ridge could have resulted in disruption to the local blood supply causing breakdown of the soft tissues and periosteum, and I also agree that clinicians should consider OUBS as a differential diagnosis of mouth ulcers.

A. M. Chandrasekaran, Chester, UK

Reference

1. Burrows R S. Oral ulceration with bony sequestration. *Br Dent J* 2020; **228**: 397-398.

Dr Stephen Burrows responds: Thank you for the opportunity to reply to Messrs Maharaj and Majumdar and Mr Chandrasekaran. I agree that caution should be exercised with any oral ulceration especially when it has a protracted history and shows no signs of healing.

An interesting difference was the asymptomatic and potentially insidious nature of the case I presented when a painful symptom picture would have been expected as in the other outlined cases.

Differential diagnosis is of course an important element in the management of oral ulceration and should include recognition of sinister pathology and the need for urgent referral at the outset.

Whilst the medical history included endotracheal intubation (ETI) during recent surgery, the initial signs were of an idiopathic ulcer with a developing bony sequestrum – most likely due to a traumatic incident.

I agree ETI could indeed have been a probable cause and we can be left to speculate on this. However, management of any ulceration should include review to ensure uneventful healing. Two further reviews at short intervals showed this had occurred.

I agree the presence of a recurrent asymptomatic ulcer without any underlying cause could be a reason to refer but again with reviews there were then no indications.

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Dental materials

Diamine or diammine

Sir, I respect the *BDJ* as a flagship national journal that is impactful internationally and should be error-free. As a chemist who teaches Dental Materials Science at a dental school, I am fully aware of chemical spelling.

I had a chance to read a recent *BDJ* article from Seifo *et al.*¹ about the use of silver 'diamine' fluoride (SDF) in dental practice. The appendix is nice and useful; however,

the word 'diamine' in the whole article is an erroneous absurdity. In fact, Lou *et al.*² mentioned in 2012 that the correct spelling of SDF should be silver 'diammine' fluoride, which indicates the two ammonia ligands chelating to the silver metal complex. I have noticed no evidence about the presence of 'diamine', which is referring to a chemical with two amines according to the organic nomenclature from the International Union of Pure and Applied Chemistry (IUPAC), in SDF.

I believe any normal UK A-Level student who studies chemistry will know the differences between 'diamine' and 'diammine'. It seems to be that a proper nomenclature should be advocated; any wrong convention is not an excuse that should be accepted.

J. Tsoi, Sai Ying Pun, Hong Kong

Nicola Innes responds on behalf of N. Seifo *et al.*: We appreciate the author's concern and agree with him that the correct nomenclature for SDF should be 'silver diammine fluoride' rather than 'silver diamine fluoride'. However, the latter is now used so universally that it has become accepted in both marketing as well as within the dental scientific literature. For instance, we recently conducted and published an umbrella review (overview of systematic reviews) concerned with SDF and carious lesions (Seifo *et al.* Silver diamine fluoride for managing carious lesions: an umbrella review. *BMC Oral Health* 2019; **19**: 145). The search strategy included a comprehensive search of multiple databases such as PubMed, Embase and The Cochrane Library using all possible terminologies and spellings of SDF. However, 12 systematic reviews were included, 11 of which used 'silver diamine fluoride' in their manuscripts.

Furthermore, due to the word limit constraints, we chose not go into details in the article as we prioritised information relevant to the readership and specific to practitioners using SDF in practice. We thought that clarifying the misnomer in the literature, whilst of course still important in terms of accuracy, was less relevant to practitioners than some of the other material included.

References

1. Seifo N, Robertson M, MacLean J *et al.* The use of silver diamine fluoride (SDF) in dental practice. *Br Dent J* 2020; **228**: 75-81.
2. Lou Y, Botelho M, Darvell B. Erratum to 'Reaction of silver diammine fluoride with hydroxyapatite and protein'. *J Dent* 2012; **40**: 91-93.

<https://doi.org/10.1038/s41415-020-1942-7>

Restorative dentistry

Thirty-year-old amalgams

Sir, I am enclosing two bitewing radiographs with 12 restorations (Figs 1 and 2). I have been seeing this patient for 48 years. All the amalgam restorations in the radiographs are more than 30 years old. Some of the academicians do not believe in restoring teeth and want to prevent tooth decay. Restoring teeth is the best way to prevent further tooth decay.

Fig. 1 Radiograph of a patient with amalgam restorations over 30 years old

Fig. 2 Radiograph of a patient with amalgam restorations over 30 years old

I qualified as a dentist in 1961 and have used amalgam as a filling material for more than 60 years. I find amalgam and gold are the best and the longest lasting filling materials.

L. K. Bandlish, London, UK

<https://doi.org/10.1038/s41415-020-1943-6>

Oral health

Olive oil for dental caries

Sir, we have read the impressive article by Dr Sanchez and colleagues about the improvement in oral health in 17,777 Spanish athletes in which they observed improvements in Spanish athletes' physical activity being favourably associated with some self-reported oral health correlates.¹