

# Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by John R. Radford.

## TOO BIG TO FAIL

### When an organisation fails: lessons from Stafford and beyond

Idle M, Speculand B. *Fac Dent J* 2012; 3: 134–138

**'If economists could manage to get themselves thought of as humble, competent people, on a level with dentists, that would be splendid!'**

Praise indeed from John Maynard Keynes. But could dentists and those in the wider health community learn from economists or financial institutions? In this paper, the authors identify parallels between 'failures of care at Mid Staffs and the collapse of Lehman Brothers bank in the US'. At Mid Staffs there were harrowing stories of patients who were not fed adequately and left in a dirty state, and from an oral perspective, poor mouth care. Lehman Brothers proffered subprime mortgages. Both organisations were driven by targets and failed in their duty of care to vulnerable people. The culture was that of arrogance with little accountability. The authors assert that the 'well-being of the people for whom they were (are) responsible' must be at the heart of all institutions.

DOI: 10.1038/sj.bdj.2012.831

## SCREENING

### Recognising skin cancers in the dental patient

Newlands C. *Fac Dent J* 2012; 3: 158–165

**'...the incidence of all forms of facial skin cancers is at least 20 times that of oral squamous cell carcinoma.'**

Dentists are competent at carrying out opportunistic screening for oral cancer although an expert panel has questioned its efficacy (*J Am Dent Assoc* 2010; 141: 509–520). Nevertheless, dentists may not be comfortable to carry out screening for facial skin cancers. Cutaneous squamous cell carcinoma are slow growing and can have the appearance of a wart. Nevertheless 5% can metastasise. Some basal cell carcinomas can have a similarly innocent appearance, for example that of a scar. The 'ugly duckling mole' (an appearance different from the patient's other moles), must raise a suspicion of malignant melanoma. The ABCDE rule (asymmetry, border irregularity, colour variegation, diameter >6 mm, elevation/enlarging) should be applied. If a facial lesion gives rise to suspicion, the patient should be seen by a specialist within two weeks. This informative paper is illustrated with superb clinical photographs.

DOI: 10.1038/sj.bdj.2012.832

## BEST PRACTICE

### 3D imaging: the role of cone-beam computed tomography in dentistry: special reference to current guidelines

Makdissi J. *Fac Dent J* 2012; 3: 152–156

**Increasingly stringent guidelines for the use of cone-beam computed tomography (CBCT).**

It is now 10 years since the European Association for Osseointegration published guidelines for the use of diagnostic imaging, including 'the missing third dimension', in implant dentistry. Since then a number of other guidelines have been issued and the EAO guidelines updated. The Health Protection Agency published guidance in 2010 and this is a 'must read document for anyone using or operating a CBCT'. In addition, the SEDENTEXCT project has developed evidence-based guidelines for the use of CBCT in dentistry. Recommendations include 1) the entire image dataset should be reported on 2) by someone who is competent. For non-dental fields that include the TMJ, this should be by a dental and maxillofacial radiologist or by a clinical (medical) radiologist. Obviously, CBCT should only be used if lower dose conventional radiography cannot help to answer the clinical question.

DOI: 10.1038/sj.bdj.2012.833

## PRESENT-DAY CARIES PREVENTION

### Issues to consider when developing a fluoride strategy

Batchelor P. *Fac Dent J* 2012; 3: 140–145

**'...what is the most appropriate strategy for prevention of caries when there are already low levels of caries...?'**

Despite the efficacy of fluoridated toothpastes, there is a recalcitrant minority of people who suffer from caries. Solutions may lie in the seemingly disparate areas of fluoride dose-response curves and their associated delivery systems, and social inequalities. As the dose-response is an inverted 'j', doubling the dose of fluoride does not double its efficacy. Additionally, fluoride supplements can also be associated with fluorosis. When considering social inequalities, these should be recognised and confronted. Preventative strategies should not tackle 'the problem on an individual basis' as these may indeed widen oral health inequalities. Instead a population approach should be adopted, working towards improvements in diet not only to reduce such inequalities in dental but also general health.

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