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ANTICOAGULANT UPDATE – CORRECTION

The letter *Anticoagulant update* (*BDJ* 2013; **215**: 103–104) was authored by: Professor Mark Griffiths, Professor Crispian Scully, Dr Andrew Robinson; Bristol PCT, WHO Collaborating Centre For Oral Health – General Health and Singapore, and not solely by Professor Scully. This was an editorial error and we apologise for any embarrassment or inconvenience caused.

DOI: 10.1038/sj.bdj.2013.885

BETTER LATE THAN NEVER

Sir, the recent announcement from the Department of Health that, with specific and sensible caveats, dentists with HIV could return to clinical practice including invasive procedures is indeed very welcome (*BDJ* Volume 215 issue 4). The issues and evidence were considered in detail by an international expert group (which included David Croser) at the 6th World Workshop on Oral Health and Disease in AIDS in 2009.¹ This led to the Beijing Declaration² with the recommendation worldwide that there was no compelling evidence justifying the continued restrictions on clinical practice in dentistry.

The *BDJ*, BDA and the Medical Protection Society are to be congratulated for their full and sustained support of this evidence-based position. The lifting of restrictions now brings us into line with the USA and many European countries who have already made this decision. Better late than never.

S. Challacombe, London

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DEATH OF A PASTRY CHEF – CORRECTION

The letter *Death of a pastry chef* published in the *BDJ* on 24 August 2013 (**215**: 155) incorrectly listed the author name. The author's name should have read as follows:

P. Charlier

We apologise for any confusion and inconvenience caused.

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VINE WITHERED DENTISTRY

Sir, all those years ago when I was in general dental practice it was the custom to provide dental care free of charge for one's colleagues and their immediate family. This was a helpful privilege which continued after I retired – albeit without my being able to offer a reciprocal service.

Now, at well over 80 years of age, with the need to find a new 'dentist' following the retirement of our previous practitioner, this supportive role of my colleagues seems to have disappeared.

Indeed we were unable to find treatment under the National Health Service provisions when it was needed urgently and eventually sought care under a private contract without the benefit of any, previously unneeded, dental health insurance!

There was no offer of even a discount for a fellow dentist!

This situation prompts me to ask if the unwritten ethic of free care for one's colleagues and indeed for local medical practitioners has withered on the vine of the need for commercial success.

An echo, perhaps, of the self-glorification displayed by some of the dental surgeons in advertisements today – promoted on the grounds of bringing services to the attention of the public – which makes me feel so nauseous.

Or am I just an out of date old fogie with a conflated, rosy picture of what being a professional man meant way back then?

G. J. Doughty

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RADIOGRAPHIC NECESSITY

Sir, we would like to draw your attention to the issue of necessity of the radiographic examination at trauma

units of paediatric hospitals.

We describe the case of a nine-year-old girl presented for examination at the oral surgery department of the Medical University of Warsaw. She was referred from the paediatric department of the University Hospital in Warsaw where she sought help because of extensive bleeding from her nose.

The patient's anamnesis revealed trauma suffered seven years earlier (at the age of two years) when she fell and hit her face against the floor while jumping. She was taken to the trauma unit at the City Paediatric Hospital and examined only by the paediatrician. At that time, the examination revealed avulsion of the primary upper left central incisor and lower lip laceration (that was sutured under local anaesthesia); however, no radiological evaluation was performed since there were no symptoms of brain concussion. The patient's parents were also not advised to receive any dental follow-up.

Only seven years later due to the post-trauma complications (bleeding caused by disruption of mucosa) a detailed examination (including lateral cephalometric and Waters' projection radiograph) (Fig. 1) and accurate diagnosis were performed at the Medical University Hospital. It revealed the root of the tooth extending into the left nasal vestibule. The cone beam

Fig. 1 Lateral cephalometric and Waters' projection radiograph

computed tomography (performed only to plan the surgery) enabled a precise assessment of the position of the tooth at the anterior wall of the left maxillae. The crown was located within the alveolar process left to the anterior nasal spine and the root above the lower edge of the piriforme aperture extending outside of the bone.