Letters to the Editor

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LETTERS

FOOTPATH QUACKS

Sir, quacks in India, particularly in Mathura, operate on various footpaths and other public places mostly in the suburbs of the city. Extracting teeth, filling cavities and creating dentures requires a certain level of training and practice, but a number of these itinerants have none.

In the last few months many patients who visited the Department of Public Health Dentistry, KD Dental College, Mathura, presented with an unusual type of abrasion leading to excruciating pain (Fig. 1).

Fig. 1 Abrasion caused by 57% hydrogen peroxide

These patients had used a liquid thrice daily for two months for removal of stains and whitening of teeth after which time the teeth were free of staining but also had exposed pulps. Chemical analysis revealed that the liquid consisted of 57% hydrogen peroxide, a concentration not recommended for dental treatment. Hydrogen peroxide has the potential to affect dental enamel because of its acidic pH.¹ Concentrated (30%) solutions of hydrogen peroxide can reduce the microhardness of enamel dentine and cementum. This reduction can be noted with exposure times as short as 5 minutes for the dentine and 15 minutes for enamel.^{2,3} Studies have shown that histologically

the irritant effects of direct application of 30% hydrogen peroxide to the pulp tissue include obliteration of odontoblasts, haemorrhage, resorption and inflammatory infiltration.¹

It is shocking to see the way these quacks are making a fortune at the expense of innocent people who are likely to have little or no other access to dental treatment. Such issues go unnoticed, especially in rural and slum areas. The matter should be taken seriously by the concerned authorities and appropriate steps should be taken to stop unlawful practices by providing better plans for dental services and making them affordable for all.

A. Chaudhary, India

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SHINY CONCRESCENCE

Sir, a 61-year-old male patient presented with advanced periodontal pocketing associated with the upper right second permanent molar (17). He had previously been prescribed metronidazole by a colleague for an acute infection at this site. After some discussion the patient consented to extraction under local analgesia.

Radiographic examination had revealed the very close proximity of the roots of 17 and those of the adjacent unerupted and impacted third molar (Fig. 1).

While elevating 17 a somewhat greater degree of resistance to movement was encountered than one might

Fig. 1 Radiograph showing the very close proximity of the roots of 17 and those of the adjacent unerupted and impacted third molar

Figs 2–3 The extracted teeth

expect from a tooth with such advanced loss of bone support. The two teeth were carefully removed together along with a small piece of bone overlying the impacted wisdom tooth, the area was sutured and healing was uneventful.

On examination it was clear that the two teeth were conjoined by cementum, the surface of which had a shiny appearance (Figs 2–3). The patient was insistent that he retain this dental curiosity and it was not possible to examine the teeth in section.

Conventional radiographic imaging may not clearly indicate whether the closely approximating roots of adjacent teeth are superimposed, in intimate contact or fused together.¹