

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

References

- Islam S. Lest we forget the students. *Br Dent J* 2021; **230**: 198.
- Witton R, McColl E, Tredwin C. Students' return to clinic. *Br Dent J* 2021; **230**: 3.
<https://doi.org/10.1038/s41415-021-3033-9>

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

Reference

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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

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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

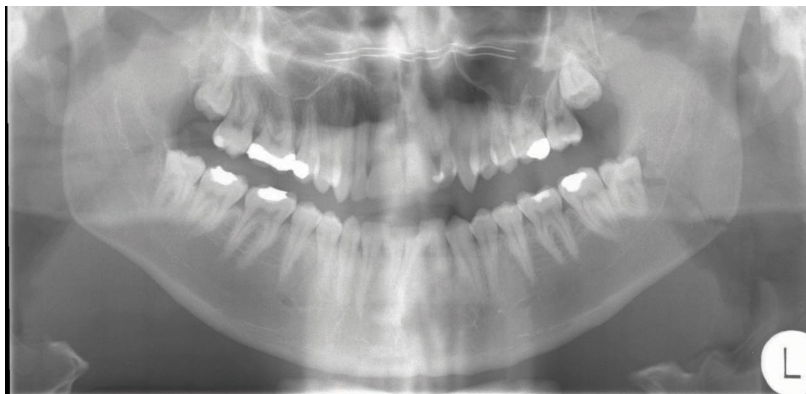


Fig. 1 An OPG taken at the height of the pandemic in the UK, demonstrating left angle fracture with associated increased inter-occlusal space and mask lines