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Re: Acellular dermal regenerative matrix material “IntegraTM” as an adjunct for radial forearm free flap donor site closure

Sir,

The use of acellular dermal matrices as described by Pilkington and Bhatia¹ might be of clinical relevance and of interest in covering radial free forearm flap donor sites. As a possible advantage, acellular dermal matrices, such as those of bovine or porcine origin, could preclude the need for an additional donor site for harvesting full or split thickness autogenous skin grafts. This might reduce the operating time and prevent donor site morbidities that could be associated with a discomfort for the patient. Also, acellular dermal matrices are available in large numbers. In contrast, some patients will not accept – for different reasons – the use of bovine or in generally xenogeneic scaffolds, and so it is particularly important to educate people about their usefulness,

For the clinician, it might be of special interest whether the bovine scaffold used is completely integrated in the regenerating and renewed skin on the radial donor site, or whether it serves more as a preferred wound dressing.

We hope that in the future, Pilkington and Bhatia can extend their case numbers and their clinical experience with the acellular dermal matrix they have reported. The ability to cover radial free forearm flap donor site might be of considerable interest for further reviews and meta-analyses that are much needed in our field of surgery.

Ethics statement/confirmation of patients' permission

Not applicable.

Conflict of interest

We have no conflicts of interest.

Reference

1. Pilkington JJ, Bhatia SK. Acellular dermal regenerative matrix material “IntegraTM” as an adjunct for radial forearm free flap donor site closure. *Br J Oral Maxillofac Surg* 2020 (In press).

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The rapid development of an urgent dental care hub in an oral surgery unit—key learning points

Sir,

We would like to bring to the attention of your readers working in Oral Surgery and Oral and Maxillofacial Surgery units some of the salient lessons we have learnt whilst establishing and developing an urgent dental care hub at King's College Hospital in response to the COVID-19 crisis.

King's College Dental Institute was in the fortunate position of having an established telephone triage and appointment booking service for its existing “Acute Dental Care” service. At the time that our outpatient and elective operating activities were cancelled, the unit became inundated with calls from patients from across Greater London, the home counties, and as far as the south coast seeking urgent dental treatment as their local dental services began to close down.

In order to prioritise clinically urgent cases and to ensure social distancing Consultant-led telephone triage was introduced. A strict triaging process was adopted so that only those with genuine dental emergencies such as acute orofacial infections, severe uncontrolled pain, dental trauma, and uncontrolled bleeding were given appointments; these were usually on the same or next day. “COVID-19 screening” was incorporated into the telephone triage call, this allowed patients to be categorised into one of three streams: “COVID-19 Asymptomatic”, “COVID-19 Symptomatic” or “Vulnerable”. The latter group included those with medical comorbidities, the over 70s, and pregnant

patients, whom we wished to isolate from other patients, should they be booked an appointment.

The appointments for booked patients were spread throughout the day and we developed a new COVID-19 period standard operating procedure for use across the Dental Institute. The only treatment we currently provide are dental extraction, and pulpotomy. Both are carried out in closed surgeries using PPE recommended in BAOMS/BAOS guidance¹ by FFP3 mask fit-tested staff. Members of our team are assigned appropriate roles including telephone advice and triage, patient assessment in Acute Dental Care, and operating within the Oral Surgery department.

Now into week 4 of our COVID-19 urgent dental care service, we have received calls from up to 290 patients a day, there are a number of repeat callers who contact us again having failed to secure dental care in their locality as we advised. Whilst many GDP's are taking calls, providing advice and prescriptions where appropriate this is not universally the case. There is a clear need for more Urgent Dental Care Hubs to become operational with immediate effect.

Ethics statement/confirmation of patients' permission

Not applicable.

Conflict of interest

We have no conflicts of interest.

Reference

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Perils of intermaxillary fixation screws

Sir,

Intermaxillary fixation (IMF) screws, typically self-tapping, are easy and quick to use, seemingly safe, are compatible with plating systems, reduce buccal and gingival tissue trauma and are used to assist with open reduction and internal fixation (ORIF) of fractured mandibles.¹ However, there is limited literature on complications that may arise with their use.²

Hashemi and Parhiz³ studied 373 screws in 73 patients and found that 6.5% of screws damaged dental roots, of which 13 teeth required further treatment or extraction. Coburn et al⁴ described complications in their 122 patient study including fracture of screws upon insertion and iatrogenic damage to teeth.

Of the complications noted, firstly, we further report the risk of root damage as shown in the panoramic radiograph (OPT) following ORIF (Fig. 1). We have also experienced failure at the IMF screw head-thread junction as in Fig. 2, a complication also reported by Holmes² and Coburn.⁴ Farr⁵ postulated that screw fracture at this junction might be created by the screw being placed partly into root dentine which would then require more force to insert the screw due to greater resistance, whilst this is a view that we share, we also propose that there can be, on occasion, mechanical weaknesses or faults at this junction. This unplanned separation may result in delays due to difficult intraoperative retrieval (if possible without further damage). The complications described have become more pertinent in the present climate, with greater reliance on IMF.

To avoid the problems outlined with IMF screws an alternative, in the form of MatrixWAVE™ MMF System, may be considered. This procedure can be performed under local anaesthetic. As compared to traditional wire fixation of an arch bar, the MatrixWAVE™ MMF System uses a modified arch bar, which is secured with screw fixation. It also uses shorter self-tapping screws compared to IMF screws, because there are more placed across the arch. Lastly, when securing the MatrixWAVE™ MMF System screws, they are not inserted up to the screw head-thread junction, thus allowing more space for wire and elastics to be applied on to these, as well as the cleats on the arch bar, so allowing a more even and accurate distribution of force.

In the current COVID-19 crisis, we are faced with difficult decision making where advice from health care bodies is to avoid 'Aerosol Generating Procedures' (AGP) where possible (such as drilling), along with limited theatre availability and usage. Avoiding AGP may help avoid general anaesthetic/intubation, hospital admission and exposure to