

to go for. Is there any real measurable benefit with a self-funded, three-year course over a part-time, 12-month one in the same field? Will I be in more demand with one over another?

For many out there, including myself, the financial aspect may ultimately determine which one to go for. For example, ideally, in a self-funded, three-year, full-time course in endodontics, you must have some financial savings to reduce the likelihood of running out of funds come the 2nd or 3rd year. Compare this with a 12-month, part-time course in endodontics, which can be much more affordable, with far less impingement on the full time working hours of a dentist.

These decisions aren't made lightly and like many dentists out there that are facing the same issue as me, particularly when it can involve life changing sums of money, can it be seen as a gamble worth taking? By deciding to go for an MSc over becoming a specialist practitioner, could I be potentially eliminating a large majority of patients out there that would rather be treated by a specialist?

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## Conservative dentistry

### Enamel biopsy

Sir, enamel biopsy was initially introduced as a conservative approach to explore and manage non-cavitated occlusal caries lesions. The minimal cavity prepared with small round burs would then be restored with filled or unfilled resin restorations, the so-called preventive resin restorations (PRR).

More recently, studies showed that non-cavitated occlusal lesions can be effectively managed with minimally invasive approaches, including therapeutic fissure sealants, with no need to cut a cavity and in turn irreversibly destroying invaluable tooth substance.<sup>1</sup> Therefore, there is no indication for invasive treatment options that involves cutting away tooth substance, including enamel biopsy. The recent evidence suggests that even cavitated carious dentine lesions can be managed with minimally invasive approaches. These lesions need restorative interventions only if they are non-cleansable or cannot be sealed.<sup>2</sup>

Unfortunately, despite these evidence-based recommendations, enamel biopsy is still being taught at the UK dental schools and widely practised by dentists as a treatment option for managing non-cavitated lesions. This highlights a gap between knowledge and practice which is not limited to the UK. This gap needs to be addressed in a timely manner. For these purposes several approaches can be employed, for example, through continuing professional development courses for qualified dentists. The dental curricula should be regularly revised to ensure that they are up-to-date and based on the best available evidence. Dental journals and social media can also be used to transfer the knowledge to dentists and also to inform the patients.

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