Foreword

The requirement for dentists to undertake continuing professional education (CPE) throughout their professional careers in order to maintain the right to work as dentists is now widespread throughout Europe. In the United Kingdom (UK), there is a requirement for dentists to complete a minimum of 250 hours of CPE every five years, of which a minimum of 75 hours must be "verifiable". In order to be considered as verifiable CPE, the activity concerned has to have clearly defined aims and learning outcomes, the participants must have the opportunity to provide written comments (feedback) on its quality to the teachers, and a certificate must be produced and given to the participants for them to show to the national registration organisation (the General Dental Council).

Three topics have to be included in every five years' verifiable CPE. They are resuscitation and medical emergencies (at least ten hours), ionising radiation safety (at least five hours), and infection control (also at least five hours). This week I undertook a day's CPE course in infection control. It reminded me how things have changed since I entered dental school in London in the 1960s. In those days, instruments were sterilised between patients in boiling-water sterilisers. Dental handpieces were not put into boiling water but were wiped with disinfectant. The water lines to the just-introduced airotors (air turbine drills) were sometimes cleaned. Dentists did not wear gloves or face-masks and were unaware of the possibility of infection with hepatitis B or C from patients or of becoming carriers. However, we were aware of the risk of infection with tuberculosis, smallpox, poliomyelitis and diphtheria and were immunised against these diseases. We were also aware that some of our patients might have primary or secondary syphilitic lesions in their mouths.

Since then, things have changed dramatically and as a result of a greater understanding of the hazards of infection in dentistry, the recognition of new infectious disease and numerous Directives from the European Commission, dental practice has changed. The requirement for rigorous infection control has meant that all instruments, including handpieces, have to be thoroughly cleaned and then sterilised at temperatures of at least 135°C after each patient; gloves, glasses, masks and surgery clothing must be worn; and all waste graded and disposed of in appropriate containers. In the UK, endodontic files must be used only once and then destroyed unless they are used on the same patient after cleaning and sterilisation. Instrument cleaning and sterilisation must not take place in the same room(s) where patients are treated.

The infectious diseases that now cause special concern are hepatitis B and C, human immunodeficiency virus, Creutzfeldt-Jakob disease, Legionnaire's disease, tuberculosis and syphilis. The incidence of both tuberculosis and syphilis has risen in London and many cities throughout Europe over the last decade, especially amongst socio-economically deprived people. Although the primary site of infection with tuberculosis is in the lungs, on rare occasions it can be elsewhere. A case report in this edition describes such a case in which a tooth socket became infected by the tuberculosis bacillus after an extraction.

With the exception of the paper on microleakage under glass-ionomer surface protectors (sealants), the other papers in this edition also consider broader topics than teeth and are on the themes of: the use of dental implants to retain prosthetic fingers, the system for the provision of oral healthcare in Greece, the use of the Oral Health Impact Profile in Macedonia, and the oral health of 6–12-year-olds in the Danube Delta Biosphere Reserve.

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