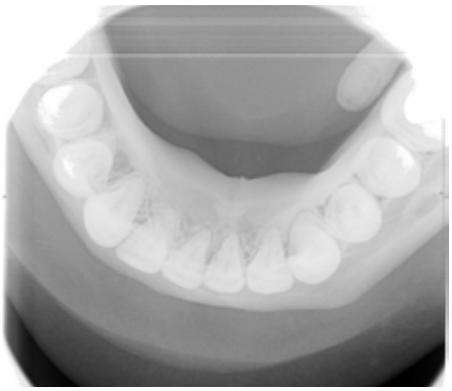
Stone finger!

We thought that this radiograph would be of interest to your readers:



This lower anterior occlusal radiograph was taken for a suspected left submandibular duct stone because of obstructive symptoms involving the left submandibular gland. The presence of a large calculus within the duct was duly demonstrated. The film was held between the teeth with no holding device or digit. However, the appearance also looks as though a small finger was present and has been irradiated!

This is yet another example of how appearances on dental radiographs can be deceptive.[1]

Interpretation in context is therefore key and appropriate reporting in the notes is emphasized.

We would like to note that 'no finger was harmed during the making of this radiograph'.

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Idiopathic pulmonary fibrosis: the emerging 'silent killer' among dentists

Recently, the United States (US) Centre for Disease Control (CDC) and Prevention reported an increased incidence of a fatal respiratory disorder from a tertiary care centre in Virginia, where nine of the 894 patients treated during 21 years were diagnosed with Idiopathic Pulmonary Fibrosis (IPF). Though this number appears extremely small, it is of grave concern since all the affected patients were dentists and dental auxiliary personnel. Subsequently, CDC scrutinized the National Occupational Respiratory Mortality System database (USA) for 'other interstitial pulmonary diseases including fibrosis' and revealed that 35 subjects who died of IPF worked in the 'office of dentists' and 19 were dental professionals.[1] The result of the survey concluded that dentists are at higher risk of acquiring interstitial pulmonary fibrosis-like diseases such as IPF. The British Lung Foundation has also reported an increase in the mortality rate due to lung diseases from 2008 to 2012, with the annual incidence of IPF being 4.6 per 100,000 person/year. IPF affects nearly 32,500 people in the UK in a year and is labelled as a 'silent killer' of Britain.[2,3] These intriguing observations indicate the urgency to screen and educate the dental fraternity for the presence of IPF.[1] IPF is an epithelial-driven disease whereby abnormally activated alveolar myofibroblasts secrete a large amount of extracellular matrix that remodels the lung architecture and reduces its elasticity.[1-4] It is characterized by unexplained slowly progressive dyspnoea and non-productive cough with an average survival rate of only 3–5 years.[5] Although the aetiology of IPF is unknown, exposure to certain viruses, cigarette smoking, radiations, metal and ceramic dust, dental materials like silica, polyvinyl siloxane, alginate, prophylactic paste and amalgam are known to induce respiratory inflammation and scarring in the lung. Thus, it is of paramount importance that dentist and dental auxiliary personnel adopt suitable preventive measures while handling material with known risk of respiratory/alveolar toxicity to prevent the onset of this emerging 'silent killer' known as IPF! Additionally, further research and long-term outcome based studies are required to identify the dental materials inducing IPF and evaluate their effect on the respiratory/alveolar epithelium.

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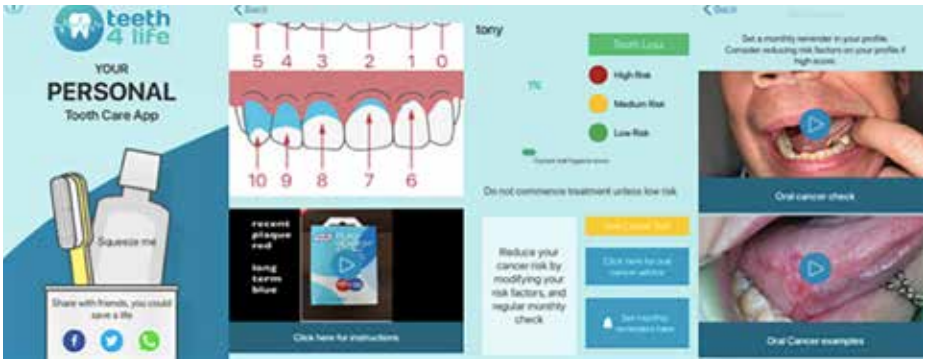
Promoting public prevention with the new teeth4life App

After over 35 years as a GDP you can't help but get a little cynical, and the announcement by a government Health Secretary regarding prevention in November and the negative comments by the opposition party has a familiar ring to it. At our level, little will change. From what little information is available with the NHS 10-year plan announced this year, and outlined by the deputy CDO in December, Dentistry is not on the agenda.

Before I retire, I want to have some positive impact despite the governing body of the day. I initially made a webpage for my patients, and my hobby gradually got out of hand. The result is the teeth4life dental App. It has a scorecard and a traffic light system for early tooth loss, a score for risk of oral cancer, a video on self-monitoring, and a section for setting the



appropriate monthly reminders for cancer as well as when to disclose your children's or your own teeth. It's an attempt to engage the 48% of adults who don't have a dentist but do have a phone, as the App can be easily distributed using social media on the front page.

Please download the App for free and view the USP of the cancer video, as it was prompted by a conversation by the stressed mother of a child with learning difficulties who took the relevant picture in the App video.

I have made the App using lean start-up or agile methodology, and what has been termed disruptive innovation, which in my case means the videos aren't perfect, but the sentiment is not far off. If we want to get lawyers off our backs, change the GDC, reduce our indemnity fee, enjoy our working day, and retain enough young dentists to look after us when we retire, we need to get the public on our side. Please 'Squeeze Me' to see the explanation for the public to use the App.

The supporting webpage for users is my original modified **care4teeth.org** with further links. The **care4teeth.co.uk** site is where you can view how the App can enhance your working day. If you want to read some excellent thought-provoking videos, go to the references section. The videos aren't mine.

The App is an attempt to help you restore some form of work-life balance to use the massive improvements in IT over the last 30 years. As Peter Drucker said, there is nothing so useless as doing something efficiently that should not be done at all. We spend more time typing when we should be working, and enable improved productivity and enjoyment.

Why can't we have the database from the GDC for all practising dentists available for the national LDC? The national LDC would then have the ability to set up a survey for all dentists on, for example, what is adequate treatment for specific procedures within the time and material constraints available. Also, dentists could then opt-in to engage with their local dental communities, advertise local courses and give support. The GDC shouldn't hide behind GDPR. Also the government of the day's ability to continue overseeing the majority of dentists by a divide and rule policy could potentially be undermined and, possibly under duress, bring in a core service. An online survey is something all dentists could engage in, for establishing what is loosely termed 'dental fitness'. We could even get CPD for it. A lot of the ambiguity that the lawyers feed off, enabled by the loose NHS guidelines, could be vastly reduced. Now that would be a bit of typing I would be keen to do.

Please download the App, try it out, and give feedback. This is an individual effort, but as a collaborative project we could engage the public to improve their oral health appropriately on smartphones, as opposed to the one envisaged 70 years ago, when NHS dentistry was invented, and which has been gradually ignored ever since.

Antony Smith BDS DPDS

Gagging Part 2 (Dent Update 2018; 45: 712 –718)

I was offered a copy of the September *Dental Update* on visiting the George Warman Stand at Dental Showcase back in October and, whilst reading through this publication on the train home, I came across the article written by Bryan Murchie of Newcastle Dental Hospital on the subject of Gagging – Part 2. As this subject is something of interest to me, I read through it, particularly the paragraph relating to Conscious Sedation – which is my area of expertise. However, I was puzzled by the reference to Figure 3 and its connection to inhalation sedation. Surely, the reader would have expected to see depicted an inhalation sedation flowmeter or something similar – the item of equipment in Figure 3 is certainly not one of those and would appear to be some form of monitoring equipment. I am aware that they have quite a number of inhalation sedation machines at Newcastle Dental Hospital, so why could not one of those be shown? This reference picture can only serve to confuse the reader.

Mrs Janet Pickles

Chairwoman, RA Medical Services Ltd

Steeton, W Yorkshire

Author's response

I understand Mrs Pickles' point of view, to an extent. The purpose of the article itself was mainly focused on an overview of the different approaches that dental professionals can consider to manage gagging, without going into the minute details of each stage. Anyone who administers conscious sedation will, of course, have had (or will have to undergo) additional training, with a complete understanding of the equipment which is required for such procedures to be undertaken.

The picture itself was not intended to teach conscious sedation *per se*; I was instead trying to stress its use and limitations for gag reflex management by drawing the reader's attention to this technique. Again, I can appreciate Mrs Pickles point of view, particularly as she has a special interest in this area, so it was probably much more apparent to her. It was good of her to bring this to my attention and it is something I shall be mindful of for future articles.

Dr Bryan Murchie

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