

or 'by equivalence'. Also, all retired oral healthcare professionals (ie colleagues who are no longer GDC registrants) who wish to maintain a link with their chosen profession, are most welcome to join the College through the College's 'by experience' or 'by equivalence' processes, with opportunity for those who become Fellows (FCGDents) in retirement to join the College's recently established 1992 Circle (<https://cgdent.uk/2022/12/07/college-forms-1992-circle/>). The College's online register of current members can be used to confirm the membership status of any individuals using CGDent postnominals.

CGDent (contact@cgdent.uk) will be most pleased to assist former members and fellows of FGDP(UK) in updating and possibly upgrading their postnominals, together with all other oral healthcare professionals, both home and abroad, wishing to join CGDent, which is increasingly gaining recognition and standing as a ground-breaking, world-first for the dental team.

N. Wilson, Founding President Emeritus CGDent, London, UK

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Smoking cessation

Ultrafine particles

Sir, I read with interest the recent correspondence in the *BDJ* entitled 'Rethinking e-smoking' by R. Lee.¹

It would be worth mentioning that in addition to vapourised nicotine, e-cigarette aerosol contains particles of an ultrafine nature which may be inhaled into the deeper portions of the lungs, diacetyl flavouring recognised as a causative agent for serious lung disease, carcinogenic

chemicals, organic compounds (volatile) and heavy metals.²

Moreover, consumers might not be aware of what their product contains and certain 'zero percent nicotine' products have been evidenced to actually possess nicotine content.³

Further, it is also relevant to ask patients what kind of substances they have used with their vaping product as these may include THC or CBD.⁴

V. Sahni, New Delhi, India

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Anaesthesia and sedation

Malignant hyperthermia – rare but fatal

Sir, malignant hyperthermia is a rare but often fatal genetic skeletal muscle disorder.^{1,2} It is characterised by an abnormality in muscle metabolism upon exposure to volatile anaesthetic agents, extreme heat or stress.^{3,4}

The disease has major implications for dentistry and clinicians have a responsibility to screen patients for the disorder. A thorough patient medical history and family history and in particular, anaesthetic history

must be assessed.^{3,4} Muscle disorders such as scoliosis and myotonia congenita are often associated with malignant hyperthermia and thus, follow up investigations should be performed to rule out the disorder before considering GA for these patients.^{3,4} A history of a fever of unknown origin, a family history of reactions or unexplained death during anaesthesia should be investigated further before providing GA to the patient.^{3,4} In addition, dentistry can trigger stress, anxiety and pain which can also lead to a malignant hyperthermic episode.^{2,3} It is essential that dentistry is provided to these patients in the most comfortable, safe and effective manner.

As aforementioned, volatile anaesthetic agents can trigger a malignant hyperthermic episode.^{1,4} In the past, local anaesthetics were considered triggers, however now, local anaesthetics have been considered safe to use. In addition, nitrous oxide sedation and benzodiazepines have not been deemed as triggers for malignant hyperthermia. As mentioned previously, stress can trigger an episode therefore it is essential that a clinician explores all non-pharmacological and pharmacological techniques when providing care for these patients.

J. Quearney, Dublin, Ireland

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