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.

References

1. Notani K, Yamazaki Y, Kitada H, et al. Management of mandibular osteoradionecrosis corresponding to the severity of osteoradionecrosis and the method of radiotherapy. *Head Neck* 2003;**25**:181–6.

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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.

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.

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References

1. Dubey S, Maity S, Singh M, et al. Phytochemistry, pharmacology and toxicology of *Spilanthes acmella*: a review. *Adv Pharmacol Sci* 2013;**2013**:423750.
2. Sathyaprasad S, Jose BK, Chandra HS. Antimicrobial and antifungal efficacy of *Spilanthes acmella* as an intracanal medicament in comparison to calcium hydroxide: an in vitro study. *Indian J Dent Res* 2015;**26**:528–32.
3. Lagnika L, Amoussa AM, Adjileye RA, et al. Antimicrobial, antioxidant, toxicity and phytochemical assessment of extracts from *Acmella uliginosa*, a leafy-vegetable consumed in Bénin, West Africa. *BMC Complement Altern Med* 2016;**16**:34.

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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 anticoagulants 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-