Dear reader,

As you might already have noticed, this issue of Dental Tribune Asia Pacific is dedicated to the topics of practice hygiene and infection control. In compiling the material, we have aimed to provide not only an overview of all the current issues in this field but also recommendations on updating your hygiene routine to prevent cross-infections in your own practice.

With more patients seeing their dentist than their regular GP, the dental profession is and will remain at the forefront of every new major outbreak. Although a cliché, it is the little things that really make a difference. Most preventative measures do not require the investment of much extra effort or money if they are practised on a daily basis.

I wish you an enjoyable and insightful read.

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

Dental Tribune welcomes comments, suggestions and complaints at newsroom@dental-tribune.com. For quick access to update our contact form, you may also scan the following QR code.

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The world is very small

Dr Raghu Puttaiah
USA

The Middle East Respiratory Syndrome (MERS) is a respiratory condition associated with a specific strain of coronavirus called MERS-CoV. The clinical scenario includes severe respiratory illness, fever, cough and shortness of breath, leading to death in about a third of those infected. While MERS was first reported in 2012 on the Arabian Peninsula, cases have now been reported in over three dozen countries, spanning Asia, Europe and North America. While this disease has been noted to spread from those infected to their caregivers or those living in close contact, it has not yet been found to spread in community settings as seen during the severe acute respiratory syndrome (SARS) outbreak in Asia that saw over 8,000 people infected, resulting in about 9 per cent mortality. Only two cases have been detected in the US, both of whom had a recent history of travel to Saudi Arabia.

The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) are concerned about the potential of MERS to spread globally and therefore are providing information and control measures similar to those provided during the SARS and influenza A (H1N1) outbreaks. With respect to dentistry, if there is a vaccine available for any infectious disease of public health concern, we must take it before it affects us. With regard to infection control, if we as dental care providers feel ill or feel that we are about to fall ill, we must not go to work but stay away from people, including co-workers and patients, until the symptoms resolve. We should also inform patients prior to their appointment that, if they are not feeling well, they should reschedule the appointment.

Basic infection control measures, such as frequent handwashing, wearing a mask, and following standard and additional precautions, the last being specific to MERS, must be adhered to strictly. The world is very small with respect to travel and the spread of disease from one continent to another can happen within a day. Keeping abreast with rapidly changing information on diseases such as MERS from reliable sources, such as the CDC, WHO, Association for Professionals in Infection Control and Epidemiology, and Organization for Safety, Asepsis and Prevention, is necessary for the dental team.

It is not dirty teeth

Prof. A.K. Susheela
India

India is currently facing a serious health crisis due to fluoride toxicity, particularly in children. Besides the major forms of fluorosis that affect teeth, bones and soft tissue, the disease has several other ramifications, such as interfering with thyroid hormone production. It has also been found to contribute extensively to mental retardation and bone deformities. Moreover, it can hamper oral iron absorption and haemoglobin production in pregnant women, resulting in low birth weight in babies.

Overtly visible dental fluorosis is the easiest way to identify excess fluoride ingestion. In the mild, moderate and severe forms, the accompanying discolouration extends away from the gingivae, is bilaterally symmetrical and horizontally aligned. Often, however, discolouration on the enamel surface is still misdiagnosed as dirty teeth. While the Dean and Thylstrup- Fejerskov indices are available for fluorosis classification, simpler criteria that are easy to understand could help to address misdiagnosis.

Determining such criteria could also form a good academic exercise for students of dentistry and medicine.