

flap was its failure to provide sufficient bulk to satisfactorily fill the parotidectomy defect. Even with the use of this flap, the parotidectomy defect was still evident post-operatively.

To date we have performed dermal fat grafts in 23 patients. The dermal fat is harvested from the anterior abdominal wall as previously described^{2,3} and closed with two layers of sutures. An approximately similar volume of fat to the excised surgical specimen is placed in the parotidectomy defect and a single vacuum drain is inserted prior to normal closure. The procedure is associated with minimal morbidity, and does not significantly increase the length of surgery as it can be performed towards the end of the parotidectomy by a junior surgeon. Patients have not complained of the resulting abdominal scar. We have not found that the procedure changes the incidence of post-operative facial nerve weakness. Although some fat absorption occurs in up to 40% of cases when reviewed 1 year following surgery, the cosmetic appearance with the dermal fat graft is far superior to that obtained with either the sternomastoid flap or no reconstruction at all. Regarding the incidence of Frey's syndrome, we cannot compare the use of dermal fat with the study by Kerawala *et al.*¹ as we do not use the starch-iodine test routinely on our patients. We recommend the dermal fat graft to your readers as a simple technique to improve cosmesis following parotidectomy.

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Re: Prolonged paraesthesia following inferior alveolar nerve block using articaine

Sir,

I note with interest the letter by van Eden and Patel in the December issue of the journal concerning their observation of a

small number of patients which persistent and long-standing lingual dysaesthesia following inferior dental block injection with articaine and that concerns have been raised by others.

We too in our unit at Leeds have observed this apparent increase in dysaesthesia following regional nerve block injections, also associated with the use of articaine.

van Eden and Patel and your readers may wish to refer to a paper by Haas and Lennon, *Journal of the Canadian Dental Association*, 1995, volume 61, pages 319–330, entitled 'A 21 year Retrospective Study of Reports of Paraesthesia Following Local Anesthetic Administration'. This paper clearly indicates a dramatic rise in reported cases of dysaesthesia in Ontario at the time articaine was introduced as a local anaesthetic into that Canadian province.

There is I believe now sufficient evidence to question the appropriateness of articaine as an alternative to lignocaine for local anaesthesia for dental purposes.

It would seem appropriate to establish a wide scale survey of adverse events following various local anaesthetics for dental purposes, to clarify the significance of this apparent adverse reaction.

Yours sincerely

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Re: The use of superficial parotidectomy in the treatment of chronic sialadenitis

Sir,

It was with disappointment that I read the letter by Moody *et al.*¹ commenting on the paper by Amin *et al.*² concerning the use of superficial parotidectomy in the treatment of chronic sialadenitis. Moody *et al.* indicate that their paper is somehow more scientifically valid than Amin's, since it was based on a contemporaneous database and had more patients. Amin did not cite Moody's paper.

In my opinion, the Moody *et al.*'s paper³ is scientifically no more useful or useless than Amin's. Both were retrospective studies. The Moody *et al.* study had no null hypothesis, no randomisation, and no inclusion or exclusion criteria. Their conclusion that near total parotidectomy is better than superficial parotidectomy seems to be based on the fact that 5 patients out of the 46, who had a superficial parotidectomy, required a subsequent total parotidectomy for recurrent disease; in other words, 41 patients did not. Superficial parotidectomy in their series seems to work quite well and one must question their conclusion otherwise 41 patients, who were treated adequately with superficial parotidectomy, would now be subjected to a near total parotidectomy if they were to present today.

Letters or statements from the floor based on 'I said it before you' are not a good way to examine scientific data.