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.

Holistic dentistry

Sex conscious clinicians

Sir, during a recent consultation, a patient asked me when it was suitable for him to engage in sexual activity after his tooth extraction. Initially, this question took me aback, as it is not something I had ever been asked before. I gave the usual advice of no vigorous exercise in the first 24–48 hours after an extraction due to risk of bleeding. However, this scenario made me think, is there a deeper conversation to be had?

Patients are more open to discussions surrounding their health and ways in which they can prevent disease. As dentists, we are aware of the head and neck cancers associated with human papillomavirus (HPV), a type of sexually transmitted disease (STD). It has been estimated that over 80% of the population will acquire HPV before they reach the age of 45.[1] HPV-related cancers have been on the rise for a number of years. Certain types of oropharyngeal cancers are associated with HPV, particularly HPV 16 and 18.[2] There have been great efforts to immunise adolescents against HPV, aiming to administer the vaccine at an age before they are sexually active. Originally, this vaccine was only offered to girls; however, from 1 September 2019, boys were also offered this vaccine from 12 years of age.[3]

As dentists, we undertake oral cancer screens at every routine check-up. We also give smoking cessation and alcohol cessation advice where appropriate, both of which are risk factors for oral cancer. HPV and other STDs can present in the oral cavity. Perhaps as clinicians we have a wider role to play in sexual education and prevention. This could be in the form of patient information leaflets and posters raising awareness of HPV-related head and neck cancers, emphasising the importance of safe sexual practice and early vaccination. These could be placed in waiting rooms and in surgeries, giving patients the opportunity to start the conversation if they wish to do so.

F. Doughty, Liverpool, UK

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Systematic reviews

Systematic reviews of reviews of reviews

Sir, as a Master of Clinical Dentistry postgraduate student at the Eastman Dental Institute (2001–2004), the publication of a series of systematic reviews (SRs) in the *Journal of Clinical Periodontology* was an epiphany for a busy clinician trying to base clinical decision-making on best evidence. The systematic nature of these reviews ensured evidence was readily available to make key decisions such as determining likely outcomes from surgical versus non-surgical periodontal therapy.[1]

The proliferation of SRs since my training was noted in the recent *BDJ* editorial:[2] 'While the expansion of exposure of systematic reviews is welcome, what is striking when reading them is that little has changed'. This got me thinking (the point of editorials) about the development of SRs, and in an excellent *Evidence-Based Dentistry,* I read about SRs of systematic reviews[3] that concluded 'less than 1% of recently published SRs in dentistry were classified with high methodological quality'. I then wondered will the next stage be systematic reviews, of systematic reviews of systematic reviews?

As a clinician involved in primary clinical research, I envisage an inverted pyramid where the primary research is analysed along with other randomised controlled trials by a group of systematic reviewers who highlight the flaws in the primary research, and subsequently have their systematic review analysed, exposing the flaws in their SR. My evidence-based epiphany at the start of the millennia now seems a distant memory, as I grapple with a plethora of SRs, with less certainty about the quality and applicability to my patients.

E. McColl, Plymouth, UK

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https://doi.org/10.1038/s41415-022-5159-9

Endodontics

No squirting

Sir, I read with interest the concerns of Dr Vivekananda Pai about using sodium hypochlorite for endodontic irrigation.[1] I decided many years ago to stop squirting anything into a root canal even with so-called 'safe tipped' syringes.

A method I find seems to work very well is to dry the canal, place a dry paper point into the canal, then with a pair of closed tweezers transfer (with a gloved hand underneath to catch any drops) a small