

# Letters to the editor

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## Otolaryngology

### Nasal perforation

Sir, Olbas oil is a popular product used to relieve nasal congestion. The manufacturers describe it as a 'mixture of pure plant oils, with ingredients including clove oil, eucalyptus, juniper berry and cajuput'. It is recommended that a few drops are used on a handkerchief or in a bowl of hot water and inhaled.<sup>1</sup>

A 63-year-old female attended a general dental practice for a routine examination where the dentist observed a defect in the nasal septum. Upon closer examination the defect was revealed to be some 10 × 15 mm in size. The patient was somewhat embarrassed but, following reassurance about confidentiality, explained the origins of the defect. She reported that she had been applying one drop of Olbas oil to each nostril on a daily basis beginning some 20 years previously. She would place a drop on each side of the nasal septum which made her feel that she could breathe easily and that this cleared her head. One day, some ten years later, she blew her nose and found that she forced a hole in the nasal septum. This enlarged as it healed leaving the defect shown in Figure 1. The patient discontinued the use of Olbas oil in that way but did not report the damage to any health professional. It was only noticed on dental examination. The



Fig. 1 Hole in the nasal septum caused after prolonged Olbas oil use

patient was encouraged to report this to her general medical practitioner but reassured that, given the appearance and clear history, there was no reason for undue concern.

There is little published evidence about the safety and effectiveness of Olbas oil although one Polish study in 1997 reported no harmful effects when the product was inhaled, as recommended by the manufacturer, by healthy volunteers for a period of 28 days.<sup>2</sup> In the case reported here, the product was applied directly to nasal mucosa on a daily basis for a period of ten years. Perforation of the nasal septum can occur for several reasons, notably chronic cocaine abuse, sarcoidosis and chronic granulomatous diseases. In this case, the features were strongly linked with the clinical history so the aetiology was identifiable, but colleagues should always consider onward referral via the patient's GP.

A. Shelley, K. Horner, by email

1. Lanes Health. Olbas product website, 2017. [www.olbas.co.uk](http://www.olbas.co.uk) (accessed March 2017).
2. Olszewska-Ziaber A, Zalewski P, Olszewski J, Zielinska-Blizniewska H, Pietkiewicz P. [Clinical studies of Olbas oil tolerance and its effect on nasal mucosa in healthy volunteers]. *Otolaryngol Pol* 1997; **51** (Suppl 25): 353–355.

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## Prevention

### Meeting the patient's needs

Sir, we have been using both Duraphat and Profluorid for caries prevention for a few years now and a letter in a recent *BDJ* issue<sup>1</sup> has created a great learning opportunity for clinical supervision within our team and a chance to revisit the evidence supporting our daily practice. We initially started using Profluorid at a time when we could not obtain Duraphat and somehow we never stopped using it. Both products are fluoride varnish preparations releasing an identical amount of fluoride to the dental hard tissues;

however, we were not aware of the licence differences between them.

The GMC has published extensive guidance for doctors on prescribing unlicensed preparations.<sup>2,3</sup> The MHRA provides guidance on the use of unlicensed medication and medical devices, and it specifically suggests that: 'An unlicensed medicinal product may only be supplied in order to meet the special needs of an individual patient'.<sup>4</sup> A number of special care/paediatric patients may not tolerate the texture and flavour of Duraphat but they may be able to accept Profluorid. As clinicians we are able to make the decision that a standard licensed preparation does not meet the patient's needs and therefore, we can justify whether the prescription of a safe alternative is more appropriate. Obviously the patient needs to be informed. Good record keeping and appropriate follow up are also essential.

E. Solou, J. Turnbull, by email

1. Sherborne M, Oliver S. Prevention: Fluoride varnish flavours. *Br Dent J* 2017; **222**: 142.
2. General Medical Council. Hot topic: Prescribing unlicensed medicines. November 2015. Available at: <http://www.gmc-uk.org/guidance/28349.asp> (accessed March 2017).
3. General Medical Council. Prescribing guidance: Prescribing unlicensed medicines. Available at: <http://www.gmc-uk.org/mobile/14327> (accessed March 2017).
4. MHRA. The supply of unlicensed medicinal products ('specials'). MHRA Guidance Note 14. 2014. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/373505/The\\_supply\\_of\\_unlicensed\\_medicinal\\_products\\_\\_specials\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373505/The_supply_of_unlicensed_medicinal_products__specials_.pdf) (accessed March 2017).

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## Off-label use of medicines

Sir, Sherborne and Oliver<sup>1</sup> asked whether it is acceptable to be using fluoride varnish Profluorid instead of Duraphat to help prevent caries in children, in line with *Delivering better oral health: an evidence-based toolkit for prevention?*<sup>2</sup>

In the above toolkit, it states: 'Clinicians should be aware that there are many fluoride