

LETTERS TO THE EDITOR

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DENTAL RADIOGRAPHY

Wig artefact

Sir, I would like to draw your readers' attention to a possible artefact source. A 58-year-old female patient was referred to the Istanbul University, Faculty of Dentistry, Dentomaxillofacial Radiology Department for a panoramic radiograph. This revealed radio-opaque lines ranging vertically over the whole image and horizontally located in front of the vertebrae bilaterally. Following examination it was apparent that the patient was wearing a synthetic wig, which she was wearing because of hair loss due to chemotherapy for breast cancer. This has been reported previously by Scheifele *et al.*¹ but we believe that this remains an usual circumstance which may cause at least initial confusion.



Fig. 1 Panoramic radiography of the patient

T. E. Köse
Istanbul

1. Scheifele C, Lemke A J, Reichart P A. Hair artefacts in the head and neck region. *Dentomaxillofac Radiol* 2003; 32: 255-257.

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Clips on the scalp

Sir, as a junior trainee within the hospital dental system, I see a fair amount of patients who have sustained maxillofacial traumatic injuries.

I am writing to share an interesting finding upon a PA mandible radiograph taken for a patient who sustained a fractured right condylar head. From examining the PA, there appeared to be multiple rectangular radiopacities, all of a defined size, which seemed to be dispersed across the cranium (Fig. 1).

It was initially deliberated if the patient had any previous head injury or treatment,

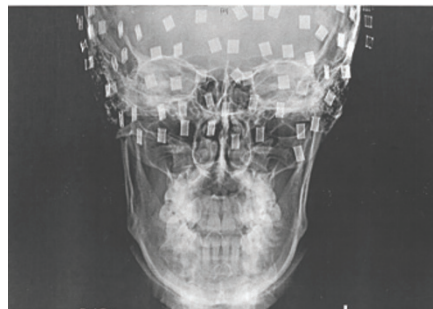


Fig. 1 Multiple rectangular radiopacities on PA mandible radiograph

but this was excluded from the past medical history.

It was later revealed that the patient had permanent metal hair extension clips placed on her scalp, which created this characteristic presentation.

If any fractures were sustained in any of the areas where the metal clips are superimposed upon, there potentially may have been difficulty in diagnosing them.

There are many varied features that can present on a PA mandible radiograph. It is important that radiographers are made aware of any forms of metal in the areas that they are imaging. It is through seeing radiographs like this that characteristics such as metal hair extension clips are embedded into our memories and remind us to consider reasons outside of our medical intellect.

N. Patel
By email

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Scope of practice caution

Sir, in September 2013, the GDC published its new *Scope of practice* guidance for dental professionals, setting out the skills and abilities for each registrant group. Amongst the changes announced by the GDC, some relate to radiology. Hygienists and therapists can now undertake additional tasks if 'trained, competent and indemnified to do so'. The first is to 'prescribe radiographs' and the second is to 'interpret various film views used in general dental practice'. Since the publication of this guidance, we have been approached by several colleagues asking

for advice on whether registrants are in a position to start performing these new tasks, in particular as regards the status of their training and competence. We therefore feel that a letter to the *BDJ* at this time may assist colleagues.

Reconciling the intentions of the GDC and the requirements of IRMER¹ is not straightforward, not least because there are challenges around terminology and the GDC's decision to use different names for the roles in radiology. The 'prescription' of radiographs encompasses roles defined in IRMER as 'Referrer' and 'Practitioner'. The 'interpretation' of radiographs is the same as an 'Operator' role (clinical evaluation) in IRMER. Prior to the change in scope of practice, hygienists and therapists were only trained to act as 'Operators' for the practical aspects of radiography (taking and processing radiographs under the direction of a dentist). Some hygienists and therapists who did not receive this training as part of their diploma or degree will have subsequently taken the Radiography qualification for dental nurses.

As registered health professionals, hygienists and therapists are entitled to undertake the referral of patients for dental X-rays and undertake justification of an X-ray examination (IRMER Referrer and Practitioner roles, respectively), but only so long as that complies with the employer's procedures. Under IRMER, it is the duty of the employer, whether that is a dentist, a body corporate or an NHS Trust, to ensure that staff undertaking the roles in the X-ray examination of patients must have been adequately trained. Records of that training must be maintained by the employer.

To our knowledge and experience, the existing training of hygienists and therapists, along with the radiography examination devised for dental nurses, were only ever intended as a 'take and process' training (ie operator roles). In our opinion, hygienists and therapists are not likely to be adequately trained to take on the duties described in the