

and tattoos. Over several years her lip piercing resulted in severe gum erosion at the base of the left first incisor, to the extent that a large amount of the root became visible and the tooth became loose. She removed the lower piercing after six years for aesthetic reasons, having not been concerned by her gum erosion. On presenting to a general dental practitioner she was advised that the gum erosion was severe and irreversible and to remove the upper piercing, which had caused moderate erosion at the upper left canine. The extent of the erosion can be seen in Figures 1 (mandibular) and 2 (maxillary), with accompanying pictures demonstrating the previous positioning of the lip piercings (small indented scar).



Fig. 1
Mandibular erosion as a result of body piercing



Fig. 2
Maxillary erosion as a result of body piercing

Her piercings were purchased from a licensed establishment with no other complications. Information about immediate risks to health is available at the point of purchase, but long-term information does not have to be.¹

Body modification (tattoos, piercing etc) has now become a widely accepted aesthetic practice in the UK. Oral piercings are increasingly common amongst

adolescents and young adults,² notably tongue and lip piercing. Gum recession is a recognised and not uncommon complication of lip piercing,³ is irreversible and can potentially lead to tooth loss.

It has been suggested that gum erosion can be reduced by wearing PTFE (surgical grade plastic) jewellery, rather than metal jewellery, but there is scant published evidence. Guidance about piercing is often from the experience of piercers or associates. However, there is an increasing body of evidence-based data being produced by the scientific community.⁴ Medical and dental practitioners are in a privileged position of having these data readily available to them.

Body modification is a potentially dangerous practice but can be very safe with the right knowledge. As professionals we have a duty not to judge but to share our knowledge. The NHS provides some basic but useful information about piercing online that patients can be easily directed to (www.nhs.uk/conditions/Body-piercing/Pages/Introduction.aspx).

A. Rowe, Derby

1. Health and Safety Executive (HSE)/Local Authorities Enforcement Liaison Committee (HELA). Local Authority Circular. *Enforcement of skin piercing activities*. LAC No. 76/2. 2005.
2. Bone A, Ncube F, Nichols T, Noah N D. Body piercing in England: a survey of piercing at sites other than earlobe. *BMJ* 2008; **336**: 1426–1428.
3. Levin L, Yehuda Z, Becker T. Oral and dental complications of intra-oral piercing. *Dent Traumatol* 2005; **21**: 341–343.
4. Singh A, Tuli A. Oral piercings and their dental implications: a mini-review. *J Invest Clin Dent* 2012; **3**: 95–97.

DOI: 10.1038/sj.bdj.2012.1139

THE PLOT THICKENS

Sir, those who enjoy collecting books in which dentists and dentistry make a cameo appearance should find the novelist Jill Paton Walsh's *A presumption of death*¹ of considerable interest – particularly in the light of the revelations made in the recent obituary notice for Beryl Murray Davies in the News section of the Journal for 10 August 2012.²

The book is a new Lord Peter Wimsey detective novel, set in the Second World War, and Dorothy L. Sayers is credited as posthumous co-author. A key turn in the plot is provided by a retired lady dentist, though to say what Mrs Spright does on page 251 would be to spoil the story. Definitely to be recommended.

Interest declared – the author sought advice via her agent on the accuracy and feasibility of her dental content.

M. Bishop, by email

1. Paton Walsh J, Sayers D L. *The new Lord Peter Wimsey novel: A presumption of death*. London: Hodder and Stoughton, 2002.
2. Maynard K. News. Secret service dentist leaves legacy. *Br Dent J* 2012; **213**: 101.

DOI: 10.1038/sj.bdj.2012.1140

A GREAT WASTE

Sir, I am writing to inform readers about the current government e-petition set up by the Young Dentists Committee related to the shortfall in DF1/VT training places. This year, 35 UK trained dental graduates were left without a training post. For the considerable cost to the tax-payer that dental training incurs, as well as to individuals and their families, this is not an acceptable situation. Whilst there is an appreciation that money is tight within the public purse, it seems a great waste to be training dentists who are effectively then excluded from the postgraduate training required to work and practise within the NHS. It is also unacceptable for the dentists involved, who have proved their worth through five years of hard work, to be forced into finding alternative work. The inevitable de-skilling that is likely to occur for recent graduates who are not able to start a training programme is demoralising for those affected and should not be allowed to happen. The placing of those without a training place into junior house officer roles within dental schools is merely a short-term solution and halts the career and skill progression that is available to those training within general practice on a DF1 or VT scheme. I hope that all readers will agree that the lack of funding for DF1/VT places is unacceptable and will show their support by signing the Government e-petition at <http://epetitions.direct.gov.uk/petitions/40302>

A. Holden

Young Dentists Committee member

DOI: 10.1038/sj.bdj.2012.1141

The *BDJ* website now includes a facility enabling readers to immediately comment on letters. All comments must comply with the nature.com Terms and Conditions and Community Guidelines – visit the *BDJ* website to find out more and to post your comment now.