for the decontamination of reusable respirators for routine healthcare use

- Currently any reprocessing is likely to be independent of manufacturers' instructions for use; therefore, it is the responsibility of healthcare providers to carry out a risk assessment before purchasing and deploying reusable respirators for their staff. The HSE state that employers should contact the manufacturer for advice on the decontamination of these devices, and satisfy themselves that there is nothing further that may impact upon the risk assessment and decision made
- For reusable PPE already in use in a healthcare setting, employers should still contact the manufacturer for advice on the decontamination of these devices and perform a risk assessment
- The DMC interim advice paper gives details of what should be incorporated into the risk assessment.

I would strongly recommend colleagues to review the information accessible via this link and trust that the BDA will also review this situation.

R. S. Moore, Liverpool, UK

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<https://doi.org/10.1038/s41415-021-3030-z>

Multidisciplinary care

Thyroids and dentistry

Sir, 15% of the UK have clinically observable thyroid enlargement; it is not known how many patients undergo diagnostic evaluation, a similar estimate remaining undetected.^{1,2} Goitre is indicative of hyperthyroidism (90% harmless), whereas hypothyroidism has a wide clinical spectrum, from physiologically and clinically asymptomatic in 4%–20% of the population to morbid multi-system failure.¹

NICE estimate 2% of the population, but 5% of those over 60 have hypothyroidism with a 10:1 female to male preference.¹ Associated cardiovascular disease and psychiatric illness are seen in adults and childhood risks of educational failure are grave concerns of thyroid disease.

Immunological and inflammatory responses to chronic localised infections impact thyroid

function, yet the 2017 World Workshop on Periodontal Diseases doesn't define a relationship between periodontal disease and hypothyroidism.³ A literature review demonstrated a bidirectional association between hypothyroidism and periodontal disease.⁴ The following points are relevant:

1. For dental patients and those with thyroid disease, regular extra-oral clinical examination of the head and neck is vital
2. Inflamed and friable gingival tissues and probing depths of 5–6 mm could indicate endocrine imbalance or poor thyroid pharmacological control⁴
3. Following such findings, co-ordinated referral to a periodontist and endocrinologist could improve the outcomes for both conditions
4. Reviewing medication before treatment is vital to understand thyroid drug action and medication for cardiovascular disease and psychiatric illness, with the risk of adverse interaction being significantly reduced
5. For patients with thyroid disease, local anaesthesia with epinephrine is contra-indicated but felypressin is not safer. Levothyroxine has a narrow therapeutic index. Maintaining a biochemical and clinical euthyroid state is complex; careful consideration is needed before using local anaesthetic or any drug.

Thyroid patients present unique challenges, with the majority expressing low life-quality and dissatisfaction with medical care, nearly 90% citing internet data being more valuable than their doctor.⁵ Until a dental study is undertaken, clear-cut person-centred communication, aiming for a constructive relationship from diagnosis to delivery of care, working with periodontists and endocrinologists are essential steps to improve life-quality and treatment for those with thyroid disease, many of whom, from the evidence, we are yet to recognise in dental practice.

J. Laszlo, London, UK

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Cosmetic dentistry

TikTok teeth

Sir, I write to increase the awareness of a recent trend on the social media platform TikTok, which involves participants filing the incisal edges of their anterior teeth using a nail file to obtain a more even smile.

This trend, which is of course irreversible, poses many risks and patients must be educated by the dental community regarding these which obviously include hypersensitivity, damage to dental tissue, nerve damage and infection control. Patients may believe this a quick fix to their problems but correction of the damage would be a lengthy and often costly procedure. We have a duty as healthcare professionals to advocate against this alarming practice.

H. Torofdar, Bath, UK

<https://doi.org/10.1038/s41415-021-3032-x>

Dental education

Pandemic progress

Sir, we read with great interest Sharif Islam's perspective on the current state of undergraduate education and the effect of the pandemic.¹ We agree entirely with Sharif regarding the great value experienced clinical supervisors bring to student clinical education. Looking at our final year BDS and DTH clinic, we have one supervisor who qualified in 1969 and another in 1974, who, along with a team of colleagues, have worked tirelessly throughout the pandemic to ensure students gain the necessary clinical skills, in order to progress in their careers.

As highlighted in our letter in the *BDJ*, rather than hand pieces being 'holstered and still', the clinics in our facilities in Peninsula Dental School have remained as busy as ever throughout this academic year,² allowing students to gain the necessary experience. This may have been with AGPs in purpose built pods or on open clinics, where speed increasing hand pieces allow further utility. Supervision ratios have inevitably increased, so students in many cases receive one on one supervision allowing skills to develop further.

The pandemic has driven forward the use of digital technology with recently implemented utilisation of scanners and the digital workflow on student clinics, future proofing their education. Rather than their education festering as suggested, our junior colleagues have adapted to the most challenging of circumstances to allow their professional journey to continue. The students and staff have dealt with the many challenges with fortitude, determination and good humour, whilst putting their patients as their first priority throughout the pandemic. We remain optimistic that students will be as well prepared as any other year, and ready to face the challenges the future will bring.

E. McColl, R. Witton, C. Tredwin, Plymouth, UK

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Dental radiography

OPGs and pandemic legacy

Sir, new guidelines issued as a result of the pandemic have resulted in two key differences in the execution of the OPG, which have a direct impact on the image produced: patients must wear face covering during exposure and the bite block in which the incisors are normally aligned is often removed.¹ These measures have been implemented due to cross infection concerns as multiple patients are likely to use the OPG machine in a single day and bite blocks are reusable, being cleaned between patients – resulting in an obvious source of cross contamination.

The wearing of face coverings has led to the new finding of thin, parallel, radiopaque

lines extending across the nose and anterior sinuses resulting from the metal or plastic bar often found at the upper edge of commonly used disposable surgical masks. To date, we have not found this to be an issue, however there is potential for this to interfere with the assessment of mid-face plates or maxillary pathology.

In the absence of the bite block, it is advised to bring the patient's incisors into edge-to-edge contact, although patients are sometimes placed in full occlusion. This often means that, in the context of mandible fractures, a derangement in the occlusion is identifiable on the OPG. This new finding has proved useful in remotely assessing fractures and could be considered as a routine technique when using the OPG to assess fractures. Conversely, however, with the teeth in full inter-cuspation, the resultant overlap of enamel and dentine can impair the diagnosis of caries – something which is essential in the context of cervico-facial infections.

Figure 1 demonstrates the parallel mask lines, and owing to the fracture at the left mandibular angle, an increased inter-occlusal distance on the left side. It will be interesting in the long term to learn the impact of these new appearances on clinical practice, and if the lack of the bite block has adversely affected image quality due to the lack of a fixed reference point.

A. Regan, T. Walker, Manchester, UK

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<https://doi.org/10.1038/s41415-021-3034-8>

BDJ covers

Tired, sweaty team member

Sir, having just opened the latest issue of the *BDJ* [Volume 230], I felt I must write to you to convey my disappointment with the front cover photograph. I feel that this subject matter is not suitable for an academic journal and I have no desire to look at a tired, sweaty team member after their shift. Please bring back some elegant comparative anatomy to this esteemed journal.

J. Meakin, Sittingbourne, UK

<https://doi.org/10.1038/s41415-021-3035-7>

Head and neck cancer

Wider consultation

Sir, in search of guidelines on pre-radiotherapy extractions in head and neck cancer patients, I found two papers surveying restorative consultants' opinions on this subject. One was published in the *BDJ* by the Specialist Registrar in Restorative Dentistry group (SRRDG), the other in the *Journal of Dentistry* by members of the British Society of Prosthodontics (BSSPD).^{1,2}

Anyone involved in dental screening of head and neck cancer patients will be aware that, to date, there are no randomised controlled trials available to aid the decision whether/which teeth should be removed prior to radiotherapy.³ While expert opinion is considered low level evidence, in the absence of more robust evidence it may still be of value, especially if representative of the whole cohort of restorative consultants and clinicians who regularly manage this group of patients.

I am puzzled that both studies aimed for a national survey of restorative consultants, specialists and specialist registrars, yet the SRRDG asked only their members and members of the Restorative Dentistry UK group, and the second survey was conducted amongst members of the BSSPD. As a member of the British Society of Restorative Dentistry (BSRD), which is home to a great number of restorative dentists, I wonder how could this group have been overlooked in a national consensus? The first conference jointly organised by all aforementioned societies has just passed and appropriately entitled 'Better patient care through collaboration', it particularly highlighted the ambition of a unified approach to head and neck cancer patient care throughout the UK. If all restorative societies can collaborate for a conference like this, a national survey

Fig. 1 An OPG taken at the height of the pandemic in the UK, demonstrating left angle fracture with associated increased inter-occlusal space and mask lines