

LETTERS TO THE EDITOR

Send your letters to the Editor, British Dental Journal, 64 Wimpole Street, London, W1G 8YS
Email bdj@bda.org. Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space. Readers may now comment on letters via the *BDJ* website (www.bdj.co.uk). A 'Readers' Comments' section appears at the end of the full text of each letter online.

DENTAL RADIOGRAPHY

CBCT scrutiny

Sir, we wish to highlight a recent case of an intimate relationship between the roots of a lower second molar and the inferior dental canal (IDC) seen incidentally on a cone beam CT (CBCT) scan acquired to assess the relation of the lower third molar to the IDC prior to its surgical removal (Fig. 1). There are two lessons to be learnt: firstly the importance of reviewing the entire CBCT volume, not just the area of interest, for any incidental findings that might have a clinical relevance. The basic principles in the most recent guidelines of radiation protection clearly state that CBCT images must undergo a thorough clinical evaluation (radiological report) of the entire image dataset.¹ They also state that all those involved with CBCT must have received adequate training. This ensures that relevant important information is gleaned. In this case, the area of interest was the third molar; however, the lower second molar exhibited a significant intimate relation to the IDC not only in distance, but so that the apical foramen opened directly onto the canal itself with loss of canal cortication clearly seen on CBCT.

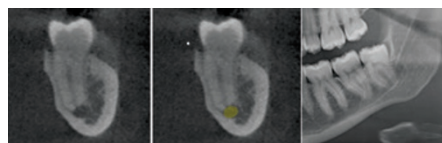


Fig. 1 Intimate relationship seen between the roots of a lower second molar and the inferior dental canal

Secondly, this potential intimate relationship would be an important consideration when an intervention is required such as endodontic treatment or surgical removal. Chong *et al.* described 55% of mandibular second molar apices having a distance to the IDC of ≤ 3 mm.² In this case, as the foramen opened directly onto the canal, this would pose a significant risk to nerve injury from overzealous instrumentation and hypochlorite use. We encourage practitioners to consider the position of the IDC

ANTIBIOTIC PRESCRIBING

Embrace antimicrobial stewardship

Sir, the latest data published on NHS antibiotic prescribing by primary care dentists in England appears to show a 7% decrease on the previous year, with the number of items prescribed down to 1996 levels.¹ This is good news from the perspective of antimicrobial resistance, with NHS dentists now responsible for 8.7% of all antibiotic prescribing in primary care.

Antibiotic resistance is a major threat to health² and it is recognised that antibiotic consumption drives the development of antimicrobial resistance.³ It would appear from this latest data that NHS dentists are doing their bit in tackling the problems of antimicrobial resistance.

However, this should not lead to complacency in antibiotic prescribing. Dentists should continue to embrace antimicrobial stewardship and prescribe appropriately in line with the guidance available by providing definitive clinical treatment for infections and where

possible avoiding prescribing clindamycin, co-amoxiclav and cephalosporins.⁴⁻⁶

N. Palmer, Liverpool

1. Health and Social Care Information Centre. Prescription cost analysis - dental data 2015. April 2016.
2. Review on Antimicrobial Resistance. Antimicrobial resistance: Tackling a crisis for the health and wealth of nations. The Review on Antimicrobial Resistance chaired by Jim O'Neill. December 2014. Available at: http://www.jpia.mr.eu/wp-content/uploads/2014/12/AMR-Review-Paper-Tackling-a-crisis-for-the-health-and-wealth-of-nations_1-2.pdf (accessed May 2016).
3. English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) 2010-2014. Report 2015 Public Health England. Available at: <https://www.gov.uk/government/news/espaur-report-reveals-continued-rise-in-antibiotic-resistant-infections> (accessed May 2016).
4. Faculty of General Dental Practitioners (UK). Antimicrobial prescribing for General Dental Practitioners. Available at: <http://www.fgdp.org.uk/publications/standardsindentistryonline.ashx>.
5. Medicines Complete. British National Formulary 2016. Available at: <https://www.medicinescomplete.com> (accessed May 2016).
6. NICE. Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use. NICE guidelines [NG15]. August 2015. Available at <https://www.nice.org.uk/guidance/ng15> (accessed May 2016).

DOI: 10.1038/sj.bdj.2016.355

prior to root treating a lower second molar, and in some cases the use of CBCT prior to endodontic therapy may be justified.

J. Makdissi, A. Loughlin, L. Feinberg,
London

1. SEDENTEXCT. Radiation protection: cone beam CT for dental and maxillofacial radiology. Evidence Based Guidelines 2011. v2.0 Final. Available at: http://www.sedentext.eu/files/guidelines_final.pdf (accessed April 2016).
2. Chong B S, Quinn A, Pawar R R, Makdissi J, Sidhu S K. The anatomical relationship between the roots of mandibular second molars and the inferior alveolar nerve. *Int Endod J* 2015; **48**: 549-555.

DOI: 10.1038/sj.bdj.2016.356

ORAL CANCER

Another challenge for the dental team?

Sir, by 2030 half of all head and neck cancers will be related to HPV. This major new risk factor has the potential to influence

all aspects of diagnosis and management of oral cancer; not restricted to secondary care.

General dental practitioners must ensure they are providing accurate information in regards to a rapidly advancing field of research which can be gained via continuing professional development that is specific to the challenges and advances of this disease. Accurate patient information leaflets specific to the topic may further be of benefit to practices.

Reassuringly, thorough clinical examinations may vastly remain unchanged as the presentation of these cancers are clinically indistinguishable. However, a change in demographic and patients' needs will be evident. Previously, patients with head and neck cancer have, for the most part, been male, over 60 years old and have a history of high alcohol intake and smoking. Instead, those affected by HPV positive oro-pharyngeal squamous cell carcinomas