Traumatic injuries to primary dentition are very common; a fall is most often the cause of trauma and more than 40% of patients are less than four years of age.¹ Intrusion of primary teeth may influence and alter the development of the permanent dentition.^{2,3} The diagnosis may be challenging due to the young age of the patient, lack of cooperation (limited communication) and it is often difficult to establish the circumstances of the trauma. Experience in the dental field is necessary for a complete assessment of the traumatised patient. Therefore, an examination by a dental professional and a radiographic examination should be available in all cases involving children after a dental trauma. Especially in cases of missing teeth and the presence of soft tissue wounds, extraoral radiographs taken in two projections are justified diagnostic tools.⁴ Their use may prevent an accidental misdiagnosis of teeth intrusions that may lead to severe subsequent complications including bleeding, acute inflammations (resulting from necrotic pulp), permanent teeth malformations or eruption disturbances.

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COJOINED CEMENTOMA

Sir, we wish to present an interesting case that presented in the OMFS outpatients department in a routine exodontia list. The patient is a 69-year-old female, suffering severe dementia and Parkinson's. She was referred to the

department given her complex medical history (which included a several year history of oral bisphosphonates), mobility issues, and with respect to having carious teeth removed.

Given her lack of capacity to consent, she was consented for by her daughters and the senior members of the team. The tooth requiring extraction was the 11. It was noted on the radiograph taken pre-operatively (Fig. 1) that there seemed to be an apical bulbosity on the retained root as well as the 22. A second radiograph was taken as the whole root was not visualised initially (Fig. 2), however this had proved difficult given mobility and cooperation issues.

Figs 1–2 The pre-operative radiographs

The extraction was attempted to be as atraumatic as possible, but regardless of careful luxation and elevation, the remnant root structure continued to fracture and there was a noticeable increase in mobility of the 12. Furthermore it appeared as though the 11 was ankylosed given the loss of PDL space. The patient's daughter was warned that the notable mesial bony defect, and possible connection to the 11, meant this tooth may be compromised too. She agreed that it was a suitable addition to the treatment plan to include the removal of the 12. On elevation of this tooth, the 11 was delivered *in situ*, attached to the root of the 12. These removed teeth (Figs 3–4) carry the features of a cementoma and in this instance that of a cojoined cementoma. A literature review carried out afterwards does not seem to show any other reports of cementomas from

Figs 3–4 The removed teeth

adjacent teeth, joined in such a way, and the case is certainly unusual to this department. The patient was prescribed antibiotics post-operatively to manage any potential infections as a result of compromised oral hygiene and the risks as a result of bisphosphonates, and is due further review with our department in the near future as part of her ongoing management.

S. Stagnell, G. Burrows
By email

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WHAT WILL IT TAKE

Sir, I read the opinion piece *Lilian Lind-say's crusade goes on* (BDJ 2013; 215: 199) with great interest.

It is a shame that it has taken forced action through Athena Swan to recognise gender disparity. These issues have been 'shoved' under the carpet in the past.

I wonder what it will now take to recognise the black and ethnic minority disparity in dental school teachers at senior lecturer and professor level. Again 50% of the students are from ethnic minorities and disproportionately few of the professors/senior lecturers are from these groups.

Perhaps the Athena Swan process highlights the need for kitemarks in all areas of equality recognition (race, gender, disability etc).

It appears that only when institutions are forced to recognise equality does something get done about it.

V. Aggarwal
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