

imperative that patients seek a professional's expert opinion and not entirely rely on the responses provided by the language model. Furthermore, ChatGPT remains to be tested at various levels in medical and dental fields for future application in clinical practice.

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Clinical research

Flaunting research

Sir, there is a recent trend emerging where many researchers in health care fields display their work on social media platforms. It is worth pondering what the intention behind such public display of research work is. In some cases, it is to disseminate to the general public scientific knowledge obtained as a result of their work, while in other cases it is a rather obvious exercise in self-promotion either for professional benefits or to simply garner accolades. While the former scenario represents the 'Push Model' of dissemination of scientific research¹ and is generally accepted by the scientific community, the latter reason sadly casts a shadow on the 'primum objectum' of the healthcare profession which is to serve the public with an attitude of humility. Flaunting one's work on social media platforms strips the pursuit of scientific knowledge of its sanctity and can also cause unnecessary peer pressure in the scientific community which eventually leads to misguided priorities when it comes to research. In this day and age where the standard of published work is on the decline due to extreme competition within the scientific community,² it becomes all the more important to maintain scientific temper and to embark on genuine research for the right reasons. This will be infinitely more useful to the public at large.

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Dental pathology

Burkitt lymphoma – no ordinary toothache

Sir, Burkitt lymphoma is an aggressive non-Hodgkin B cell lymphoma and can be associated with the Epstein-Barr virus (EBV) infection.¹ It is one of the fastest growing tumours and can be classified into three subtypes: endemic, sporadic and immunodeficiency associated. The lymphoma constitutes 2% of non-Hodgkin lymphoma and can affect boys of a young age.^{1,2} Despite being uncommon, oral manifestations of the malignancy have been reported in the literature and have been mistaken for odontogenic pathology.^{2,3} Therefore, it is essential that clinicians are aware of this malignancy and consider it in a differential diagnosis of unresponsive odontogenic infection in otherwise young healthy children.

Oral manifestation of Burkitt lymphoma can be difficult to recognise. It often can present with clinical features that mimic other dental diseases such as odontogenic infection, periodontal disease or other osteolytic pathology.² This can often delay treatment and worsen the prognosis. Oral manifestations reported in the literature include swelling, pain especially if infiltration of the dental pulps in developing teeth occurs, loosening teeth and facial asymmetry.^{2,3,4} Radiographic features of the disease include thickening of the PDL, loss of lamina dura, missing cortical bone and the absence of a tooth follicle on a developing tooth.^{2,4} A particular feature of importance is altered sensation or paraesthesia.^{1,3} Despite tooth and jaw pain being common, it is particularly rare for a patient to experience altered sensation of the inferior alveolar and mental nerves.³ Therefore, if an apparent healthy patient presents with reported paraesthesia of no known obvious cause, it is essential that a clinician is vigilant to a potential malignancy.

Burkitt lymphoma is an aggressive malignancy; however, it does respond well to chemotherapy with oral symptoms regressing around day seven of treatment.² Misdiagnosing and mistreating this malignancy for dental pathology can lead to a delay in correct treatment and worsen the prognosis.^{1,2} Dentists have an important role in helping to diagnose this disease. It is essential that a clinician takes the time to

listen to a patient's presenting symptoms. In addition, a thorough history, examination and special tests including radiographic examination is essential to reach a diagnosis. A history of paraesthesia or a lack of response to treatment for odontogenic infection in a young healthy patient requires further investigation.^{1,2,3,4} It is essential that a clinician makes an immediate referral to medical colleagues for assessment and appropriate treatment.

In summary, although uncommon, Burkitt lymphoma when present is certainly no ordinary toothache. It is an aggressive malignancy which can often be misdiagnosed in young patients. It can have oral manifestations that mimic other dental disease and therefore it is essential that clinicians are aware of this. The importance of listening to a patient, paying particular attention to signs and symptoms, taking a thorough targeted history, detailed examination and appropriate imaging are essential for the correct diagnosis and treatment.² These steps can lead to a better prognosis and potentially save a patient's life.

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Sleep apnoea

Management strategies

Sir, I read with interest the paper on how general dental practitioners help in management of sleep apnoea.¹ The paper rightly mentions age and obesity as significant risk factors for development of OSA with a predilection in subjects above 65 years and a BMI over 25 kg/m².

It would be pertinent to mention that OSA is a significant problem in paediatric patients as well, with an incidence rate ranging between 1–6%. OSA is observed in infants, children between two and eight