with a knife on the left side of her face by another female assailant after an argument. She had also been hit with a bottle on her head during the same episode. On examination, she had a large variably deep wound of the left cheek with ragged edges measuring approximately 12 cm in length (Fig. 1). The facial nerve appeared to be intact with no global neurological deficit. The patient was admitted for a formal exploration of the facial wounds including assessment of the parotid duct. The wound was found to be just short of the duct. The area was thoroughly debrided and closed primarily.

Facial injuries are a common presentation in the emergency department and quite often



Fig. 1 Left-sided deep facial wound caused by knife assault

caused due to interpersonal violence in the UK. However, the rise in OWC presents a number of challenges to doctors and dentists alike with complications such as broken metallic foreign objects, haemorrhage, infection, scarring, fractures, dental injuries and damage to deeper vital structures including blood vessels, nerves and salivary ducts leading to increased morbidity and mortality.

There is substantial evidence to suggest that urban areas are more likely to see OWC, with London (35%) leading followed by West Yorkshire, Greater Manchester and the West Midlands.² We anticipate that there will be upsurge of these disconcerting presentations in our general and dental emergency departments unless pre-emptive steps are undertaken by the concerned authorities.

S. Mumtaz, N. Visaria-Shah, D. Komath,
London, UK

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DOI: 10.1038/s41415-019-0358-8

Holistic care

The fasting patient

Sir, as you will be aware the holy month of Ramadan is fast approaching, from early May until early June. Within the UK there is a large Muslim demographic who will be fasting during this month. In addition to this, intermittent fasting has become a recent health trend in the general population. As dental practitioners we need to be aware of the impact this will have on our patients' overall care.

Studies have shown that fasting has many beneficial effects on general health, including

improvements in glycaemic control, weight loss, blood pressure and even advantageous changes in the gut microbiome.¹

However, patients who are in a state of fasting may be hypoglycaemic, dehydrated and may be more prone to have postural hypotension or suffer from dizziness.² For some patients the use of local anaesthetic or water spray may not be acceptable. It is important to ask the patient whether they are comfortable with proceeding with treatment and outlining all the steps that will be involved in their care. Perhaps it may be more convenient to rearrange elective treatment to a later date. In emergency cases, if the patient is in pain and extraction is indicated, pulp extirpation may be considered instead.³

Some studies suggest that during Ramadan there may be changes in drug compliance as patients tend to alter the timings of their medications. This needs to be taken into consideration when prescribing postoperative medications.² Moreover, with regards to oral hygiene some patients prefer not to brush their teeth whilst fasting in order to prevent swallowing water and breaking the fast. Hence, dental practitioners should advise their patients to brush before sleeping and again after Suhoor (the pre-dawn meal).

As healthcare providers we have a responsibility to make our patients feel at ease. By respecting cultural and religious sensibilities we can improve the overall experience the patient has which in turn increases their confidence in us and the profession.

M. Nawaz, S. Khan, London, UK

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DOI: 10.1038/s41415-019-0379-3