A further reason that journals are reluctant to publish case reports is that they do not rate highly in the hierarchy of evidence-base. Thus some publications are full of cases but to what extent are they robust and the advice generalisable and sound?

In recent years the BDJ Portfolio, recognising young writing talent, has deliberately invested considerable time and resources in providing encouragement, training courses, lectures and mentoring for students and young dentists in writing and publishing. This has resulted in our having many regular contributions from these cohorts in the form of papers, articles, research insights, commentaries, letters and opinions that enhance our publications as well as, hopefully, their CVs. We will continue in these efforts to serve newly qualified colleagues while also providing support and education for all dental professionals at all stages of their careers.

Reference

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Paediatric dentistry

Abscess to care

Sir, it was interesting to see Dr Mills' map denoting the percentage of NHS dental attendance in 0–<2-year-olds in England.¹ Having worked around the South coast my first two years post-qualifying, it was helpful to see that what I have experienced corresponds with the map.

During my dental foundation training on the Isle of Wight in 2017–2018, there were large numbers of new patients seeking NHS dentists who had attended merely as emergency patients. Some conversations would lead to their family members and naturally children were included – of which I advised them to register with us. Multiple referrals to the community dental services (CDS) at the time for young children to have dental extractions under sedation or general anaesthetic required lengthy waiting times as the demand outweighed the supply. Chasing up referrals, the local CDS services on the Isle of Wight explained they were understaffed and dramatically backlogged at the time – waiting times were almost one year. As a GDP, I couldn't help but feel like my hands were tied behind

my back. As much as I would have loved to attempt extractions in these children, multiple extractions and clearances are unquestionably wiser dealt under general anaesthetic, particularly in those below the age of eight years.

I subsequently worked at the Queen Alexandra Hospital in Portsmouth as a dental core trainee. We would see patients who were referred in from the Isle of Wight as there was no maxillofacial team out of hours in St Mary's Hospital on the island. Throughout the year, there was a steady stream of paediatric patients referred for facial swellings secondary to a dental abscess. This was initially a shock but unsurprising, working in secondary care. Complaints about not being able to find a NHS dentist was a recurrent theme. Prior to discharge, I would just redirect them to 111 to seek a NHS dentist – this was akin to a postcode lottery. I am not writing merely to lament. However, whilst there is still such a prominent issue of lack of knowledge in parents and limited service providers, secondary care is increasingly being put under pressure and paediatric wards are frequented by children for what should not be part of their dental experience – extractions and incision and drainage under general anaesthetic. A side note is that this struggle is also shared by our adult cohort of patients as well.

A. Yoong, Bath, UK

Reference

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Promoting change, for life

Sir, children's oral health has been a hot topic in the media for many years, with reports that children in the UK are consuming sugar at levels above the recommended intake.¹

It has been reported that caries affects 46% of 8-year-olds,² with dental extractions under general anaesthetic (DGA) being the leading cause for hospital admission for children aged 5–9 years.³

There are many initiatives across the UK that aim to reduce children's sugar intake. One such initiative is from Public Health England (PHE), with its Change4Life Food Scanner app; it helps to support families in

making healthier choices for overall health and wellbeing, as well as oral health. This easy-to-use tool aims to encourage parents to reduce their children's sugar consumption by scanning foods to display their sugar content; it even prompts food swaps for 'tooth-friendly' snacks!

This app regularly features within the diet advice I provide to families who are referred to the Community Dental Service. I have found that most children are very receptive to using this and implementing changes, allowing them to become engaged and active participants in their health.

Schools promote the concepts shared by PHE, however as dental professionals, how often do we encourage tools like this with our patients?

In my opinion, tools such as the Change4Life Food Scanner app are useful in the dental prevention armamentarium within primary and secondary care. With repeat DGA rates reported to be between 4.2% and 17%,³ there should not be a missed opportunity for disease prevention.

A. Adatia, London, UK

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Ancestry

Dental DNA

Sir, is there a DNA for dentistry embedded in a familial inheritance pattern? With a history of a family of dental practitioners stretching over a century, I relate my odontological relationships over three continents. My father graduated with a LDS, University of London in 1924. I graduated with a BDS, University of the Witwatersrand in 1956; my son-in-law graduated with a BChD from the University of Stellenbosch, South Africa in 1985. His daughter (my granddaughter) is a dental student at McGill University, Montreal, Canada due to graduate DDS in 2022.

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<https://doi.org/10.1038/s41415-020-1378-0>