COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org.
Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Restorative dentistry

Re-reading

Sir, Mr Hassall should have re-read what he had written before attempting to deflect criticisms about his mutilation of mildly worn teeth on spurious occlusal grounds and using dodgy marketing euphemisms for full-coverage ceramic crowns. He wrote: 'The patient attended with generalised tooth surface loss and a long-standing history of parafunction, temporomandibular disorder and limited opening'.[1] In truth, Figures 10 and 19 in that article showed mild, mainly anterior, wear.

Further, Mr Hassall specified abfraction, TMD, bruxism and occlusion as being apparent factors in his decision to vandalise six largely intact maxillary teeth.[2] Unfortunately, Figures 10 and 22 revealed how much sound tooth structure was obliterated to produce a questionable aesthetic outcome involving full-coverage ceramic crowns – not his specious 360° veneers (Figures 22 and 24).[1] Apparently, that assault was based on his debatable opinions about ceramics and some cult-like beliefs which involved sacrificing sound tooth structure on the altar of those beliefs.[3]

In similar cases, we support the general idea of increasing anterior vertical dimension pragmatically by additive direct bonding, usually of the occlusal aspects of sound premolar and canine teeth, with the composite being placed mainly in compression, thereby creating space between worn upper and lower incisor tips (Fig. 20).[1] That is a biologically sensible way to obtain space for an adequate bulk of composite material to restore any damaged anterior teeth (or to place protective castings on vulnerable posterior teeth).[3]

One obvious flaw in his attempted justification for the treatment was that the more worn lower incisors – opposing those full-coverage ceramic crowns – were restored in composite. During loading, the force per unit area is greater on much smaller lower incisors than it is on much bigger upper central incisors. If the increased bulk of composite, which was made possible by occlusally bonding the upper side teeth, was adequate to restore the lower incisors then, logically, composite should have been fine for the virtually intact, bigger upper teeth (Figures 10, 19 and 20).[1]

Instead, Figure 22 showed seriously destructive 'preparations' for six full crowns which certainly failed the 'Daughter test' ('would you do that treatment on your own daughter?'[4]). Genuinely compassionate dentists would not do that sort of destructodontics on someone they really cared about, nor would any sane dentist have it done to them. For many years now, sensible dentists, treating hundreds of wear patients annually, have been heading down the 'pragmatic additive bonding' route.[3] Unfortunately, some bunnies are on the other side of that dual carriageway, hurrying in the other direction with an air turbine in each holster – and more dangerously, finding spurious justifications for using them. If you are a cutter, hell-bent on cutting the natural teeth of others, you can reach for whatever school of thought – occlusal, cosmetic, technical, digital or business – that is most likely to provide a rationale for your propensity.

M. Kelleher, Bromley, T. Burke, Birmingham, UK

References

1. Hassall D. Centric relation and increasing the occlusal vertical dimension: concepts and clinical techniques – part two. *Br Dent J* 2021; **230:** 83–89.
2. Hassall D. Of little consequence. *Br Dent J* 2021; **230:** 553–555.
3. Kelleher M G D. McNamara's Fallacies in Dentistry. 2: Tooth surface loss fallacies. *Dent Update* 2021; **48:** 343–356.
4. Kelleher M G D, Burke F J T. The 'Daughter Test' in aesthetic or cosmetic dentistry. *Dent Update* 2010; **37:** 5–11.

Editor-in-Chief's note: This correspondence is now closed.

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Microbiology

Cannabinoid testing

Sir, I read with interest the recent correspondence by S. Antoniou entitled 'Cannabinoids – high expectations?'[1]

The author mentions that cannabinoids have been demonstrated to possess bactericidal efficacy on a par with chlorhexidine without its tooth discolouration effect. The study quoted, however, has not evaluated tooth discolouration, only the bacterial colony counts. In fact, cannabinoid products still need to be tested for their discolouration potential in comparison to chlorhexidine.[2] Additionally, not only do cannabinoids reduce bacterial colony counts but also increase the bactericidal efficiency of antibiotics against both gram-negative and gram-positive bacteria.[2]

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References

1. Antoniou S. Cannabinoids – high expectations? *Br Dent J* 2021; **231:** 70.
2. Vasudevan K, Stahl V. Cannabinoids infused mouthwash products are as effective as chlorhexidine on inhibition of total-culturable bacterial content in dental plaque samples. *J Cannabis Res* 2020; **2:** 20.

https://doi.org/10.1038/s41415-021-3433-x

Communication

Non-vital communication

Sir, Dr Adali's letter 'Every word matters' (*BDJ* 2021; **231:** 69) rightly underlines the importance of the language that we use every day when communicating with our patients.

When I was studying for my clinical hypnosis qualification many years ago, I was astonished to discover that the words and phrases used in describing clinical procedures could affect the clinical outcome of the procedures. The wrong phrases could adversely affect the outcome and the right