

pattern mimicking peri-implantitis. Accurate clinical diagnosis could be further compromised when there are no obvious lesions around the implants, as in this case. Lack of successful findings has been reported for 28% of the published cases.²

Dental implants are safe and there is no cause-effect with SCC. Based on the limited knowledge available on the subject, prevention is highly unlikely. Hence, efforts should be directed towards early diagnosis followed by appropriate treatment. For patients with rapid development of local bone resorption around dental implants, particularly if there is a history of oral cancer, the possibility of malignancy needs to be investigated. Although oral surgeons are widely known to cause peri-implantitis rather than manage it, in our opinion, they are the go-to clinicians for this particular subgroup of patients. If the patient's GDP decides to proceed with treatment for peri-implantitis without the assessment of an oral surgeon, then at least a biopsy should be considered while performing the treatment.

A. Tanneby, M. Kharazmi, Västerås, Sweden;
F. AlQahtani, Dammam, Saudi Arabia

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Occupational health

Achenbach's syndrome

Sir, a 64-year-old female dental hygienist experienced a subcutaneous sharp, stabbing finger bleed that occurred spontaneously and atraumatically on the ventro-lateral aspect of her right index finger's proximal phalange. Bruising and swelling quickly developed and within an hour it had extended distally into her second phalange, but not into her fingertip or her fingernail (Fig. 1). The bruising then progressed proximally into the palm of her hand, at which time her discomfort noticeably diminished (Fig. 2). Gradually,



Fig. 1 Bruising and swelling extending to the second phalange of the right index finger, with sparing of the fingertip and fingernail

over the following three days, the swelling and discolouration receded and her finger's mobility returned to normal.

She volunteered that she had experienced approximately a dozen similar episodes over several preceding years and on each occasion the consequential limitation in her manual dexterity had limited her clinical practice for a few days.

A literature search demonstrated that she had Achenbach's syndrome¹ and she revealed her younger sister was similarly affected. Both siblings had evidence of joint hypermobility syndrome (JHS) and a potential association between these two conditions has been raised for the first time in a recent open access publication.²

In Britain, the female-to-male Achenbach predilection is 6:1, with a median presentation age of 50 years, but at present, there seem to be neither prevalence nor incidence data published for this condition, nor any aetiological explanations, until now.

A tentative hypothesis has been made that perhaps the abnormal collagen found in JHS may compromise the architecture and integrity of the peripheral capillary bed of the hand and so predispose to these spontaneous finger bleeds.²

Because of its benign and self-remitting nature, the number of affected individuals may be under-reported, and considering the number of female GDPs and DCPs over the age of 51 who were on the GDC register in 2020, there may actually be more.



Fig. 2 Bruising extending into the palm of the hand

Indeed, there were 3,972 such female dentists and 11,605 female DCPs, representing 19% and 17% of their gender cohort totals of 21,279 and 67,640, respectively.³

While Achenbach's syndrome is uncommon, the reported provisional association with JHS should encourage clinicians to become more vigilant in looking for the existence of the same comorbidity in other affected patients, because if joint hypermobility is found to co-exist with Achenbach's syndrome more extensively, this could stimulate further research into the possible role abnormal collagen may have in the mechanism of causality of these finger bleeds.

As a consequence, affected individuals should be encouraged to seek referral to either a dermatologist or a rheumatologist for further investigation as to whether they might have a connective tissue disorder.

R. Chate, C. Chate, Colchester, UK

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