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.

Readers may now comment on letters via the BDJ website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

LETTERS

EASY ACCESS

Sir, I have discovered a cheap, simple and easy way of directly delivering Corsodyl gel to furcation areas which may be of interest to your readership. The Ultradent 1.2 ml disposable syringe can be loaded with Corsodyl gel easily as the syringe diameter matches that of

the gel tube. Once loaded the syringe tip is easy to direct into otherwise difficult to access furcation pockets (Figs 1-4). The tip is non-traumatic and if given to a patient can be used at home for many months assisting them greatly in their daily oral hygiene regime.

M. Lowey,
Norway

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DEFINITIVE CARE

Sir, we would like to take issue with J. Flexen's letter (*BDJ* 2011; 211: 399) regarding the management of maxillofacial patients in the Emergency Department (ED). The medical undergraduate curriculum broadly exposes students to most aspects of medicine and trains them to manage conditions safely. Doctors are also trained to seek senior help as appropriate. The medical degree would be a never-ending course if medics were expected to also competently manage dental conditions.

The role of the ED is to triage and stabilise acutely unwell patients. The breadth of knowledge demonstrated by the ED staff is outstanding and evidence-based. They need to be able to commence the initial management of patients, of any age and background, with any complaint which may present unannounced, from any medically recognised specialty. Within four hours, patients need to have been referred to another specialty for definitive care or discharged home.¹

It would be unfeasible to add further maxillofacial training to an already very packed medical curriculum, particularly when only a small fraction of medical graduates go on to work in emergency medicine. It is unrealistic

to expect the ED team to master skills which take dentists five years to learn. This attitude also undermines the role of the maxillofacial team. Definitive care should be provided by staff with appropriate specialist training.

The busy maxillofacial on-call shifts described are a reflection of how much the ED values your specialist skills and knowledge. You and your team should be proud to be able to provide such expert advice and high quality patient care. Lastly, we were concerned by the suggestion that our medical colleagues should attempt treatments such as dental incision and drainage. This risks compromising patient safety and would surely be illegal under the Dentists Act.

J. V. Williams, R. M. McKearney,
Bristol

1. Department of Health. *Reforming emergency care: first steps to a new approach*. London: Department of Health, 2001, publication no. 25635.

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HYPERMOBILE TONGUE

Sir, we would like to share an unusual finding seen in a 12-year-old child during routine oral examination (Fig. 1). He was able to move his tongue backwards beyond the uvula and reach the nasopharynx, as well as touch the tip of his nose with his tongue. The tongue appeared to be of normal size and position and the lingual fraenum was normal but stretchable, a condition that has been called idiopathic hypermobile tongue.

In another case, a 16-year-old boy with a hypermobile tongue which moved backward and reached the nasopharynx and who had a history of loud, disruptive snoring was treated with laser assisted uvuloplasty, which relieved the snoring in approximately

Figs 1-4 Applying Corsodyl gel to furcation areas using a disposable syringe