95% CI – 0.002 to 0.827) and s-VCAM-1 (SDM – 0.047, 95% CI – 0.27 to 0.18).

Thus, PT has a moderate effect in lowering s-E-selectin in patients with moderate to severe periodontitis. E-selectin is expressed by the endothelium and helps in migration of leucocytes to arterial sub-endothelium in an important mechanism by which atherosclerosis starts and progresses. Lowering of E-selectin may be a mechanism by which PT improves endothelial function and cardiovascular outcomes.⁴ However, our study has limitations. None of the studies checked if the change in the biochemical markers translated into clinical outcomes.

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Dental products

Dietary restrictions

Sir, while we may well be aware of what medication is necessary to manage a clinical presentation, we may not always appreciate that a given preparation may be unsuitable for certain patients due to cultural and religious backgrounds with a prescription liable to cause distress, delay, and possibly offence.

For example, some observant Jews make specific dietary changes at Passover and some medications may contain ingredients which make their ingestion impermissible at this time, but permissible during other times. Online resources exist which outline these medications and the dental professional is well-advised to consult these.¹

Muslims do not consume food or water during daylight hours in the month of Ramadhan. The dosing regimen of prescribed medication may need to be altered to account for this dietary restriction. It is important to note that a discrepancy between the Lunar and Gregorian calendar means Ramadhan

falls at different times of the year each year when considered from the perspective of the Gregorian calendar.

Readers may be surprised to see the list of commonly prescribed medications and products not considered Kosher ie permitted for use.¹ These include denture and oral hygiene products, as well as certain antibiotics and analgesics. Simply having an awareness of the possible suitability of prescribed products, and that this may change at different times of the year, has the potential to save both patient and practitioner distress and delay. In addition, the dental professional may consult the local pharmacist who often has experience in the unique needs of members of the locality they serve.

However, it is imperative to state that not all patients from a given community may adhere to any dietary restrictions, and as such every patient should be treated on an individual basis with questions asked regarding any restrictions to diet before a prescription is provided.

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Dental trauma

Milk allergy and tooth reimplantation

Sir, traumatic dental injuries (TDI) are very frequent and comprise 85% of patients presenting with injuries to the oral region.¹ In the UK, one in five children have experienced TDI to their permanent anterior teeth before leaving school, and dental avulsion is common within this group.²

One such six-year-old attended our emergency department with avulsion of the upper right permanent central incisor. The parents had stored the tooth in milk for the two hours since the injury. The history revealed that the child had asthma and an intolerance to multiple allergens including dairy products with a previous mild reaction. Taking into account the history, the tooth was thoroughly rinsed with saline and reinserted. Within minutes, the child displayed signs of anaphylaxis and was transferred to resus for treatment. He was appropriately resuscitated, the offending

tooth was removed and he made a full recovery. He was discharged the next day and follow-up was arranged for the child to attend the dental institute after discharge for dental rehabilitation.

Cow's milk protein allergies (CMPA) are a range of adverse reactions to cow's milk that can be reproduced and are immune-mediated. They are immunoglobulin E (IgE)-mediated, cell-mediated (non-IgE), or a combination of the two. It is estimated that up to 4.9% of children suffer from CMPA and although it will resolve in 85-90% by three years of age, the natural history is actively changing, showing a definite trend to persist longer.^{3,4}

Considering the increase in CMPA, and the high number of traumatic dental injuries including avulsion, we should always be mindful when reimplanting teeth stored in milk to decrease possible serious life threatening reactions.

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Titles and terminology

Call me doctor

Sir, it was a delight to be reminded by Douglas Pike about the copious work he undertook in the early 1990s, to enable dentists to use the courtesy title of 'Doctor' if they wish.¹

In the article, he refers to the organisations that did and do continue to decline to address dentists as Doctor. However, upon my election as Chairman of the BDA's General Dental Services Committee in January 1997, I received a congratulatory letter from the then Secretary of State for Health: it was addressed to Mr Anthony Kravitz. In my reply I politely requested that I was referred to as Doctor in future correspondence, and from that time all correspondence from the