LETTERS TO THE EDITOR

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DENTAL EDUCATION

Online forums for learning

Sir, traditional university study (particularly for undergraduates) has been largely didactic in nature, comprised principally of the attendance of lectures and the reading of textbooks/research papers to help provide the foundations for independent practice upon graduation. However, in recent years there has been an eruption of online learning resources available to dental practitioners and students alike. Moreover, there has been rapid growth in the number of online forums where dentists can learn from peers, participate in topical discussion, as well as share ideas and clinical cases. The distribution of information via these forums is truly vast given the thousands of dentists and students worldwide who access them every day.

As a final year student myself, I have certainly developed a new habit of reviewing online dental forums on a regular basis. I have found many to be not only inspiring with regards to the presented clinical work, but also intellectually stimulating when reading comments and discussion raised by contributing dentists. With that said, I also feel it would be all too easy to stray into the trap of becoming over-reliant on such material, forgetting the importance of what makes a truly well-rounded, well-informed dental professional: the adoption of quality-assured and evidence-based learning in conjunction with continued self-development and education. I urge undergraduates especially to never forget that these sources are best seen as supplementary. They are not where one can, nor should, determine the 'gold standard'.

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Serious concerns in India

Sir, I read with interest the letter by Samuel regarding the dental profession in India.[1] I would like to add my serious concerns regarding this issue. Dental undergraduates are preferring clinical sciences such as orthodontics, conservative dentistry, endododontics and prosthodontics with less enthusiasm for non-clinical specialties such as oral pathology and microbiology, oral medicine, radiology and public health dentistry for postgraduate education. Consquently, private dental colleges in India are planning to close postgraduate education in non-clinical dental subjects. After gaining recognition for undergraduate and postgraduate courses, they then remove their teaching staff abruptly leading to vacant staff positions for a considerable time.[2]

The Dental Council of India have also implemented continuing dental education points which is mandatory for undergraduates and postgraduates without analysing

DIAGNOSTICS

Cluster headache and misuse of paracetamol

Sir, we report here the first case of paracetamol (acetaminophen) misuse and overdose due to an undiagnosed cluster headache.

A 32-year-old man presented himself at a dental emergency service due to an unbearable pain resistant to analgesics in the right maxillary region lasting for two days. He reported severe, intermittent and poorly localised right hemifacial pain evolving for six months. Due to this intensive pain, he ingested 32 g of paracetamol during the night corresponding to 12 hours.

Clinical examination revealed asthenia, dizziness, pallor, sweating and nausea with episodes of bilious vomiting in the morning. Extraoral examination revealed a discrete oedema of the right hemifacial region, a slight ptosis and tearing of the right eye. The intraoral examination and the periapical radiographic examination were unremarkable.

The patient was then hospitalised for paracetamol over-consumption and probable cluster headache. At the entrance examination, the biological analysis showed increased liver enzyme activity (alanine transaminase, gamma-glutamylcyclotransferase and amylases). Breakthrough pains in the right hemifacial region were multidaily, lasting from 15 minutes to several hours and were not relieved by analgesics. He also reported moderate photophobia for two years. All these elements confirmed the diagnosis of cluster headache.

The treatment initially consisted in the administration of N-acetylcysteine for paracetamol overdose. This allowed the normalisation of biological parameters. Cluster headache requires special awareness from practitioners and dentists because some patients report only dental or midfacial pain as a primary presentation.[1] The median time to diagnose cluster headache is three years and over 30% of the patients report having consulted a dentist, an otorhinolaryngologist, an ophthalmologist or a neurologist before being diagnosed. More than 16% had a dental, sinus or eye surgery without improvement.[2]

Thus, it seems necessary for dentists to know the main clinical signs of this pathology.[2] The differential diagnosis must be made with other primary headaches (shorter, more frequent and responding well to analgesics) and with facial neuralgia (serial short access). Cluster headaches may also be secondary to vascular, tumour, infectious or inflammatory pathologies. Thus, brain imaging is essential.[2] The treatment consists of administration of sumatriptan (6 mg subcutaneous) in case of breakthrough pain associated to a background treatment including verapamil (120 mg, three times a day) and prednisolone with a decreasing dosage for seven days. This treatment enabled the disappearance of the crises in this case.

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