However, where there is no clear demarcation between the roots of adjacent teeth, concrescence is a possibility that should be considered during treatment planning, whether extraction, endodontics or periodontal therapy is being considered.[2]

A. Alshawaf, Canterbury

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DOI: 10.1038/sj.bdj.2013.438

ANTICOAGULANT GUIDELINES

Sir, we write further to previous correspondence relating to the dental management of patients who are taking anticoagulant drugs and the lack of relevant guidance for dental practitioners.[1-3] We offer the following observations based upon arrangements in our region.

In early 2012, it became clear that the drugs rivaroxaban (Xarelto) and dabigatran etexilate (Pradaxa) would be more widely prescribed in Tayside for patients living in the community than had previously been the case. It was also clear that dental practitioners, in both community and hospital settings, would have little prior knowledge of these drugs and their potential impact on the provision of dental care. A guideline for local use within the NHS Tayside Health Board Area was therefore drawn up[4] to outline the principles of patient management to be adopted for any dental patient who is taking either of the drugs mentioned above. For ease of use by all dental practitioners, the guidance also incorporates information relating to the coumarins and to anti-platelet medications.

The guidance was compiled by a community based senior dental officer who is on the GDC specialist list for special care dentistry, with input from community and hospital-based colleagues on specialist lists in special care dentistry, oral surgery and oral and maxillofacial surgery. Medical expertise and input was provided by locally-based consultant colleagues in cardiology and haematology.

Our guidance suggests that an atraumatic extraction technique, with a limit of 3-4 teeth being extracted at any one visit, supplemented by local haemostatic measures (sutures, haemostat packs and locally applied pressure) at the time of extraction will allow safe treatment for these patients in a general or community dental practice environment. For coumarin drugs standard advice on pre-operative checking of the INR to ensure a level of <4 is advised. No pre-operative blood testing or dose adjustment is recommended for rivaroxaban or dabigatran.

Advice is also given with regard to the medical conditions which should prompt the dentist to seek advice from a senior dental or medical colleague before a dental procedure likely to cause a haemorrhage is undertaken. These conditions include patients with a recently placed stent, liver or renal impairment, alcohol problems and patients taking cytotoxic drugs or who have any underlying defect of their physiological clotting mechanisms.

In our locality we have been using these drugs (predominantly rivaroxaban) instead of warfarin for selected individuals with atrial fibrillation and for new patients presenting with deep vein thrombosis over the past year and no problems have been reported in relation to the implementation of the principles outlined in the guidance. From our experience, it would seem that those patients with uncomplicated medical histories can be safely treated in general dental practice.

R. Kerr, G. Ogden, Dundee
G. Sime, Perth

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DOI: 10.1038/sj.bdj.2013.439

ENGAGING FULLY

Sir, M. Mew's letter *Risking our legitimacy* (*BDJ* 2013; **214:** 143) concerning the aetiology of malocclusion gave views also previously expressed by John Mew. Mike challenges the British Orthodontic Society to engage in a debate on this complex issue, suggesting reluctance on our part to do so.

However:

- In the mid 1990s John Mew was invited to and spoke at a symposium organised by the University of Manchester; his views were listened to and debated
- He also spoke at a seminar at the University of Manchester and his views were debated further. Shortly after this, Professor Kevin O'Brien made an offer to John Mew to provide research support to evaluate the effectiveness of the treatment that John was promoting. Unfortunately, John did not take up that offer
- David DiBiase, Consultant Orthodontist, had a debate with him in Sydney, Australia, at the request of the Australian Orthodontic Society in February 1994
- A further debate took place on 3 November 2005 and was held at Elland Road in Leeds. This debate was entitled 'Traditional orthodontics ruins faces'. The argument was proposed by John Mew and opposed by Simon Littlewood with Professor Bill Shaw as chair. A report of the debate was published in the *BDJ* in 2006 (*BDJ* 2006; **201:** 243–244)
- John and Michael Mew presented for a day at the BOS offices for all the UK orthodontic postgraduates in 2007.

We believe that the British Orthodontic Society has engaged fully in debate on the issues raised, contrary to the opinion of Mike Mew.

S. Rudge
Honorary Secretary,
British Orthodontic Society

DOI: 10.1038/sj.bdj.2013.440

HATCHING A SMILE

Sir, I thought your readers might find this interesting. Whilst visiting a local garden centre, I came across some rather unusual garden decorations (Figs 1-2). I was wondering quite who might want such things in their garden; perhaps these are modern day scarecrows influenced by an experience of dentistry?

Both stones seem to be 'hatching' a smile and perhaps the rudest has been influenced by a Rolling Stones album cover? (Although these stones were still!)