

years and older children.² Due to the fact that children are routinely treated by general dental practitioners, diagnosis of children with OSA becomes very important. Obesity rates are rising in most parts of the world due to dietary changes and a sedentary lifestyle. Early intervention for lifestyle modifications could thus play a major role in decreasing the severity of the condition.³ General dentists thus have a major role to play in identification of such subjects.

Reduced tongue space due to narrow and crowded arches also causes the tongue to fall backward during sleep causing an upper airway obstruction. A significant number of adults could benefit with orthodontic therapy to align teeth and broaden arches in addition to lifestyle modifications. An increase in tongue space with orthodontic treatment could alleviate symptoms to a large degree.

Lastly, the psychological wellbeing of subjects with OSA should also be assessed. It has been noted that levels of psychological wellbeing are significantly lower in subjects with obesity and OSA.⁴ Such subjects could benefit with assessment and counselling by trained clinical psychologists in addition to routine treatment protocols.

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Endodontics

Sodium hypochlorite guidance

Sir, with respect, I feel it was inappropriate for you to have published the ‘Sodium hypochlorite irrigation and safety’ letter¹ which advocates an unnecessarily complicated, inferior and costly deviation from regular syringe irrigation during root canal treatment.

The size of the pulp chamber means it has the most volume of pulp tissue and/or numbers of bacteria. Sodium hypochlorite passively introduced there will become spent/reacted/ineffective immediately. The reason that all UK dental schools teach syringe irrigation is (partly) because of the importance of delivering unreacted sodium hypochlorite close to the root apex and all the anatomical nooks and crannies there.

Post-treatment endodontic disease is common in the UK. When surveyed in 2000 the majority of the UK dentists responded – famously – to say they use local anaesthetic as irrigant during endodontic procedures. With this in mind anything that turns dentists away from using proper endodontic irrigation is unhelpful.

I wouldn't want to pretend sodium hypochlorite accidents don't happen, but by publishing the letter you risk giving them a significance that is almost totally undue. Sodium hypochlorite accidents are rare, self-limiting and do not typically involve loss of the tooth. The British Endodontic Society recently produced an excellent, well presented, well evidenced, free guide on good endodontic practice. They even include a chapter dedicated to sodium hypochlorite accidents. I would like to direct your readers' attention there: https://britishendodonticsociety.org.uk/_userfiles/pages/files/a4_bes_guidelines_2022_hyperlinked_final.pdf.

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Oral health

Vaping questions

Sir, vaping has received attention with a total of 2,807 hospitalisations and 68 deaths being caused by it as reported by the US CDC as of 18 February 2020.¹ There is evidence to support the negative association between vaping and periodontal/gingival health as well as compromise in radiographic and clinical peri-implant assessments owing to an uptick of inflammation in people who vape.²

Vaping has been commercialised as a safer alternative to conventional cigarette smoking, with limited information on its cariogenic potential.² Recent research has shown that patients who indulged in vaping were at a greater risk for developing cavities as opposed to those who do not.² With 19.6% and 4.7% high and middle school students, respectively, being reported to be using e-cigarettes in the USA, it appears that a large portion of the population are vulnerable and an even larger number of teeth are at risk.

The recent finding, which implicates a higher risk of caries in people who vape should, at this stage, at least raise awareness amongst dental practitioners. The study utilised data of roughly 13,000 patients. Amongst the 136 (0.69%) patients who reported vaping/e-cigarette usage behaviour, a statistically significant difference was observed in the risk of caries levels.²

Of particular interest is that 79.1% of patients who vaped were in the high caries risk group compared to 59.6% of controls.

The study did suffer from limitations of being cross-sectional in design, a high risk of type II and social desirability bias and the inherent inaccuracies of the CAMBRIA tool. One reason why the use of e-cigarettes could result in increased caries activity is the viscosity and sugar content of vaping liquids, which might stick to the teeth subsequent to being aerosolised and inhaled.

Vaping also tends to cause atypical carious patterns, which can have its own implications including aesthetic ones. Dentists should enquire about e-cigarette usage in medical histories, particularly paediatric dentists, seeing as a great number of adolescents reportedly indulge in vaping. E-cigarette users may also be directed towards more thorough caries management strategies.

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