

healthcare professional. The same obligations apply to any notes made by the clinician that explain and justify the decisions made during the consultation, regardless of it being provided face to face or remotely. At all times, there is a need to keep the patients' information secure, whether the records are held on paper or electronically.² This is already a familiar requirement of the dental practice environment that is normally facilitated by the use of commercial practice management software.

Security in the practice might involve encryption or password protection for documents stored on or sent from a computer. Remote consultations conducted from a dentist's normal practice allows the clinician to securely update the patient's record at the time of the consultation. Working from a remote location might require the clinician to make written notes which are subsequently transferred to the patient's electronic record held on the practice server. Unless remote access to the practice server has been organised, any written notes will require safe storage and/or anonymisation until they can be transferred manually at a later date.

The variety of available practice management software in use and the design of surgery networks as well as choices for cloud storage, means that practice owners should take professional advice from commercial providers to review the systems employed in running their business to ensure that they meet the principles adopted by the GDC for good practice in remote consultations and prescribing.

The use of teledentistry and remote working has been accelerated by the current pandemic and is likely to have a role in the future provision of dental services. By embracing the modifications adopted to stop the spread of disease, we also help to future-proof the business of dentistry since it is unlikely that COVID-19 will be the last pandemic we will experience.

References

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<https://doi.org/10.1038/s41415-020-2414-9>

A radiological conundrum



Fig. 1 Post-operative posterior-anterior (PA) mandible radiograph – nine months following bi-maxillary osteotomy and advancement genioplasty

Sir, a 19-year-old male patient was reviewed in our maxillofacial outpatient clinic nine months following a bi-maxillary osteotomy with advancement genioplasty. His only complaint was a clicking sensation below his nose, ongoing for one month. No abnormalities were found on clinical examination, along with a good result for facial profile and occlusion of teeth.

Although post-operative dental panoramic tomogram (DPT) and posterior-anterior mandible (PA mandible) radiographs had been taken the day after surgery, a repeat DPT and PA mandible were taken to assess the maxillofacial plating and bone to ensure fixation had remained adequate. As can be seen in Figure 1, a horizontal radiopaque line was detected in the Le Fort I osteotomy surgical site, traversing the mid-face titanium mini-plates. This abnormality was not

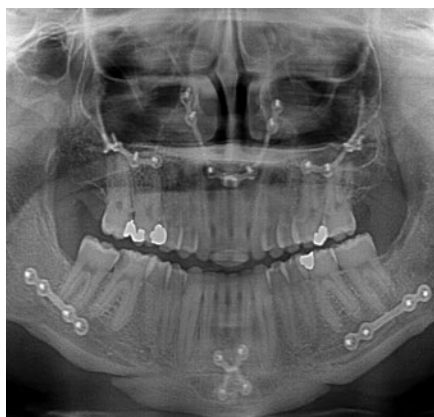


Fig. 2 Post-operative dental panoramic tomogram (DPT) – nine months following bi-maxillary osteotomy and advancement genioplasty

present in the DPT radiograph (Fig. 2), nor was it present in the initial post-operative DPT and PA mandible radiographs nine months before.

Initial differential diagnoses were:

- a) Retained 'Raytec X-ray detectable swab' in Le Fort I osteotomy site
- b) Orthodontic wire.

After due consideration, the attending clinician had an epiphany. It was confirmed that at this clinic appointment, when the patient attended the radiology department, he had been wearing a fluid resistant surgical face mask in an effort to adhere to hospital trust infection control policy, during the current COVID-19 pandemic. This face mask was worn for the PA mandible but not for the OPG radiograph. Figure 3 demonstrates the aluminium wire within the face mask, which allows adaptation around the nose and mid-face for better fit and seal. The artefact seen on the PA mandible (Fig. 1) was indeed this metal wire.



Fig. 3 Fluid resistant surgical face mask – demonstrating the aluminium metal wire extruded from its superior horizontal margin

I hope my letter raises awareness to colleagues regarding this radiographical COVID-19 conundrum so that they might prevent its recurrence by advising patients to remove their face mask before facial radiographs.

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<https://doi.org/10.1038/s41415-020-2415-8>