advocate for dental practices to register their AED at https://www.thecircuit.uk/.[2] This initiative by the British Heart Foundation has the aim of connecting the location of AEDs around the country to ambulance services. As a result, this allows quicker access to AEDs, thereby helping save more lives from out-of-hospital cardiac arrest (OHCA).

Signing up is quick and easy; I urge all dental practices to register their defibrillator and potentially save a life.

N. Mistry, Liverpool, UK

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https://doi.org/10.1038/s41415-021-3626-3

Water fluoridation

Fee for fluorosis

Sir, we welcome the 'Statement on water fluoridation' from the UK Chief Medical Officers (CMOs), particularly in light of the proposed changes to legislation in this area.[1,2]

In order to gain public confidence in water fluoridation, we believe the risks must not be understated and the benefits must not be overstated. With this in mind, we were surprised to read in the statement that 'dental mottling is a small risk'. An authoritative systematic review estimated the risk of dental fluorosis of aesthetic concern to be in the order of 12.5% (where the level of fluoride was at 1.0 ppm), which we regard as substantial and many parents might regard as a high level of risk.[3] It is our experience that the current generation of children are highly image-conscious and we see no sign of a reversal in this trend; we postulate that even the minor types of fluorosis might be of aesthetic concern to this future cohort.

The CMOs went on to state 'the cost of hospital admissions for tooth extractions among those aged 0 to 19 years in England was estimated to be £54.6 million, the majority due to preventable tooth decay'. In fact, the report they were quoting states that this figure was £33 million.[4]

We were also disappointed that the statement did not discuss the implications for dental practices of high numbers of children exhibiting fluorosis. We are convinced there will be an increase in the number of parents seeking advice and treatment for the condition. We would like to see the Department of Health offer training to practitioners in the diagnosis and treatment of fluorosis, particularly to those dentists and therapists currently operating outside of those areas that have fluoridated water supplies. Many of these practitioners will not have been trained in the minimally invasive techniques that are currently recommended to treat the condition.

Finally, we were pleased the CMOs noted the impact water fluoridation is likely to have in reducing dental health inequalities and we partly agree with this. However, without additional financial support, will NHS dental practices be able to offer treatment for dental fluorosis of aesthetic concern? We envisage a potential widening of dental health inequality where those parents who can afford to will pay privately for the treatment of this condition, and for those that cannot, their children will be sadly left untreated.

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OMFS

Filler failure

Sir, I write with reference to the letter (*Br Dent J* 2021; **231**: 205) regarding the increase in dermal filler-related complications presenting in the Accident and Emergency department, as an oral and maxillofacial dental core trainee working in South West UK.

In addition to vascular occlusion-related complications, other complications may present and I would like to highlight a few management options for colleagues faced with similar problems:[1,2,3]

1. **Bruising/ecchymosis**: This can be easily treated with the use of cold compresses, arnica, bromelin, aloe vera or vitamin K creams. Medications which can affect anticoagulation (eg vitamin/herbal supplements, NSAIDs and antiplatelets) should be paused for 7–10 days
2. **Swelling/oedema:** Prophylaxis of this should include the use of anti-inflammatory enzymes, arnica/gelsenium/bromelin and cold compresses. Management of this complication can include the use of NSAIDs, short-term steroids and streptokinase/streptodornase in addition to prophylactic measures
3. **Erythema:** The use of antihistamines, oral tetracycline or isotretinoin may be effective. Short-term use of topical medium-strength steroids can be helpful, with the aid of vitamin K cream
4. **Infection:** This can be managed using co-amoxiclav or ciprofloxacin antibiotics. Second-line antibiotics such as cloxacillin, azithromycin, minocycline and flucloxacillin can also be used. Any abscesses should be drained and a microbiological culture is recommended
5. **Herpes activation:** Patients with a history of cold sores should have anti-herpes medication prescribed prophylactically. In this instance, valaciclovir or aciclovir 1–2 days before and three days after the procedure is recommended
6. **Dysaesthesia/paraesthesia/anaesthesia:** In the event of Bell's palsy, a short course of high-dose oral steroids may be beneficial
7. **Lumps/bumps:** In the event that a non-inflammatory lump persists, treatment will include needle aspiration or a minimal stab wound incision with evacuation. Post-inflammation management may include hyaluronidase injections and intense pulsed light/laser, photo-protection or depigment cream
8. **Tyndall effect:** Superficial placement of fillers can result in blanching and a bluish discolouration in the injection area. Management of this includes the use of local massage, incision and drainage and hyaluronidase injections

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