

Letters to the Editor

Behaviour management in children during COVID-19

I wish to highlight how the current COVID-19 pandemic has affected the effective behaviour management of children. Children with anxiety issues related to dentistry are usually referred to community dental services where dentists are able to spend extra time and effort acclimatizing them to dental treatment. However, owing to current changes in surgery fallow time and the fear of children being asymptomatic carriers, this has made current efforts all the more difficult.

Children tend to pick up on non-verbal communication and body language that provides reassurance and the impression of a child-friendly environment.¹ However, this is very difficult to accomplish due to enhanced PPE protocols, which may seem very strange and alien-like to children.² Voice control, which relies on the change in one's intonation to influence a child's behaviour, is also much more difficult to implement because this is easily muffled with the use of a visor and FFP3 mask.¹

The lack of social interaction due to the recent lockdowns that have restricted school attendance, meeting up with peers outside their household, as well as the encouragement to be socially distant, can have a negative impact on a child's psychological and mental wellbeing.³ This can lead to a general feeling of mistrust and wariness when meeting strangers, thus making it much more difficult for the dentist to obtain a child's trust in complying with dental treatment.

It is important that dentists adopt a calm and proactive approach and involve the child during their interactions. Empathy and support should be provided to establish some form of trust during a child's visit to the dental surgery.³ Where possible, it may be beneficial to don one's PPE while the child is watching and provide a simple explanation, as this will work as a form of systematic desensitization.²

References

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management guideline: clinical guidelines in paediatric dentistry. 2011. Available at: www.bspd.co.uk/Portals/0/Public/Files/Guidelines/Non-pharmacological%20behaviour%20management%20.pdf (accessed February 2021).

2. Al-Halabi M, Salami A, Alnuaimi E *et al*. Assessment of paediatric dental guidelines and caries management alternatives in the post Covid-19 period. A critical review and clinical recommendations. *Eur Arch Paediatr Dent*. 2020; **21**: 543–556. <https://doi.org/10.1007/s40368-020-00547-5>.
3. Acharya S, Mohanty S, Singh B *et al*. The impact of Covid-19 pandemic on children behaviour in pediatric dental clinics. *J Ment Health Psychiatr Dis* 2020; **101**: 1–6.

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A new artefact source

I would like to draw the attention of readers to a new artefact source that may start to be seen more regularly. In the current era of the COVID-19 pandemic, the uptake of wearing masks has dramatically increased, and in certain places, it is compulsory to wear one unless there is an exemption.¹

Here we see the artefact of the metal wire in a surgical mask on an orthopantomogram (OPG) in a male in his 20s who presented to A&E with bilateral mandibular angle fractures (Figure 1).

This artefact has the potential to cause confusion to the interpreter of the radiograph. With homemade and fashion masks also being available to patients, different artefact patterns may be observed by your readers. Here, I aim to highlight this as a potential artefact source.

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Reference

1. Department of Health and Social Care. Face coverings: when to wear one, exemptions and how to make your own. 2020. Available at: <https://tinyurl.com/28wyr6jp> (accessed March 2021).

In defence of the cowhorns

Responding to Adrian Curtis' interesting letter in the February issue of DU just a few things about my beloved cowhorns that I do not think I have ever used intentionally to split a tooth. Although I would consider the separation of roots of multi-rooted teeth prior to individual removal, to be the least



Figure 1. An orthopantomogram (OPG) showing a surgical mask wire artefact in a male with bilateral mandibular angle fractures.