Spanish people consume a Mediterranean diet which contains complex carbohydrates, fruits, vegetables, beans, nuts, seafood, olive oil and dairy.² Fridell and colleagues have observed that an increase in fruit consumption is associated with an improvement in periodontal health.³ Lipids like vegetable oils can add hydrophobic characteristics to the tooth surface hampering bacterial colonisation and eventually decreasing caries susceptibility.⁴ Olive oil is rich in oleic acid and other phenolic compounds, is useful for enhancing fluoride inhibition of extracellular polysaccharide (EPS) formation by *Streptococcus mutans* and has a role in preventing biofilm formation.^{5,6} Therefore olive oil, which is rich in oleic acid, may be useful in the prophylaxis of dental caries and periodontitis to promote oral health.

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<https://doi.org/10.1038/s41415-020-1944-5>

NHS dentistry

Shocked and disappointed

Sir, I sent a letter, as suggested by the BDA, to my local MP, Alex Cunningham Labour MP for Stockton North. This is the astonishing response I received...

'Thanks for getting in touch. I will do everything possible to support dental practices which provide NHS services to the people I represent. Others who have abandoned the NHS for the private sector have made their choice and can't expect taxpayers to ride to their rescue. Best wishes.'

It appears that the government and the opposition only want to support government funded dental clinics. I'm quite shocked and disappointed.

W. Carter, Billingham, UK

<https://doi.org/10.1038/s41415-020-1945-4>

Mouth cancer

SCC from a dentigerous cyst

Sir, during routine dental examination a radiolucency with a cyst-like appearance was detected surrounding the crown of a completely impacted right lower third molar (Fig. 1). There was no lesion in the oral mucosa. Although the patient was 75 years old and completely asymptomatic, the GDP was mindful and referred the patient to an oral surgeon, who performed an incisional biopsy. The results revealed carcinoma of undetermined origin. At this stage, the patient was referred to the Department of Oral and Maxillofacial Surgery at the University of Texas Health Science Center in Houston. We reviewed the histopathology and confirmed this rare entity with additional pathology consultations. The patient underwent staging and work up to demonstrate no regional or distant disease. The patient underwent a right hemimandibulectomy with reconstruction with a vascularised fibula osteocutaneous graft. The final specimen revealed SCC arising from a dentigerous cyst.

Although rare, primary intraosseous squamous cell carcinoma (PIOSCC) originating from an odontogenic cyst was first described in 1957.¹ Their estimated incidence is less than 2% of all oral carcinoma,² with 60% originating from a residual or radicular cyst and 16% from dentigerous cyst.³ SCC originating from dentigerous cysts have been reported

amongst children;⁴ however, they are often detected later in life (47% from the sixth decade), more often encountered amongst men (70%) and with a higher incidence for the mandible (87%).⁵ The higher occurrence amongst men is most likely a reflection of the overall higher incidence of both radicular and dentigerous cyst amongst men.⁶

Due to their location within the bone, SCC arising from a dentigerous cyst is staged as a T4 cancer.^{7,8} Hence, enucleation will not be sufficient as most cases need to undergo resection in order to ensure negative margins and adjuvant radiation or chemoradiotherapy depending on age and nodal status.

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<https://doi.org/10.1038/s41415-020-1946-3>

Fig. 1 Radiolucency surrounding the crown of the impacted right lower third molar