

9. Acute hypersensitivity: Antihistamines, NSAIDs, intralesional/systemic steroids, minocycline and hydroxychloroquine can be used to manage this complication. Hyaluronidase injections may also prove useful.

In conclusion, I hope that the information above will prove beneficial to dental core trainees working in oral and maxillofacial surgery units when faced with the above complications.

Y. Lin, Plymouth, UK

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Coronavirus

COVID-19 and multidisciplinary dentistry

Sir, we read with great interest the letter ‘COVID-19 and consent.’¹ A similar look into patient data in our hospital’s oral and maxillofacial surgery department (OMFS) during the COVID-19 pandemic shows a fascinating insight. Being a tertiary centre in a developing country and being in a city of 1.5 million+ people, the department witnessed a tenfold rise in space infection requiring surgical intervention during the first month of national lockdown, when all the dental clinics across the city were closed. This experience highlights the significance of access to oral health and the role of dentists in preventing more adverse space infection arising due to spread of periapical infection. COVID-related mucormycosis cases requiring extensive antifungal therapy and surgical debridement dominated the second wave of COVID-19. Immune dysregulation caused by SARS-CoV-2 and the use of broad-spectrum antibiotics and corticosteroids, particularly in patients with poorly controlled diabetes with ketoacidosis, is likely to have contributed to the rise.² With a prevalence for mucormycosis estimated to be nearly 80 times higher (0.14 per 1,000) in India compared to developed countries, timely

intervention and management was called for, with patients as young as 25 years old presenting to the department requiring surgical debridement.^{3,4}

While the department of OMFS provided emergency services in the first wave and later extensive surgical debridement for patients with mucormycosis, the job is far from over for teams of prosthodontists and maxillofacial prosthetists, as providing a better quality of life to patients who have undergone maxillectomy and other resections remains a top priority. COVID-19 has shown us the importance of primary oral healthcare, as an absence of such services, due to nationwide lockdown, elevated what would have been tooth infection into a more complex facial space infection. It further strengthens the importance of multidisciplinary teamwork in dentistry, as displayed by maxillofacial surgeons providing frontline life-saving services and prosthodontists who can further provide a better quality of life for patients.

N. Kurian, S. Gandhi, A. M. Thomas, Ludhiana, India

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Health and wellbeing

Benevolent running

Sir, I write this letter to you having completed The Virtual London Marathon, a lengthy 26.2-mile race around London. Three other runners and I, all members of the dental community (Dr Robert Chaffe, Dr Helen Reddington and Dr Zayd Rawoot), took on the event to fundraise for the British Dental Association (BDA) Benevolent Fund, raising more than £6,000 for the charity and counting.¹ As sore as my body felt crossing the finish line, I experienced an overwhelming sense of attainment, having been part of the world-famous event.

During the first lockdown, as all of my undergraduate teaching had moved online, I found myself spending roughly six hours

a day in front of a computer screen. I therefore took up running, as a means of staying active and to get out of the house. Now, as dentistry returns to normality, I use the sport as a way to de-stress after a busy day on clinic. Long-distance running is a cathartic experience, that allows time for much-needed self-thought and reflection. To quote a former marathoner, Amby Burfoot, ‘if you train your mind for running, everything else will be easy’.

I had always wanted to run the London Marathon, and to have the privilege of running on behalf of the BDA Benevolent Fund made me even more determined. I wanted to give back to those in the dental community that has been hit hard by the COVID-19 pandemic. The BDA Benevolent Fund has seen a 15% increase in grants being given, and now to more younger applicants, seeing the average age of recipients being 31 years old.² The experience has helped me adopt a new passion, whilst also promoting a charity that helps those in our profession. I encourage all those in the dental profession to consider running, either to raise money for charity or as a great way to keep both the mind and body healthy.

R. Lee, London, UK

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Occupational health

Achenbach’s – other lesions

Sir, regarding the recent letter by R. Chate and C. Chate,¹ we want to mention that Achenbach’s syndrome has been defined as the appearance of bruises in the fingers or palms of the hands; however, within the spectrum are other types of lesions such as ecchymosis and even purple ones. It is important to note that there are no changes concerning the exposure to cold and capillary filling remains normal.²

Regarding gender, it has been shown to be more frequent in women, with a 7:1 ratio compared to men, with a predisposition in people older than 50 years.² Other common symptoms are oedema and pain in the affected area, which are present in approximately 50–60% of cases; paraesthesia