

means that it interacts with a vast number of other drugs, some of which may be prescribed by the dental practitioner. It is, therefore, always essential to check on these.

A much more common side effect than reduced white cell counts is that due to hyponatraemia, which is often related to patients who are currently taking antihypertensive therapy. Hyponatraemia presents as drowsiness, dizziness and nausea — very similar side effects to carbamazepine itself — and, therefore, only blood tests will indicate that a problem is arising. It does appear to be dose-related. Long-term use of carbamazepine may also deplete folate levels and patients should be encouraged to eat a high folate diet such as recommended for women in pregnancy. Up to 7% of patients may also develop an allergy to carbamazepine which may present as a mild, itchy rash but in severe cases can present as an erythema multiforme.

Despite these side effects, carbamazepine remains the most effective drug for the management of trigeminal neuralgia and my use of it in hundreds of patients over many years has shown that good patient education can help to reduce side effects.

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Orthopantomographic detection of a metallic foreign body in the neck

Sir, — A 43-year-old woman received injuries to the face and neck from small metallic bodies following a workplace accident. There was trauma to the lower lip and neck and an injury to the orbit of the eye. Management of the injuries to the lower lip and neck was delayed until after primary surgery to allow assessment of visual function. A posteroanterior x-ray taken by the hospital on initial presentation showed the presence of two metallic fragments (fig. 1). A foreign body was removed from between the eyeball and lower orbital wall. Eyelid lacerations and injuries to the conjunctiva and sclera were repaired by an ophthalmologist. Immediately after this treatment she was referred to the dental hospital.

A dental radiograph showed a comminuted crown fracture of a lower right lateral incisor tooth and two metallic fragments lodged in the lower lip (fig. 2). The larger fragment had entered through the skin inferior to the right vermilion border of the lower lip, and lodged submucosally. The smaller fragment was lodged subcutaneously in the mental region. A puncture wound

caused by the larger fragment in the lower lip was noted in the oral mucosa. This suggests that the fragment was deflected by the lateral incisor following perforation of the lower lip and lodged back in the lower lip. Foreign bodies measuring 5×2 mm and 0.5×0.1 mm were removed.

Careful palpation of the soft tissues at a small cutaneous tear in the neck found no evidence of a mass and a postero-anterior radiograph failed to show any retained object at the wound site. However, an orthopantomogram taken after treatment of the lower right lateral incisor tooth showed evidence of an object lodged in the neck (fig. 3). Further exploration of the sternocleidomastoid muscle below the

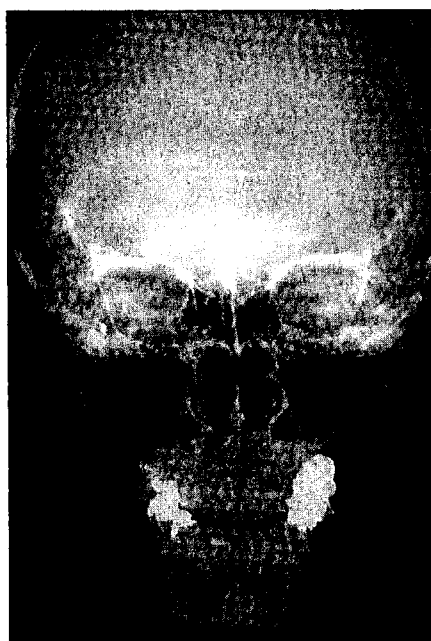


Fig. 1

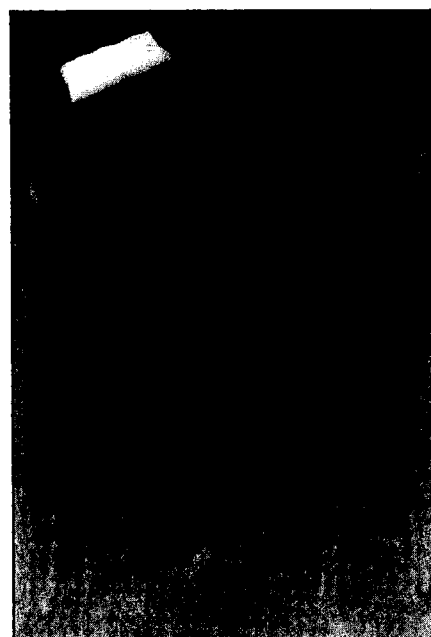


Fig. 2

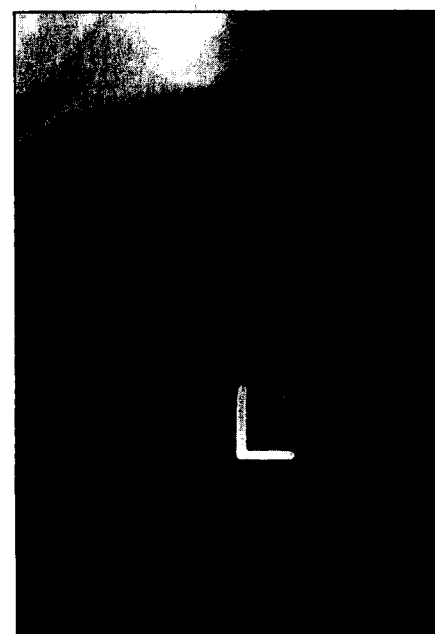


Fig. 3

mandibular angle revealed a small piece of metal approximately 1 mm long about 1 cm below the skin which was removed. Orthopantomographic diagnosis of the location of the metallic fragment in the neck enabled early removal. This case demonstrates another benefit of routine orthopantomographic assessment and confirms the necessity for appropriate radiographic screening as routine radiographs might not identify the presence of small metal foreign body using only one projection.

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Orthodontic auxiliaries

Sir, — I read with great interest and optimism the results of the study 'Orthodontic auxiliaries — a pilot project' (*BDJ* 1998; 185: 181–187). As with many hospital orthodontic departments, we are hampered by excessive waiting times for orthodontic treatment (despite severe rationing being implemented on the basis of need).

In common with many of my colleagues, I was dismayed by the recommendations of the GDC dental auxiliaries review group