signs such as clicking.

If treatment is indicated, it will commonly involve surgical division of the frenulum, either under local anaesthetic in the early months or under general anaesthetic after this. Common risks include pain, swelling, bleeding, infection, relapse and need for further treatment. I would advise that as ever the first port of call for new parents be your midwife or healthcare visitor, who will be best placed to refer you onto secondary care services if necessary.

There is however a wide range of excellent resources available that we can direct patients toward, including the NHS website, the ATP website, and professionally, the NICE guidance published in 2005 entitled 'Division of ankyloglossia (tongue-tie) for breastfeeding'. This is definitely an area in which I hope further rigorous research and evidence can be completed to aid both clinicians and parents in the consent process to quite an invasive procedure in their newborns.

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Emergency dentistry

TikTok vampire fangs

Sir, the ever-increasing trend to 'go viral' amongst social media users can result in accidental injury and risk-taking behaviour, particularly among young people. It seems every week I stumble upon a news article divulging the gory details of yet another social media challenge gone wrong. From eating corn on the cob off a drill, to suctioning your lips to mimic Kylie Jenner, the risk of oral injury seems high in a population where 'likes' have become the new Blue Peter badge.

I witnessed this first-hand recently in the early hours of A&E. A fit and healthy 15-year-old boy presented with an intra oral foreign body, accompanied by his mother. They opted to attend following several failed attempts at retrieval at home. Examination revealed a large white mass extending bilaterally from the upper buccal sulcus, over the occlusal surfaces of the teeth to the hard palate (Fig. 1). History confirmed that the material was thermoplastic which had been softened in boiling water before being moulded intra orally and solidifying in its current position. The motivation behind this endeavour was to recreate a custom removable splint with vampire fangs as demonstrated on TikTok, a popular smartphone video app.

Fig. 1 Large white mass extending bilaterally from the upper buccal sulcus, over the occlusal surfaces of the teeth to the hard palate

Unfortunately, the material was set firmly *in situ*, engaged in undercuts with little to no mobility. Attempts at retrieval resulted in pain and discomfort and the patient refused local anaesthetic infiltrations. Consented for the risk of iatrogenic trauma and loss of teeth, the patient underwent a general anaesthetic where the foreign body was removed uneventfully using a piezoelectric system. A window was cut between the upper right lateral incisor and upper right first premolar, extending over the canine bulge. The subsequent loss of retention allowed for retraction and dissection of the remaining foreign body resulting in complete removal with minimal trauma to the adjacent hard and soft tissues.

The ultimate challenge in the management of social media is to maximise its benefits and minimise its risks. Video sharing platforms allow their users to share content widely with little verification or accountability. In addition to this, adolescents and young people make up a significant portion of users. Accidental injury is estimated to cost the NHS more than £2 billion per annum and despite a general trend toward more indoor play, seems to be on the increase.[1] Dentists must be aware of the potential oral implications of viral social media trends and challenges in order to advise, educate and treat patients accordingly. Treatment options in such cases may require innovative and creative techniques in an area where evidence-based practice studies will be limited.

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Ethics

Recreational drugs and consent

Sir, having worked as a dental foundation trainee last year, and a dental core trainee this year, I have encountered multiple patients openly admitting to taking recreational drugs.

As we know, the human nervous system is an intricate, elaborate system controlled by the brain. The neurone transmits information onto adjacent neurones, which in turn release neurotransmitters that have different effects depending on the receptors they act upon. Recreational drugs, however, have been proven to disrupt this neurotransmitter system; cocaine and methamphetamine overstimulate receptors leading to acute effects such as increased energy, euphoria and even mental alertness.[1] Marijuana has been seen to disrupt attention, memory and cause changes to white and grey matter, affecting brain development.[2]

I have therefore found valid consent taking much more ambiguous than I imagined. Consent is valid when a patient with capacity understands the treatment proposed, weighs up the risks and benefits, retains the information and can relay this back to the practitioner.[3] However, I have had encounters with patients who meet these requirements, while simultaneously admitting to being on recreational drugs at the same visit.

If a patient fulfils all aspects of consent, but admits to not being in a sober mental state, is consent really still valid? Admittedly, when the appointment requires immediate pain relief or emergency aid, the patient's best interest is put first and the answer is clearer. However, the question poses itself: can valid consent be provided for routine treatment of patients who are regularly on recreational drugs?

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