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.

LETTERS

AJAX NUMBER

Sir, I have been surprised when examining dental nurses for the post-qualification sedation exam to note that most candidates have an extremely good knowledge of measuring blood pressure (BP) but rarely note the heart rate (HR) when doing so. There is little doubt as to the potential usefulness of BP when assessing a patient's fitness for dental treatment.

Many authorities recommend the routine monitoring of BP (often every five minutes during dental anaesthesia and sedation). In my 20 years of dental general anaesthesia (DGA) practice and 30 years of dental sedation (DS) practice I have routinely measured BP and HR throughout in addition to ECG, oxygen saturation and expired carbon dioxide etc. While a snap shot BP can give warning to a clinician with regard to possible heart failure etc, it needs to be related to HR to estimate trends in cardiac output (CO) and probably more usefully stroke volume (SV).

To this end considering dental anxiety and the influence of adrenalin on the heart, many sedationists would consider this a useful thing to know.

For the past ten years, we have been routinely measuring the difference between Systolic pressure (in mm Hg) and HR and have found that a satisfactorily sedated patient will have a value of very approximately 30 or less (frequently at the start of a DS with a very anxious patient we will record systolic pressures of approx 170 and a HR of approximately 90. The value we note at the start of the procedure would therefore be 80. Once adequately sedated HR would drop to say 80 and systolic pressure to 110 giving a new value of 30). We

have been calling this value the 'AJAX' number. Interestingly, a retrospective study of DGA patients shows a similar value in our practice.

We have found this to be a very useful value to titrate increments of eg Propfol during long sedations. Obviously there are many influencing factors not to mention medication specifically to control BP.

I would be interested to hear if anyone else has used this method as I have seen little reference in the literature.

Incidentally the choice of name is not that I am a classicist but rather it's a corruption of my name (Arthur Jack). Sad eh?

A. Jack

DOI: 10.1038/sj.bdj.2010.631

HERBAL INTERACTIONS

Sir, we wish to highlight an unusual case of post-operative bleeding following dental extraction that presented to the Accident and Emergency department at Manchester Royal Infirmary.

A 46-year-old Caucasian male presented complaining of continued bleeding from the operative site where he had undergone extraction of the upper right first permanent molar earlier that day. The patient stated the extraction was uneventful and the tooth was removed as a whole by his GDP. Applying pressure to the area had not stopped the bleeding.

The patient's medical history was unremarkable. He was taking paracetamol 1 g and ibuprofen 400 mg for pain relief as prescribed by his GDP. However, on further questioning the patient revealed that, for a number of years, he had been taking a host of vitamins and herbal remedies including Ginkgo Biloba, ginseng, garlic and ginger.

On examination poor clot formation was noted about the surgical site with a gentle ooze of blood present.

The bleeding was arrested with local measures including an oxidised cellulose dressing (Surgicel) and resorbable sutures over the socket (Vicryl 3.0).

Whilst there are a number of case studies reporting post-operative bleeding in patients taking herbal remedies such as Ginkgo Biloba, few relate to dental surgery.¹⁻⁵

This case further highlights the potential for post-operative complications and drug interactions in patients taking herbal remedies. A thorough medical and drug history must be taken from all patients. Unfortunately many patients feel they do not need to inform health professionals that they take herbal remedies, as they do not perceive them to be medically relevant.

N. Patel
By email

1. Bent S, Goldberg H, Padula A, Avins A L. Spontaneous bleeding associated with ginkgo biloba: a case report and systematic review of the literature. *J Gen Intern Med* 2005; **20**: 657-661.
2. Destro M W, Speranzini M B, Cavalheiro Filho C, Destro T, Destro C. Bilateral haematoma after rhytidoplasty and blepharoplasty following chronic use of Ginkgo biloba. *Br J Plast Surg* 2005; **58**: 100-101.
3. Meisel C, John A, Roots I. Fatal intracerebral mass bleeding associated with Ginkgo biloba and ibuprofen. *Atherosclerosis* 2003; **167**: 367.
4. Little J W. Complementary and alternative medicine: impact on dentistry. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2004; **98**: 137-145.
5. Fessenden J M, Wittenborn W, Clarke L. Ginkgo biloba: a case report of herbal medicine and bleeding postoperatively from a laparoscopic cholecystectomy. *Am Surg* 2001; **67**: 335.

DOI: 10.1038/sj.bdj.2010.632

PURPLE HAZE

Sir, I am writing this letter in regard to a patient in whom I placed a left sided inferior dental nerve block in order to