Readers Sound Off

'Poison' Label Unwarranted

In regard to the questionable article by Omar Amin published in the September 2004 issue of the *CDA Journal*, I would like to make the following observations and comments. The article is sensational and unscientific in its language. The conclusions reached (or implied) are not supported by the evidence presented. It was undeserving to be published in a journal of the caliber of the *CDA Journal*.

There is a lesson to be learned, however. The health histories of the afflicted patients cited in the article were not thoroughly elucidated. It is quite possible that these patients were allergic to sulfonamides, and they suffered allergic reaction to that component of the medications cited. Over the years, I have seen patients with true methyl methacrylate allergies, and we all have seen beryllium allergic responses in patients with non-precious metal crowns. It behooves us to take careful medical histories of all our patients and know what's in the stuff we provide for our patients to avoid bizarre reactions as the ones portrayed in this article. To condemn and characterize as "poison," products that have been safely used in dental therapeutics for decades is irresponsible and unscientific.

Thomas K. Wyatt, DDS
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How Common Is NCS?

I wish to comment on the article, "On the Diagnosis and Management of Neurocutaneous Syndrome, a Toxicity Disorder from Dental Sealants," by Omar M. Amin, BSc, MSc, PhD, published in the September 2004 *CDA Journal*.

After reading the article three times, I was still completely confused, and unable to determine what I, as a clinical dentist, am supposed to glean from it.

1) The term "sealant" is apparently being used to designate materials, which we in clinical dentistry refer to as "bases" or "cavity liners." ("Sealant" on the other hand generally refers to the materials used to prevent pit and fissure decay).

2) How common is this condition, neurocutaneous syndrome? Is it something that we clinical dentists need to be concerned about to the point of refraining from use of the products he lists as "causative agents"? Or is the implication that we need to merely be aware of this condition as a possibility in medical cases of difficult-to-treat disorders with these types of symptoms?

3) How is the toxic effect transferred from inside the tooth; mechanism of its action, etc., from a *dental* research perspective.

Apparently, due to Dr. Amin's background in neurology, parisitology, etc., the article is not written for, or easily interpreted by, the dentist reader. May I make a suggestion to the *CDA Journal* that articles like this be reviewed and abstracted by a dentist prior to printing, in order to clarify terminology, and especially to make clear the application and relevancy for the dental practitioners who will be reading it.

I will appreciate coming away from articles I read in the *CDA Journal* with a clearer picture of what this means to me as a clinical practitioner.

Kathryn Ann Moore, DDS, MSD
Roseville, Calif.

Contributing author's response

NCS is too common to be ignored; an epidemic in disguise. There is a considerable number of sealants, bonds, primers, adhesives and other dental materials that are associated with NCS. Naturally, every patient is unique. Reactivity to dental toxicities is primarily a function of individual sensitivities/allergies, e.g., to sulfa compounds or zinc oxides, and dosage. Sex and age at first exposure were found to be confounding factors. I recommend that patients be routinely screened for reactivity to dental material by using biocompatibility blood tests. This information, and related case histories, are included in a PowerPoint presentation, ready to go, and will soon be ready for a new publication.

Omar M. Amin, BSc, MSc, PhD

NCS Paper May Stir Concerns Among the Public

Tri-County Dental Society has been contacted by several members questioning the publication of the article, "On the Diagnosis and Management of Neurocutaneous Syndrome, a Toxicity Disorder from Dental Sealants," by Omar M. Amin, BSc, MSc, PhD, in the September issue of the *CDA Journal*. Some were concerned about Dr. Amin's credentials for publishing in a dental journal since he is not a dentist, physician or dental materials researcher. Others had reservations about the validity of his research since there does not seem to be any other collaborative articles on the Internet. Still others questioned his affiliation with "holistic" dentistry.

The paper, which was published in the format of a research study, was in actuality a case report presented by an author who provided inaccurate classifications of various dental materials, and who reported rather controversial conclusions.

The common concern, however, is Dr. Amin's definition of dental cavity liners as dental sealants. We can understand that, since Dr. Amin is not a dentist, he might not know that difference. He has used this same title in other publications since 2003.

We suspect there will be confusion caused and the public will be unduly alarmed when parents search the Internet for information regarding "dental sealants" and find Dr. Amin's article warning them of NCS. This article would make it very difficult for their children's dentists to convince them that dental sealants are safe!

Since the *CDA Journal* enjoys a high level of prestige among other dental publications, we felt strongly enough to express our opinion that his article is misleading and not worthy of inclusion in the *Journal*.

Ann L. Steiner, DMD
President, Tri-County Dental Society

Dan Jenkins, DDS
Editor, *Tri-County Dental Society Bulletin*

Cause and Effect Not Substantiated

I just read Dr. Amin's paper, "On the Diagnosis and Management of Neurocutaneous Syndrome, a Toxicity Disorder from Dental Sealants" in the September 2004 *CDA Journal*. Either my objectivity has devolved into irrational cynicism or this paper does not belong in a scientific journal. I do not agree that Dr. Amin has clearly established a cause and effect relationship between the dental materials and the many diverse symptoms, including various parasite infestations, which he has listed. What is it that I do not understand that qualifies this paper for publication in the *CDA Journal*?

Stephen T. Dixon, DDS
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Controversial Manuscript Contained Inaccuracies

Over the years, we have come to expect a certain level of professionalism from refereed journals. New scientific information or analysis of existing information should be presented to the readers in a factual and responsible manner. The assumption is that the editorial staff of the *Journal* has a responsibility to ensure that the highest standards of journalism and ethics would be maintained. Those standards were violated in the September 2004 issue of the *Journal of the California Dental Association*. In this issue, an article was published, "On the Diagnosis and Management of Neurocutaneous Syndrome, a Toxicity Disorder from Dental Sealants." The paper was written by the director of the Parasitology Center, Inc., based in Phoenix.

The paper, which was published in the format of a research study, was in actuality a case report presented by an author who provided inaccurate classifications of various dental materials, and who reported rather controversial conclusions. A reader of the article would assume that the paper addressed significant problems related to the use of pit and fissure sealants. In fact, it appears that the author was addressing problems in a small population of patients allegedly related to the use of certain cavity bases, liners and root canal sealers.

Mosby's Dental Dictionary (2004) defines dental sealant (enamel or pit and fissure) as a resinous material designed for application to the occlusal surfaces of posterior teeth to seal the surface irregularities and prevent ingress of oral fluids, food and debris. The same reference defines a "sealer" as a substance used to fill the space around silver or gutta-percha points in a pulp canal. A "cavity liner" is defined as a material applied to the prepared cavity before the restoration is inserted to seal the dentinal tubules for protection of the pulp. A "cement base" is defined as a layer of insulated, sometimes medicated dental cement placed in the deep portions of a cavity preparation to protect the pulp, reduce the bulk of the metallic restoration, or eliminate undercuts in a tapered preparation.[1]

When evaluating the scientific merits of the paper, the editorial staff should have recognized the problems, and this raises serious question as to whether the paper was properly reviewed prior to publication. It is surprising that qualified reviewers would have missed such obvious problems and is rather embarrassing to the profession for this to have happened. These problems contributed to an at best misleading and confusing article. The editorial staff should have determined whether the evidence and cited literature actually supported the claims of the author and would a nondentist reading the article draw incorrect conclusions from reading this article, or from merely scanning the title?

This problem was discussed at the most recent meeting of the Board of Directors of the California Society of

Pediatric Dentistry. Members expressed both surprise and disappointment in allowing the publication of such as article, which seriously tarnished the reputation of the *Journal*. It was strongly suggested by the board that the editorial policies of the *Journal* be reviewed and corrective action taken so that similar problems do not occur.

Ann Azama, DDS,
President, California Society of Pediatric Dentistry, Palos Verdes, Calif.

References / 1. Zwemer T, Fwhrenbach MJ, et al, Mosby's Dental Dictionary St. Louis, Mosby Inc., 2004.

Nonprofit Support for Children Needed

The article discussing the lack of care for children with disabilities hits deep for many reasons. The first is the typical, unrealistic academic solution to patient care by calling all dentists to just take a dozen new patients a year to solve the access to care problem, and minimize their complex treatment challenges and the lack of reimbursement for such risky treatment. By doing a web search, you can find similar versions of this same article written for other state associations with the same conclusions but no real solutions.

For 72 years, our community has had the nonprofit Children's Dental Health Clinic providing low-cost dentistry for children. It has developed into a center of specialty care for children with disabilities through a University of Southern California pediatric residency program. It truly does the difficult cases that no one else can. Now we find that the clinic must cut programs and scale back services due to lack of funding. Foundations that gave support in the past are decreasing; and the state, county, and local government support is decreasing. It costs more to apply for funds because of the increased sophistication of grant writing. The local dentists were asked why after so many years there has developed a lack of financial support for our clinic. I was told that now the majority of dentists work multiple offices where they do not have treatment discretion. In other words, our profession has become a "trade" composed of hired guns. What happened to the professionals who saw their obligation for the greater community good? Or do dentists realize that if nonprofit clinics are not supported, more articles like this will point fingers and finally a government will step in and tell us how to be professionals?

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