

of cross-infection control, limited patient capacity, patient flow within the practice and the need for enhanced cleaning of surgeries after each patient, including the now revised fallow time after aerosol generating procedures

- Any increase in throughput will, in the opinion of the profession and the BDA, increase the risk to health and safety procedures to dentists, staff, and above all, to the welfare of patients as dentists attempt to cut corners to increase throughput.

In the 1970s, around 95% of all dental treatment in the UK was done under the NHS. By June 2018, this had fallen to around

50%.<sup>1</sup> If the Department continues with its current policy, there is a real danger that more dentists will leave the NHS, or at least reduce their commitment to NHS dentistry even further, and the NHS dental services, once the envy of the developed world, will wither on the vine.

Finally, it has not escaped the profession's eye that clawback will further hazard the financial stability of practices, already reeling from the hit of vastly reduced throughput (affecting both the NHS and private sectors) and exorbitant PPE costs. There is a real risk that practices in socially deprived areas where the only option is to work within the NHS may find themselves financially unviable.

The profession urges the Department to rescind the 1 January orders with immediate effect and enter into real and meaningful negotiations, not diktat, with the profession's representatives, the GDPC, without delay. Otherwise, patients' safety will be put at risk and the NHS primary dental services will continue to wither on the vine. This government will go down in history as the one that finally destroyed it.

*R. Grant, Cramlington, UK*

## Reference

1. UK Parliament. House of Lords Library. Research Briefing:– NHS Dentistry Services. 18 July 2019. Available at: <https://lordslibrary.parliament.uk/research-briefings/ln-2019-0096/> (accessed January 2021). <https://doi.org/10.1038/s41415-021-2619-6>

## Emergency dentistry

### It could be mumps

Sir, I wish to gently remind colleagues about the need to be aware of seasonal infections which can mimic those of dental origin.

A patient recently attended A&E with a left-sided firm facial swelling over the mandible, and mild trismus. The A&E staff made a provisional diagnosis of a dental abscess and requested a maxillofacial opinion. On examination, the patient had a significant unilateral tender swelling, moderate trismus and a slightly elevated temperature. Clinical examination showed a sound dentition with no intraoral evidence of dental caries, swellings or draining sinuses. A panoramic radiograph showed no evident pathology. Having excluded a dental cause, further investigations confirmed that the patient was suffering from mumps.

Mumps is a notifiable infectious disease, and clinicians are obligated by the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010 to notify the local health protection team of any suspected cases.<sup>1</sup> Patients typically present with parotitis, which can be unilateral or bilateral. Orchitis (inflammation of the testes) is one of the most common mumps complications in post-pubertal males. Other non-specific symptoms include headache, pyrexia and myalgia. Symptoms typically resolve after ten days.<sup>2</sup> It is usually managed conservatively, with symptomatic relief, and patients require isolation for several days. In rare cases, there can be

serious complications including meningitis, encephalitis and pancreatitis.<sup>2</sup>

Mumps is now rare in the UK, due to the MMR vaccine. However, in 2020, cases in England reached their highest in over ten years.<sup>3</sup> The peak incidence of mumps is in the late winter and spring.<sup>2</sup> It is important that clinicians have awareness of this disease and keep it in mind as a differential diagnosis, particularly at this time of the year.

*S. Acharya, Liverpool, UK*

## References

1. Public Health England. Guidance - Notifiable diseases and causative organisms: how to report. Last updated 26 October 2020. Available at: <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report> (accessed October 2020)
2. Centers for Disease Control and Prevention. *Epidemiology and prevention of vaccine-preventable diseases*. 13th ed. Washington DC: Public Health Foundation, 2015.
3. BBC News. *Mumps cases hit decade high in England*. 14 February 2020. Available at: <https://www.bbc.co.uk/news/health-51493496> (accessed October 2020).

<https://doi.org/10.1038/s41415-021-2620-0>

## BDJ covers

### Covered in congratulations

Sir, congratulations on the very interesting front covers for volume 229 of the *BDJ* by dental student Rachel Jackson. Your readers may like to know of the Medical Art Society which is for doctors, dentists and vets, whether working, retired or students, who enjoy painting, drawing or sculpture when at leisure. The highlight of the year is the annual exhibition which has been held at the Royal Society of Medicine for several years.

We show a wide range of subjects and media, but clinical images and photographs are not accepted. The Society is now administered by Hampstead School of Art and has its own website. To join the Society, make contact by email: [mas@hsoa.co.uk](mailto:mas@hsoa.co.uk).

*A. Bond, Stoke-on-Trent, UK*

<https://doi.org/10.1038/s41415-021-2621-z>

## Oral health

### Nicotine pouches

Sir, nicotine pouches, also referred to as non-medicinal nicotine pouches or tobacco-free snus, are small receptacles that contain white nicotine powder which a user places in the anterior maxillary vestibule.<sup>1</sup> They originated in Scandinavia and their distribution is rapidly widening to other countries, with five tobacco manufacturers currently selling their products in the UK.<sup>1</sup> Currently unregulated in the European Union, their packaging carries no health warnings and are widely advertised online, on billboards and buses as 'harmless tobacco-free alternatives'.<sup>2</sup>

The evidence behind the correlation of nicotine and cancer development is inconclusive, although several studies have illustrated that nicotine can facilitate a tumour-supporting environment and has proven genotoxic effects.<sup>3</sup> Oral mucosal changes (for example, hyperkeratotic changes) behind habitual oral nicotine use have been documented.<sup>4</sup>

These nicotine pouches are being marketed as a vogue and safe way to get a 'nicotine hit' without the associated negative health

consequences of traditional tobacco or snus use. They are available in a wide variety of flavours and packaged in fashionable tins with coloured logos which have great visual appeal.<sup>1,2</sup>

As a hospital clinician, I had no prior knowledge of these products despite distributing smoking cessation advice on a daily basis. With such a paucity of information available regarding these products and their associated potential harmful consequences, how is a layperson supposed to make an informed decision regarding their use?

I am deeply concerned that these pouches provide a gateway to traditional tobacco smoking via nicotine addiction. Even if they may offer a harm-reduction means for established tobacco users to get their 'nicotine hit', we must not take tobacco companies at their word; rigorous independent research is imperative. We have seen an uptake of new-generation smokers with vaping and smokeless tobacco and now know of the established detrimental health effects.<sup>5</sup> We must act urgently and in unison, lest we repeat our mistakes.

A. Keogh, London, UK

References

1. Robichaud M O, Seidenberg A B, Byron M J. Tobacco companies introduce 'tobacco-free' nicotine pouches. *Tob Control* 2020; **29**: e145–e146. DOI: 10.1136/tobaccocontrol-2019-055321.
2. Rossel S. Out of the bag. *Tobacco Reporter* 1 September 2020. Available at: <https://tobaccoreporter.com/2020/09/01/out-of-the-bag/> (accessed January 2021).
3. Grando S A. Connections of nicotine to cancer. *Nat Rev Cancer* 2014; **14**: 419–429.
4. Tebbutt J, Khan Z, Ariyaratnam R. A case report of oral nicotine-associated keratosis and a review of oral mucosal changes in tobacco and similar products. *Br Dent J* 2020; **228**: 757–760.

5. Public Health England. Research and analysis: e-cigarettes and heated tobacco products: evidence review. Last updated 2 March 2018. Available at: <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review> (accessed January 2021).

<https://doi.org/10.1038/s41415-021-2622-y>

**Paediatric dentistry**  
**Having to Lego of a tooth**

Sir, we wanted to discuss the presentation of a three-year-old patient's take on the Hall crown technique. Hall crowns have been described as a revolutionary treatment choice in paediatric dentistry and have been recommended as the gold standard in managing carious lesions covering two or more surfaces.<sup>1</sup>

The patient presented to our accident and emergency (A&E) department with what initially appeared from afar to be an extruded upper right central incisor (51). Closer examination revealed a bulbous, yellow, foreign object, with a gleaming smiling face on the surface. The object was identified as a Lego head. The patient had firmly positioned the toy over the crown of his tooth so that it was flush to the gingival margin. The object was able to spin around with ease upon the tooth. This caused a functional, occlusal and aesthetic concern, but more importantly, a possible airway risk.

Similar cases have been reported on older children.<sup>2,3,4</sup> However, on this young boy, while attempts were made to remove the foreign object, due to his age, anxiety and compliance, removal under local anaesthetic was not possible. In addition, he did not want

to part from his customised crown. It was therefore decided to remove the toy under general anaesthetic. While custom Lego tools have been reported to be useful in removing these offending pieces, we opted for our dependable healing forceps.<sup>5</sup>



Fig. 1 The child patient in theatre about to have the Lego head removed from his tooth

The Lego head was successfully removed in theatre (Fig. 1), along with the tooth, which turned out to be carious. Thankfully, the patient was reunited with his toy, although we stressed the importance of placing Lego heads onto Lego bodies, not teeth. We are pleased to report that the patient left our department with a smile matching the one seen on his figurine.

A. Shathur, A. Patel, A. Boscarino, Liverpool, UK

References

1. Roberts A, McKay A, Albadri S. The use of Hall technique preformed metal crowns by specialist paediatric dentists in the UK. *Br Dent J* 2018; **224**: 48–52.
2. Tajmeh N, Lawson J, Yesudian G. Let it go – Lego! *Br Dent J* 2020; **229**: 212.
3. Baker D C, Flaherty S D. Lego of that. *Br Dent J* 2008; **204**: 657.
4. Hampton R, Wong J, Singh M. Lego of that. *Br Dent J* 2012; **212**: 105.
5. Lovel S. Lego leverage. *Br Dent J* 2020; **229**: 571. <https://doi.org/10.1038/s41415-021-2623-x>



**Whitening and resin infiltration**

How to remove white spots from teeth using icon resin infiltration

Dr Linda Greenwall

Monday 15 March 2021 19.00 – 21.00 | Wednesday 17 March 2021 19.00 – 21.00

Price: BDA members: £250 | Non-members: £350 | DCPs: £175  
Cost – includes all materials needed, a dental model and an icon resin kit.

To book or find out more

[bda.org/seminars](http://bda.org/seminars)

2 HOURS CPD

DEVELOPMENT OUTCOME



Sponsored by:



**Seminar Series**