and educated to manage it and have a range of options with which to relieve the symptoms.

One of these involves the use of an Alvogyl™ (Septodont) dressing, which combines three key ingredients (iodoform, eugenol, and butamben) in a fibrous paste.[1] It has instant local anaesthetic and antiseptic effects, quickly manages discomfort, and is safe and effective, provided that it is removed from the socket once the underlying condition has resolved.[2] While the manufacturer's instructions state that Alvogyl™ spontaneously eliminates itself, its fibrous base is not resorbable. This can become a point of confusion for the dental practitioner.

Recently, a patient was referred to our unit from the Department of Infectious Diseases. She had a two-month history of a non-healing and infected extraction socket and had been given multiple courses of antibiotics orally by her dentist and general practitioner. At one stage she had spent a short time in a tertiary hospital having antibiotics intravenously, a lumbar puncture, and multiple blood cultures (as part of a septic screen for transient bacteraemia with streptococci). On thorough examination, the only potential infective source was the tender and suppurating socket 46.

Given the remarkable history, we were quick to biopsy and debride the area to rule out actinomycosis, or worse, malignancy. Histopathological examination, however, showed chronic inflammation surrounding a ". . .foreign material consistent with 'Alvogyl' ". After debridement her symptoms resolved and the site healed completely.

Alvogyl™, when used correctly, is a safe and effective method for managing this common presentation, and few other options provide such immediate results. As with all dressings and materials we use in dentistry, it is critical that dentists are fully aware of their biochemical properties. More importantly, this unusual case highlights the principle of practice that we often forget: a five-minute follow up appointment can prevent a whole lot of trouble.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patient's permission

No ethics approval required. The patient's permission has been obtained and all her details have been omitted from the paper.

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S. Delpachitra *
A. Sklavos
Royal Dental Hospital Melbourne, 720 Swanston Street, Carlton, VIC, 3053, Australia
* Corresponding author.
E-mail address: seth.delpachitra@unimelb.edu.au
(S. Delpachitra)
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Novel cover plate

Sir,

We describe an unusual and ingenious patient-constructed cover plate. A 67-year-old patient with osteoradionecrosis of the right body of the mandible presented to the maxillofacial surgery clinic for review. He had exposed bone intraorally, and the severity of his disease was graded as Notani II.[1] He had difficulties with pain (mainly on the ipsilateral side of the tongue because of damage from the necrotic lingual bony plate), and with food being trapped around the exposed bone.

Before his review, he took it upon himself to construct a plate to cover the exposed area and ameliorate his symptoms (Fig. 1). He used a pair of scissors to cut the handle off a plastic 4-pint (2.27 L) milk bottle from a supermarket, then cut the tube in half longitudinally. He trimmed the edges to adapt it to the exposed bone and lined it with a thin sheet of wax from his dentist. On top of this, he added an adhesive denture strip to adapt it to the wound.

He found that the cover plate had good retention and eased his symptoms enough to improve his quality of life whilst awaiting further treatment. It minimised the amount of food that was trapped and the trauma to the tongue from the exposed bone (Fig. 2). The plate did not become dislodged or

Fig. 1. Exposed mandibular bone.

Fig. 2. Cover plate constructed from a milk bottle in place. This provided symptomatic relief of trapped food and trauma from the opposing teeth. Note the use of dental wax for adaptation to the wound.

pose a risk to the airway, despite its size. This do-it-yourself approach shows the lengths to which patients will go to ease the symptoms of osteoradionecrosis and improve their quality of life. The area has since been debrided.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patient's permission

No ethics approval required. The patient has given his permission for the images to be published.

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R.E.A. Harlow *
Department of Oral and Maxillofacial Surgery, Leeds General Infirmary, Leeds Teaching Hospitals Trust, LS13EX
J.V. Williams
M.W. Ho
Leeds Teaching Hospitals NHS Trust, Oral and Maxillofacial Surgery, Leeds Dental Institute, Clarendon Way, Leeds LS2 9LU
* Corresponding author.
E-mail addresses: rachael.harlow1@nhs.net (R.E.A. Harlow), john.williams22@nhs.net (J.V. Williams)
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Spilanthes acmella flowers and painful swelling of the lips

Sir,

Swelling of the lips has many causes and therefore diagnosis is always challenging. An accurate history and evaluation of the course of the disease provide important clues to its aetiology.

A 42-year-old fit and healthy Asian man presented to the emergency department with a painful swelling of the lower lip. Four days earlier, he had been served an appetiser called "Szechuan buttons" in an Asian restaurant, which caused a tingling sensation of the lip and tongue that lasted about 30 minutes. He woke up the next morning with a painful swelling of the lower lip, which made it difficult to eat and drink (Fig. 1). He gave no previous history of injury, insect-bite, or dental or cutaneous infection.

On examination, there was diffuse, oedematous, tender swelling of the lower lip with a small wound on the left side that discharged pus on pressure. He had already seen his general practitioner who had prescribed a course of flucloxacillin, so he was admitted for drainage of further pus from the wound, which was irrigated, and he was given antibiotics intravenously. After 48 hours he had recovered well and was discharged with an extended course of antibiotics.

Spilanthes acmella (also known as "Schezuan buttons", "electric daisy", and "buzz buttons") is a flowering tropical plant that is used for both culinary and medicinal purposes in many countries (Fig. 2). Its main active ingredient is spilanthol, which is understood to cause a number of symptoms such as tingling, numbness, hypersalivation, and the activation of taste.[1] It is also often used to treat dental pain because of its nociceptive effect, and antimicrobial, antifungal, and antimalarial uses.[2] Although it is considered to be relatively safe, long-term studies in humans are lacking. Animal studies outline the potential benefits, but considerable alteration was noted in renal and liver function tests when it was given in higher doses.[3]

Fig. 1. Large diffuse swelling of the lower lip.