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

PAEDIATRIC MAXILLOFACIAL INJURIES

Sir, although paediatric maxillofacial injuries are not common,¹ the sequelae for the general dental practitioner are significant. Facial and dental development may be adversely affected² and therefore clinicians should be aware of the possible consequences.

We highlight the case of a 13-year-old boy who presented to his GDP with a missing lower right canine tooth. Clinically the lower deciduous canine was still present and firm with no sign of the permanent successor.

His history revealed that three years previously he had sustained a fracture to his mandible whilst playing football and he had undergone open reduction and fixation with miniplates and screws.

X-rays taken at consultation showed the presence of the unerupted permanent canine closely associated with the mandibular miniplate used in this operation (Fig. 1).

Fig. 1 Miniplate in position associated with the unerupted canine

Fig. 2 Following miniplate removal

Fig. 3 Canine eruption

Subsequent plate removal (Fig. 2) under general anaesthesia has now led to the eruption of this tooth into a favourable position, albeit with an element of root dilaceration (Fig. 3).

We suggest careful follow-up of paediatric patients after any traumatic facial injury is imperative to ensure that development continues accordingly. This case highlights the importance of regular follow-up appointments with the dental team.

C. J. Mannion, A. Kanatas, R. A. Loukota
Leeds

1. Bamjee Y, Lownie J F, Cleaton-Jones P E, Lownie M. Maxillofacial injuries in a group of South Africans under 18 years of age. *Br J Oral Maxillofac Surg* 1996; **34**: 298-302.
2. Koenig W R, Olsson A B, Pensler J M. The fate of developing teeth in facial trauma: tooth buds in the line of mandibular fractures in children. *Ann Plast Surg* 1994; **32**: 504-505.

DOI: 10.1038/sj.bdj.2011.6

NONCONSULTATIONS

Sir, I tend to agree with Keith Marshall (*Desperately patronising*; *BDJ* 2010; **209**: 367) – there is compelling evidence that

the GDC has lost the plot over the use of the title 'Dr' by dentists. But something else of far greater significance is taking place where the protection of professional standards is concerned and that is a complete failure to understand how the dental profession should be regulated in our digital age.

The Council requests views on new initiatives that could be better described as 'nonsultations' as there is no evidence whatsoever that the reviews supplied by their audience make any difference whatsoever! I myself took the trouble to supply a science-based paper of more than 6,000 words in response to the GDC's invitation to comment on the commissioning of dental appliances. The central theme was the importance of introducing science-based benchmarks and end-to-end process controls related to Computer Assisted Design and Manufacturing (CAD/CAM) methods in order to deliver better fitting dental prostheses. At the heart of my concern was the lack of any GDC guidance on our new age technology embracing electronic communications, commerce and security. This is a generic issue that one would have thought would be a mandatory part of verifiable CPD for dentists and technicians alike. Here is a tool that can deliver a clinical and technical revalidation audit!

Whilst the GDC has a devolved duty to ensure that EU Directives and Parliamentary Statutes are implemented where the regulated professions are concerned, only 'nonsultations' seem to occur.

The number of non-compliant dental websites that are published and the email addresses that are also unsuited for the transmission of personal data seems to indicate a relaxed indifference from the GDC. The new Information Governance Toolkit that will be imposed on the