CASE REPORT LETTERS

Paediatric type 1 diabetes mellitus Multidisciplinary approach needed

Sir, an eight-year-old female was referred to the department of paediatric dentistry complaining of swollen, bleeding gums and mobile lower incisors, first noted by her GDP.

On clinical examination, the gingivae surrounding the lower incisors was erythematous (Fig. 1) and there was grade II mobility of 31 with grade I mobility of the 42, 41, 32. Radiographic investigation showed periodontal bone loss between 41 and 31, just greater than half the root lengths. There was crestal bone loss between the other lower incisors and widening of the remaining periodontal ligaments of all four lower incisors periapically (Fig. 2).

The patient also had caries affecting a number of her primary teeth. Blood tests were completed to explore any underlying systemic condition. Results were normal

or negative apart from her random blood glucose which was elevated at 15.9 mmol/L. The patient's general medical practitioner was urgently contacted who reviewed her and sent her to hospital. She was diagnosed with type 1 diabetes mellitus and began an insulin regime.

Once her glycaemic control had improved, following liaison with her paediatrician, dental treatment was completed during early morning appointments following breakfast and insulin injection. This included a programme of prevention, supra and

subgingival scaling of the lower anterior teeth, extractions and restoration of her carious primary teeth under local anaesthetic. Her gingival condition significantly improved (Fig. 3) and the family are now adapting well to the patient's newly diagnosed condition.

We would like to stress that in the paediatric patient, any unexplained gingival swelling, bleeding and/or mobility of the teeth requires further investigation and could be a sign of an undiagnosed systemic condition.

The GDP may be the first clinician in contact with these patients and needs to have an awareness of associated oral manifestations of disease, whilst referring promptly if required. Prior to and following diagnosis of diabetes in paediatric patients, an effective multidisciplinary approach to medical and dental management is required for holistic patient care.

*L. Clarke, T. Bradshaw, M. Pemberton and
S. Barry, by email*

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Fig. 1 Pre-operative photograph

Fig. 2 Periapical radiograph

Fig. 3 Post-operative photograph

Patients may continue to ask about this dramatic new medication, but until there is high quality research, cannabinoids at present will remain a novelty in dentistry.

E. Yonis and I. Hussain, by email

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Brexit

Call for the BDA to support a People's Vote

Sir, the UK is in a political crisis. Next March we will be leaving the EU and our two main political parties are deeply divided on this issue.

At the time of writing there is a very real possibility that the UK could crash out of the EU in a no deal scenario. No deal would mean no withdrawal agreement and no transition period. This would be the worst outcome for the country as a whole, and according to the British Medical Association (BMA), could have potentially catastrophic consequences for the nation's health.¹

The impact of different Brexit scenarios

on health and health services has been analysed in detail by Fahy and colleagues,² and applies equally to dentistry. Among others, Brexit will negatively affect recruitment and retention of EU staff, NHS financing, reciprocal healthcare arrangements, licensing and pricing of medical products, and threaten existing public health protections. As regards research, apart from the impact on governance and loss of funding, any Brexit that ends the free movement of people will stifle cross-country research collaborations.²

Brexit is likely to exacerbate existing skills shortages in UK dentistry, especially in rural areas.³ About 16% of registered dentists in the UK are EEA qualified.⁴

Dentists are highly skilled and presumably would be among those the Government wants to attract under their recently unveiled plans for a new immigration system, but migrants have choices. Since the referendum, EU citizens in the UK are forced to live with uncertainty over their rights and legal status.⁵

As a consequence, we are already seeing EU health professionals leaving in droves and fewer coming. A 2017 BDA survey found that nearly a quarter of EEA qualified dental associates were thinking of leaving the UK.⁶ The *Financial Times* has reported that the number of European nurses registering in Britain has dropped by 87% compared to 2016–17.

The referendum result has already caused substantial damage. We have lost the European Medicines Agency to Amsterdam.

Food is another issue: alarmingly, there is currently no Brexit food plan, even though the UK imports 30% of its food from the EU, and a further 11% from other countries via trade deals negotiated by the EU.

Brexit is very likely to result in less food security, higher prices and lower food standards.⁷ These are all important social

determinants of health that are likely to affect health and oral health, and if anything, to increase oral health inequalities.

We call for the BDA to join other prominent professional organisations, including the BMA, the Royal College of Nursing, and the Royal College of Midwives, and support a People's Vote on the final deal, with an option to remain in the EU.

A. Heilmann and R.G. Watt, by email

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Mick Armstrong, Chairman of the BDA's Principle Executive Committee responds:

Whilst engaging actively in seeking to influence government and political party policy on behalf of the profession, the BDA has consistently adopted an avowedly non-partisan approach, working with individuals and groups from all parties and none to secure the best deal for dentists.

The Association has adopted the same neutrality in its approach to the debate around Brexit, both before, during and since the referendum. We have of course engaged in discussion around Brexit and made sure that the potential impacts on dentistry of the decision to leave the EU are well known in government circles and beyond, including in the areas highlighted in the letter such as workforce. We recognise that the concerns raised in the letter will be shared by many BDA members and we will continue to make sure that voice of dentistry is heard in the on-going debate.

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