COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org.
Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

CORONAVIRUS

Unaffected in Cambodia

Sir, since we have had an overwhelming number of publications and letters published related to the traumatic and depressing scenarios brought about by the COVID-19 pandemic, I wanted to report something on the positive side. As a practising dentist in Cambodia we have remained unaffected by the pandemic largely due to the effective preventive measures being taken here.

Initially the clinics were mostly asked to either implement strict infection control measures, if they wanted to resume their daily operations, or close until such measures were adopted. Since March, when the virus spread became a major cause for concern, we have largely remained operational thanks to the strict infection control and quarantine measures adopted by the government. The ministry of health was efficient in disseminating infection control guidelines and ensuring that dental clinics strictly adhered to them. Many clinics resorted early to online consultations, controlling the patient inflow and rigorous screening at their entrances.

In dental schools the daily outpatient departments were shut down initially and only emergency patients were seen; with time things have gone back to normal. To minimise any spread, patients are always asked to strictly follow two-metre distancing, all dental chairs have been separated by plastic curtains and all treating dentists must follow the mandatory PPE protocols. At present classes are still being conducted online but the laboratory work and practical sessions have resumed with students attending physical classes on alternate days.

The government has also implemented strict quarantine measures for all passengers flying into the country making it very secure for the local population in terms of containing virus spread. With time not only the dentists but also the public have regained confidence in resuming dental treatment as there has not been a single case of dentist-to-patient transmission or *vice versa*. Collectively, the measures from the government, the ministry of health and the local dental council have all resulted in dentists being able to continue their work throughout the pandemic period without apprehension.[1] At the time of sending this letter the entire country has reported only 290 cases with 283 recoveries and no mortalities making it one of the few countries with a 100% recovery rate and incredibly low incidence.

A. Marya, Phnom Penh, Cambodia

Reference

1. Karobari M I, Marya A, Venugopal A, Nalabothu P, Parveen A, Noorani T Y. The state of orthodontic practice after the outbreak of COVID-19 in Southeast Asia: the current scenario and future recommendations. *Asia Pac J Public Health* 2020; doi: 10.1177/1010539520962919. Online ahead of print.

https://doi.org/10.1038/s41415-020-2355-3

Realistic dentistry

Sir, as bright idealistic dental students, my friends and I often pictured what it would be like starting our careers in dentistry. Coming up to the end of October, almost two months of VT is over and our pandemic-ridden reality has come with continuous challenges, not least that the unremarkable procedure of a scale and polish now requires an outfit similar to a hazmat suit.

Two months of endless emergency appointments have left me with more experience in extracting teeth than the past four years of dental school. Although I am very grateful to gain this experience, it is glaringly obvious and bleak to see the effects of closing dental practices. Currently, the message is realistic dentistry: placing repetitive temporary fillings with quietly stirring caries below is not the type of dentistry we as a profession are taught. Seeing patients lose teeth that could have been saved in a parallel universe without coronavirus is sad to witness.

As newly qualified dentists of 2020, we lack the standard transition into busy general practice and are slowly coming to terms with the considerable experience we will miss out on. It is still unknown how NHS dentistry will resume and what form it will take while we sit and endure this storm of uncertainty. And, as with all storms, one should be concerned about the damage left in its wake.

P. Balaji, Dundee, UK

https://doi.org/10.1038/s41415-020-2356-2

PPE update

Sir, I write further to the letter *Why PAPR suits us* (*BDJ* 2020; **229:** 500) by H. Mostafa. The author provides some practical advantages to powered air-purifying respirator (PAPR) use over other respirators but PAPRs are available with either a tight-fitting facepiece (requiring fit testing)[1] or facepiece, helmet or hood that is loose-fitting.

PAPRs also possess a greater Assigned Protection Factor in comparison to filtering facepiece respirators (FFRs). Apart from the advantages listed by the author, others include amenability to wearing with a limited amount of facial hair, splash protection for the eyes and face provided by models with hoods or helmets ranging from a limited to a more significant extent. A PAPR could also be more physiologically conducive for the wearer by offering less breathing resistance. The majority of PAPR components can be re-used or shared after being cleaned and disinfected.[1]

That being said, the author raised the matter of having issues with vision while using FFRs; a