

The patient was followed up for six months and remains asymptomatic with radiological evidence for good bony infill (Fig. 2). This case clearly demonstrates iatrogenic cause for a large bony lesion of the mandible requiring surgical referral and treatment, which was potentially avoidable. The bony destruction resulted in the loss of two additional teeth and if allowed to progress could have resulted in further damage to bone and additional tooth loss.

We recommend dentists to be mindful of restorations of teeth to be extracted and adjacent soft tissues. Should there be any doubt of dislodged fragments of restoration, attempts should be made to recover them from the tissues and if unsuccessful then an appropriate referral to an oral maxillofacial unit is to be advised.

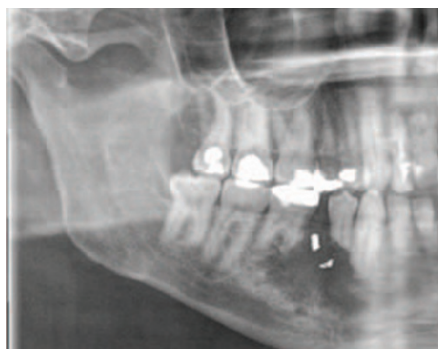


Fig. 1 Residual amalgam within socket



Fig. 2 Six-month follow-up showing good bony infill

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MIRROR MAGIC

Sir, we would like to highlight a new role for the mouth mirror in children with autism.

Examining a child with autism on the dental chair can pose a challenge to a dental practitioner. Autism is a pervasive

developmental disability characterised by severe, complex and permanent behavioural and cognitive disabilities.¹ The behavioural characteristics of autism can be categorised into five sub-clusters of disturbances:² a) disturbances in relating to persons and things; b) disturbances in communication; c) disturbances in motility; d) disturbances of developmental rate; and e) disturbances of sensory processing and perception. The role of occupational therapy in children with autism or children with Sensory Processing Disorder (SPD) is well established.^{3,4} The therapist uses a sensory evaluation form to assess the sensory profile as a part of the sensory integration therapy programme. A section of the evaluation form included parameters to assess oral sensory processing. Scores are given based on the following: the child gags with certain food; has strong preference to certain food, taste and smell; mouths objects and routinely smells or chews non-food objects. Each child in the special school (Sankalp Open School and Learning Centre, Chennai) had their own oral kit which included a toothbrush, nuk brush, finger brush, vibratory brush or oral stimulator tube and teether. With the help of the occupational therapist 20 children with autism were trained to use a mouth mirror as a part their oral kit. We assessed the acceptance of the mouth mirror by these children along with the other parameters of the evaluation form. We found a marked change in the acceptance of the instrument over a period of two months. Inclusion of a mouth mirror in the oral kit had a magical effect and the examination of the oral cavity was made much easier after the mouth mirror took a new role as part of the therapy.

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1. Gordon C Y, Schanzenbacher K E, Case-Smith J, Carrasco R C. Diagnostic problems in pediatrics. In Case-Smith J, Allen A S, Pratt P N. *Occupational therapy for children*, 3rd ed. pp 141-142. Mosby, 1996.
2. Ornitz E M. Childhood autism: a review of the clinical and experimental literature. *Calif Med* 1973; **118**: 21-47.
3. Case-Smith J, Arbesman M. Evidence-based review of interventions for autism used in or of relevance to occupational therapy. *Am J Occup Ther* 2008; **62**: 416-429.
4. Polatajko H J, Cantin N. Exploring the effectiveness of occupational therapy interventions, other than the sensory integration approach, with children and adolescents experiencing difficulty processing and integrating sensory information. *Am J Occup Ther* 2010; **64**: 415-429.

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