

proliferation. The patient, now recovering, is under review and in our care.

First identified in 2010, EBV-MCU was provisionally classified by the WHO in 2016 as a mature B-cell lymphoid neoplasm.<sup>3</sup> Although relatively rare, perhaps due to under reporting, by 2018, some 100 cases have already been documented, 27% being associated with the immuno-senescence of old age alone.<sup>4</sup> Disease progression can be anything from indolent and self-resolving, to aggressive and requiring surgical excision and radiotherapy.<sup>5</sup> Regardless of the EBV-MCU profile, once detected, multi-disciplinary surveillance should always follow due to the increased risk of neoplastic transformation in the oral and sinus cavities, the nasopharynx and the GI tract.<sup>5</sup>

On reflection, due to the ubiquitous nature of EBV and the ageing patient population globally, we believe EBV-MCU could be under-reported in the UK and it should be considered within differential diagnoses when referring. A definitive diagnosis and treatment depends on an approach that is inter-professional and the work of the perceptive dentist and supportive doctor might continue even after referring their patient. Certainly passion and pride enhance such outcomes, but perhaps even more so if they proceed in partnership with other professionals.

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## References

1. Tajmehri N. Appropriateness of referrals on the suspected cancer referral pathway – a secondary care perspective. *Br Dent J* 2019; **226**: 539-540.
2. Wight A J. Appropriate referring. *Br Dent J* 2019; **226**: 911.
3. Dojcinov S D, Venkataraman G, Raffeld M, Pittaluga S, Jaffe E S. EBV positive mucocutaneous ulcer - a study of 26 cases associated with various sources of immunosuppression. *Am J Surg Pathol* 2010; **34**: 405-417.
4. Sinit R B, Aboulafia D M, Dorer R K. The first 100 cases of Epstein-Barr virus-positive mucocutaneous ulcers. *Blood* 2018; **132**: 5340.
5. Roberts T K, Chen X and Liao J J. Diagnostic and therapeutic challenges of the EBV-positive mucocutaneous ulcer: A case report and systematic review of the literature. *Exp Hematol Oncol* 2016; **5**: 13. <https://doi.org/10.1038/s41415-019-0803-8>

## Prosthodontic dentistry

### Self-repaired denture

Sir, a 55-year-old edentulous male reported to our Institute for the fabrication of a new denture. He was using an old denture which he had had for five years. Intra-oral examination revealed a maxillary denture innovatively repaired by the patient himself



Fig. 1 The denture repaired by a patient



Fig. 2 The broken denture joined with soldering wire

as he was frustrated by its frequent breaking and recurring cost of repair (Fig. 1).

He therefore developed an ingenious technique of repairing his denture by joining the broken halves using solder wire with a soldering gun, which had been functional for the previous eight months (Fig. 2). The case proves true the old idiom 'necessity is the mother of invention'.

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## General dental practice

### Mental health confidences

Sir, during my first year in general dental practice one of the things that has shocked me most is the number of patients who have confided in me regarding their mental health. On several occasions I have found myself to be the first healthcare professional from whom a patient has sought help.

Very early on in my foundation year I found myself with a patient in crisis, with very little idea of how to help or refer them. I felt strongly that I should have been able to do more than simply contact their GP and hope they intervened swiftly. As GDPs we, in many cases, see our patients on a more regular basis than most other healthcare professionals and naturally build a strong rapport with them. So it is not

surprising that our patients feel comfortable confiding in and seeking help from us.

However, I was surprised to find that in my area there was no mental health pathway in place for dentists to refer or signpost their patients who reached out for help. After discussing this matter with fellow GDPs and foundation dentists, I realised that I was not in isolation. Everyone had multiple similar instances, yet not one of us was aware of any local mental health pathway.

After a discussion with my local mental health coordinator, I found that they were more than happy to integrate our services. I was able to create a document with the contact details of the relevant organisations in the area, something I wish I had to hand in those first few weeks when I encountered the patient in crisis. It is so easy in the busy world of the GDP to brush over a small comment which may be a big cry for help. I believe that mental health is an area in which GDPs require additional training and further integration with local mental health teams.

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## Burnout and stress

### Can we do more?

Sir, there is increasing awareness of burnout in healthcare professionals. Little is known regarding oral and maxillofacial (OMFS) dental core trainees (DCTs) who find themselves challenged being expected to bear the responsibilities, and display the knowledge and skills of a junior doctor, but without the benefit of a medical degree. We conducted a questionnaire which aimed to measure the risk of burnout among OMFS DCTs, and identify factors which may influence this.

An online questionnaire was sent to OMFS DCTs in the South West, Essex, and London Deaneries in 2018, which included the validated Oldenburg Burnout Inventory. We received responses from 34 OMFS DCTs (an estimated 50% response rate). Figure 1 highlights sources of stress with 97% (33/34) feeling their job was stressful, and 32% identifying a 'lack of correct equipment' as a source of stress. Applying a standard of care for dental procedures that is comparable to general dental practice (eg splinting an avulsed tooth) may be unachievable due to the lack of specialist equipment and assistance. This may cause dissatisfaction with the care provided, and induce a feeling of vulnerability

to litigation. Further clarification of the duties expected of a DCT may protect individuals from finding themselves in stressful situations.

No local teaching sessions were reported by 29% (10/34), despite educational support being extremely important. Study days can be infrequent, with some DCTs having less than one per month. Incorporating regular local teaching may help compensate for the lack of study days. Greater knowledge of the standard of care expected, and ways to seek help, or raise concerns when this cannot be achieved, may help to relieve stress; 32% (11/34) did not feel at all supported by the deanery. Regular deanery visits and placement feedback would allow identification and resolution of issues before they become a significant source of stress. This may also give DCTs improved perception of the deaneries' influence.

The risk of burnout was high in 71% (24/34), and average in 29% (10/34). No DCTs had a low burnout risk. Despite feeling stressed, 76% (26/34) felt they could cope, illustrating a lack of self-awareness of the high burnout risk. Early intervention and

teaching to recognise the signs of burnout is important to allow the seeking of help, or raising of concerns.

Our survey identified shortcomings in organisational and personal factors leading to increased burnout risk amongst this group who may also be at additional risk due to the discrepancy between undergraduate dental

training, and patient and colleague expectations of the role. We believe these factors can be addressed successfully, but require increased assessment by deaneries and employers, and improvements in training, culture and environment.

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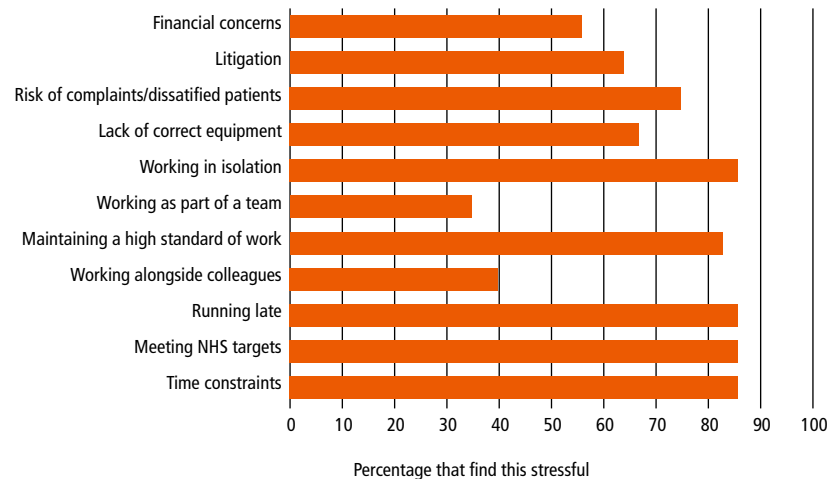


Fig. 1 Sources of stress identified by surveyed OMFS DCTs

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