teeth led to BPE scores of 111/121. There was plaque-induced gingivitis. Left and right bitewing radiographs confirmed diagnoses of caries into dentine in the 17, 18, 25 and 27 teeth. Alongside improved cleaning and dietary changes, the patient was encouraged to change her toothpaste from the fluoride-free brand, to one that contained at least 1,350 ppm fluoride.¹

This patient's irregular dental attendance could have contributed to the extent of

dental caries found. A competent clinician would have diagnosed active lesions earlier and instituted preventative strategies.³

Dental students should regularly check their own cleaning, diet and fluoride content of the toothpaste they use. This interesting case brought to light a potential lack of self-awareness amongst dental students.

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CASE REPORT

Dental radiography

Deceptive radiographs

Sir, a 29-year-old gentleman was referred to our oral surgery department complaining of food packing between the lower left second and third molar teeth (37, 38). The 38 was horizontally impacted and 37 had been restored with a metal-ceramic crown. A sectional panoramic radiograph (Fig. 1), taken to assess the relationship between 38 and the inferior alveolar canal, showed radiolucencies suggestive of caries occlusally in 38 and beneath the crown on 37.

Clinically, a defect was noted at the mesial margin of the metal-ceramic

crown on 37; however, the distal margin could not be accessed with a probe due to the position of 38. There was some doubt over the long-term prognosis of the second molar.

Following discussion of treatment options with the patient, he consented for surgical removal of 38 under local anaesthetic with intravenous sedation. A supplemental bitewing radiograph (Fig. 2) was taken to better appreciate the extent of any caries in 37, in case extraction was required. To our surprise this showed the distal surface of 37 to be intact and the tooth to be caries free. The mesial margin of the restoration was defective, however, and the patient and referring GDP were informed.

While it is well established in guidelines that bitewing radiographs are optimal for caries detection,¹ they do not show the root morphology or periradicular structures. In oral surgery, imaging of these structures is often desirable, and so panoramic radiographs are commonly used. Owing to their reduced sensitivity and specificity,² caution should be exercised when attempting to diagnose caries from these radiographs, particularly in relation to extra-coronal restorations. This case highlights the limitations of panoramic radiography, and the potential utility of supplemental bitewing radiographs for treatment planning, particularly in the oral surgery environment where such imaging may not be routinely used.

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Unusual supernumerary

Sir, a 23-year-old male patient presented to our clinic for removal of the left mandibular third molar after several episodes of acute pericoronitis. Intraorally the tooth appeared to be of normal morphology and was partially erupted. However, a panoramic radiograph showed what appeared to be a supernumerary tooth superimposed over the left mandibular third molar (Fig. 1). A surgical extraction was performed and the tooth was removed completely intact. Inspection of the specimen extra orally found that there

Fig. 1 A sectional panoramic radiograph showing radiolucencies suggestive of caries occlusally in 38 and beneath the crown on 37

Fig. 2 A supplemental bitewing showing the distal surface of 37 to be intact and the tooth to be caries free

Fig. 1 Cropped panoramic radiograph showing as if supernumerary tooth superimposed over the left mandibular third molar

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