disorders, wetting the bed or a number of other conditions, which it has been suggested malocclusion can cause.

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RETRACTED ARTICLE: A threat to scientific integrity

On 11 August 2023, the *British Dental Journal* published a letter online and in hardcopy, entitled 'A threat to scientific integrity'. We hereby retract the article because legal concerns were raised to the Publisher. The *British Dental Journal* takes no position with respect to the contents of this letter and this retraction is in agreement with the author of this letter. This letter has been removed from the online version of the *British Dental Journal*.

Oral health

SDF in radiation-induced caries

Sir, following the paper by Goh *et al.*,[1] we would like to suggest that silver diamine fluoride (SDF) application before undergoing radiotherapy can be beneficial in preventing radiation-induced dental caries.

Radiation-induced dental caries is a complex disease, which differs from conventional dental caries because of its capacity to rapidly compromise dentine, its sudden progression and effects on surfaces like tips of the cusps and smooth surfaces that are not usually affected by caries.[2] SDF was found to be more effective in radiation-induced caries because it hinders dentine collagen degradation by forming CaF_2, Ag_3PO_4, and NH_4OH, which interacts with dentine hydroxyapatite, forming fluroapatite and leading to an acid-resistant environment. Studies have reported that SDF will prevent the formation of root caries.[2,3]

Considering the prevalence of head and neck carcinoma and the side effects of radiotherapy, it is advised to prevent the formation of dental caries and in turn improve the quality of life of the patients. SDF application prior to radiotherapy not only prevents the formation of new caries but also arrests the old caries' progression, especially from the interdental and root surfaces where access will be limited to diagnosis and for restorative treatment.

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Risk literacy

Increasing awareness of risk literacy

Sir, risk literacy refers to 'the ability to accurately interpret and act on information about risk'.[1] A systematic review[2] of clinicians' expectations of benefits and harms of treatments, screening, and tests found 'clinicians more often underestimated rather than overestimated harms and overestimated rather than underestimated benefits'. The importance of risk literacy in medical decision-making[3] has been recognised.

Risk literacy may also be of concern for dentists as seen in the following instance. An expert consensus panel[4] recommended proximal carious lesions confined to enamel did not require restorative intervention. Some dentists[5] determine need for restorations for proximal carious lesions confined to enamel of permanent teeth even in individuals with low caries activity. Risk literacy is one

attribute likely different between dentists who provide restorative intervention for proximal carious lesions confined to enamel and those who provide non-invasive management and includes:

a. Risk numeracy – recognising number of cavitated proximal carious lesions in enamel (10%)[6]
b. Recognising future need for replacement restorations[7]
c. Recognising potential adverse events related to restorative process (eg bur injury to adjacent tooth).

It is important to 'recognise the enormous difference between a disease that presents clinically and "the same" disease that is found only because we have decided to search for it'.[8]

Dentists may benefit from assessment of risk literacy and may examine the Berlin Numeracy Test[1] (http://www.riskliteracy.org) used to assess risk literacy of physicians.[9] Select risk literacy resources include:

- Harding Center for Risk Literacy (https://www.hardingcenter.de/en)
- University of Cambridge's Winton Centre for Risk and Evidence Communication (https://wintoncentre.maths.cam.ac.uk/).

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Dental pathology

An odyssey of odontogenic aberrations

Sir, consequent to the publication of 'Ghost teeth' by S. Simon and L. Kneafsey,[1] no other human tissues evince a wider spectrum of aberrant pathology than the tumours of dental tissues. Hence, ameloblasts produce adamantinomas and ameloblastomas; odontoblasts produce dentinomas and cementomas can arise from cementoblasts. The dental pulp tissue is susceptible to tumorigeneses of the layers of blood vessels of arterioles, venules and capillaries contained within the pulp chamber of teeth and the occurrence of condensed dental tissue pulp stones!

No wonder that dental pathology exists as a separate specialty within the diverse spectral practices of periodontics, endodontics and operative surgical performances within the dental profession.

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