Letters to the Editor

Send your letters to the Editor, British Dental Journal, 64 Wimpole Street, London, W1G 8YS
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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.

OVERSWUNG PENDULUM

Sir, I read the paper by Saund and Dietrich[1] with interest as their findings coincide closely with my personal observations. The original concept behind the NICE guidelines for the removal of impacted third molars was that the post-operative morbidity, particularly in terms of lingual and inferior dental nerve damage, outweighed any advantage of interceptive surgery. It now seems pretty clear that the guidelines have had little effect other than to shift wisdom tooth removal to an older age group.

Since retiring from clinical surgical practice I have been triaging referral letters for my local dental referral management service (someone has to do it!). Naturally many of these referrals request the removal of impacted wisdom teeth and I was immediately struck by the number of patients in the 30-50 age group with distal caries in a second molar in association with a mesioangular, part-erupted wisdom tooth. In most cases the decay is so advanced or inaccessible that root treatment or extraction of the second molar is the only option. This does not seem to be a common problem with horizontal or, of course, distoangular impactions – in which periodontal problems predominate.

Out of personal interest I kept a tally of the reasons for removal of all mesioangular, part-erupted third molars referred over a five-week period last year. The findings were as follows:

- Total = 120
- Second molar distal caries = 76 (63%)
- Other indications = 44 (37%).

It is common for the referring dentist to mention that this is a re-referral and removal of the offending wisdom tooth has been refused some years previously because it did not conform to the NICE guidelines. Occasionally a symptomatic contralateral wisdom tooth has been removed under general anaesthetic, leaving this one *in situ*!

Clearly this is a very selective study but nevertheless it reveals a disturbing trend which has been confirmed more elegantly by Saund and Dietrich. It appears that the NICE guidelines have swung the pendulum much too far away from pro-active surgical intervention, at least with regard to mesioangular, part-erupted impactions, and this is resulting in the premature loss of far too many second molars. It is time for a radical review of the NICE guidelines.

J. Townend
Chichester

1. Saund D, Dietrich T. The effects of NICE guidelines on the management of third molar teeth. *Br Dent J* 2012; **213:** 230–231.

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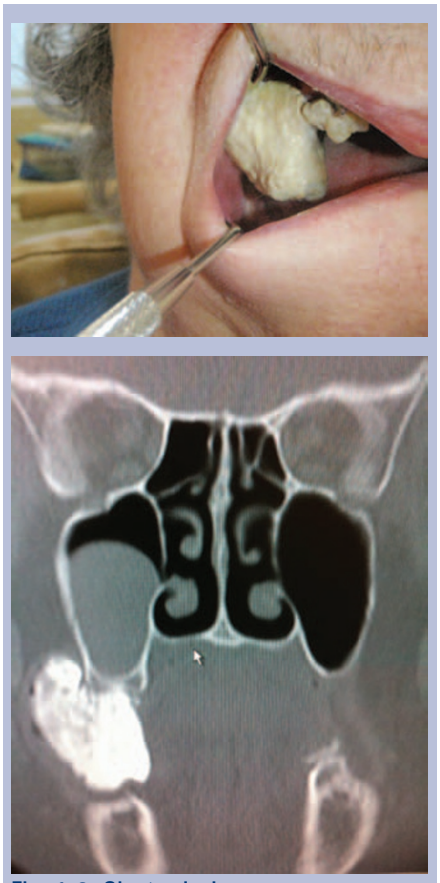
GIANT CALCULUS

Sir, we would like to share with you and your readers an unusual case of a giant calculus mimicking a neoplasm of the maxilla on computed tomography.

An 82-year-old lady presented to her local emergency department with facial injuries which she sustained following a fall at home. Plane radiographs revealed no fractures, but a suspicious radiopacity of her right maxilla was seen. A CT was arranged and the report described an exophytic dense ossification in the right maxilla representing a neoplastic lesion (Figs 1-2). An urgent referral to the Oral & Maxillofacial Unit was made. On clinical examination a giant calculus in the upper right quadrant was identified. The calculus and associated teeth were removed and the patient discharged.



Figs 1–2 Giant calculus

Intraoral examination is important in the assessment of maxillofacial trauma, and in this case may have prevented further unnecessary investigations.

S. Wegenast, D. A. Laugharne
Derby

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POST PLACEMENT

Sir, a 29-year-old woman was referred to her local oral surgery department for the extraction of her lower right six due to it being extensively broken down and

unrestorable. On examination the tooth was grossly broken down with minimal clinical crown visible above the gingival margin. As part of the pre-operative assessment a DPT radiograph was taken, the findings of which were interesting and serve to illustrate the importance of using the utmost care and diligence when placing posts to restore teeth.

The DPT radiograph is shown in Figure 1 and clearly shows a post perforating through the furcation of the lower right six. This post is very long and does not even come close to being inside either one of the roots of the tooth. It is without doubt that the misplaced post has led to this young woman requiring this tooth to be extracted.

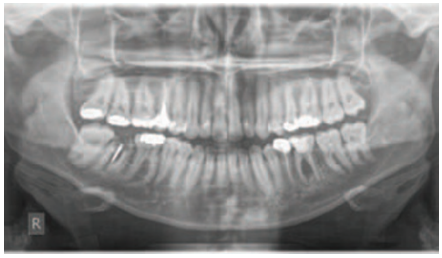

Fig. 1 DPT radiograph

On examination the post had totally separated the roots of the tooth. The extraction was uneventful, with the roots and the post being extracted as three separate elements, and full healing is anticipated. A photograph of the extracted tooth and the post can be seen in Figure 2 which nicely illustrated exactly how long the post is compared to the roots.

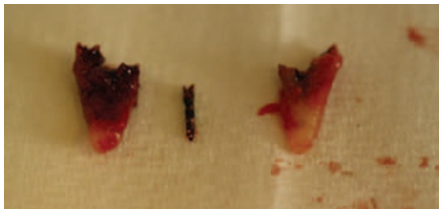

Fig. 2 Photograph of extracted tooth and post

It is generally accepted that the length of a post should be two thirds of the length of the root, with a crown-length to post-length ration of at least 1:1, and that the diameter of the post should allow for a minimum of 1 mm of dentine around the post.[1]

This case nicely illustrates the importance of using the correct size posts and how careful post placement is essential if a post is going to help a patient retain their tooth. If these principles are not followed and if posts are not diligently placed the exact opposite can happen, as in this case, resulting in the patient losing their tooth.

K. Parker, J. Patel
London

1. Peroz I, Blankestein F, Lange K-P, Naumann M. Restoring endodontically treated teeth with posts and cores – a review. *Quintessence Int* 2005; **36:** 737–746.

DOI: 10.1038/sj.bdj.2013.113

PRACTICE-BASED PROGRESS

Sir, as coordinators of the Prep Panel practice-based research group we would like to thank the *BDJ* for their generous sponsorship of the prize for the best practice-based research and evidence-based research poster at the recent PER/IADR congress in Helsinki (*BDJ* 2012; **213:** 379). Practice-based research is very much a team effort and the prize was accepted on behalf of both the participating general dental practitioner members in England, Scotland and Northern Ireland, together with the Primary Dental Care Research Unit, University of Birmingham who carried out the administration and data collection for this project.

The *BDJ* sponsored prize will undoubtedly further raise the profile of practice-based research which in our IADR Region has benefitted from the formation of the Pan European Region Practice-based Research Network, which in the near future hopes to launch a Europe-wide research project.

The receipt of the prize has made an excellent start to what will be shortly the Prep Panel's 20th year of practice-based research projects in which time it has been involved in seven clinical trials (two of which are five-year trials), and over 50 handling evaluations. It has published 15 papers in peer-reviewed journals, as well as over 35 other papers, and also presented results over 30 times at IADR conferences. This record alone is testament to the hard work and enthusiasm of the membership of the Prep Panel.

We hope very much that the *BDJ* will continue what they have started!

F. J. T. Burke, R. Crisp
By email

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ADDING NOT DETRACTING

Sir, I wish to offer you support for your editorial in the recent edition of the *BDJ* (2012; **213:** 373). Are some *BDJ* readers seriously claiming that an advertorial in the *BDJ* is more dangerous than say, in *The Sun* in the way that Tony Benn once compared *Pravda* to the British press ie no-one believed *Pravda* but they did believe *The Times* etc? I am quite sure that the vast majority of *BDJ* readers are more than capable of 'looking after themselves' in terms of dealing with advertorials and following the '*caveat emptor*' principle.

I must declare that I work in marketing and perhaps I feel that I should defend my world to some degree. In terms of gullibility, in my experience (and I include myself in this), persons of *all* educational standards can be gullible – it isn't about being book smart, it is about being street smart. If *BDJ* readers are so unresponsive to advertising, why do so many of the major dental brands advertise in the title?! I think that this is tied up with the fact that no-one likes to be sold to and even if we do buy as a result of any kind of advert, we try to keep this quiet. In the UK particularly, we seem to feel that if we have bought a product or a service because of an advertisement, we are somehow foolish.

There is also a tendency amongst human beings to believe that just because *we* dislike something, so does everyone else. For instance, I am sure that many of us find magazine inserts an annoying distraction and hold magazines by the spine to get rid of them. However, if they didn't work, why are such massive companies spending millions of pounds on reaching *certain* consumers in this way? We all react differently – some read page advertisements, some don't; that is why there is a marketing mix eg adverts, PR, social media etc.

The editorial mentioned the BBC which is a perfect example of the editorial/advert division. Like the BBC, the *BDJ* is editorially independent but needs to make money through other channels such as Dave or BBC Worldwide. What this means is that it leaves BBC2 'unsullied' with advertising in between Gardeners' World and QI whilst still having the ability to pay for them! The *BDJ* is