0.24 per 40 practice years in Scotland. This would equate to approximately once every 307 years in England and Wales and once in every 167 years in Scotland. Interestingly, several of the reported cardiac arrests were reported to have occurred in passersby rather than in patients or visitors to the practice, thereby indicating that the public expect a dentist to have the medical knowledge and equipment and be able to be called upon to help in such events when they occur in the vicinity of the practice. It is unclear from the original paper if these calculations of risk assume that the dentist works in a singlehanded practice. If so, then where a practice has multiple dentists, an AED shared between them has a higher risk of being used.

J. Taylor, M. N. Pemberton
Manchester

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DOI: 10.1038/sj.bdj.2011.627

CAREFUL FOLLOW UP

Sir, in this letter we highlight the need for a follow-up to ensure complete resolution of an intra-oral swelling following treatment of presumed dentoalveolar pathology. A 35-year-old lady presented to the maxillofacial department recently with a 15-year history of a swelling growing slowly in the hard palate on the left side.

The upper left first premolar tooth had been root filled 15 years ago as the cause of the swelling was thought to be dental in origin. At the time she was reassured that the swelling would go away some months following her root canal therapy. Recently she changed GDP and was re-referred to our maxillofacial department for the same palatal swelling.

An OPT (Fig. 1) was taken which showed a root filled and crowned upper left first premolar tooth. Biopsy of the lesion confirmed the swelling to be a plexiform neurofibroma. Because of the link to neurofibromatosis[1] she was further investigated with a magnetic resonance scan (Fig. 2) that revealed a similar mass in the cranial cavity. This was extra-axial with a connection to the inner table of the skull. MRI was used to confirm this.

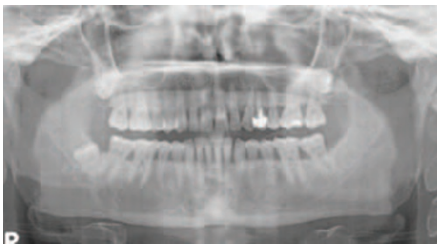

Fig. 1 An OPT taken at presentation indicating the root filled upper left first premolar

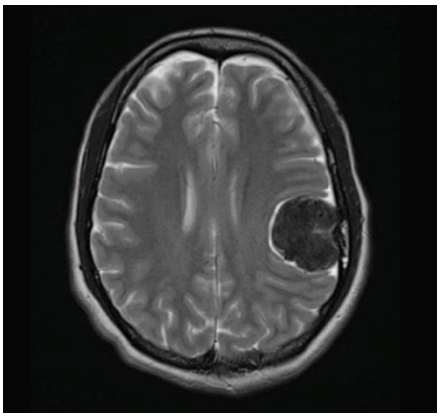

Fig. 2 An MRI indicating the cranial lesion

The patient is undergoing a joint approach with our neurosurgical colleagues with regards to her cranial and oral lesions.

We would like to take this opportunity to remind readers of the importance of careful follow up of any unresolved swelling thought to be related to dental pathology.

N. Shah, C. Mannion, D. S. Holt, York
A. N. Kanatas, Leeds

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DOI: 10.1038/sj.bdj.2011.628

GUIDELINES RELEASED

Sir, the long awaited guidelines for the oral health management of patients prescribed bisphosphonates has been released by the Scottish Dental Clinical Effectiveness Programme. The PDF version of the document can be downloaded from the site address http://www.sdcep.org.uk/index.aspx?o=3120.

The guidelines address the majority of the concerns that dental practitioners have regarding the patients who are on these drugs and the guidance is also relevant to the prescribers and dispensers of these drugs. A patient advice leaflet has also been provided which would be very useful for patient information.

Z. Imran
By email

DOI: 10.1038/sj.bdj.2011.629

FOR A REASON

Sir, we wanted to share with you the results of a recent clinical audit carried out at our practice.

We investigated the dry socket rate at our practice, which resulted in a higher than expected figure of 18%. Following this we implemented a protocol requiring a pre-extraction chlorhexidine mouthwash, which mirrored what we had been taught as undergraduates however hadn't been doing in practice.

A re-audit cycle was undertaken showing a reduction of cases by almost half (to 10%) after following this simple measure. Not all associates in the practice were routinely following the protocol so a further reduction could be possible with total compliance.

The benefits are evident from improving patient post-operative experience to a reduced burden on already highly sought-after pain appointments, which in turn increases general appointment availability.

Overall this proved an important point: you are taught things for a reason!

J. Flexen
Merseyside

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SEASIDE DENTURE HAZARD

Sir, I feel obliged to warn you about a new unforeseen hazard to denture wearers. I first became aware of this when a long standing patient presented in my surgery feeling rather sorry for himself. He gave a history of recently losing a lower denture which was only a few years old. On further questioning he revealed he had been visiting his brother who lives on the coast. While at the seaside, he took out his lower denture to remove some trapped food.