

## COMMENT

# Letters to the editor

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## Dental patients

### Self-diagnosis

Sir, a patient became aware of a 'scuttling' noise whilst alone in his house and proceeded to investigate this (which he thought may have been a mouse) by buying an endoscope on eBay for £5.50! Distracted by his new gadget, he proceeded to have a look inside his own mouth and noticed a lump. Alarmed by this, he visited his dentist who took a photo (Fig. 1), which shows a small mucous retention cyst (resolved) on the right fauces, and then referred the patient to the oral and maxillofacial department at Hull Royal Infirmary. On examination there was no cervical lymphadenopathy, facial asymmetry or any abnormality detected in his mouth. The patient was reassured and discharged from the department.

The role of self-diagnosis is usually agreed by the health professions to be inconsistent due to patients' lack of technical understanding of medical problems.<sup>1</sup> As a profession we use expensive instruments, but inexpensive tools are available to the general public. While we are not advocating the use of these

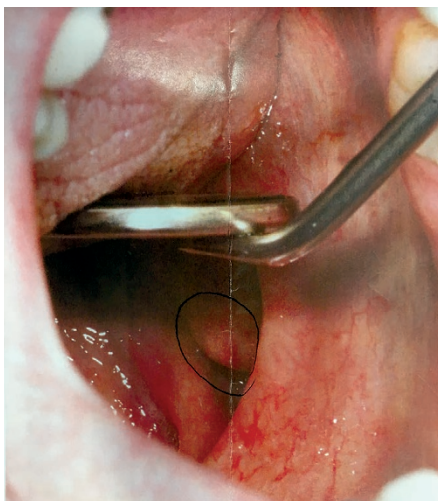


Fig. 1 Small mucous retention cyst on the right fauces

instruments we warn that more self-referrals may ensue as a consequence.

I suspect that this endoscope may have needed oiling regularly, otherwise it too would have squeaked!

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## Dental research

### Collaboration needed

Sir, as a dentist and dental nurse who worked together for 30 years, we endorse the points raised by B. Dawett in his recent paper concerning DCPs and the importance of research in general dental practice.<sup>1</sup> Some years ago we too were able to carry out a research project in our practice.<sup>2-4</sup> We were then working in an NHS funded by fee-per-item, which allowed a flexibility of approach to finance not possible in today's target driven, contracted service. However, like Dawett, the benefits of the research project to us included a greater sense of team bonding and a widening of outlook beyond the narrow confines of general practice.

We, however, benefitted from the collaboration of academic researchers at the then London Hospital Dental School and the Royal College of Surgeons and this was of assistance in overcoming some of the barriers mentioned by Dawett. They had, for instance, an understanding and knowledge of the sources of funding for research and the regulatory processes for which compliance was necessary. They were also essential to the development of the research protocols.

If more research is to be carried out where the majority of dental care occurs, then we believe a collaborative approach between dental

academia and general practitioners would allow the benefits described by Dawett to be available to more practices. In the longer term this can only be for the good of dentists, their teams and the care available to our patients.

P. Hellyer, J. Stockford, by email

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## Pharmacology

### Sea change of indications

Sir, in a recent *BDJ* article<sup>1</sup> the authors' argument for improving awareness of the risks of anti-resorptive medication is compelling: the population is ageing and the number of patients living with and beyond cancer is increasing. Thus the number of patients at risk of medication-related osteonecrosis of the jaw (MRONJ) will also increase. The argument is timely too, as recent developments will have a significant impact on the population at risk of MRONJ. In the light of a number of high-quality clinical trials of the use of anti-resorptive medications in breast cancer the National Institute for Health and Care Excellence (NICE) have recently revised guidance on the use of bisphosphonates in early and locally advanced breast cancer.<sup>2</sup> More recently a European Panel of experts issued a consensus recommendation on the use of bisphosphonates in women with early disease.<sup>3</sup> Previously the use of the high potency bisphosphonates clodronate and zoledronate was reserved for patients with