LETTERS TO THE EDITOR

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CASE REPORT

Getting it taped

Sir, a 16-year-old female, who was originally from East Timor, presented at the Oral Surgery Department of the Royal Victoria Hospital in Belfast, having moved to Northern Ireland when she was 7 years old. She had been referred by her general medical practitioner regarding a lump in her lower lip. This was painless, and had been present for approximately 9 years with no fluctuation in size noticed by the patient. She had no relevant past medical history.

Examination revealed a well circumscribed submucosal swelling at the inner aspect of the left side of her lower lip, which was approximately 1 cm in diameter. The lump was firm in texture with normal overlying mucosa, and appeared blue in colour when pressed towards the mucosal surface of the lip. No other abnormalities were noted.

The lesion was excised under local anaesthetic. Histopathological examination revealed a cysticercus cyst consistent with a cestode (tapeworm) parasitic infection, following the ingestion of tapeworm eggs (Fig. 1). The patient was referred to the infectious diseases department of the hospital, whereupon in light of the fact that she displayed no other manifestations of tapeworm infection she was discharged without further intervention but advised to recontact if further symptoms arose. Her lip

Fig. 1 Histopathological appearance of lesion

A TRIBUTE TO THE KING

Sir, Re: 'Cecil, King of Lions'. I was horrified to read about the slaughter of Cecil, King of Lions in Zimbabwe by the American dentist, Walter Palmer, who had paid \$35,000 for the 'privilege'. He has also paid vast sums of money to kill endangered species, including a leopard and a white rhino. Thankfully, the dentist was not British. Even so, I fear that he has brought shame and disgrace upon our profession, as not being a caring person. His leering face beams over his dead trophies, which likewise, were obviously lured to their death and easy targets for his bow and arrow.

It is even more poignant for me, as I visited my cousin who lived in Zimbabwe

about 16 years ago. We stayed a couple of nights at Hwange National Park and were taken by transport at night and sunrise to the watering holes to view the wildlife. It was sheer magic. During the day we looked through binoculars, and each day there was a posting of the animals seen.

It is a matter for his conscience, but in view of the harm he has done, he should repay every penny, and more, to the wildlife conservation for the preservation of these animals, otherwise they will become extinct. Recently, His Royal Highness the Duke of Cambridge has spoken about this in London and New York.

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healed well, and she was also discharged from the Oral Surgery Department.

Cysticercosis is particularly prevalent in Latin America, sub-Saharan Africa, and Southeast Asia but the incidence in western countries is rising in line with increased international travel and immigration.^{1,2} The likelihood is that this patient contracted the condition before she moved to Northern Ireland. We can find no previous reports of cysticercosis affecting the oral cavity being diagnosed in this country.

We would like to highlight the possibility of cysticercosis as a differential diagnosis when considering oral submucosal swellings, particularly in patients who have lived in areas of the world where the condition is prevalent.

J. Smyth, V. Adams and S. Napier, Belfast

1. Maurice J. Of pigs and people – WHO prepares to battle cysticercosis. *The Lancet* 2014; **384**: 571–572.
2. Jay A, Dhanda J, Chiodini P L, Woodrow C J, Farthing P M, Evans J, Jager H R. Oral cysticercosis. *Br J Oral Maxillofac Surg* 2007; **45**: 331–334.

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PRISON DENTISTRY

Irish prisoners' oral health

Sir, since February 2015, the Inspector of Prisons in Ireland has been undertaking a

Review of the Irish Prison Services (IPS).¹ One area that requires urgent attention is that of prisoner health but the oral health of Irish prisoners is conspicuously absent from the debate. Very little is known about the oral health of Irish prisoners but given the high prevalence of smoking, alcohol and substance abuse among inmates when compared with the rest of the Irish population,² we can infer that the oral health needs of prisoners is high. However, no oral epidemiological survey of the Irish prison population has been conducted. In addition, it is not clear if, and how, the oral health needs of Irish prisoners are being met by the current prison dental policy which only permits routine dental treatment to those who are sentenced to 16 months or more in prison. There is also no onsite access to dentists; prisoners are referred to a dentist in the nearby community based on the clinical judgement of a prison medical officer or prison nurse.

It is clear that the Irish Prison Service needs to recognise the importance of oral health to the health of prisoners and offer a more comprehensive dental healthcare service for its prisoners.³ The recent article series of Heidari *et al.* (*BDJ* 2014; **217**: 69–71; *BDJ* 2014; **217**: 117–121) confirms