Letters to the editor

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CORONAVIRUS

COVID tongue

Sir, I read with interest the emerging media reports of a possible association between geographic tongue (GT) and SARS-CoV-2 infection, recently coined as 'COVID tongue'. These reports have been identified through the ZOE COVID-19 Symptom Study app, where participants submit symptom reports on a daily basis. Professor Spector, the study's lead researcher from King's College London, has reported a number of user submissions that seem to be consistent with GT, but to date there are only two communications in the literature reporting it as part of COVID-19 illness.^{1,2}

GT, otherwise known as *Erythema migrans*, is not an uncommon finding on the oral medicine clinic. Adult incidence is around 1–2%. Typically, it presents with irregular areas of depapillation on the dorsal aspect of the tongue. These areas may change in size, shape and position, much like continental drift, as its name suggests. It affects both males and females and may be seen at any age.

While some elements of the media have called for COVID tongue to be added to the list of COVID-19 symptoms, its diagnostic value remains unknown and should be treated with caution. Such findings may represent a pre-existing GT.

However, as dental professionals, we must also be receptive to these developments. If a GT is of recent onset, could it signify COVID-19? Possibly. There is some evidence to suggest that GT might be associated with elevated levels of the inflammatory cytokine interleukin-6 (IL-6),³ the same cytokine that is upregulated in severe COVID-19 disease.⁴ It is also worthwhile remembering that angiotensin-converting enzyme 2 (ACE2) receptor expression is higher in the tongue

relative to other oral tissues.⁵ ACE2 receptors are the entry point of the SARS-CoV-2 virus.

Further research is necessary, but as media interest may generate some concern among our patients, we must keep abreast of these developments and remain vigilant.

R. W. Hathway, Bristol, UK

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<https://doi.org/10.1038/s41415-021-2666-z>

Advice on consent

Sir, a recent letter about consent and the need to warn about a risk of catching COVID-19 while attending for dental treatment¹ is an interpretation of the Montgomery ruling,² which potentially undermines the current standard operating procedure (SOP)³ and duplicates the warnings currently issued before attending a hospital appointment. It helps to distinguish between the procedure and the environment in which it is provided.

COVID-19 is not a material risk of the dental procedure itself and prospective patients will already have been alerted to the risk of visiting the hospital setting. The risk from being in a hospital building will have been covered by the general advice/instructions for anyone attending the

hospital, and the infection protection control measures the authors acknowledge are carried out and therefore do not need to be part of the consent to the procedure itself.

'Montgomery' dealt specifically with the material risks of a medical procedure. The consent process is not invalidated by adding a line about the material risks of visiting a hospital, but neither does it augment the validity of that consent. The aim of an effective consent process is not to overwhelm the patient with so much information that they are left unable to process it all.

General dental practitioners who follow the SOP when providing dental treatment should continue to follow the BDA advice on consent⁴ without adding any additional warnings about their surgeries. Dental surgeries that are non-compliant with the current SOP in their jurisdiction should not treat patients.

L. D'Cruz, Head of BDA Indemnity, London, UK

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3. Office of the Chief Dental Officer. Standard Operating Procedure: Transition to recovery v4. October 2020.
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<https://doi.org/10.1038/s41415-021-2671-2>

Help is at hand

Sir, I was pleased to read the item 'Addiction and alcoholism in dentistry'.¹ In these COVID-19-dominated times, many of our colleagues are turning to drugs, alcohol and other behaviours to combat their work-related anxieties and stresses. In many cases, this can lead to dependency and addiction, which can ultimately lead to their

professional lives being investigated by the General Dental Council.

May I draw your readers' attention to the network of support groups available to dentists with addiction in the UK:

- British Doctors & Dentists Group: www.bddg.org; Tel. 07850 125119
- British Doctors & Dentists Group – London: www.bddg-london.org; Tel. 07557 961512
- Dentists' Health Support Programme: www.dentistshealthsupporttrust.org; Tel. 020 7224 4671
- Sick Doctors Trust: www.sick-doctors-trust.co.uk; Tel. 0370 444 5163
- NHS Practitioner Health Support Programme: <https://www.practitionerhealth.nhs.uk>; Tel. 0300 0303 300.

Other groups can be found in the 'Other Organisation & Resources' section of www.bddg.org and www.bddg-london.org.

Help is available!

H. J. Breen, Great Dunmow, Essex

Reference

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<https://doi.org/10.1038/s41415-021-2672-1>

Deaneries' responsibilities

Sir, many dental core trainees have moved away from friends and family and often live on their own or with new people. I wonder whether deaneries should bear some responsibility for making sure that their trainees are coping and signposting them towards any help that is available. The deaneries are fully aware of the national recruitment element of jobs and that

some live miles from home as well as deal with the rest of life's stresses. I am incredibly grateful to be in a stable job, until September at least, but I think the deaneries need to consider the health and wellbeing of their trainees as part of their overall responsibilities.

L. Crowder, Glasgow, UK

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PVP-I in practice

Sir, I wish to report on the experience of the routine use of 0.5% povidone iodine (PVP-I) mouthwashes and nasal sprays in 6,000 consecutive dental patients, all of whom were notified of the need to use a mouthwash and nasal spray before dental treatment and of possible exclusions on the grounds of a history of allergy to iodine. Three patients were excluded.

The mouthwash was taken in the prescribed manner; held and moved round the mouth for 60 seconds and spat out into a plastic beaker. All patients consented to use of the mouthwash. There were no complaints of taste or procedure and no reports of any adverse reactions. All staff felt more relaxed about providing dental treatment with patients using such an effective antiviral mouthwash. We understand that research is being undertaken to determine the duration of the virucidal activity in the mouth, with preliminary indications that this might be up to two hours. If safety rather than effectiveness is the reason that august UK bodies have not yet enthusiastically endorsed the use of pre-operative mouthwashes, we hope that information from practice may help.

P. Davis, Tavistock, UK

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Suicide prevention

Sir, I have found an increase in patients disclosing to me how COVID-19 has affected their lives, hearing many harrowing tales of loss of husbands, jobs and houses. Further to this, an article recently published in the *BMJ* reported the potential increase of suicide rates from 1% to 145%, due to the surrounding effects of COVID-19.¹

As a newly qualified dentist in foundation training, I felt that not enough emphasis has been put on suicide prevention. As dental professionals, we need to be acutely aware of early warning signs and risks of suicide. As we create a rapport with our patients and see some patients regularly, it may be easier for us to note changes in patterns of behaviour. Now more than ever, this knowledge on suicide prevention could be invaluable to us and our communities.

Due to the unique current circumstances, we may be the only source of human interaction that some patients have, possibly being the only medical professionals they have seen face-to-face for some time. I suggest that all dentists during this time should undertake additional CPD on suicide prevention. Knowing what signs to look for and how to manage the situation effectively will better equip us to protect our patients' mental and physical wellbeing. Understanding suicide and its risk factors could potentially save a life.

A. Osman, London, UK

Reference

1. John A, Pirkis J, Gunnell D, Appleby L, Morrissey J. Trends in suicide during the covid-19 pandemic. *BMJ* 2020; **371**: m4352.

<https://doi.org/10.1038/s41415-021-2675-y>

Antibiotic resistance

Dental antimicrobial stewardship

Sir, I am delighted to see the launch of the white paper, *The essential role of the dental team in reducing antibiotic resistance*, by the FDI World Dental Federation during the World Antimicrobial Awareness Week in November 2020. This white paper is supported by an online library of resources and accompanied by a massive open online course.¹

Concurrently, the Belgian Health Care Knowledge Centre also published *Guideline on the prudent prescription of antibiotics in the dental office*. This clinical practice guideline

provides evidence-based recommendations for the prudent use of antibiotics in 12 situations frequently encountered in the dental surgery. The main objective of this guideline is to reduce the non-prudent prescription of antibiotics by dentists (and to a lesser extent by general practitioners) and ultimately to reduce antibacterial resistance. Another objective of this guideline is to reduce the variability in clinical practice and to improve the communication between care providers and patients (eg to explain why antibiotics are not indicated in certain situations).²

In 2019, amoxicillin and phenoxymethylpenicillin (penicillin V)

accounted for 68% and 0.4% of antibiotics prescribed in primary dental care, respectively, in Scotland.³ Penicillin V has a narrower spectrum of antimicrobial activity than amoxicillin, but has equivalent efficacy and clinical outcomes in acute dento-alveolar infections. Limiting unintended consequences of antimicrobial use is a key principle of antimicrobial stewardship, and since amoxicillin has a broader spectrum of activity than penicillin V, it has a greater impact on selection of resistance in the host micro-flora. Following an extensive period of research and consultation, the Scottish Antimicrobial Prescribing Group and its dental subgroup have