Letters to the Editor

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LETTERS

HERBAL REMEDIES

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 the extraction of an 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

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CONTACT CARIES

Sir, it was interesting to read the article *Resin composite contours* (BDJ 2010; **208**: 395-401), which described a minimally invasive technique to restore the contact area, since this technique departs from the accepted procedure of cavity preparation of breaking the contact. The bulk of enamel caries occurs at the contact of two enamel surfaces, either between two adjoining teeth or between the two walls of a fissure on an occlusal surface.

I have studied the relationship of contact area and the carious lesion in several ways, one of which was to take an impression of a tooth prior to its extraction and then after extraction the tooth was repositioned in the set impression to help define the contact area.¹ The relationship of the contact area and carious lesion was then studied. Most of the lesions were found to be within the confines of the contact area.

Wheeler published photographs of teeth showing carious lesions on their surfaces and if you compare the pictures

of the carious lesions on the approximal surfaces with the figures of diagrammatic representation of the contact area, you will find that the carious lesion usually occurs at the contact area.²

The size of the lesion in Figure 11 seems to be fairly large and there is plenty of unsupported enamel in Figure 25. I am not sure that the unsupported enamel after bonding to the composite restorative material can become strong enough to withstand masticatory forces. The use of etching agents under the circumstances of poor accessibility, low visibility and close proximity to the pulp chamber may not be good for the vital pulp. It is very important to understand the disease before you can plan to treat it.

L. K. Bandlish, London

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RESORPTION ISSUES

Sir, we enjoyed reading the recent paper on management of inflammatory root resorption using MTA obturation (BDJ 2010; **208**: 287-289). The paper demonstrated a well obturated immature root canal using MTA.

The case fails to discuss the issues of replacement resorption which will ultimately lead to the loss of the tooth. In the clinical case description the tooth was kept dry for three hours prior to replantation. Therefore the chance of the periodontal ligament and cemental healing are very remote.¹ In a growing child we would expect progressive replacement resorption and probable infraocclusion over the time frame described in the paper.² Unfortunately no clinical photographs