

dental caries had on the quality of life of the children.

Worryingly, 24.5% of the children had missed school for dental-related issues prior to attending their hospital appointment, while 39% of parents felt they were not given advice on the causes or how to prevent dental caries. The absence of adequate preventative regimes at primary care level means that the oral health of children is unlikely to improve.²

In addition to the guidelines discussed in the article,¹ we feel it is important to recognise the guidance available for antibiotic prescribing.³ Forty-one percent of children included in this study were prescribed one or more courses of antibiotics prior to attending their hospital appointment. Of the total number of children prescribed antibiotics, 82% of parents reported that their child's primary complaint had been of pain when seeking emergency dental treatment

and that no facial swelling or increased temperature were noted.

Guidelines for antibiotic prescribing emphasise that antibiotics should be prescribed in the presence of systemic factors or in addition to local measures and not as an alternative treatment option.³ Needless to say, cooperation plays a vital role in providing emergency dental treatment with local anaesthesia to children.

In this sample, only 20% of children were offered alternative treatment options to antibiotic prescription whereas 42% of parents felt their child could cooperate for simple treatment with local anaesthesia. This suggests there is room for improvement in the provision of emergency treatment for children presenting with dental pain. Further audits could help to reveal which areas require change.

As healthcare professionals, we have the responsibility to monitor our prescribing

practices. The number of antibiotic prescriptions by general dental practitioners count as almost 10% of all NHS prescriptions in primary care.⁴ Further research is needed to assess how systems within primary care can be improved to facilitate better emergency care provision whether it's through re-education or reallocation of resources.

R. Kelly, S. Kidy, P. Allen and G. Sittampalam, by email

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CASE REPORT LETTERS

Dermal fillers

Dermal fillers alert

Sir, a fit and well, middle-aged female presented in practice for a routine dental check-up. She had no presenting complaints, however, on examination unusual cream coloured nodules were noted within her lower vestibular region (Fig. 1). These were firm, non-mobile and painless.

There appeared to be no obvious explanation for these lesions; the adjacent teeth were sound and positive to sensibility tests, and radiographs confirmed there was no dental pathology to explain the presence of the nodules.



Fig. 1 Lower lip cream coloured nodules

A thorough intra- and extra-oral examination revealed no other abnormalities, including no lymphadenopathy. On further questioning, the patient revealed she had had dermal fillers placed four days previously into the nasolabial and Marionette lines at another practice. She confirmed that this was a hyaluronic acid type filler (non-permanent). Based on this, our working diagnosis was intraoral extension of the dermal filler. Given the lack of sinister features to these nodules, the initial line of management taken was conservative.

At her four week follow-up appointment, the lumps had marginally reduced in size but were otherwise unchanged. She was seen again at two months with no changes.



Fig. 2 Lower lip of same patient after eight months

Conservative management was continued, and by her eight month review appointment, the nodules had entirely resolved (Fig. 2).

We would like to use this case to highlight that intraoral complications following dermal fillers is possible. The migration of dermal fillers into the oral cavity and presenting as nodules is a recognised phenomenon that has been reported.^{1,2}

As well as firm nodules, the intra-oral migration of dermal fillers can result in a granulomatous foreign body reaction, presenting as swellings or yellowish plaques which are usually painless.³

A. Ibraheim, Z. Hasan and A. Ujam, by email

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