Endodontics

Reciprocating rotation kinematics

Sir, we read with interest the paper from Campbell *et al.*[1] reviewing developments in nickel-titanium (NiTi) endodontic instruments. Noteworthy points in Table 2 include non-disclosed angular kinematic parameters of complex reciprocating rotation movements by manufacturers for the single-file shaping systems with no citation.[1] In Table 2, 170° counter-clockwise (CCW)/50° clockwise (CW) reciprocation was given for Reciproc (Original or Blue versions; VDW GmbH, Munich, Germany) and 150° CCW/30° CW rotations were pointed for WaveOne instruments (Original or Gold versions; Dentsply-Sirona, Ballaigues, Switzerland), respectively.[1] However, these angular kinematics are not available publicly nor officially disclosed by the manufacturers. Recently, the actual kinematic values of these two systems have been reported[2,3,4,5] although there is no agreement between these and the values shown by Campbell *et al.*[1]

Asymmetrical reciprocating motion kinematics of single-file shaping systems have been analysed with similar methodologies in recent studies.[2,3,4,5,6] Reciprocating rotation consists of complex time-velocity phases of motion as having acceleration and deceleration inclinations with standstill (stop and changing directions) phases.[2,3,4,5] Angular speed is not constant and angular distances arbitrary changes.[3,4] Furthermore, loading or motor types have been shown to affect the kinematics of reciprocation rotation.[4,5]

The actual kinematics of reciprocating rotation could have been given for each system with evidence-based data in the literature. We believe that this evidence-based approach would better serve the aim of the review paper published in 2021.[1] If the reported mismatched kinematics are derived from the literature by Campbell *et al.*,[1] they cannot be acknowledged unless they analyse the kinematics of complex parameters of reciprocating motion.[2,3,4,5,6] Subsequent to your considerations, we hope that the above-mentioned mythic kinematic values regarding the asymmetrical reciprocating rotation may be excluded from the published paper or may be replaced with the appropriate data in a corrigenda version.

The authors declare that they have no conflict of interest. The authors have stated explicitly that there are no conflicts of interest or financial interest in connection with Nickel-Titanium instrument manufacturing-related products. The authors declare that there is no expectation of a response to this letter from Campbell et al.[1]

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The authors of the paper cited were invited to comment.

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Community dentistry

Oral healthcare for displaced communities

Sir, the WHO published its first *World report on the health of refugees and migrants* in July 2022. The report highlights that one in eight people globally are migrants and that their health and wellbeing are impacted by sub-optimal education, income, housing and access to services, compounded by linguistic, cultural, legal and other barriers. The WHO has urged governments to provide accessible healthcare services for migrants and refugees that are sensitive to their needs in order to achieve the health-related Sustainable Development Goals for these populations.[1]

The report says that refugees and migrants have the potential to help economic and social transformation, citing examples such as the contributions of refugee and migrant healthcare workers during the COVID-19 pandemic, and evidence from the OECD showing that in some countries as many as half of doctors or nurses are foreign-born.[1]

The oral health of displaced communities remains a neglected health issue, and this must change. To address the oral health needs for people on the move, the FDI World Dental Federation has recently joined forces with *Lancet Migration* to develop a policy brief which sheds light on the urgent need for action to reduce oral health inequalities among this particular group and provides key recommendations through its call to action.[2] Its key call to action includes increasing adequate epidemiological surveillance systems, oral health education, access to care and digital technologies.

The British Association for the Study of Community Dentistry (BASCD) has organised an Autumn Scientific Meeting in London on 10 November 2022. The conference theme is 'A Place to Call Home: Rescue or Repair'. It continues the topic of inclusion oral health which was highlighted during the Summer Scientific Meeting held in Glasgow in June 2022. The Autumn Scientific Meeting will look at the response in providing dental care to two vulnerable groups in our society and the morning session will focus on asylum seekers and refugees. Details of the conference programme, abstracts submission and registration are available at: https://bascd-events.co.uk and more details of the Keith Woods Essay Competition are available at: https://www.bascd.org/keith-woods-essay-competition-2022.

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Dental traditions

Turkish dental folklore

Sir, while researching an article recently published, I came across *BDJ* covers published in 2016 and related information.[1]

Svanberg's extensive study of dental folklore states that there are similar farewell rituals in a wide geographical area including the Balkans, Anatolia, Turkic Republics and Arab countries, and that the teeth are thrown onto the roof or to the sun or placed into a rat hole with wishes and requests.[2] One of the *BDJ* covers illustrates a child burying his tooth in the ground.[3] According to the accompanying explanation, in Turkish tradition, the lost primary tooth is buried in the garden of the place where the child is expected to be in their future career. This information does not coincide with the results of authentic folklore studies carried out in Türkiye. In Turkish culture, instead of being

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buried in the ground, the fallen milk teeth are thrown to the roof of the house along with wish rhymes. Another error in the explanation of the *BDJ's* cover picture is about the relationship between a child's career and the buried tooth. In Turkish tradition, the baby's umbilical cord is buried in the ground and plays a role in determining the child's future career.[4] In Turkish culture, the rituals to determine future profession also involve the teeth. However, it is not practised when the milk teeth are shedding but as a part of the welcoming ritual when a baby's first teeth are erupting.[1]

Considering that this practice is well-established in Turkish culture, further investigation is needed to clarify why such a different representation exists in the foreign literature.

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Evidence-based dentistry

Social media clinical content

Sir, social media has undoubtedly enhanced access to resources and provided a platform to share knowledge and clinical experiences. This has several advantages, including collaboration between and learning from peers, regardless of their location. However, the lack of standards for quality and evidence base for the shared clinical contents on social media could result in sub-standard treatments being carried out by other practitioners if such contents are not validated prior to implementation. This, therefore, may put patients at risk.

The GDC has issued guidance for social media to ensure patients' confidentiality, privacy and professional standards are maintained. However, there is no guidance or set of standards for the quality, validity and evidence base for clinical contents shared on social media.

The GDC and/or Dental Faculties can set mandatory criteria for sharing clinical contents on social media to enable users to validate the contents prior to employing them in their daily practice. For instance, a grading system similar to GRADE[1] – where certainty of evidence is graded as very low, low, moderate or high – or a traffic light system can be developed and introduced. Dental practitioners then have to indicate the grading quality or certainty of evidence and strength of recommendations for a treatment protocol that they used for their cases and/or promote. This will not only further promote evidence-based practice, but also ensures that practitioners are able to validate the quality of evidence prior to employing a treatment protocol.

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