been found to innervate the posterior part of the mandible via the transverse cervical nerve.^{2,3} These findings possibly explain the reason for failure of inferior alveolar nerve block in many patients. Furthermore, in another study,4 supplementary injection with intra-oral cervical plexus anaesthetic technique proved to be effective in as many as 60% of the patient. These patients had mandibular molars diagnosed with irreversible pulpitis, and IANB failed to anaesthetize the offending teeth. Hence, the use of a supplementary injection to anaesthetize the branches from the cervical plexus can prove to be useful in cases where conventional IANB fails.

References

- Virdee SS. Effective pain management strategies in endodontic therapy. *Dent Update* 2016; 43: 575–587.
- Lin K, Uzbelger Feldman D, Barbe MF. Transverse cervical nerve: implications for dental anesthesia. *Clin Anat* 2013; 26: 688–692.
- Ella B, Langbour N, Caix P, Midy D, Deliac P, Burbaud P. Transverse cervical and great auricular nerve distribution in the mandibular area: a study in human cadavers. Clin Anat 2015; 28: 109–117.
- 4. Bitner DP, Uzbelger Feldman D, Axx K, Albandar JM. Description and

evaluation of an intraoral cervical plexus anesthetic technique. *Clin Anat* 2015; **28**: 608–613.

Tahir Yusuf Noorani Senior Lecturer, Conservative Dentistry Unit School of Dental Sciences University of Science, Malaysia

Dear Editor

Half a century on

It is now over 50 years since Per Ingvar Brånemark and his team first placed implants in a group of edentulous human subjects and, following the publication of his 10 year results,1 the spread of osseointegrated oral implants has been 'inexorable and exponential' around the globe. In the UK, 50% of the over 75 age group is still edentulous (Oral Health Survey 2009) with a considerable proportion of those affected being so for more than 10-20 years. In Scotland, our over 75 year-olds number around 700,000 with circa 360,000 being edentulous. If we surmized that a mere 1% were suffering with the effects of a severely resorbed ridge, then this would represent a considerable disease burden in society. The benefit that implants can provide for such cases is accepted as being considerable, as demonstrated by numerous 'quality of life' studies. Over the years many patients have been helped

in the UK by the NHS, the University teaching hospitals and, probably most prominently, by the private sector, but the numbers treated as well as the numbers who could still benefit are largely unknown.

In an attempt to assess the true need and to assist with the provision of mandibular implant overdentures, where indicated, a charity has been launched. Initially, for practical reasons, it will be geographically restricted in operation to the South East of Scotland.

Further information can be found on the charity's website: **www. dentalimplantaid.com**/

It is not impossible, but highly unlikely, that I will be around in another 50 years to observe what has been provided for this needy but eminently treatable group: we shall have to wait and see.

References

 Brånemark PI, Hansson BO, Adell R, Breine U, Lindström J, Hallén O, Ohman A. Osseointegrated implants in the treatment of the edentulous jaw. Experience from a 10-year period. Scand J Plast Reconstr Surg 1977; 16 (Suppl): 1–132.

> N Malden Semi-retired Edinburgh

December 2016 Dental Update 987