

Letters to the editor

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Rare conditions

Giant cell arteritis

Sir, giant cell arteritis (GCA) is a condition which may result in blindness in one or both eyes, may result in a cerebrovascular accident, and which may be initially presented to the dentist. In two recent medico-legal cases in which a dentist was the first port of call for jaw pain, both patients went on to lose vision when early intervention with systemic glucocorticoids (steroids) may have prevented permanent vision loss. There have been previous case reports describing GCA following presentation to the dentist with jaw or facial pain.^{1,2}

The temporalis and the masseter are the main muscles of mastication. These are nourished by branches of the superficial temporal and the maxillary artery. Inflammation of those arteries causing narrowing of the lumen will result in the typical claudicant pain experienced by those suffering with GCA. Blindness occurs because of inflammation and narrowing or occlusion of the ophthalmic artery or its branches. In a recent British study of clinical features of GCA, 143/318 (45%) had pain or difficulty in chewing and 59/318 (19%) had complained of a toothache. This may mean that potentially half of those with GCA may seek the attention of their GDP.³

Although commonly presenting with symptoms that may be confused with local oral or dental issues, GCA is a rare condition with an annual incidence of 2.2/10,000 in the UK, which may add to the problem of early recognition.⁴ In addition, dental practices may have established referral pathways with the maxillofacial surgery department, but not with the ophthalmology or rheumatology departments, further complicating the process of referral to secondary care. We believe that GCA should be a topic in continuing

professional development programmes for dental practitioners to assist early diagnosis of this potentially devastating disease.

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Vocational training Extended in Scotland

Sir, vocational training in Scotland has been extended by an additional year in light of the impacts of the ongoing COVID-19 pandemic. The decision was taken to ensure trainees gained sufficient clinical exposure and were competent in general practice outwith the restrictions currently imposed such as fallow times and reduced patient footfall. This contrasts with foundation trainees in England, Wales and Northern Ireland who are on track to complete their year as planned in August 2021 and proceed to take up either associate or dental core training posts.

Similarly, Scottish undergraduate dentistry courses have been extended by a further year; another point which has not been consistent across UK dental schools. It is thought provoking to see the significant differences in the approach to the length of training between the nations given that the clinical experience of all foundation dentists and students across the United Kingdom

has been negatively impacted. Across the UK, many foundation dentists were assisting other dentists for an initial portion of their training with others being very limited in the number of AGPs that they could carry out, even to the current day. It will be interesting to see if those in Scotland who remain in vocational training for a further year will have increased clinical confidence and competence as a result.

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Systemic health

Obesity: a growing problem

Sir, the obesity crisis within the UK, particularly in Scotland, has drawn large media coverage over the last decade. The World Health Organisation has identified obesity as a chronic disease.¹ Those with an increased Body Mass Index (BMI) often suffer from a range of comorbidities including heart disease, hypertension, diabetes and more recently have been shown to have poorer outcomes following COVID-19.^{2,3} Dentists are knowledgeable regarding the oral consequences of these conditions, alongside the effects upon general health.

The impact of lockdown upon obesity cannot be ignored. Following a reduction in dental provision many patients have required re-assessment for dental procedures, in particular conscious sedation. Safe sedation within the dental setting is recommended for those with a BMI <35kg/m². Reassessment has highlighted an increasing number of patients around or above this threshold, who prior to the lockdown period, were assessed suitable for dental-setting sedation. Assessment also identifies other parameters of significance: hypertension or reduced oxygen saturations, alongside anatomical complicating factors, such as airway management.³