COMMENT

Letters to the editor

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CASE REPORT LETTERS

DIY dentistry

Clip-on veneer

Sir, we would like to share a case of DIY dentistry that presented recently to our emergency dental clinic. This lady had purchased a clip-on veneer online from a company offering a 'million dollar smile instantly'. The manufacturers provide a 'Perfect' smile that can be custom fitted to a patient's existing dentition with a home

Fig. 1 The low cost clip-on veneer stuck to a patient's teeth

Fig. 3 The 'perfect smile' product purchased online

reline material without any form of dental examination or professional support. The new smile was purchased for the princely sum of £10.67. Unfortunately, the home reline became locked onto the patient's teeth. The patient was not registered with a dentist. She had initially sought advice from her GP who could not help before attending an Out of Hours dental service who, again, could not help. She was given advice to attend A&E following which she was directed to the dental hospital and presented in a state of extreme physical and emotional distress.

Needless to say we took the opportunity to fully document the case (Figs 1-4). The remaining material was carefully removed and the patient advised not to consider such options in the future. The image taken

Fig. 2 The clip-on veneer purchased on the Internet

Fig. 4 The patient's dentition after the veneer was removed

following removal of the device demonstrates traumatic ulceration from the prosthesis and unstable oral disease.

It would appear there is a growing market in unregulated home dental kits including whitening, orthodontic and smile make-over procedures. We hope this case helps support dentists to challenge the perceived wisdom patients may have in these fast and significantly less expensive alternatives to traditional dentistry. The cost to the NHS for the patient's four attendances and the concomitant emotional burden to the patient serve to highlight how such quick fixes can easily become false economies.

S. Jadun, L. Monaghan, J. Darcey, by email

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OMFS

Sialolith infection

Sir, a 47-year-old female presented with persistent pain and swelling of the right submandibular region of four weeks' duration. There was no history of dental pain or swelling intraorally. She did not complain of any problems eating, drinking, swallowing or breathing. Specifically, she did not complain of any mealtime symptoms of pain and swelling. Due to her symptoms, she visited her general dental practitioner twice thinking it to be a 'dental infection' and was prescribed oral antibiotics on both occasions. She was further advised removal of the lower right first molar tooth after finishing the course of antibiotics.

Medically, she suffered from gastro-oesophageal reflux disease (GORD) and