

The BDA will also never shy away from talk about funding, and that is why we are pursuing this vital issue on two fronts.

We want to help colleagues meet their professional obligations both to audit and to prescribe appropriately. That's why we have provided our members with this toolkit.

But we also believe they require funded emergency time. We've spoken personally to the CMO, to the CDO, to NICE, the DH and NHS England on this matter, and it's a message we will be taking directly to parliamentarians in a dedicated event this summer.

These are complimentary strategies. Commissioners are never going to recognise the need for funding without evidence. The users of our toolkit are already generating records on diagnosis and the treatment. The data colleagues have already pulled together will make a powerful case for funding.

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Electronic cigarettes

Necrotic ulcer

Sir, we would like to highlight an interesting case of a severe, necrotic looking oral ulcer attributed to the use of an electronic cigarette (e-cigarette).

A 72-year-old Caucasian male was referred by his GP as a two week wait referral to the oral and maxillofacial clinic. He had previously been smoking 20 cigarettes a day for 30 years before starting to use electronic cigarettes to



Fig. 1 Necrotic ulcer clearly visible in the mouth of a 72-year-old man

aid his smoking cessation. He gave a history of a painful area appearing after inhaling strongly on his e-cigarette and suffered extreme discomfort immediately afterwards.

On examination a 2 cm × 1 cm necrotic ulcer was clearly visible (Fig. 1). An incisional biopsy confirmed no evidence of malignancy and suggested the diagnosis of non-specific ulceration. The ulcer was managed conservatively and after a prolonged period of regular reviews the area eventually healed completely.

The e-cigarette device consists of a heating element and a container that holds the vapour solution. It vaporises the liquid solution into an aerosol mist that contains varying amounts of nicotine.¹ The role of the e-cigarette in smoking cessation is widely accepted and its usage is rapidly increasing worldwide.²

Despite the availability of research on the direct physiological effects of the e-cigarette, there is a paucity of data available on the physical effects and safety concerns of the e-cigarette on human health.¹ The potential for intra oral burns and injuries may present a challenge to the oral healthcare provider. Burns in particular, as in the above case, should be considered as a differential diagnosis of non-healing oral ulceration. Burns and explosions from e-cigarettes are thought to be under reported, although cases of fires and explosions of e-cigarette do exist in the literature.³⁻⁵

With the increasing use of the electronic cigarette worldwide, we aim to make healthcare professionals aware of the potential harm these items can cause. We also highlight the importance of including burn injuries in the differential diagnosis of soft tissue oral ulceration. Potential hazards and safety concerns associated with the e-cigarette requires further research.

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Drug interactions

Time to put our pens down

Sir, given the recent tragic story where a patient was prescribed miconazole oral gel by her dentist whilst taking warfarin, and subsequently died, this has highlighted an important area for improvement.

Our medical GP colleagues have been using computer-based prescribing for many years now. Having worked as a part-time GP receptionist throughout my dental degree, I used such computer-based software regularly and noted its excellence in highlighting drug interactions before any prescription is issued. It also has the ability to flag up when medicines are being overused.

There are many advantages to adoption of this system in dental practice, particularly in terms of safer prescribing for patients, and also time efficiency so we could spend more time actually treating our patients. It should help prevent major drug interactions being overlooked in dental practice – such as in the case above. Given the time constraints of working within the NHS, computer-based prescribing would save on the time currently expended on hand written prescriptions and frantic searches through the BNF. Lastly, we could then advance one step further to adopt electronic prescribing methods, whereby prescriptions are sent electronically directly to pharmacies. This would be more efficient, prevent patients losing prescriptions, and reduce the potential for fraud.

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Erratum

Updates on idarucizumab

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In the original letter the authors' initials were incorrect. The correct author list for this letter reads as follows:

J. S. Chandan, T. Thomas & H. S. Baryah
We apologise for this error and the inconvenience caused.

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