

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.

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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

1. Government. The Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018. 2018. Available at <http://www.legislation.gov.uk/uksi/2018/1055/contents/made> (accessed November 2018).
2. BBC News. Medical cannabis products available on prescription. 2018. Available at <https://www.bbc.co.uk/news/health-46045487> (accessed November 2018).
3. Fraguas-Sánchez A I, Torres-Suárez A I. Medical Use of Cannabinoids. *Drugs* 2018; **78**: 1665–1703.
4. Department of Health & Social Care. Cannabis-based products for medicinal use. 2018. Available at <https://www.england.nhs.uk/wp-content/uploads/2018/10/letter-guidance-on-cannabis-based-products-for-medical-use..pdf> (November 2018).

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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