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.

Mouth cancer

Refer with CLOTHS

Sir, the simplest mnemonic, 'CLOTHS' can act as a helpful tool for clinicians when describing oral soft tissue lesions within referral letters. With an increasing incidence of head and neck cancer and GDPs being on the front line for detection of these suspicious lesions, communication with secondary care must be improved.

A teaching session was held at Ipswich Postgraduate Centre as part of a CPD course covering 'Soft Tissue Lesions'. CLOTHS (Table 1) was created to act as an *aide-memoire* for busy practitioners when writing referrals. The feedback was very positive and many clinicians suggested that a poster explaining how to use CLOTHS could be displayed on the surgery wall and would assist GDPs with referral

Table 1 Table showing how to use CLOTHS

Colour	Red; White; Speckled; Pigmented
Location	Lesion in relation to anatomical sites
Outline	Well demarcated; Diffuse
Texture	Ulcerated; Indurated; Granular; Smooth; Flat; Raised; Hard; Soft; Verrucous
History	Onset; Duration; Symptoms; Any changes
Size	Length; Width; Depth (mm)

Fig. 1 Graph showing results of 30 referral letters that were audited

letters. Communication between primary and secondary care is vital in providing optimal care for patients.

A well described lesion could potentially allow the referral to be upgraded to a two week wait pathway, therefore permitting earlier detection of head and neck cancer. Using CLOTHS at the point of referral assists the secondary care clinician to establish whether the lesion has changed.

Thirty referral letters from GDPs to the Oral and Maxillofacial department at Ipswich hospital were audited (Fig. 1) and the results clearly highlighted the need for change. Only 6% (2/30) of the letters used all of the components of CLOTHS. After delivering the session and raising awareness of CLOTHS we hope that the quality will improve. We are planning to re-audit in six months.

Although the best attempts can be made to describe a lesion in words, nothing is better than a clinical photograph; 'A picture is worth a thousand words'. In a world of fast developing technology, it begs the question as to why clinical photography is so underutilised?

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Holistic care

Flawed consensus documents

Sir, I write regarding *Dental Record Keeping Standards: a consensus approach*.¹ It is remarkable that NHS England and NHS Improvement consider that recording of a patient's anxiety at a new patient examination is merely aspirational. That conclusion cannot result in effective clinical judgements and evidence in the decision making process. When this suggestion is combined with aspirational recording of smoking, alcohol and diet it seems that this document has lost all sense of proper holistic care.

The document simply does not reconcile itself with many of the *Standards for the dental team* published by the General Dental Council. The regulator requires dentists to take a holistic and preventative approach to patient care which is appropriate to the individual patient. The GDC expects dentists to manage patients' dental pain and anxiety appropriately. How can this be done without proper recording at initial examination? As a profession we must be very aware not to hinder genuine patient care with well-meaning but flawed consensus documents.

C. G. P. Holden, Chesterfield, UK

Reference

1. NHS England. Dental Record Keeping Standards: a consensus approach. 17 October 2019. Available at: <https://www.england.nhs.uk/publication/dental-record-keeping-standards-a-consensus-approach/> (accessed 7 January 2020).

<https://doi.org/10.1038/s41415-020-1266-7>

Dental trauma

E-cig explosions

Sir, we are writing to express concern about our increasing clinical experience regarding the incidence of oro-facial trauma while using electric cigarettes (e-cigs), commonly known as vapes.

'Vaping' is used to describe the action of inhaling nicotine vapour using an e-cig, and this practice is adopted by an estimated 2.9 million adults within the UK.¹ Emerging evidence suggests when e-cig use is combined with face-to-face stop smoking support, people are twice as likely to quit smoking; therefore, NHS authorities are recommending e-cig use as a valid option available to people within smoking cessation services.²

The long-term health risks associated with e-cigs are not fully known and following a recent outbreak of lung illness within the United States of America which has accounted for over 2,000 illnesses and 40