appreciation of the anatomical region and key differential diagnoses. Laboratory diagnostic testing is one part of their role by providing appropriate clinical advice vital in achieving infection resolution and improving patient outcomes.

Two other major roles are in leading the antimicrobial stewardship programme and infection prevention and control in dentistry. This is of importance in the era of emerging complex and resistant infections that resulted in more than 3 million deaths secondary to COVID-19 since December 2019, and more than 700,000 annual deaths secondary to drug-resistant infections.² Additionally, treatment for patients with multiple co-morbidities is resulting in complex decision making that requires such specialist infection management. We wish to highlight the urgent need for prioritisation of workforce planning of COMs or this vital dental specialty faces a real threat of non-existence in future years.

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References

- Pankhurst C, Rautemaa-Richardson R, Seoudi N, Smith A, Wilson M. Antimicrobial resistance: Antibiotics and consultant oral microbiologist posts. Br Dent J 2016; 220: 2-3.
- World Health Organisation. New report calls for urgent action to avert antimicrobial resistance crisis. 29 April 2019. Available at: https://www.who.int/ news/item/29-04-2019-new-report-calls-for-urgentaction-to-avert-antimicrobial-resistance-crisis (accessed 14 April 2021).

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CASE REPORT

Restorative dentistry

Success and poor predictions

Sir, an 81-year-old male patient presented to an undergraduate restorative clinic in 2019 for a new patient assessment, following a near 20-year absence from dental treatment.

He first presented to Liverpool Dental Hospital back in 1986, having just been provided an upper complete denture and complaining that 'his teeth felt unclean'. His notes from 1986 recorded a diagnosis of 'Chronic Periodontal Disease', which translates into the new 2017 periodontal



Fig. 1 Full OPG from 1986 showing severe bone loss in posterior sextants

classification as, 'Generalised Periodontitis, Stage IV, Grade C, Currently unstable with no risk factors'. His clinical notes from 1986 included the OPG seen in Figure 1.

The last standing molars (47/38) were extracted immediately, and after some oral hygiene instruction and trials of at-home irrigation of deep pockets with chlorhexidine, he was considered an appropriate candidate for periodontal surgery. Between June and July of 1987, this patient underwent periodontal surgery involving apically repositioned flaps from the canine to the last standing molar bilaterally, without regenerative techniques or grafting.



Fig. 2 Periapical radiographs from 2019 showing LR and LL posterior teeth

Despite a 20-year absence of professional periodontal treatment and self-reported 'poor cleaning at home', this patient presented in 2021 having maintained the 45 to the 37 for over 35 years! The most recent periapical radiographs even show a significant improvement in bone level and the patient has been re-enrolled in supportive periodontal therapy (Fig. 2).

The patient consented both verbally and in written format.

We hope this serves as a reminder to us all to not give up hope on periodontally involved teeth in the long term, and to empower patients to maintain these teeth we label as having a 'poor prognosis'.

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Reference

 British Society of Periodontology and Implant Dentistry. Implementing the 2017 Classification of Periodontal Diseases to reach a diagnosis in Clinical Practice. Available at: https://www.bsperio.org. uk/professionals/publications (accessed May 2021).

https://doi.org/10.1038/s41415-021-3136-3



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