rollups a week. In December 2014 (age 70) a further bone density scan continued to show an improved bone density when compared to the original diagnostic scan taken in 2004 and no further skeletal protection was recommended.

Discontinuation of alendronate in cases of BRONJ can allow recovery of the physiological function of the jaw bone with time while still leaving a positive residual impact on general skeletal protection. Is the higher turnover bone of the jaw showing preferential recovery from the effects of the bisphosphonates?

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Oral surgery

Mutilation following MDMA

Sir, an 18-year-old female presented to the emergency department with extensive tissue loss from her lower lip. Questioning revealed that she had ingested 3,4-methylenedioxymethamphetamine (MDMA, 'ecstasy') prior to the events that led to her presentation. An accompanying friend reported that, following consumption of MDMA, the patient exhibited involuntary chewing of her lower

lip. Despite the pain, this persisted for several hours which led to gradual tissue loss.

Her medical history was unremarkable but she reported regular user of marijuana with monthly use of MDMA.

On examination, there was a 3 cm area of soft tissue loss to the left side of the lower lip. This extended from the midline to near the commissure and was well beyond the vermillion border and into the cutaneous zone. No oral seal was achievable (Fig. 1). Systemic examination, vitals, electrocardiogram and bloods were within normal limits.

The patient was given 5 mg oral diazepam to help reduce the involuntary mastication and was taken to theatre the next day for wedge excision and primary closure. If destruction of the lower lip had been more extensive other complex reconstructive options would need to be employed.

As a department we are seeing an increasing number of cases attending presenting with oro-facial presentations following MDMA use. Despite recent national statistics showing no increase in consumption amongst young adults,¹ a recent survey has reported that purity levels have increased over recent years.^{2,3} Whilst the case we present is an extreme example resulting in oral mutilation, bruxism, tooth-wear and oral ulceration remain the most common oral manifestations.⁴ Unexplained cases of the aforementioned should prompt a thorough recreational drug history.

G. Nugent, S. Basyuni, D. McAnerney,
M. Cameron, Cambridge

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Oral medicine

A waste of paper

Sir, today my practice received through the post six copies of the latest edition of the *BNF*. These books span 1,450 pages and I acknowledge the value of the contents. The price on the back is £49.95. Not unreasonable for such a large book. It then dawned on me that I would imagine that every dental

practice must in this day and age have some form of internet access even with a smart-phone or laptop if they have so far resisted the relentless drive to computerisation.

I phoned the GDC who informed me that there are approximately 42,000 dentists on the register in the United Kingdom. This equates to a total expenditure of £2,100,000.

There are approximately 240,000 doctors and 45,000 pharmacists also working in the UK. Assuming the NHS is equally as generous this would equate to an extra £14,250,000! This is a total expenditure of £16,350,000. Most of which could be avoided.

Surely the NHS could save this money by encouraging all dentists, doctors, pharmacists etc, to install the BNF app on to their desktops.

R. Raeburn, by email

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Social media

Professionalism

Sir, I would like to comment on Kenny and Johnson's informative paper, *Social media use, attitudes, behaviours and perceptions of online professionalism amongst dental students*.¹ There is little to disagree with in the paper but I was struck by the conclusion that more social media training in professional standards is required, when a significant proportion of their students felt the school already placed too much emphasis on professionalism. One interpretation of the evidence presented is that the majority of students understood what was seen as professional online behaviour, but did not always agree with it. Ninety-seven percent of students saw making negative comments about a person's gender, race or disability as unprofessional and only 1% reported making such comments. This suggests they understood the injunction and agreed with it. In contrast, 92% of students saw publishing photographs of students intoxicated at social events as unprofessional, but 29% of them had actually done so. Perhaps those students simply felt that being intoxicated, at social events, was morally acceptable for a student. Indulging in such activities and then keeping them private may well be prudent, but the real question is whether such activities are permissible. It strikes me that while such behaviour is hardly laudable, it is probably acceptable so long as it does not interfere with their studies or damage their health.

Fig. 1 The 18-year-old patient with extensive tissue loss following MDMA ingestion