COMMENT

Letters to the editor

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Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Israel-Gaza conflict

Personal opinions of a political nature

Sir, on 12 January 2024 you published a letter from Messrs Mahmood *et al.*[1]

I have two issues.

On the first, you published this letter with the 'due process' now required, that is a list of references, the subject matter of which had no clinical content.

On the second, the letter merely expressed personal opinions of a political nature, which I happen not to agree with.

My question is what is the point of the due process and references? Or is it instead the case that some personal opinions are worthy and others not?

H. Stean, London, UK

References

1. Mahmood S, Momin P. Call to dental colleagues. *Br Dent J* 2024; **236:** 12.

https://doi.org/10.1038/s41415-024-7350-7

Special care dentistry

Lateral oblique quality

Sir, the FGDP Selection for Dental Radiography guidelines[1] state that 95% of digital radiographs should be diagnostically acceptable (DA) allowing for 5% being unacceptable.

Whilst this may be feasible in general practice, working in special care dentistry poses its own challenges. Many of the patients have additional needs. Thus, taking radiographs is extremely challenging particularly if the aim is for 95% of them to be of acceptable quality.

This is particularly true of lateral obliques. These are the 'last resort' radiographs taken for the patients with the poorest cooperation, often with a carer/family member clinically holding the patient to help with quality of the radiograph. These radiographs are of great use when it comes to planning a general anaesthetic.[2]

A recent audit in our service looked at a sample of OPGs and lateral obliques taken over a one-year period. The percentage of diagnostically acceptable lateral obliques was 80%. This is lower than the FGDP guidelines; however, given the patient factors we would argue this is acceptable.

When setting standards for audit, it is important to recognise that standards need to be achievable as well as aspirational, across the dental specialities. This is particularly true for special care dentistry where the patients may struggle with cooperation.

A. Ali, M. Jinadasa, R. Emmanuel, Haywards Heath, UK

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1. Horner K, Eaton K A. *Selection criteria for dental radiography.* London: FGDP(UK), 2018.
2. Whaites E, Drage N. *Essentials of dental radiography and radiology.* Edinburgh: Elsevier, 2021.

https://doi.org/10.1038/s41415-024-7358-z

Coronavirus

COVID-19 redeployment reflections

Sir, the Royal London Hospital was one of the largest COVID-19 hubs across the UK and in December 2020 elective dentistry was reduced to allow reallocation of dental staff to departments where the hospital required most help. Restorative and oral and maxillofacial surgery dental core trainees (DCTs) were amongst the first cohort of staff to be redeployed, many as nurses, healthcare assistants or as junior doctors to help in both Intensive Care Units (ICUs) and COVID-19 ICUs.

As one of this cohort, I was redeployed as a junior doctor and it was definitely a steep learning curve especially on the crash call team. Dealing with life and death was a situation that as a dentist, I had never envisioned I would be in; however, I was able to hone the skills that I had learnt during dental school. My fellow DCTs redeployed as junior doctors worked closely with consultants and registrars and our duties included involvement in daily handover meetings, having multi-disciplinary meetings with other medical profession teams (such as radiology and microbiology), and supporting with crash calls.

Looking back, the experience was invaluable as I became more confident with working under pressure and within a wider team where I was able to identify a deteriorating patient to successfully start emergency medicine. During BDS training and yearly BLS (Basic Life Support) training, we learn skills that can support and equip us to handle medical emergencies, which ensure patient safety. However, my experience in emergency medicine gave me more confidence to deal with medical emergencies should they arise. It poses the question: should a placement within emergency medicine be compulsory during dental school? I would urge dental students and clinicians currently undertaking hospital placements to shadow A&E doctors; it is such an invaluable experience which altogether makes one a more confident and well-rounded dental practitioner.

N. Bhamra, Kent, UK

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Artificial intelligence

Skin cancer and AI

Sir, I write further to the *BDJ* paper highlighting the critical role that general dentists play in diagnosing skin cancer (SC), particularly in the head and neck area, during routine dental check-ups.[1]

Fortunately, advances in artificial intelligence (AI) have led to the development

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of algorithms that are specifically designed for SC detection. Some of these are now accessible through mobile applications, making them available to health care providers. By simply capturing pictures of suspicious skin lesions using a smartphone, these apps can classify them as either high- or low-risk for skin cancer.[2] Considering the importance of early detection in the fight against SC, the integration of an AI-based smartphone application could be highly beneficial.

With the involvement of an AI-driven app in their regular check-ups, dentists can promptly detect suspicious skin lesions, leading to earlier referrals and improved patient outcomes. This approach not only improves patient experience but also alleviates the workload of manual skin examinations, allowing dentists to dedicate more attention to their primary responsibilities while simultaneously providing additional healthcare support to patients through AI technology.

E. Veseli, Pristina, Kosovo

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https://doi.org/10.1038/s41415-024-7364-1

Orthodontics

Biodegradable clear aligners

Sir, I read with great interest the letter on recyclable clear aligners published on 11 March 2024.[1] While recycling clear aligners seems to be the need of the hour due to the adverse impact on the environment, there are alternatives to recycling, such as using biodegradable aligner sheets. While looking for BPA-free aligner materials and recyclable options, we came across some compostable and completely biodegradable materials. Interestingly, these materials are claimed to be more flexible and stronger than their commercially available counterparts and offer the same clarity levels.[2] However, these must be researched to determine whether they are viable alternatives to the currently available plastic aligners.

The major brands have increased their efforts in recycling, but there is such a huge plastic burden on our environment that a lot needs to be done to make a definite change.[3] We need to reduce the use of PVS impressions and plastic trays and move to direct printed aligners.[4] Many more such areas need to be focused on to help reduce waste from used and unused clear aligners in our environment.

A. Marya, Phnom Penh, Cambodia; H. Viet, Ho Chi Minh City, Vietnam

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3. Stacey S. Aligner sustainability: No clear fit: Align Technology responds. *BDJ In Pract* 2023; **36:** 6.
4. Marya A, Venugopal A, Vaid N, Alam M K, Karobari M I. Essential attributes of clear aligner therapy in terms of appliance configuration, hygiene, and pain levels during the pandemic: a brief review. *Pain Res Manag* 2020; doi: 10.1155/2020/6677929.

https://doi.org/10.1038/s41415-024-7361-4

Global dentistry

Promoting informed choices: navigating global dental care challenges

Sir, we acknowledge the recent article that discussed a patient's challenging experience with a dental implant received during a visit to India, as documented by S. Mumtaz *et al.*[1] Our sympathies are with the patient who underwent a difficult ordeal and required additional treatment upon returning to the UK. The NHS faces significant challenges, exacerbated by post-pandemic economic factors like inflation and increased costs. Consequently, some individuals may consider seeking dental treatment elsewhere. We understand the tough decisions patients must make regarding their dental care in light of these circumstances.

While sympathising with the challenges faced by the patient, it is crucial to recognise that the outcome described may be attributed to the choice of a less-experienced practitioner rather than the geographical location of the treatment. It is unfortunate that the patient faced complications, but it's important to acknowledge the presence of well-qualified dental specialists in India who undergo rigorous training and adhere to international standards. Blaming solely the choice of destination may inadvertently perpetuate a stereotype that all overseas dental practitioners lack the necessary expertise. Moreover, globalisation has facilitated the exchange of knowledge, and many dental professionals worldwide have received extensive training and education in advanced dental procedures, including implantology. Patients opting for dental tourism should prioritise thorough research and select practitioners with recognised qualifications and positive reviews.

While the letter aptly emphasises the need for improved oversight in dental tourism, it is equally important to foster a collaborative approach that acknowledges the global competence of dental professionals. The emphasis should be on raising awareness about the importance of selecting experienced and qualified practitioners, regardless of the geographical location. Therefore, let us approach this issue with nuance, recognising that the incident described may be attributed to the choice of a less-experienced practitioner rather than implicating the capabilities of the entire dental community in a particular region.

N. A. Sudharson, P. Lister, N. Gupta, Ludhiana, India; M. Sharma, West Bengal, India

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1. Mumtaz S, Singh Dubb S, Camilleri A. Backstreet implantology. *Br Dent J* 2024; **236:** 229.

https://doi.org/10.1038/s41415-024-7362-3

Oral health

Oral health and diabetes updates

Sir, in a recent review of the literature on the reciprocal relationship between oral health and diabetes, Harcke *et al.* found a two-way link between type 2 diabetes and poor oral health.[1] Rodríguez-Fonseca *et al.* revealed a higher rate of prediabetes in patients with oral lichen planus (OLP) compared to controls.[2] Their study of 275 patients, showed prediabetes as more common in OLP patients, especially those over 60 years old and those with more than three affected sites. They suggest that regular glucose testing could help manage potential complications.

Gibson *et al.* investigated over 213,000 participants and found that poor oral health, such as having fewer teeth and poor gum health, was associated with an increased risk of developing diabetes.[3] Their study suggested the potential value of oral health screening in diabetes prevention. Hessain

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