

Letters to the Editor

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Fluoride Is an Essential Element of Childhood Oral Health

Original Article: Health Maintenance in School-aged Children: Part I. History, Physical Examination, Screening, and Immunizations

Issue Date: March 15, 2011

Available at: <http://www.aafp.org/afp/2011/0315/p683.html>

TO THE EDITOR: I would like to commend Dr. Riley and colleagues for including oral health issues in their article. I was particularly impressed with their promotion of the dental home and advice about counseling to reduce the intake of sugary snacks and beverages.

The authors emphasized the use of fluoride supplements and toothpaste containing fluoride, two important tools in the fight against childhood caries. In addition, fluoride varnish is a service that family physicians can easily offer their patients. It has strong evidence of effectiveness in children with moderate to high risk of caries¹ and is now a Medicaid reimbursable service for primary care physicians in 38 states.²

I would like to update the authors' recommendation to offer counseling on fluoride supplementation to families of children six months to 16 years of age living in areas with inadequate fluoride in the water supply. A report from the American Dental Association Council of Scientific Affairs recommends fluoride supplements only for "high-risk children."³ The expert panel did not define high risk. Others have listed the following as markers for higher risk of caries: personal or family history of caries, enamel defects, visible plaque or white spots, low socioeconomic status, more than three sugary snacks between meals daily, or child is put to bed with a bottle with a drink containing sugar.⁴

Finally, carrying out the authors' recommendations for oral health maintenance may be difficult for some practicing physicians without additional training. The Society

of Teachers of Family Medicine Group on Oral Health has created a seven-module oral health training program, which is available at <http://www.smilesforlifeoralhealth.org>.⁵ This program includes childhood, adult, and pre-natal oral health topics and can be completed for continuing medical education credit.

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Histologic, Microbial Testing to Confirm Dermatologic Conditions

Original Article: Ulcer on Lower Lip of Deployed Serviceman [Photo Quiz]

Issue Date: March 1, 2011

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TO THE EDITOR: This Photo Quiz is a poor clinical representation of ecthyma (*see accompanying figure*). No Gram stain was performed to show gram-positive cocci, and no culture was obtained to confirm the species involved. ►

There is not enough clinical evidence to suggest involvement of the deep dermis or the presence of exudate that would be expected from a bacterial infection. The statement “the bump became firmer and slowly enlarged” is more suggestive of the normal healing process of a superficial erosion or wound of the skin than bacterial impetigo with invasion of the dermis. Lack of histologic and microbial findings suggests that the diagnosis is based on clinical findings alone.

A biopsy probably would have revealed normal granulation tissue and epithelization under a dry eschar. Near complete healing over four weeks (as shown in the photo) does not suggest ecthyma, and might simply indicate wound healing delayed by inability to dress the wound appropriately and exposure to saliva, food, and friction.

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IN REPLY: Thank you for your comments. Although this patient’s presentation was not classic for ecthyma, given the details in this particular case, it is a relatively good example. Ecthyma can occur on mucosal surfaces, although they are not the most common site.

As stated in the history and physical examination discussion, the patient was deployed to an austere environment, and consultation was accomplished through the military’s teledermatology network. In these situations, culture often is not available. In



Figure.

this particular case, the patient had a known shaving injury to his lip. The plan was to treat presumptively with an antibiotic with gram-positive coverage. If this was not successful, arrangements were in place to biopsy the patient’s lesion. He responded rapidly and completely to treatment. Although scarring often results from ecthyma, a lip lesion such as this usually heals well.

In the military teledermatology network we receive hundreds of consults per year. An understanding of the environment unique to a service member is crucial to the development of a differential diagnosis and subsequent treatment. Given these considerations, I stand by the original diagnosis.

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