



Fig. 2. *Spilanthes acmella* plant.

Spilanthes acmella is now widely available in Asian restaurants in the United Kingdom. To the best of our knowledge there is no unequivocal evidence to connect it with pathological swellings and infections, but we think that further discussion and research is warranted.

Ethics statement/confirmation of patient's permission

Ethics approval not applicable. The patient's permission was obtained.

Conflict of interest

We have no conflicts of interest.

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None.

Submitted elsewhere

None.

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S. Mumtaz*

Oral & Maxillofacial Surgery Department, Royal Free London Foundation Trust, London, United Kingdom

K. Ravi-Shankar

M. Swati

J. Thiruchelvam

Oral and Maxillofacial Surgery Department, Mid Essex Hospitals Services Trust, Chelmsford, United Kingdom

*Corresponding author at: Oral & Maxillofacial Surgery Department, Barnet Hospital, London EN5 3DJ United Kingdom

E-mail address: shadaab@me.com (S. Mumtaz)

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Efficacy of buccal infiltration anaesthesia with articaine for extraction of mandibular molars: a clinical trial

Sir,

Buccal infiltration anaesthesia of the mandible as a substitute for traditional nerve block (Halsted technique) has been attempted by many clinicians and, without doubt, articaine is far superior to lignocaine in anaesthetising the inferior alveolar nerve (IAN) when delivered in this way.¹ The Halsted technique has many disadvantages, particularly in patients at increased risk of bleeding.² However, articaine is not available as a dental anaesthetic in Sri Lanka, and 2% lignocaine with adrenaline is commonly used.

We have found in clinical practice that infiltration of 2% lignocaine with 1:80,000 adrenaline 1.5–2 ml buccal to the mandibular first molar numbs the IAN sufficiently to ensure that deep periodontal probing of the mandibular first molar and the two premolar teeth are pain-free. With the addition of lingual anaesthesia, it provides anaesthesia within 2–3 minutes, which allows extraction of the mandibular first molar and premolar teeth.

A preliminary study of a series of patients on anti-coagulants and antiplatelet medication showed promising results (Table 1). In patients who complained of pain during attempted extractions, the combination of an intraligamentary anaesthetic with lignocaine proved very effective. In conclusion, combined buccal infiltration and intraligamentary anaesthesia with 2% lignocaine gave better pain control in extractions of mandibular first molar and premolar teeth.

Based on the above findings we suggest the following topics for future studies:

- As evidence shows that 2 % lignocaine is less effective when used as buccal infiltration, combined intraligamentary anaesthesia soon after buccal infiltration should be studied to evaluate its efficacy compared with the IAN block for extractions of mandibular first molars and pre-

Table 1
Demographic and clinical data of patients.

Sex and age (years)	Diagnosis (and prescribed drugs)	Tooth extracted	Caries and periodontal status	Intra-ligamentary anaesthesia	Intensity of pain during extraction
Male, 55	Awaiting CABG (Cpg)	36	GDNP	No	0
Male, 64	Awaiting CABG (Cpg)	36	GDNP	No	0
Female, 58	Awaiting CABG (Cpg)	35	GDNP	Yes	0
Male, 61	Awaiting CABG (Cpg)	36	GDNP	No	1
Male, 63	Awaiting CABG (Cpg)	46	Periodontal disease- grade II mobile*	No	0
Female, 69	MVR (Warfarin)	36	Pain-periapical infection	Yes	3
Female, 64	HT (Aspirin)	46	Retained root	No	0
Male, 52	HT (Aspirin)	35	GDNP	No	0
Female, 48	MVR (Warfarin)	35	Carious – irreversible pulpitis	No	0
Female, 41	HT/DM (Aspirin)	46	GDNP	No	1

CABG = Coronary artery bypass grafting; HT = Hypertension; DM = Diabetes mellitus; MVR = Mitral valve replacement; Cpg = Clopidogrel; GDNP = grossly decayed necrotic pulp; * = teeth are identified based on the International Standards Organization Designation System of dental notation; 36 (left) and 46 (right) are mandibular first molars, and 34 and 35 (left) and 44 and 45 (right) are mandibular premolars.

molars. In addition, possible pain during intraligamentary anaesthesia should be evaluated.

- Though the thick cortical bone of the mandible prevents infiltration anaesthesia from penetration in most cases, there may be anatomical variations in other patients. Evaluation of factors related to the cortical plate buccal to the mandibular first molar such as thickness, distance to the IAN canal, and porosity, may contribute to varying degrees of success with buccal infiltration anaesthesia. Cone-beam computed tomographic findings may help to explain possible contributions from the above factors.
- The time of onset and the duration of anaesthesia seem short-lived after buccal infiltration when compared with the traditional nerve block, and the need to prescribe pre-emptive analgesia to avoid postoperative pain should be evaluated.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patients' permission

Ethics approval not necessary as this is a case series. Patients gave informed written consent for operation and publication.

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Grants, equipment, drugs or any other support was not obtained in this study.

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N.S.S. Jayasuriya*

Department of Oral and Maxillofacial Surgery, Faculty of Dental Sciences, University of Peradeniya

J.H. Jayasundara

Dental Teaching Hospital, Peradeniya, Sri Lanka

R.W. Pallegama

Department of Basic Sciences, Faculty of Dental Sciences, University of Peradeniya

* Corresponding author. Tel: +94 777370550.

E-mail addresses: nadeenaj@pdn.ac.lk (N.S.S. Jayasuriya),

dammika.jayasundara@gmail.com (J.H. Jayasundara),

ranjithwp@pdn.ac.lk (R.W. Pallegama)

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