

- Jepsen S. The role of manual toothbrushes in effective plaque control, advantages and limitations. In Lang N P, Attström R, Løe H (eds). *Proceedings of the European Workshop on Mechanical Plaque Control*. pp 121–137. Chicago: Quintessence Publishing Co., 1998.
- Frandsen A. Mechanical oral hygiene practices. In Løe H, Keinan D V (eds). *Dental plaque control measures and oral hygiene practices*. pp 93–116. Oxford, Washington DC: IRL Press, 1986.
- Beals D, Ngo T, Feng V *et al*. Development and laboratory evaluation of a new toothbrush with a novel brush head design. *Am J Dent* 2000; **13** Special Issue: 5A–14A.
- Volpenheim D W, Walsh M E, Dellerman P A *et al*. A new method for in vitro evaluation of the interproximal penetration of manual toothbrushes. *J Clin Dent* 1994; **5**: 27–33.
- Løe H. *Half a century of plaque removal - what's next?* Parthenon Publishing Group, 2002.
- Slot D, Wiggelinkhuizen L, Rosema N A M, van der Weijden G A. The efficacy of manual toothbrushes following a brushing exercise: a systematic review. *Int J Dent Hyg* 2012; **10**: 187–197.
- Heanue M, Deacon S A, Deery C *et al*. Manual versus powered toothbrushing for oral health. *Cochrane Database Syst Rev* 2003; CD002281.
- Robinson P, Deacon SA, Deery C *et al*. Manual versus powered toothbrushing for oral health. *Cochrane Database Syst Rev* 2005; CD002281.
- Yaacob M, Worthington H V, Deacon SA *et al*. Powered versus manual toothbrushing for oral health. *Cochrane Database Syst Rev* 2014; CD002281.

DOI: 10.1038/sj.bdj.2014.1060

ERGONOMICS

The only way

Sir, I was interested to read the abstract from the *Lancet* (*BDJ* 2014; **217**: 183) on the result of a study of the efficacy of paracetamol for lower back pain. A median time of 17 days to recover is far from acceptable.

How long is it going to take for the message to get across that the only way to reduce the incidence of back pain (caused by working in distorted posture) is by PREVENTION? ie by teaching dentists how to work in correct and undistorted posture. Pills are not the answer.

Why, after all these years, will the profession not accept this but instead allow thousands of dentists to suffer a lifetime of pain?

E. Paul, by email

DOI: 10.1038/sj.bdj.2014.1061

MOUTH CANCER

A mnemonic

Sir, following an article in the *BDJ*,¹ as a general dental practitioner attempting to apply defined, repeatable and predictable techniques to my patient examination and management, I have devised a mnemonic (with peer review strongly encouraged) for use when describing oral lesions especially in reference to early recognition of oral cancer as shown in Figure 1.

As identified in the article,¹ urgent development is required in both

Dental professionals – Duration (+)
 Should – Site (+)
 Refer – Rolled borders? (*)
 Suspected – Size (+)
 Oral – Obvious cause ruled out (*)
 Cancer – Colour (+)
 For – Firmness or fixation (*)
 Urgent – Uniformity (+)
 Specialist – Social history eg smoking (+alcohol), areca nut, HPV (*)
 Assessment – Associated features eg pain, bleeding, lymphadenopathy (*)

Key:

(+) General descriptive features

(*) 'Red flag' features

Fig. 1 Mnemonic for use when describing oral lesions

public and professional awareness and knowledge, preventive strategies and tools for earlier diagnosis. This system, if given broad exposure (and amended appropriately following peer review if necessary), has the potential to deliver on the latter three points and, hopefully, go some way to reducing the burden of mouth cancer in the UK.

K. Durman, Exeter

- Scully C, Kirby J. Statement on mouth cancer diagnosis and prevention. *Br Dent J* 2014; **216**: 37–38.

DOI: 10.1038/sj.bdj.2014.1062

ORAL SURGERY

Dividing opinion

Sir, the optimum management of mandibular third molars (MTM) that pose a risk of injury to the inferior dental nerve (IDN) is unresolved. Part of the problem is that the true risk of injury with different radiographic appearances has not been quantified in anything near a scientific approach that has credence. Nerve injury has become an accepted accompaniment to MTM removal but with modern approaches this perspective is increasingly open to challenge.

When a patient presents with an impacted MTM that obviously poses a risk to the IDN a number of surgical approaches have been proposed. One is the use of cone beam CT (CBCT) to gain 3D information on the relationship of the IDN canal to the tooth roots. An alternative option is to avoid encroaching on the nerve-root interface by performing a coronectomy. There is no consensus on how these options should be applied.

In the event of nerve injury the medico-legal response is to claim a failure of care if either one or both options have not been